

## **Substance Abuse among Nurses**

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## **Introduction**

The American Nurses Association estimates that 6%-8% of the registered nurse population has a drug or alcohol-related problem, similar to the 7-10% of the general population (Smith, 2001). Research literature shows that more than 40% of healthcare facilities do not retain impaired nurses once they are discovered to have a substance use disorder. Few hospitals consider relapse to be a part of the recovery process (Peery & Rimler, 1995). The purpose of this study was to examine the attitudes of nursing administrators, unit managers, and worksite monitors towards nurses with substance use disorders and to address specifically the culture of care and processes for reporting and reintegration. The goal was to explore the extent to which stigma surrounds nurses with substance use disorders. Recognizing signs of relapse is critical and necessary in order to facilitate early intervention. In order for nurses to safely return to work, peers, managers, and worksite monitors need to recognize behaviors associated with substance use disorders and to conceptualize substance use disorders addiction as a treatable illness (van Wormer & Davis, 2008).

Given the nation's nursing shortage, healthcare systems have a vested interest in retaining their best nurses by offering impaired nurses the option of treatment programs that facilitate recovery from their illness so nurses can retain their nursing license, while at the same time providing a safe environment for patients. The Indiana State Nurses Assistance Program (ISNAP) offers a recovery program. Admission to the program can be via self-referral, employer referral, or legal mandate. With this context in mind, the authors interviewed key stakeholders in healthcare institutions (two unit managers, two directors of nursing, and two worksite monitors of impaired nurses) to elicit their perceptions of diagnosis, treatment, and recovery. Preliminary analyses showed nursing personnel accepted substance use disorders as a legitimate condition requiring ongoing management. This perception would help to alleviate the stigma towards healthcare professionals in recovery. The key stakeholders interviewed shared a desire to modify their institutional policies to reflect a supportive work environment that includes a close relationship with ISNAP in order to facilitate recovery and retain nurses. Findings in this small sample suggest that hospital administration and nursing staff members must have ongoing and updated education on substance use disorders inclusive of treatment and recovery. Education was perceived as essential for the recognition of impaired nurses in the workplace, where patient safety is the top priority.

## **Substance Abuse among Nurses**

The purpose of this study was to explore the beliefs, values, attitudes, and perceptions of a small sample of unit managers, worksite monitors, and other administrators in clinical settings. In some settings, impaired nurses are unable to return to work after discovery of their disorder. This is thought to be associated with a lack of acceptance of substance use disorders as a treatable condition. This study explored the stigma associated with substance use disorders in nurses and the educational tools perceived by the subjects as facilitating successful recovery and reintegration. The possibility of a nurse developing a substance use disorder is equal to that of the general population, although nurses are commonly held to a higher standard of behavior. A nurse with a substance use disorder is seen as a major contradiction to professional standards. This dissonance creates stigma that will interfere with the nurse's asking for or receiving proper treatment and engagement in the recovery process. Nurse managers may not feel adequately prepared to intervene, treat, and support a nurse with a substance use disorder. Due to this lack of knowledge and preparation, successful reintegration after treatment can be problematic. Education regarding chemical dependency as a brain illness is necessary for all nurses in order to assist with recovery and successful reintegration of the impaired nurse.

## **Review of the Literature**

The ANA estimates that 6-8% of the registered nurse population has a drug or alcohol-related problem (Smith, 2001). The stigma associated with substance use disorders for the general population is strong; it is even more pronounced for healthcare professionals. Impaired health care professionals are viewed as weak, immoral, corrupt, irresponsible, and untrustworthy (need citation). Therefore, an environment that

views substance use disorders as a treatable condition is essential to successful recovery (Lillibridge et al., 2002). The stigma associated with substance use disorders among nurses can delay treatment, hinder early intervention, and perhaps even prolong the recovery process (Lillibridge et al., 2002). Research has shown that approaching the impaired nurse non-punitively, setting clear expectations regarding the workplace, and at the same time providing appropriate treatment resources are all essential for the nurse's successful recovery. This requires an understanding of the disease, the recovery process, and at the same time policies that assist both the nurse and management in this endeavor. A punitive approach discourages nurses from getting help and encourages them to change employers frequently to avoid detection. A study examining nurses' decisions to report impaired colleagues found that moralistic attitudes around substance abuse lead to punitive attitudes and interventions toward the impaired nurse (Beckstead, 2002). In a study examining state policies for nurses with substance use disorders, Haack and Yocom (2002) found that states with disciplinary programs that focused on deterrence and punishment prohibited employment of these nurses, which resulted in the loss of the nurses' health insurance and financial means to recover. Alternative programs treat impaired nurses as individuals who have a treatable, chronic disease. Policy makers in states with alternative therapy programs believe in a more humane, rehabilitative approach for nurses with substance use disorders (Haack & Yocom, 2002). The authors suggested that future research should be directed toward determining if more compassionate, non-punitive approaches would have a positive impact on recovery while protecting patient safety.

Hughes (1995) found that a majority of hospital administrators reported that they did not feel adequately prepared to address the issue of impairment among their nursing staff. Research focusing on chief nurse executives responses to chemically dependent nurses found that only 41% of hospital institutions had written policies and procedures for dealing with chemically dependent nurses (Hughes, 1995). For institutions that did have guidelines, few discussed assisting the nurse with treatment and only 25% included a provision for relapse (Hughes, 1995). Without proper education, a nursing manager may interpret a nurse's substance use disorder as a threat and take immediate punitive action against the nurse (Torkelson et al., 1996). Educational programs clarifying substance use disorders as a treatable condition may better prepare administrators to make decisions regarding impaired nurses.

Young addressed four components with respect to helpfulness among new and experienced worksite monitors: (1) understanding the role of the worksite monitor, (2) recognizing signs of chemical dependency or relapse, (3) creating a supportive environment, and (4) providing sources of support for the monitor (2008). Findings showed nearly 70% of new worksite monitors and 55% of experienced monitors found these four factors to be extremely helpful (Young, 2008). This research study concluded that the best teaching methods included short workshops and a self-paced education course on the Internet (Young, 2008). Increased education of key personnel may play a role in decreasing punitive actions against impaired nurses.

In another study examining the attitudes of nurse managers toward chemically impaired colleagues, nurse managers and assistant nurse managers who were knowledgeable about their state's peer assistance program were more likely to assist the impaired nurse in recovery (Smith, 1992). Nurse managers in hospitals with group participation, open communication, professionalism, and a tendency to interpret substance use disorders as non-threatening are more likely to reintegrate known recovering chemically dependent nurses (Smith, 1992). Authors also found that hospitals with employee assistance programs were relatively more likely to facilitate the re-integration of recovering nursing employees. In order to optimize success, a recovering nurse needs to be surrounded by a supportive work environment (Lillibridge et al., 2002).

## **Methods**

A purposive sample of two unit managers, two directors of nursing, and two worksite monitors of impaired nurses were interviewed from around the Indianapolis area. A secondary analysis of the Indiana

State Nurse Assistance Program (ISNAP) database found that most impaired nurses were employed at nursing homes or acute-care hospitals. ISNAP is a program that offers consultation, referral, and monitoring for nurses whose practice is impaired or potentially impaired due to use, abuse, or dependency relative to alcohol or other drugs. Impaired nurses can seek help confidentially through the ISNAP program. If a nurse self-reports and signs a contract with ISNAP, his or her license is usually protected with the conditions of the contract. As part of the program, on-site observation of the nurse is done by a worksite monitor and typically the unit manager is also aware of the situation.

Of the 1343 nurses who participated in ISNAP between 2002 and 2008, only 552 (41%) identified their employment setting. About half of those reporting (46.2%) were employed in a hospital setting and 31% were employed in a nursing home. Based on these findings, key stakeholders representing these employment settings were interviewed (see Appendix A for questions used to guide the interviews). Two unit managers and two directors of nursing interviewed worked in an urban hospital setting. One worksite monitor worked in an outpatient clinic and the other in a nursing home. All of those interviewed were middle-aged females. Interviews lasted approximately one hour. Data were analyzed for thematic content. Each interview was audio-recorded in order for each investigator to review content. Heretofore, all informants will be referred to as administrators.

## **Results**

Data were analyzed for thematic content. Four major themes emerged regarding perceptions about impaired nurses: 1) administrator's personal views not being reflected in the institutional policy, 2) reluctance to hire nurses active in ISNAP or who have completed ISNAP, 3) failure to recognize relapse as part of the disorder, and 4) the desire to see nurses recover successfully.

### *Administrator's personal views not being reflected in the policy*

Upon interviewing these key stakeholders, it became apparent that they recognized substance use disorders as a treatable condition, although their organization's policy for identification and reintegration of nurses did not reflect these views. Administrators are often welcoming to a nurse in recovery but their institutional policies do not mirror these views. One institution had a "zero tolerance policy," despite the administrator's expressed views on the importance of recognizing substance use disorders as a treatable condition. When a nurse is found to have a chemical dependency problem at this facility, not self-reported, the individual is summarily fired without the option of entering a treatment program and returning to that same position during recovery. To be considered for hire at this particular institution, a recovering nurse must have at least three years of experience as a participant in ISNAP. This administrator claimed adherence to this policy but noted these nurses are re-hired into positions that do not involve patient care. This facility is now currently looking at the effectiveness of its policy and working to determine if changing the punitive approach might be beneficial in the future.

### *Reluctance to hire nurses who are in ISNAP*

Nurses with substance abuse problems are often seen as individuals who have failed. Without proper treatment programs and a supportive environment, recovery and reintegration is unattainable. In multiple institutions, there was a reluctance to hire nurses who were in ISNAP. One institution simply did not hire these nurses until they were three years clean. Restrictions for access to narcotics were imposed on the nurse returning to work. Several institutions would not hire someone with such restrictions on their license. This was true for 2 of the four hospitals represented. One administrator of an outpatient center supplied with few narcotics was less reluctant to hire recovering nurses.

### *Desire to see nurses successfully recover*

Ultimately, the goal of a non-punitive treatment program is to recognize substance abuse problems for early intervention. The nurse administrators acknowledged their desire to see their employees seek treatment for any illness, including substance use disorders. When a nurse has to take time off from work,

it places a burden on the entire unit, affecting fellow employees and patient care. Recovering from a substance use disorder was seen as a major life transformation, one requiring assistance from managers and peers. The dedication of a workplace to their recovering employee is thought to aid in the nurses' recovery and contribute to retention after successful reintegration. All interviewees voiced opinions on how devastating it would be to discover one of their nurses with a substance use disorder. Since substance use disorders may be seen in even the most competent nurses, one person expressed a strong willingness to fully assist nurses in whatever was needed for their recovery. Two participants emphasized the option of offering nurses personal leave to devote all of their time to recovery. All the interviewees spoke about confidentiality as being part of their policy and essential in preventing stigma to optimize recovery.

#### *Failure to recognize relapse as part of the recovery process*

The main goal of any institution is for nurses to provide optimal patient safety and care. Four of the five interviewees said that one positive urine drug screen during treatment would result in the termination of their employee. Individuals with substance use disorders typically relapse several times before establishing solid recovery from their disease (van Wormer & Davis, 2008). When substance use policies focus on education, prevention, and early intervention, then the reintegration process may be shortened, be more successful, and provide for greater patient safety. Although relapse is not ideal, these administrators were aware that it is common. In order to maintain patient safety, their policies could only excuse one relapse before termination, even though statistics show that many relapses may occur before sustained recovery. This indicates a possible need for time away from work in order to successfully recover and then reintegrate into the workplace.

Two of the administrators interviewed stated that having a worksite monitor for a recovering nurse who has returned to work is essential for recognizing signs of relapse. Relapse is sometimes unavoidable, but many institutions are adjusting their policies to aid in the prevention of relapse and early intervention. In order for an institution to reform their punitive system, educating employees about chemical dependency as a treatable disease is essential for a healthy environment for the recovering nurse.

### **Discussion**

Substance use disorders are conditions that require comprehensive intervention to promote successful recovery. The six administrators we interviewed shared this understanding of substance use disorders as an illness; however, their facilities' written policies did not reflect these views. A nurse struggling with this disease must have support from managers and peers without being stigmatized, which may delay timely intervention and treatment. Because relapse can be a component of the recovery process, it is important for unit managers to honor a nurse's request for personal leave from work in order to devote time to recovery and avoid patient harm that may result from relapse in the workplace. After successfully completing the ISNAP program, it is important for hospitals to reintegrate the nurse into the workplace and continually provide encouragement and monitoring to reduce the possibility of relapse. It is important for hospitals to allow nurses who have completed the ISNAP program to return to work in order to provide motivation to other chemically dependent nurses that successful recovery will likely lead to reintegration into the workplace.

Nursing must integrate a comprehensive course on chemical dependency as a disease into all nursing curricula. It is necessary for all nurses to become educated on chemical dependency, self-care, signs of abuse, and support available to the impaired nurse. The need to implement this material into nursing curricula is made evident by the abundance of nursing administrators in this study who felt unprepared to handle the situation involving an impaired nurse. A nurse's primary duty is to care for and maintain the safety of patients. Nurses must be willing and competent to help fellow nurses in their recovery process.

In order to do this, nurses must be educated in the area of chemical dependency, as they are educated in all other diseases. Maybe equally important, nurses must learn to care for themselves before they are able to care for others. Integration of self-care in nursing curricula needs to be considered.

## Appendix A

### *Interview questions*

#### **Main Question**

Please share an experience with a nurse you monitored who had a successful re-entry into practice. How do you feel you contributed to this nurse's success?

#### **Secondary questions**

What characteristics, knowledge, and skills do you feel a successful worksite monitor should possess to facilitate a nurse's recovery?

Where did you gain these skills and knowledge?

If a nurse with no personal experience with chemical dependency wants to become a work site monitor, how should they be prepared?

How does this compare to the way that you prepared?

What does a typical day look like for a worksite monitor?

How often do you monitor?

What is your role? What exactly do you do each day?

What do you think works well as a worksite monitor? (components of ISNAP and monitoring)

What doesn't?

If you had the power to change the role, what would you do differently?

Is there anything that I have not asked that would be important for me to know?

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