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## RYANN MASON

RN

**THE 'NURSE ON  
WHEELS DELIVERING  
CARE FROM A  
WHEELCHAIR**

DISABILITY ADVOCATE,  
EXPERIENCE TRAUMA  
AND POSTPARTUM  
NURSE

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*“When you’re a nurse, you know that every day you will touch a life or a life will touch yours.” — Unknown*

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**Founder/CEO**

As a strong advocate for the union between humanity and technology, Neville's focus leans toward tech influence on creating highly desirable working environments encompassing altruism, autonomy, human dignity, integrity, honesty and social justice.

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Managing Editor, Insider's Perspective Magazine

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## PODCAST HOST



**JAMIE SMITH**  
**NURSEDECK PODCAST HOST**  
**RN, NP, MSN**

Nurse Jamie has been chosen as NurseDeck Podcast Host to share stories, resources & guides to help inspire and motivate the NurseDeck Community.

Jamie has been a registered nurse for over 13 years. She is an experienced nurse practitioner with a history in long-term care, medical-surgical geriatric nursing, and clinical pharmacology. She is also an educator and author.



*I love hearing about startups. With NurseDeck we have our little patch of dirt at work time, to spruce up and help the nurses' community base. I love that there are people like NurseDeck trying to shake things up because we desperately need it.*



## FEATURED STORY

### RYANN MASON, RN

## AN EXCLUSIVE INTERVIEW: THE 'NURSE ON WHEELS' DELIVERING CARE FROM A WHEELCHAIR

By NurseDeck

Ryann Mason (she/her) has more than 14 years nursing experience in emergency medicine, case management and, most recently, postpartum care. Though her first dream was to be a dancer, she had to adjust after being diagnosed with Ehlers Danlos Syndrome. Now, Mason is a nationally recognized disability advocate, registered nurse, and sexuality educator. She's also an adaptive athlete, internationally published model, proud member of the LGBTQIA+ community, and the reigning Miss Wheelchair Virginia. Mason shares her story through her social media platform, @ChronicallyRy, where she posts about her experiences living with a chronic illness and degenerative disability. Her advocacy work and story as a disabled nurse has been featured in numerous other publications and podcasts.

NurseDeck (ND): Hi, everyone, we have Ryann Mason here today. Can you tell us a little bit about yourself?

Ryann Mason (RM): Absolutely. I'm a 29-year-old registered nurse who also happens to be practicing with a disability that has me using a wheelchair. I was diagnosed with Ehlers Danlos Syndrome when I was around 16 years old. It's a collagen disorder that affects every bit of my body and causes a plethora of super fun symptoms, one of the staples being that all of my joints dislocate very easily, especially when I walk, so I've been using a wheelchair for the past three years. As far as my nursing history, I have 12 years of emergency medicine experience, six of those as a registered nurse, and then two years of case management and going on seven months postpartum.

ND: Wow, you've been a nurse for a while. So tell us, how did you get started as a nurse?

RM: So, I mentioned I was born with a disability, and that disability has affected my life many, many, many



different times. Specifically, as a kid growing up, before I was even diagnosed, I was in and out of the hospital constantly, especially the ER, for falls, head injuries from those falls, dislocations, you name it. I remember being about 15 or 16 years old and being in the ER again, and my mom made a joke and she's like, 'Ryann, you know, if you're going to be in and out of here so much, you might as well get paid to push the stretcher.' This was totally a joke because at the time I wanted to be a professional ballerina or on Broadway. That was my goal. I was a dancer and had no interest in health or science, and my family was made up of artists and musicians, not medical people. So, she made this joke and I said, 'alright, you're on.' So I signed up for a class to train to be an emergency medical technician, an EMT. I took the class thinking that it would be like a one time thing just to tackle something that scared me and had caused a lot of trauma in my life. I ended up falling in love with it, and working all through high school and college. When I went away to college the first time, I majored in human



*I signed up for a class to train to be an EMT. I took it thinking it would be a one time thing to tackle something that scared me...I ended up falling in love with it.*

sexuality. I had been diagnosed and realized, okay, I can't dance professionally, that's never gonna happen for me. So, I stayed with what I had learned I loved, I stayed with medicine. I'd been fascinated by sexuality and wanted to be a sexual educator, so that's what I went to school for the first time, and ended up teaching sex ed for about six months in middle schools. There's only so many times you can tell a middle school boy how to put a condom on a cucumber before you're like, you know what, I think I need a change. The whole time I missed the routes, I missed patient care, so I came back to my hometown in southwestern Virginia, went back to school and got my Registered Nursing license, and I've been a nurse ever since.

ND: Seems like you love being a nurse. What's something you wish you'd known as a new nurse?

RM: That's a good one...probably that nobody is actually trying to eat me alive and no one wants me to fail, it can just feel like that. Back then - and now - there was a lot of nurse bullying within ranks. I started out as a brand new nurse with little-to-no experience in the ER, of all places, so it was very high stress. That definitely gets better, it gets easier, and every single person in that emergency room or on that floor has been in my shoes, or in your shoes, as a new nurse and knows what it's like and remembers how hard it was. Once you succeed it is there to help no matter what, you don't have to go through this alone.

ND: That's a powerful statement. So, will you share with us about your journey as a disability advocate?

RM: Absolutely. So like I said, I was diagnosed at 16, and like any other bullheaded 16-year-old that's told

you have this disability I can't even pronounce, and you'll end up in a wheelchair by the time you're 20, I kind of just laughed it off. I had a little elevator story for those little moments where somebody asks you what's going on: Why do you have bilateral knee braces, ankle braces, and wrist braces at 17 years old? Why do you look like you're going to a roller derby just trying to go to gym class? So I'd be like, 'I was born with this genetic joint disorder disorder. They say I'll be in a wheelchair by the time I'm 20 but hey, look at me, I'm fine right now.' I didn't even think of myself as disabled, I was like, 'that's just how I'm made.'. About the time my mobility started being severely affected, around 2015-2016, I started having to use a cane regularly. I was working full time in the ER, I had fallen in love with trauma nursing, it was all I ever wanted to do. So, I was training to become a flight nurse, and that was my goal. All of a sudden, in the midst of all this, my left hip - which normally I can dislocate on command like a party trick - is starting to slip when I take a step unexpectedly. So, I'm forced to leave the ER to focus more on - well, I





need to be able to walk in order to do this job. I went from using a cane to using forearm crutches to a wheelchair in a very short period of time, over the course of a year. I had to leave the ER and take a job away from the bedside, trying to learn this whole new life.

As a woman in a wheelchair, I immediately turned to social media and I made this Instagram just as a diary, a place for me to tell my story. I'd had this disability my whole life, but it had mostly been invisible, so there were tons of people very close to me that had no idea I was even disabled. I wanted to tell my story and what it was like, mainly just for my friends and family so when they see me walking around with a cane, they can know this is what's happened. Plus, it was good therapy for me, on those good days and bad days, because I was just sharing with friends and family. It was very candid and very right-there-in-the-moment

of, for example, the first time I couldn't find a spot close enough and realized I needed to obtain a handicap placard, that was a lot. I'm going through all of this, pretty much alone, because when I was diagnosed with EDS, I was 16, and it was before social media was a huge thing. So, it wasn't like I could just log on and connect with a bunch of different people with my disorder. I felt very alone and isolated, and most physicians couldn't even tell me what my life was going to look like, because it was so rare. So few people specialize in it they couldn't tell me if it would affect my lifespan. They couldn't tell me if I could have kids. It was so much going through all of this by myself, so when I turned to my Instagram, and I started sharing my story, all of a sudden, I'm getting these messages from these newly diagnosed people who are like, 'oh my gosh, I found your page and just hearing how you managed to go through this, it gave me the

inspiration that I needed to keep going and to figure out there is more to my life than just being stuck in a chair or stuck on a couch.' From there it just kind of took off and I kept going with it. I said, 'I'm just gonna keep sharing my story, and it's sometimes not pretty and sometimes very in your face, but we're going to do it.' I now have this page where I can watch myself slowly lose my mobility, but completely regain my confidence and learn who I am as a person. I never expected to be a disability advocate - I didn't even think of myself as disabled until a few years ago - but suddenly I was in the middle of it before I knew any better and I absolutely love it. It's what I love to do every single day and it's made me a better nurse and a better person.

ND: Wow, what a story, and look at what inspiration you've been to other people. Thank you for sharing that. So, how can we go about creating a safer healthcare system and environment for nurses?

RM: Well, number one, my answer will always be to ask your nurses. They are the people who are in and out of the thick of it, day in and day out. They spend more time on those hospital floors than almost anyone else and they know them well. The biggest thing we run into now - in every hospital I have worked in my entire career - is retention and focusing on the nurses we have who are putting in the work on the floor, and making sure we have the safe staffing ratios we need, the support needed on the floor to properly educate new nurses coming on, especially now in the midst of the biggest health crisis we've seen in all of our lives. Support is, I think, the biggest thing. I've never seen so many nurses come together like I have these past two years, and it's been amazing - incredibly frustrating



but really amazing to see it and remember why we all entered this field in the first place.

ND: Being supportive goes a long way. So, how do you think nurses can benefit from the NurseDeck community?

RM: I think one of the biggest things that has helped me was turning to my social media. I've met so many nurses from different walks of life. I grew up in southwestern Virginia and that's where I practiced my whole life, different hospitals in different areas down here, but it's still southwestern Virginia. So meeting other nurses from other walks of life, from other specialties that I don't even have in surrounding hospitals, has been instrumental. Having a community like NurseDeck to turn to and learn about other nurses, hear stories from nurses, by nurses, for nurses is incredibly helpful, because how often are we getting educated by someone



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who hasn't worked on the floor in 50 years, or if ever, and doesn't know what it's like? So, to have a place where you can turn and speak to people who have been through it, who know how you're feeling, is incredibly supportive and something a lot of us definitely needed early on in our nursing career.

ND: I agree. Do you think there's bias in nursing?

RM: I definitely think so, but I don't think I realized that as much until I began nursing from a wheelchair. I wasn't educated at all about the disability community. I talked to healthcare workers in groups time and time again, and so many of us had the same experience in school where our lesson about disability was like, 'okay, we have a week to hit the high points of, here are the certain disabilities that you will see that affect mobility, and this is what to look for, pressure sores - okay, moving on.' That was it, and so, so many people just don't feel comfortable around people utilizing mobility aids full time, especially as a result of something that's not the aging process. We're just not trained on how to care for these patients, and when we are it's very outdated. It's mainly focused on the geriatric community. So there's this entire population of people who, though incredibly reliant on health care, as a whole feels very slighted by them. I think in nursing, we have a tendency to provide better care to the things that we're more comfortable with, and that's just human nature. So, I do think a bit of bias exists in that way. It wasn't until I became a nurse from this position that I earned my advocacy towards that because it's just something that we can't help



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what we don't know. So education is all about it and fixing this type of bias in nursing.

ND: I agree. What about diversity? What is the benefit of diversity in nursing?

RM: Oh, my goodness, I love it. I will say what has been the coolest part of COVID - I did not think I'd ever utter that sentence in my entire life - is that my hospital has had to employ many more travelers and I've met more nurses from different areas and walks of life. It has been incredible, especially as someone who, fairly late in my nursing career, is starting a brand new specialty going from trauma to postpartum. Getting to meet all these people in this specialty that is so old, has been really, really, really cool, so diversity in nursing has helped me to improve my nursing care. I get told constantly by travelers who have never worked with a nurse in a wheelchair, or when I came on with my new preceptors in my new floor in a chair, I will never forget: my very first preceptor at the end of the first day said, 'you know

what, I really wasn't sure about precepting a nurse in a chair. I thought I was going to have to do a lot of work for you. I didn't know how much you would need support, and it took about 15 minutes for me to realize that you are still a nurse, you just have wheels attached to your butt.' I am so glad that I provide that education. So now, if any of my coworkers have questions about wheelchair use or wheelchair life or anything like that, they come to me. Just having me on the floor has helped us be more cognizant and careful for our patients with mobility limiting disabilities, and I think that's the benefit of diversity. We take care of all kinds, so it's always good to work with all kinds as well.

ND: That's right. So what does cultural competence mean for healthcare providers?

RM: That is a good one. So, I work in a level one trauma center, where we get people from all over, every walk of life, every kind of background you could possibly imagine, and working in postpartum specifically, my day-to-day life on the unit is working with all kinds of cultures in this field that's so incredibly old. There's so much cultural tradition linked to it for all kinds of things that I didn't realize to look out for. For example, a lot of Hispanic families really, really like to nestle the babies in lots and lots and lots of blankets, because they're not generally used to having any sort of air conditioning system and that's just culturally what they tend to do. There's a way to properly care for our patients while still respecting cultural norms and traditions. If we are educated in these ways, we can absolutely be better health care practitioners, because our patients will trust us and not feel accidentally slighted because we made some sort of cultural mistake that we didn't know working with a culture that

wasn't our own. So I think it's incredibly important.

ND: I couldn't agree with you more, education is key. How do you think nurses and healthcare professionals can improve on this as a whole?

RM: Education, I mean, really is the only way. Education from practitioners of specific cultures, not just an overview from a book written from one perspective, and I think that's where communities like NurseDeck are incredibly important as well because you have that ability to reach out and speak with nurses from all walks of life and all cultures and learn from them specifically, from people who experience it and live it every day. I just think that's really important because like I said before, we can't help what we don't know.

ND: That's exactly right. So what other changes do you want to see in the healthcare industry?

RM: Definitely accessibility - physically and the infrastructure, for sure. I never realized how inaccessible our hospitals are, especially to employees, until I became a wheelchair user. It just blew my mind - I really did not ever





think that I'd have to worry about it too much when hospitals are made for our patients. They are, but oftentimes by someone who doesn't experience disability and so just little things, like bathroom doors that took me two hands to open, little old ladies can't grab and rip those open. It's realizing that most hospitals don't have handicap accessible employee parking, because that's just generally not thought of as a thing that we'd have somebody with a disability working in health care, but we do. These people have just been flying under the radar for so long because there has been a stigma in health care, especially in nursing, that physical disability isn't going to fly. So, I had no idea how inaccessible things were until I was in those wheels, so to speak. So that's the physical part, but there's also getting more disabled human beings working in health care. So many people with physical disabilities don't even try

and don't want to tackle that - trying to get into nursing school with a physical disability or using a mobility aid is so incredibly difficult. I am a member of an organization, the National Organization of Nurses with Disabilities, and I think we spend 98% of our time answering emails from nursing students who are being told 'no' from nursing schools across the country because of a physical disability. How many times have you read a job description, or a description of a class for nursing, and you must be able to lift so much weight, must be able to walk so far? It's absolutely true, but we can think about how these people are existing day in and day out just with the slight help of a mobility aid, and how they would still be able to be fantastic nurses. How many different types of nursing there are in the world?

ND: Yes, think about stuff you can do that doesn't require being on the floor like modified data specialist, or insurance roles.

RM: When I was new to my wheelchair, I worked as an acute care case manager for two years where I'm still in the hospital setting, but I wasn't working patient care hands-on and could use my wheelchair easily. There are so many people who are being slighted by health care as a career - people with this lived experience that's so beneficial to healthcare, and developing and moving forward with the way we care for patients. So, that's a big thing I advocate for: trying to get more disabled humans involved in health care and into healthcare careers, if that's what they want to pursue.

ND: I'm still thinking about just having more accessibility - we have it for our patients, we need to have it

for staff too. I mean, there's so much you can do as a, like you said, as a nurse. Do you think that NurseDeck could put resources out there that would help others learn ways to fix that issue?

RM: Definitely. Putting out stories from disabled healthcare providers, those of us who have kind of lived both lives, worked as ambulatory nurses as well as disabled nurses have this cool 'I've seen it from both sides' perspective. I know where our strengths are and where our weaknesses are, so getting these people together and sharing their stories is important. Educational moments are so beneficial because how often do people run across nurses with disabilities in their careers? Through social media I've met tons now that are out there and educating and advocating and it's just, I think that NurseDeck can be incredibly beneficial at helping lower this divide.

ND: I agree and look at you, you've got 12,000 and some followers, think about the impact and difference you have made just by sharing your story. Can you tell us about something you are passionate about that we haven't yet discussed?

RM: I think we've hit all the high points. The only other thing is I'm Miss Wheelchair Virginia - I have a crown and everything. I've had the title for the past two years, and I travel around educating healthcare professionals on disability and getting more disabled humans involved in health care. So I'm incredibly passionate about that. I have loved getting to wear that title and compete for Miss Wheelchair America this past August. I didn't win, but I was given a Lifetime Achievement Award from the Miss Wheelchair Foundation for my disability advocacy. It was it's been awesome to see all my hard work kind of pay off.

ND: That's awesome. What a story and look at the difference you are making. Thank you for your time here on NurseDeck, we really appreciate your time and sharing your story with us, and thank you for the difference you have made in this world.

RM: Thank you so much for having me, it's been great.

“*How often do people run across nurses with disabilities in their careers?*”



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