

CHAPTER 9

Recommendations

Nursing Education and Accommodations

Introduction

Discussion leader – Nancy Hogan PhD, RN¹. This is a key time in the history of nursing. It is a time of redefinition of what nursing is and what nurses do. We can take advantage of this time of transition, of change, to craft a definition of nursing that is inclusive — to provide access to qualified people who wish to enter nursing.

We looked at barriers and stigma as a barrier. We discussed technical competencies as a barrier. The key issue is not that it can't be done, but rather, why can't it be changed? Why should we open nursing education to people with disabilities? The answer is simple — nursing and society need them! Why haven't we changed our educational system before now? Educators take their role seriously and feel a strong responsibility to prepare a competent practitioner able to deliver safe, effective nursing care. The problem has been that as educators, we have thought there was only one road to take, only one way to educate nurses. We are beginning to see that there may be many roads that lead to the same destination.

There was much discussion about the issue of safety. Nursing is a practice discipline and much of that practice deals with physical skills. However, there is concern about defining nursing using assessment and evaluation criteria based on rigid definitions of technical and physical competencies. Schools can do much to reduce barriers and make accommodations to students.

Certainly one of the major factors to be considered is who should decide? Persons with disabilities have to be represented in the groups

¹ Nancy Hogan, Ph.D., RN, is a Professor, at the University of Miami School of Nursing, Miami, FL.

having the discussions and making the recommendations. They need to be on the committees to help guide and direct the recommendations.

Recommendations

1. **Educate the stakeholders.**
 - a. Nursing is a viable career choice to many more people than those currently considering nursing. Increase public awareness of the opportunities that a nursing career affords. Stories of successful students with disabilities need to be made known.
 - b. Nursing organizations should promote nursing as a career open to a diverse population, including people with disabilities.
 - c. Research the real cost of accommodations so as to dispel myths about prohibitive educational expenses to colleges and universities.
 - d. Inform potential employers of benefits of hiring people with disabilities.
 - e. Educate faculty on the rights of people with disabilities.

2. **Define nursing in terms that fit the modern practice of nursing.**
 - a. Eliminate the definition of nursing as a list of technical, physical competencies.
 - b. Utilize criteria such as the *Essentials of Baccalaureate Education for Professional Nursing Practice* by the American Association of Colleges of Nursing (AACN) to define nursing practice.

3. **Redefine the educational process to make it inclusive and accessible.**
 - a. Define curriculum according to outcomes not process.
 - b. Promote facility designs that promote access to schools and clinical sites.
 - c. Partner with assistive technology providers to improve access to nursing education.

- d. Insist on alternative formats for continuing educational programs.
 - e. Include students with disabilities in curriculum planning and development of evaluation criteria.
 - f. Hire faculty with disabilities to serve as role models.
- 4. Provide access to resources.**
- a. Target loan and scholarship programs for students with disabilities.
 - b. Develop mentoring programs for students with disabilities.
 - c. Create clearinghouse for resources.
 - d. Partner with disability awareness organizations and specialized job placement services.
 - e. Encourage development of demonstration projects and grant efforts.

Addendum: In September, 2003, the National Organization of Nurses with Disabilities (NOND) sent recommendations to the AACN "Disability Policy" Review Committee in regard to their review. The following are NOND's recommendations:

1. The National Organization of Nurses with Disabilities (NOND) respectfully recommends that the AACN Review Committee include qualified, experienced representatives with expertise in disability issues in this review process. NOND believes that AACN should include experts from a variety of fields who can speak to the efficacy of adaptive technology and adaptive devices in the work lives of nurses and the role of reasonable accommodations in assisting students with disabilities to successfully complete nursing programs.
2. In addition, NOND advocates that AACN include disability policy experts and legal representatives who work in the disability rights arena as members of, or consultants to, the Review Committee. These experts should include those individuals who are familiar with the legal implications of the Americans with Disabilities Act (1990) and Section 504. In this way, AACN can be provided with information related to

including students with disabilities in accordance with existing laws so that access can be provided to a wide diversity of nurses. NOND believes that the inclusion of these experts to the review Committee would assist AACN in its exploration of the ethical and legal issues surrounding AACN's "Disability Policy" review.

NOND recommended six individuals, all experts with different disabilities, to AACN's "Disability Policy" Review Committee.

Discussion

Nancy Hogan: One of the members of the breakout session had some interesting things to say. I would like for Dr. Robert Levin, faculty from the College of Medicine, to give us an overview of the things he reported to us.

Robert Levin: There are two points that I would like to bring up speaking from my outsider perspective. First, as in medical education, one of the greatest barriers to making nursing education more inclusive is the use of technical standards or guidelines as a way of determining who may or may not participate. From our experience in the medical school, no list of technical competencies will ever be completely appropriate and complete. They always change. So, list of competencies need to be created from a perspective of inclusion, not exclusion. They need to be defined in a way that will permit accommodations.

The second point has to do with the linking of employment of the graduate to accreditation. I do not see that one always needs to assume that because one is going through the educational program in nursing that assumes that a person is going to work in nursing. Education belongs to the person being educated. What they do with it is up to them.

Nancy Hogan: This is really the time to ask lots of hard questions — to raise issues and question what we are doing and why.

Recommendations

Nursing Employment and Accommodations

Introduction

Discussion Leader - Robyn Jones, MS². The end goal of this discussion is for people with disabilities who choose nursing careers and successfully complete nursing education to become employed as nurses. The same is true for nurses who develop disabilities after they are nurses — they want to be able to continue working as nurses.

We examined the employment issue of nurses with disabilities from four different perspectives:

1. those who are exploring the possibility of nursing as a career;
2. those who are completing a nursing education and are seeking employment;
3. those who began their nursing careers with a disability and then the disability exacerbated itself to the point that the current position is difficult to maintain; and
4. those who began nursing careers with no disability but acquired a disability sometime after becoming nurses.

The first step for someone considering a career in nursing starts early in the education process. Somewhere in either elementary, secondary or post-secondary education the idea of nursing as a career needs to be promoted and encouraged. People with disabilities need to be given access to view nursing as a viable career and employment choice. An initial barrier is the perception of nursing — what a nurse is, what a nurse does and the physical nature of the job. Most persons with disabilities do not even realize that nursing may be a viable career choice for them.

One of the biggest barriers to employment for persons with disabilities is attitude and misconceptions from employers. A lengthy

² Robyn Jones, MS, is the Director of the Great Lakes ADA and Accessible IT Center, Chicago, IL.

discussion ensued regarding employer attitudes towards persons with disabilities. It is critical for upper management to establish a supportive tone and policies in regard to hiring persons with disabilities. A supportive attitude creates a work environment that welcomes these employees for the added value they bring to the job. Institutional policies must foster a supportive work environment; that supportive "attitude" will filter to middle managers, to supervisors and to staff. Attitude is reflected in one's knowledge of the ADA law, in one's understanding of the cost of accommodations, where to get resources to help with some of those costs, and in knowing what adaptive technology is available to assist in helping people to do their jobs.

Whether they realize it or not, national organizations are part of the employment process. Professional nursing organizations, healthcare organizations, state nursing boards, and disability organizations need to be supportive of employing nurses with disabilities because their attitudes and policies help set the tone for acceptance into a workforce that can utilize their knowledge and expertise. These organizations discuss the issues, they promote opinions and rules, they help educate people in the profession, and in this way influence hiring policies and employer attitudes.

Recommendations

Recommendations were made from the perspective for the four different groups involved in the employment process.

1. Educate employers on:

- a. the law,
- b. the benefits of hiring persons with disabilities, especially in nursing because of the perspective they offer to patients and fellow workers,
- c. evaluating a realistic, bottom-line financial forecast of cost for accommodations,
- d. understanding tax credits for accommodations,
- e. matching employee skills with employer needs,
- f. reviewing job descriptions and essential functions of the job,
- g. working with front-line managers and supervisors when hiring a person with an accommodation need,

- h. partnering with existing disability work agencies and programs to promote a smooth transition into the workplace through education and support services for both the employer and employee.
 - i. involving organizations that understand nursing.
- 2. Colleges' and Universities' roles in supporting transition to work:
 - a. Educate students with disabilities on the job search process;
 - b. Coach and mentor students and potential employers on working together to proceed from education to employment;
 - c. Use former disabled students' success stories in the education process;
 - d. Forge linkages with the disabilities community.
- 3. Community assistance in supporting employment success:
 - a. Communities need to support affordable and accessible housing near high-volume employment areas;
 - b. Accessible transportation needs to be made available for employees to get to and from work.
- 4. Prospective employee's responsibilities: the prospective employee must be prepared to problem solve during the employment process:
 - a. Translate job descriptions into functional language;
 - b. Know that employee skills will meet employer needs;
 - c. Know that employment is an interactive process between the employer and employee;
 - d. Contact and use existing models and networks;
 - e. Know where the employee's assets lie.

Next Steps Suggestions:

1. Develop a pilot program. It was suggested that the next step should be to develop a demonstration pilot project between a nursing education program and clinical sites (hospital or medical center) to develop a model of recruitment, nursing curricula and clinical relationships associated with the education program. The pilot program would document and

publish the barriers, successes and failures so that other institutions could model the pilot's best practices.

2. Maintain a dialogue. Develop an e-mail list of the core group of people present at this conference who are invested in the issues to keep the dialogue and problem-solving going.
3. Establish a conference every year or every other year to help measure progress. Review what has happened, what progress has been made and bring the best practices back to the forum and share them. Progress would happen at a faster rate this way.
4. Make nursing career fairs accessible. A minimum of 1,000 people usually attend large nursing career fairs. If these fairs were accessible, nurses with disabilities would be able to attend and speak with potential employers about matching their skills with available jobs.
5. Be sure that e-recruiting is accessible.
6. Enhance and promote a career mentoring program. Link with the National Disability Mentoring Day (NDMD) program, sponsored by the American Association of People with Disabilities. NDMD is a national effort to promote the employment of students with disabilities through the experience of personal mentoring.
7. Develop a media campaign and market the information learned at the symposium to the broad, mainstream employment groups to educate them on the fact that nurses with disabilities can be valuable, contributing employees.

Discussion

A point made several times in the discussion was that employers are under enormous pressure to meet their bottom-line financials. However, there are misconceptions about the costs of accommodations, especially that accommodations cost a lot of money; employers then feel they cannot afford to make the accommodation.

Accommodation costs must be viewed from a “bigger-picture” perspective — look at what it costs to recruit and train someone who will be a good, loyal and valuable employee. Many times recruitment and training costs are negated if an employer looks only at a strict bottom line.

There is a tremendous need to teach soft skills as well as nursing skills to prepare nurses with disabilities to market themselves to employers. These nurses need to know what is expected of them and what is expected of the employer to be able to “match” their skills with what the job requires. This is a huge promotional issue — to first be able to get the job experience, then to demonstrate how nurses with disabilities can work as nurses.

Nursing schools should consider hiring faculty with disabilities. A faculty member with a disability would be key in modeling his or her experiences and bringing those experiences into the classroom.

The clinical relationships a nursing student has at his or her clinical sites will help potential employers understand how people with disabilities can be employed in their setting. Use these positive, eye-opening experiences as a bridge to help change employer and staff attitudes and perceptions. Colleges need to be part of the solution for creative options for accommodations in nursing education at the clinical sites. Schools can help the employer at clinical sites to identify an accommodation and learn how some can be acquired for little cost. The interaction between the school and the clinical setting becomes a critical issue for future employment for disabled students in nursing programs.

A disability can be acquired at any time, especially as we age, so nurses need to understand how they can continue working in their profession if they develop disabilities. These discussions should start in nursing education programs and continue through professional development programs. Organizations that can assist with this understanding are disability groups, vocational counseling programs, training programs, rehab services, placement services, and ADA compliance officers at each institution.

There needs to be a marketing campaign that shows that a nurse who has a disability can continue to work as a nurse. Nursing

organizations and those who promote the image of nursing need to encourage images of people who are working nurses who have disabilities. Assistive technology and information technology organizations need to promote their products and make employers aware that they are part of the employment answer.

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Nursing Regulation, Licensure, Policy

Introduction

Discussion Leader - Nancy Spector, DNSc, RN³. The goal of this discussion was to recommend strategies for enabling nurses with disabilities to practice nursing while also protecting public safety. Several participants thought that public safety is not a unique factor in any kind of a disability, and they did not think that we need to frame it differently. Nevertheless, we need more data on public safety and disabled caregivers. Actually, this is an issue for the other disciplines as well.

Some people in this group said that they had never understood regulation until coming to this conference. Students need to understand licensure and the issues related to it. For example, students need to understand the nurse practice act, how it is developed, and how changes are made.

The stakeholders in the world of people with disabilities delivering health care are legislators, policy makers, lawyers, educators as well as people with disabilities. People with disabilities should not be labeled; for example, it is not appropriate for nurses with disabilities to have to check a box that designates that they are disabled, if they are applying to take the nursing licensure examination. It was pointed out that people with disabilities are ill at ease in living with screening mechanisms. They feel like they are always being screened out. [note: if people with disabilities want special accommodations for taking the NCLEX, wouldn't they need to check a box in order to get them? If someone is disabled, but doesn't need special accommodations for taking the NCLEX, they don't have to check anything. I would think this comment more effectively applies to one's license through the boards of nursing.]

³ Nancy Spector, DNSc, RN, is the Director of Education for the National Council of State Boards of Nursing, Chicago, IL.

The group addressed the importance of not just considering nurses with disabilities at this time because of the nursing shortage. Yet, this crisis does provide a ripe opportunity for us to explore all options of adding qualified people to the nursing workforce. Moreover, the public might become more interested in the subject at this time.

The group focused on the essential skills of nursing, especially critical thinking. The ADA law should be explored with respect to its inclusion of critical thinking as an important skill for those seeking practice roles in health care or other domains. Caution was recommended concerning avoiding communities that are now in a state of unrest about other issues regarding people with disabilities. Involving ourselves here might cause more friction.

Recommendations

#1 The first step is to determine a definition of the term disability that is mutually agreeable to all the stakeholders. Using the ADA definition should be acceptable.

#2 More data are needed. There should be a follow-up study on the research done at the National Council of State Boards of Nursing (NCSBN) with a broad coalition supporting it. Define the essentials of nursing. Clearly, critical thinking is at the head of the list. Gather more reality information from practicing nurses with disabilities with respect to the essence of role, tasks, etc. Judgments must be based on objective evidence.

The next step under data needed would be to explore the different models used by state boards of nursing to license and relicense nurses and to determine the best model to include in NCSBN's Model Practice Act and Model Rules. The National Council of State Boards of Nursing offered to do this study. This would be a good next step. We also need information regarding nurses with disabilities. We don't even know how many nurses there are because, again, people are afraid to disclose and label themselves. We need to gather more data on the professional regulation laws in health care. We need to see how the current laws are being interpreted.

Regulators need to educate the profession and public on the state's role, the role of the boards of nursing, and NCSBN's role.

People with disabilities should also become members of boards of nursing. The latter is essential. This is where people with disabilities can really make differences.

#3 There needs to be dialogue in the healthcare arena among people with disabilities, policy makers and legislators. The latter two groups can influence and make regulatory changes. This might start as a national roundtable, including the appropriate people; there could then be discussions in each state because states are regulated differently. Next, dialogue must be initiated with nursing programs, and that can occur at the same time.

#4 When we have the national dialogue we must include our shared principles and values. That was very obvious in our group because we had regulators and people with disabilities in the group. Barriers to success were identified and included limited resources, lack of opportunity, licensure restrictions, and needing more data.

Discussion

Question. Why did you advocate a national roundtable without the colleges of nursing?

Answer. If I remember correctly, that discussion was to include NCSBN, AACN, as well as policy makers, legislators, and people with disabilities. The dialogue with nurse educators will help us to come to consensus about what are the essentials of nursing. Because as we've learned over the past couple days, there does not appear to be uniformity of understanding in this area.

Tony Burda, RPh. I'm a blind pharmacist here in Illinois and I want to share a little bit about my experience with licensure. I agree about everything said by you and the gentleman this morning, Mr. Silverstein. We need research and data. But the absence of that can become a barrier. I wanted to become a licensed pharmacist in 1978. There was a reason for not licensing me because there was quote, no precedent, unquote.

So we have to be careful of that. I talked with Mr. Dale Atkinson who was here yesterday, representing the National Board of Pharmacy. I said, "How many folks have you licensed as pharmacists since I broke

the mold back in 1978, which was 25 years ago?" He's not aware of any. So if I depended on research and data I would still be waiting for my license.

So, you nursing movers and shakers in this room, pursue the research, pursue the data, but don't rely on that. You're going to have to make some gutsy, cutting-edge decisions and you may have to do that quickly. Do what's right and what's cutting edge, but don't let the absence of that information serve as a barrier.

Question. I wasn't able to participate in your break-out group, but a question that I have to ask is what about the licensing of facilities as well, in terms of whom they're employing? Is there any intersect between that and accreditation in terms of what they require of facilities to then bring in employees? The intersect has to do with physician groups, JCAHO, licensed nurses, physicians, but they don't dictate what the license is. That's the regulator, the State Board or Medical Board. I think in the education group that I was in, there was at least one comment that nursing has been sort of looking at its navel for many years trying to decide what it is. Right?

And part of the issue seems to be that the time is now to try to get rid of the barriers to nursing education for people with disabilities. It's time to get rid of the barriers that exist, and to let people in. And that will itself force some of the changes in regulations and force some of the changes in education. And so forth. Because if you — again, I would agree with Tony Burda, if you wait around for the data, it's not going to happen.

Nancy Hogan. Part of the data are going to be programs that have success with this. We talked a lot about the importance of looking at administration. We had deans in our group who were willing to take that challenge and move forward and those are the data that will result in practice that changes licensure. Remember that licensure follows practice. Then what we need to do is look at administrations that will take a chance and faculty who want to be on board and make this an exciting adventure. Here everybody wins. And ultimately then we make legitimate changes that are based on reality. Right?

Comment. I want to make a comment about the word safety, which you started with and then came back to. I think that nursing is the only profession that tends to talk about our practice as it relates to safety. I don't really hear physicians or pharmacists or dentists talk about safety. I think of licensure, as, you know, ensuring that there's a basic level of competence, ensuring that somebody is competent to practice in that particular field. I would encourage us to stop using the word "safety." I don't think that that is an appropriate word when it comes to licensure. I think licensure is really established in terms of having that basic level of competence. When I go to the dentist or I get my hair cut I want to make sure those people are competent, not safe. Competent practice ensures safety; that is, they go hand in hand.

Nancy Spector. This is the conclusion of the report for this breakout session.