

Am I “Handicapped”? Nursing with One Hand



Susan Fleming, RN,
on a medical mission
trip to Honduras
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by Susan Elaine Fleming, RN, MN, CNS

Many people feel that they were destined for a career in nursing. I am one of those people. My destiny was to be a nurse. Growing up in the 1960s in a Los Angeles suburb and sandwiched between two brothers, playing outside meant playing “Army.” I gave my rifle – a birthday present – to my brothers so that I could play “the nurse.” As my older brother was entering kindergarten, I watched how he learned to tie his shoes. At 4 years old, without giving it much thought, I taught myself to tie my shoes with one hand.

The reality that I was different did not come to light until I entered kindergarten. I came home after the first day of school and said to my mother, "I was the only one in my class missing a hand. Why didn't you tell me?" She replied, "You didn't ask."

I knew from that day forward that I would experience the world differently than others, and that I would have to adjust.

On Saturday mornings, I would watch cartoons. I remember one morning seeing a commercial depicting 10 sad-looking children with various so-called "handicaps." There it was – a young girl just like me – missing a hand! The announcer urged viewers to help the "handicapped" through monetary donations. Later that day I asked my mother, "Am I handicapped?"

She looked at me and said, "Only if you want to be." Those words set me free. I knew it was my choice and that I was not destined to a life of sadness and begging.

The sterility of the '50s and '60s was evidenced by a world of segregation. People who were different in color, mental status or who were physically challenged were often placed in schools and institutions away from the public. I remember children actually getting nauseated if they saw my hand. During school dances, when other children held hands on the dance floor, I knew my place was next to the teacher. However discouraging these experiences, I gained strength.

Then adolescence arrived. I felt that I was the only one in the big wide world that was different. I refused to wear my artificial hand. I felt that people needed to accept me the way I was. Mind you, I always offered to carry everyone's coats and sweaters to cover my missing hand.

In tenth grade, I was finally able to take German. The first week, I sat in class with my



Susan Fleming, RN (center), in surgery on a medical mission trip to Honduras

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hand under the desk bundled in a sweater. That's when my greatest nightmare happened. The teacher, unaware of my missing hand, asked, "What happened to your hand? Did a shark bite it off?" That was it! I left the classroom and did not return.

At the age of 15, I left high school and went to an alternative school in the morning, working as a nurse's aid in the afternoon. I worked in a home for people with severe disabilities. At \$1.35 an hour, I felt "in the money." I soon went to work for an agency. One night I was sent to work at an acute care hospital. I loved it. I knew that two character traits of mine were courage and compassion. And I liked physical work.

I ended up working as a nurse's aid at a local community hospital. The nurses and doctors were always encouraging me to go to school and become a registered nurse. The idea appealed to me.

At 17, I graduated high school early, and I

was ready for college. I enrolled in a community college and dropped by the nursing department. I was told that I would not be eligible for their program. I continued with college and at age 19 received an associate's degree.

In addition to working as a nurse's aid, I took on some jobs in accounting. I was totally discouraged. I hated the solitude and the lack of physical movement of office work. I knew that I wanted to help people and work with others. I went back to college and took anatomy, physiology and microbiology.

Even though I wanted dearly to be a nurse, I knew others might block my path. I approached the same nursing school again. This time they agreed to test me to see if I could perform the kinds of tasks required from a competent nurse. The nurses at my local hospital generously gave me their extra supplies so that I could practice at home. Still, I failed the test and was told that I "would endanger a patient's life."

I felt that I would be a nurse's aid the rest of my life. I was content. Yet, I knew that I shouldn't let someone who had only known me for 5 minutes make a judgment that would affect the rest of my life.

One day, one of the older doctors asked how my goal of becoming a nurse was going. "Not well," I replied. I told him my story. He advised me to go to the Los Angeles County Hospital School of Nursing.



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Workable Wisdom

by Donna Maheady, EdD, ARNP

- Exercise patience and an open mind. An open mind is essential to recognize that skills can be performed safely and effectively in many different ways. Patience is necessary to understand that a nursing student or new nurse may need time and practice to develop certain skills.
- Do not let someone who doesn't know you dictate your future. If you are a student or nurse with a disability, don't let yourself be discouraged by disparaging words from someone who has known you for 5 minutes.
- View yourself as a valuable team member – not a drain. No apologies are needed. Everyone has their own weaknesses and strengths. Yours may just happen to be more visible.

There I found a group of culturally diverse faculty members. I asked if I needed a “skills test.” They told me that it would be illegal. They could not create a test that could specifically eliminate me from the program. Today, this constitutes “singling out” and is illegal.

I was admitted that spring and began classes in the fall. I hit nursing school with great ambition. I was voted class president during my first month.

At first, I was a little nervous that I might not be able to do all the tasks asked of me. But everything turned out great. Still, I waited for the Big One – the one skill that would stop my progression to graduation. My pediatric instructor saw my uneasiness. She told me that my fear of not being accepted would not stop here. After graduation, there would be the job interviews to maneuver and new positions to master.

Within 6 months after graduation, I headed to the Pacific Northwest. It was there that I met my future husband. He later joined the Army, and we spent the next 10 years moving from Washington State to Texas to Hawaii and on to Germany. I worked every place as a nurse and still managed to give birth to four children. These frequent moves allowed me to challenge myself in very different ways.

Even with my left hand completely missing, I became competent in starting IVs, giving injections, performing CPR and applying sterile dressings. As an accommodation, I use a hemostat (a scissors-like clamp) and keep scissors in my pocket, along with a large pair of sterile gloves. But I also found that all nurses – with or without disabilities – had their own weaknesses and strengths. We all needed each other. I learned to humble myself and ask for help when I catheterized patients. In return, I always tried to offer my help when it was needed. I think nurses would have been resentful if I had been a drain to the team. This is even more true today with the increase in patient loads.

Because of our military life, I got to work at many hospitals. That gave me the chance to reflect on the reactions from other nurses to my “blessing.” I must say that almost all of the nurses that I have worked with have been

great. When I initially start on a new ward, the nurses are usually a bit apprehensive. Then I show them my bag of tricks, which includes tying my shoes with one hand and starting IVs. Soon enough, they begin to focus on my abilities as a team member and quality nursing care.

There is a wealth of opportunity in the healthcare industry as society welcomes more and more workers with disabilities. If we show kindness and compassion to one another, our patients benefit. In turn, patients will view the healthcare system as a kind and more compassionate organization. ■

This essay is an excerpt from a chapter written by Susan Fleming, RN, MN, CNS, in Leave No Nurse Behind: Nurses Working with disabilities, by Donna Maheady, EdD, ARNP.



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