Rachael Major

Comment

‘We can’t afford not to support registered nurses with dyslexia’

As a senior lecturer in nursing for over 15 years, I have supported many students, but some leave lasting memories. Several of these were extremely articulate and had great rapport from practice but struggled with the written components of the programme and, in some cases, with organisational skills. On further investigation, many were found to have dyslexia.

Dyslexia is a common specific learning difficulty or difference, affecting 4–10% of the population. It affects spelling and reading, and has wider effects on the speed of processing information, organisational skills and working memory. However, it also brings many benefits such as creativity, empathy and problem-solving skills, which are beneficial in nursing.

The more I learned about dyslexia, the more I wanted to know, so I decided to focus my doctorate on education in this area. Little research has been conducted with registered nurses (RNs) who have dyslexia – most involves student nurses. However, dyslexia doesn’t go away once a nurse qualifies, so I felt this was a gap in the literature that I would try to address.

During my research, I interviewed RNs about their experiences of learning, both in classroom settings and in practice, from as early in their lives as they could remember. I also interviewed lecturers who had supported RNs with dyslexia. What I found was that RNs who have dyslexia develop compensatory strategies to mitigate the difficulties they experience. These strategies include developing and using templates or previous examples of documentation to help structure notes or letters, being organised, minimising distractions, and using technology. Extra effort is required for many of these strategies, along with some reasonable adjustments to the working environment in line with the Equality Act.

There is still a stigma associated with being a nurse who has dyslexia; some people suggest it could be dangerous, especially when it comes to drug administration, despite there being no evidence to support that. In my study, the RNs were very aware of patient safety and extra careful with drug administration or, in one case, avoided it where possible.

Without a supportive practice environment, nurses may employ less-beneficial strategies, such as avoidance and disguise. However, these are likely to increase stress, which is known to reduce working memory and exacerbate the effects of dyslexia. Managers and colleagues need to understand how dyslexia might affect individual nurses, and support the beneficial compensatory strategies that have been developed. Many of the strategies and adjustments that are helpful for nurses who have dyslexia are also beneficial for all staff. What is really important is having a non-judgemental attitude, so staff feel able to discuss any challenges they are experiencing and how they manage them, without fear or loss of their professional standing.

Student nurses who have dyslexia have little control over where they are placed in practice, but this is not the case for RNs. Nurses will aim to live and work in a setting that suits their way of working and includes a supportive team that allows them to use their compensatory strategies, or they will leave the profession completely. With the current shortage of RNs, we cannot afford not to offer support – be it financial, legal or moral – to what may be as many as 70,000 nurses on the NMC register who have dyslexia.

Rachael Major is senior lecturer, Institute of Health and Social Care Studies, States of Guernsey.