“You can nurse with dyscalculia – but know your limitations”

Whether it’s Florence Nightingale or Hattie Jacques, we all have an image in our heads of what a nurse is and what they look like. Whatever your stereotype of choice, right in the heart of it is our belief that nurses are accepting of human faults, are decent and kind and embrace the diversity of life. But are we? Sometimes it seems we fall short when it comes to colleagues and friends.

What am I talking about? Accepting diversity and, specifically, disability. When I use the term disability, I’m not referring to the more overt disabilities but to specific learning disabilities such as dyscalculia, dyspraxia or dyslexia.

How often do we challenge our assumptions about disability? I’ve heard numerous times: “They can’t be a nurse because…” As nurses, our priority is always patient safety, as it should be.

I sometimes wonder if we hide behind the phrase because we don’t challenge our assumptions. Take, for example, dyscalculia. It’s a specific learning need that relates to mathematical processing. Already, I can feel disquiet and mutterings of “what about drug calculations?”, “what about patient safety?” but I would argue back: “What about reasonable adjustments?” That question is to the organisation, to the individual, to the profession.

There is no reason why reasonable adjustments cannot be made for students and nurses with dyscalculia to level the playing field. For example, using a calculator or flexible number boards to visualise the number can help.

Yet it is imperative that all nurses know their limitations. We have to recognise that, sometimes, a reasonable adjustment is just not enough. In this instance, a nurse under the code of conduct would need to accept that. The important thing is that we consider this.

Are we so vocal about other types of diversity? For example, wearing glasses or contact lenses is making a reasonable adjustment and levelling the playing field if you are short-sighted. Clearly, under the code of conduct, we must acknowledge any limitations that affect our ability to practise. This stands whether we are short-sighted, have dyscalculia, have a back injury or have flu. If we cannot see properly, we go to the optician. If we have flu, we take to our bed until we feel better. Whatever it is that has affected our ability to practise effectively, we address it.

By offering reasonable adjustments, we’re addressing the issue. Equally, we have a duty to acknowledge if what we’re doing isn’t effective, including adjustments for specific learning needs. Patient safety is always first – that’s never in question.

By raising awareness of specific learning needs we are acknowledging an increasing diversity in our nursing teams. We then increase knowledge, and acceptance which, by default, allows those with a need to understand and make essential reasonable adjustments.

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Making change in your own life can be difficult enough but making change in an organisation as large as most NHS trusts can be daunting.

In the first of a two-part series, Janice Stevens and Ginny Edwards offer an alternative to the traditional mode of implementing change, that is pilot and roll out. Rapid Spread is a way of bringing about change in a shorter time frame. The article on page 28 explains how this “big bang” method works and describes how high impact actions were brought in across all wards in six acute trusts over a three-month period. The role of nurse leaders was crucial. And as nurses prepare to fight the flu battle again, turn to page 25 to discover the common misconceptions of patients and how to improve uptake of the vaccine in those groups entitled to cover.

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