Welcome from Holly
Holly Chadd, Information and Project Co-ordinator, RCN Member Support Services, takes a look at what's coming up in this issue of the Peer Support Service newsletter.

Welcome to the summer issue of the PSS newsletter. As always, we welcome news and views from our members and this issue features the personal accounts of members Sharon and Moira. Both look at different perceptions of disability and their own journeys to acknowledging the disability in their lives.

For health care professionals, their experiences of caring for patients with severe health issues can make them feel that they are "not ill enough". Professional identity and the reluctant shift to admitting they need support, having been the caregiver, also causes issues for members as they gradually accept their altered ability.

A member struggling with health issues recently asked: "When will I be disabled?" Perhaps the "social model" can help us here as it helped Penny Pepper (see Moira's story on page 2). Under this model you are disabled when attitudes and environments prevent you from living the life you want, with the same opportunities as others. So a wheelchair user whose employer has made adjustments for them and whose team supports them, may not consider themselves to be disabled in that environment. But at their local cinema, where there is no lift access to the screens – suddenly they may be disabled.

Looking at disability this way may seem over simplistic, but it allows you to harness the protective legislation around you and assert your rights. It also allows you to identify the things that are holding you back and getting in your way, and find practical ways of removing them. It gives you a space to realise you are not at fault.

By sharing our experiences of disability we can effect changes that will eventually mean that no one has to worry about the label of "disabled" and instead get on with celebrating difference.

If you would like to add your contribution to the next newsletter, or would just like to get in touch, email peer.support@rcn.org.uk.
There is no doubt that a disabled person's quality of life is dependent on many things, but professionals being adequately trained and having empathy, and the public having a positive understanding and attitude, are crucial.

Whether visible or invisible, living with a disability is challenging; whether it is due to injury, illness or medical condition, and people are further harmed when facing stigma and discrimination.

Old fashioned
There are a range of terms which are no longer viewed as acceptable by disabled people. Penny referred to them as having “gone out of fashion” including words such as invalid (when split, the reason becomes obvious, in-valid) and handicapped (cap in hand – “disadvantaged”, “begging”). Giving her view on what disability means to her, it was clear how significant the introduction of the social model of disability was to Penny's life. Moving from thinking about what was wrong with her, to what was wrong for her, she said, “freed her”.

Social model
Unlike the medical model of disability which focuses on a person's medical condition and impairment, the social model shifts to how the erection of barriers, lack of inclusion and attitudes are the issues which negatively impact the person's life and these can be removed.

Growing up, Penny spent long periods of time in hospital. And, thankfully, she met nurses who “saved her” and gave her hope for her future; something she feels many disabled people of her generation did not have. They also stopped her feeling institutionalised. Sadly, there were others who she felt did not have her best interests at heart. When I asked her, how she felt nursing has changed over the years, she told me she thought there was more professionalism now. I hope the increasing pressures being placed on nurses doesn’t change this.

More than our disability
As Penny rightly mentioned, many nurses are left with no choice but to seek financial support from the state when they acquire an illness, injury or medical condition. This is often accompanied by gruelling and intrusive assessments.

Disability should never define us, however much it impacts on our ability to do our jobs. Although there are times that nursing can cease to be a viable option, our skills and experience remain valuable and employers must recognise this and respond with creative approaches to recruitment and retention of staff.

The RCN Peer Support Service knows health care professionals face unique challenges as they navigate disabling barriers at work and in life. Please contact them, as I did, for support.
How often are our perceptions of disability informed by what we can see? A wheelchair, an assistance dog and a reliance on others to complete certain tasks can all seem to signify that someone is disabled.

What about mental ill health? Do we see this as a disability? Or does a lack of visible “cues” lead to fear of the unknown and lack of understanding?

As a paediatric nurse I have cared for children and young people with physical and mental ill-health; I also have experience in caring for adults with mental ill-health.

From my experience, most people don’t even realise they are having mental health problems and that this can have a profound effect on their physical health and day-to-day functioning.

Isolation
A few years back, I spoke up after a particular incident involving a colleague’s medication error. I was suspended during the investigation that followed, which denied me the chance to engage and discuss the incident, to reflect and learn.

This treatment by my employers, being accused of failing to report an incident and the isolation that ensued, had a profound effect on my ability to see what was happening to me. Looking back, the best description I have come up with to try to explain how I felt is like an animal in the road when headlights suddenly appear and you see a look of fear in its eyes – it freezes and then takes flight.

I tried to make sense of the situation and the actions of others, and naturally, I wanted to defend myself, but I felt under attack and must have appeared very defensive. In hindsight, I feel the whole situation was badly managed and I was disabled in my ability to do anything to prevent that from happening. I was informed I was being referred to the NMC.

I know there are many nurses and HCAs reading this who can relate to my experience because I was not the first, and will not be the last, to be treated badly after raising concerns.

Conflicting emotions
The hearing found my fitness to practise was impaired and a caution order was imposed upon me for one year. While I understood the caution at the time, it was devastating nonetheless and I had conflicting emotions about my treatment.

I was supported back into practice by the RCN counselling service, who helped me overcome my confidence issues and the emotion I felt when I thought about returning to practise. Learning to trust again was a huge factor.

I have now turned my situation around and use my experiences to positively influence changes in practices in the NHS and other health care organisations. I have also supported other individuals going through similar challenges.
Obituary
Dame Sheila Quinn

Dame Sheila, who served two consecutive terms as RCN President from 1982-1986, died at Southampton General Hospital in December. Among her many contributions to the RCN and the wider profession, Dame Sheila was a patron of the Work Injured Nurses Group (WING). WING paved the way for the Peer Support Service today and the RCN owes her a great debt of gratitude for her work in support of ill and disabled nursing staff.

Born in Blackpool on 16 September 1920, Sheila Quinn trained as a nurse at the Royal Lancaster Infirmary from 1943-1945, including six months of midwifery training which she later developed into a full qualification.

An active RCN member throughout her career, she first became involved with the College when she was elected chair of the student nurses’ section of the Lancaster branch in 1944.

Her longest role was with the International Council of Nurses (ICN), where she worked from 1961-1970, including three years as executive director from 1967-1970.

Events
Hidden in Plain Sight exhibition

This year, the RCN Library and Heritage Centre will host an exhibition and event series – “Hidden in Plain Sight” – focusing on diversity in nursing. All members are being urged to contribute their stories so the lives and experiences of our members are made visible to this and future generations. In particular, the exhibition staff are looking for items from South Asian nurses, lesbian nurses and deaf nurses.

The RCN archive is home to hundreds of thousands of items of nursing history. However, our collections do not reflect the experiences of black and minority ethnic (BME) nurses, lesbian, gay, bisexual and trans (LGBT) nurses or nurses with disabilities.

You can send anything relating to your personal story and experiences as a nurse, including:

- Objects, such as support items, e.g. old hearing aids, personal items important to your nursing work, e.g. book/artwork.
- Oral history interviews.
- Personal documents, diaries and letters.
- Photographs (with as much information about the images as possible).
- Newsletters and publications.
- Conference papers and collateral.

Visit rcn.org.uk/library/collections/diversity-collecting for more information.