Impaired Nurses Articles


Introduction of the Problem
Chemical dependency is identified as one of the leading health problems in the United States. In the general population, it is estimated that one out of nine suffer from this disease. However, with health care professionals, this number increases to one out of five to seven. Chemical dependency is a medical, treatable illness with certain recognizable signs and symptoms. It is characterized by physical and/or psychological dependence on mood-altering chemicals, tolerance and relapse. It is primary, progressive, chronic and fatal unless treated. Causes of chemical dependency are multi-factorial. These factors include genetic predisposition, family and peer influences, sexual abuse in childhood, low self-esteem, and self-treatment of mental illness symptoms. The cost of chemical dependency is significant. It affects the employer, co-workers, clients, family and community at large through absenteeism, accidents, injuries, stress-related illnesses, violence, etc. It is essential for managers to understand the disease of chemical dependency. By understanding the disease, managers will be better able to recognize the problem earlier and to intervene more effectively. Early intervention has been proven to save lives, improve patient care and decrease costs to the organization. The article described signs and symptoms associated with a variety of drugs, and what a manager should do if faced with an impaired nurse.


This was a cross-sectional correlation research study used to explain the relationships among the latent attitudinal constructs of permissiveness, morality, treatment efficacy regarding substance abuse and punitive attitudes toward impaired nurses. Permissiveness and positive attitude toward treatment were significantly related to intentions to report nurses. Moralistic attitude was not related to intention but was strongly associated with a punitive attitude toward impaired nurses.


This study was conducted at the invitation of the State of Idaho Board of Nursing to develop a composite description of addicted nurses enrolled in Idaho's Program for Recovering Nurses (PRN). Data included demographics, referral and employment information, history of drug abuse, and treatment and monitoring experience during enrollment in the PRN. The composite will be used to gain a better understanding of the impaired nurse, and to evaluate the effectiveness of the current program for treatment and monitoring.

Copp, M.A.B., (2009), Drug addiction, RN, April 2009, 40-44.

DeClerk, P., Recognizing the Chemically Impaired Nurse, ASBN Update, retrieved from www.arsbn.org, 05/07/2010.

This article which dealt with some of the ways to identify a chemically impaired nurse with emphasis on drug diversion situations. The article began with “The abuse of drugs, whether it is prescription or illegal, is a serious occupational hazard in the field of nursing.” The article identifies numerous examples of a potential drug diverting colleague but relates that all of these do not have to be present. The article also points out that the addiction shows up last in the workplace and that usually by that time there have been problems in the family or socially.


When you think of a nurse addict, what do you imagine? Maybe you picture a lower functioning, incompetent individual who frequently calls out sick? You may think that you know about addiction and can detect an addict a mile away. You may say to yourself that you would never become addicted because you know better. You may be surprised to learn that the profile of an impaired nurse is contrary to what many believe. If you work with 10 nurses, one of those nurses is struggling with or is in recovery from the disease of addiction without a doubt.


Intertwined in the history of substance abuse in the United States is the history of addiction in the nursing profession. This historical research explores the context of addiction in the nursing profession with reference to social, medical, political, and legal events from 1850 until the American Nurses’ Association officially acknowledged addiction in the nursing profession in 1982 with guidelines for the impaired nurse. Prior to these guidelines colleagues looked the other way hoping the nurse would solve the problem by herself or if not, just leave. If caught, punitive action was taken. Nurses lost their licenses, their source of income (meaning no resources for rehabilitation treatment), and often went to jail.


This column traces the history of the efforts of the American Association of Nurse Anesthetists to provide assistance to members struggling with addiction. The work of the Ad Hoc Committee on Chemical Dependency, the Peer Assistance Advisors, Anesthetists in Recovery, the Council on Public Interest in Anesthesia, and the Wellness Program are examined.


An ethical problem that involved a nurse who was intoxicated the previous day and came to work looking "bad" this was commented on by a colleague who thought she might have a drinking problem. The reply to this nurse used the CAGE questionnaire and talked about some of her comments that if a patient made would be grounds for the nurse asking the patient about his/her drinking history.


Abstract

Substance abuse among nurses has been identified as a potential threat to patient safety. The Kansas State Board of Nursing (KSBN) has a documented increase in the number of investigations of chemically impaired nurses in Kansas. The primary research question was "What are the demographic characteristics of the impaired nurse investigated during the years 2003 to 2005?" This descriptive study utilized archival data for drug related violations collected through the KSBN investigation process. The results of the data analyses were compared to the historical information about impaired nurses collected in the 1980s. The current study found the investigated impaired nurse was most often a female, in her thirties working as a registered nurse whose drug of choice was a narcotic. Secondary findings included a higher rate of males investigated compared to the number of male licensees and of licensed practical nurses (LPN) investigated as compared to the number of LPN licensees. The most concerning finding was that 58% of investigated impaired nurses did not continue to be licensed due to lapsed license status, voluntary surrender of license, license suspension, revocation of license, license denial, or death. Future research is recommended to identify risk factors for substance misuse and treatment strategies for addicted nurses to prevent the loss of the experienced nurse to the profession.

Sloan A, & Vernarec E, 2001, Impaired Nurses: Reclaiming Careers, RN, 64(2), retrieved 01/20/2010 from CINHAL plus with full text.


Tariman, J.D., 2007, Understand Substance Abuse in Nurses, ONS Connect, 8, 18.

Abstract
Background: Both occupational conditions and individual factors have been shown as contributors to the likelihood of substance use among health professionals. Objectives: To assess the use of Winick's (1974) model for explaining nurses' substance use, which asserts that groups with access to substances, freedom from negative proscriptions, and role strain have an increased likelihood of drug dependence. Data were analyzed from the 3,600 working nurses participating in the Nurses Worklife and Health Study, a nationally representative survey of registered nurses in the United States. A structural equation model was tested fitting workplace access to substances (availability, frequency of administration, and knowledge), freedom from negative proscriptions (internal: religiosity; external: social network), and role strain (job demands and depressive symptoms) to the frequency of past year alcohol, marijuana/cocaine, and prescription-type drug use. Nurses were more likely to use substances when workplace access to substances increased.


The purpose of this study was to measure the perceptions and attitudes of nursing students toward chemically dependent nurses, and to determine the students' feelings about the importance and adequacy of content in their nursing education related to chemical dependency among nurses. The objective in presenting the Perceptions of Nursing Impairment Inventory (Nurses Assisting Nurses Project, University of Kentucky College of Nursing, 1987) to nursing students was to promote recognition of the subjects' personal attitudes and prejudices regarding impaired nurses. In the long term, employing institutions may benefit in hiring the new graduate who is knowledgeable about chemical dependency in the profession, has formulated positive attitudes toward recovery from the disease, and is interested in pursuing continuing education programs on the problem.


This study investigated early risk factors that lead to substance impairment and predict group membership between impaired and non-impaired nurses. The theoretical framework for this study used Donovan’s multifactorial model of impairment and Rogers’ Science of Unitary Human Beings.


This review presents a snapshot of the research that has been done on substance abuse impairment in nursing. Research has focused primarily on the prevalence of impairment, then attitudes about impairment, followed by identifying antecedents and characteristics of impaired nurses. Many of the research studies focused on middle- to late-stage risk factors, with very few exploring early risk indicators. Exploration of early risk factors is still in the beginning stages. A review of the literature shows the evolution of research as investigations progressed from identifying prevalence and attitudes, to identifying antecedents and risk factors. The section on risk factors with impairment is separated into five topics: (1) general studies about risk factors, (2) early risk factors with impairment, (3) sensation seeking as a risk factor, (4) family drug/ alcohol use history, and (5) multidimensional factors related to
impairment. Researchers generally agree that substance abuse is a prevalent problem, that nurses are as prone to impairment as the rest of society, and that the causes of impairment are multifactorial. More research is needed to identify early risk indicators. Prevention, education, and early intervention could be initiated with nurses and student nurses once early risk factors are identified. The goal is to reduce the phenomena and prevalence of impairment in nursing.

Wolken, J., 2009, Drug Addiction in Health Care Professionals, Missouri State Board of Nursing, Nov 08-Jan 09, 5-6.