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Contact Hours: **2**

Recognizing Impairment in the Workplace

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LEARNING OUTCOME AND OBJECTIVES: Upon completion of this continuing education course, you will be able to recognize and understand how to respond appropriately to signs and behaviors that may be associated with impairment in the workplace. Specific learning objectives to address potential knowledge gaps include:

- Identify risk factors and signs of impairment in the workplace.
- Describe indicators of possible diversion of controlled substances.
- Discuss barriers to early identification of impaired nurses.
- Summarize the essential steps to report or refer a nurse who may be impaired.
- Identify the interventions made in response to reports or referrals for impaired practice.
- Describe employer initiatives aimed at prevention and early identification of impairment in the workplace.

INTRODUCTION

Impairment occurs when a nurse is unable to provide safe patient care due to the use of a mood- or mind-altering substance and/or due to the presence of a physical condition or a distorted thought process from a psychological condition (IPN, n.d.). Impairment not only endangers patients but also threatens the health and safety of the impaired nurse, puts colleagues at risk, causes a significant financial burden for employers, and compromises the integrity of the nursing profession. A healthcare worker's impaired performance also puts patients at risk for unsafe care as well as inadequate pain relief and possible exposure to infectious diseases from contaminated needles and drugs (Brummond et al., 2017).

Nurses are responsible for the safety of patients, and this includes a duty to deliver nursing care without impairment. The American Nurses Association (ANA) strongly advocates for all

medical facilities to establish educational programs that teach nurses how to recognize impairment and respond according to state laws and institutional policies (ANA, n.d.). Some states have passed legislation requiring all nurses to participate in continuing education on this topic as a condition for licensure.

DEFINITION OF TERMS

The following terms related to impairment are used throughout this course.

Addiction: Compulsive drug-seeking behavior where acquiring and using a drug becomes the most important activity in the user's life; implies a loss of control regarding drug use and that the person with a substance use disorder will continue to use a drug despite serious medical and/or social consequences (DEA, 2020).

Drug diversion: A medical and legal concept involving the transfer of any legally prescribed drug from the individual for whom it was prescribed to another person for any illicit use, including any deviation that removes a prescription drug from its intended path from the manufacturer to the intended patient (Brummond et al., 2017).

Impairment: The inability or impending inability to engage safely in professional and daily activities as a result of a physical, mental, or behavioral disorder (IPN, n.d.).

Psychological dependence: The perceived "need" or "craving" for a drug. Individuals who are psychologically dependent on a particular substance often feel that they cannot function without continued use of that substance. While physical dependence disappears within days or weeks after drug use stops, psychological dependence can last much longer and is one of the primary reasons for relapse (initiation of drug use after a period of abstinence) (DEA, 2020).

Substance use disorder (SUD): A disease of the brain characterized by the recurrent use of substances (e.g., alcohol, drugs) that cause clinical and functional impairment such as health problems, disability, and failure to meet major responsibilities at work, school, or home (Toney-Butler & Siela, 2020).

RECOGNIZING IMPAIRMENT

Substance abuse in the workplace can result in serious consequences when it is not recognized and treated early. In healthcare settings it is often unidentified, unreported, and untreated for long periods of time.

It is estimated that 10% of all nurses may be actively impaired or in recovery from drug or alcohol addiction (Boulton & O'Connel, 2018; TJC, 2019). The exact number of nurses afflicted is unknown, but the prevalence of addiction among nurses is believed to mirror the general population. In 2018, an estimated 31.9 million Americans aged 12 or older were current (past month) illicit drug users, meaning they had used an illicit drug during the month prior to the

survey interview. This estimate represents 11.7% of the general population aged 12 or older (SAMHSA, 2019).

Nurses may be at increased risk for abuse of prescription-type medication due to the added risk of working in environments where frequent and easy access to controlled substances is part of nurses' daily work routine. Evidence suggests the types of drugs abused by nurses may depend on what drugs are most accessible in their individual work environments (Mumba, 2018). Access to drugs is one of the most cited risk factors for nurses who present with impaired practice. In emergency departments, ICUs, and other settings where nurses have more autonomy, the risk appears to be worse (Cares et al., 2015).

The Drug Enforcement Agency (DEA, 2019) recognizes five classes of drugs that are most frequently abused. These include opioids, depressants, hallucinogens, stimulants, and anabolic steroids. Fentanyl is the most commonly diverted drug, and it is also the drug most responsible for opioid overdose deaths. This is of particular concern since substance use disorders in the United States have recently reached epidemic proportions, and overdoses involving opioids killed more than 47,000 people in 2018, with 32% of those deaths involving prescription opioids (Wilson et al., 2020).

Determining the prevalence and patterns of substance use disorder in the nursing profession has been challenging because denial and fear of legal and professional repercussions promotes silence among nurses. Those who struggle with addiction tend to minimize the problem, acknowledging it only when faced with serious consequences.

Colleagues may notice unusual changes in behavior but may not be equipped to recognize signs and behaviors associated with substance use, impairment, or diversion and often misread cues or look for other explanations. Sadly, by the time colleagues and supervisors take action, the impaired nurse has often progressed to the later stages of addiction, where patient safety is most at risk.

In recent years, significant progress has been made toward developing programs aimed at early identification and treatment of nurses with substance use disorder and other mental health conditions that may impair practice. Often referred to as "alternative to discipline," these programs enable the nurse with SUD to avoid disciplinary action and return to work under strict monitoring that ensures public safety and holds the nurse accountable to treatment and ongoing recovery.

More than 40 states, the District of Columbia, and U.S. territories have developed programs aimed at helping nurses get treatment as an alternative to discipline (Cadiz, 2015). (See also "Alternative to Discipline Programs" later in this course and "Resources" at the end of this course.)

It is imperative that all nurses learn the signs and symptoms of impairment and learn to recognize drug diversion. Additionally, nurses must be empowered to stop, question, and act. They must have organizational support to speak up when something seems abnormal or unsafe.

Risk Factors for Substance Abuse

While the prevalence of substance abuse among nurses is believed to mirror the general population, the associated consequences of impairment may be far more devastating. Nurses provide direct care to more patients than any other healthcare professionals. This puts nurses in a position of great accountability. All nurses must be aware of risk factors for substance abuse and be able to recognize and respond appropriately to impairment in the workplace.

Nurses face the same risk factors for substance abuse as anyone in the general population. Similar to the general population, they have genetic predispositions, social pressures, and coping difficulties that make them vulnerable. Some nurses have a long history of using alcohol or other drugs, and some with no previous history of substance use turn to drugs or alcohol as a means to cope when stressful life events occur, such as divorce, loss of a loved one, an accident, or illness.

In recent years, trauma has become a well-recognized risk factor for SUD. Nurses experience traumatic events in the course of their daily work life. Second victim trauma may be related to human errors made by nurses or adverse events that occur in the workplace. This second victim trauma can lead nurses to experience anxiety, guilt, depression, or shame, which can all contribute to an increased risk for substance abuse (Chan et al., 2017).

Studies have found nurses in medical-surgical, long-term care, and outpatient services reporting higher rates of SUD (Mumba, 2018). However, because of confidentiality issues related to studying affected nurses as well as stigma and the fear nurses have of reporting, it is difficult to know the full scope of the problem.

WORKPLACE RISK FACTORS

Nurses may be particularly vulnerable to abuse of controlled substances simply because of the nature of the profession and the workplace environment. Nurses have specialized knowledge about the effects of controlled substances, and with every administration, they witness the calming and euphoric effects of controlled substances on their patients.

Other workplace risk factors include:

- High-stress work environment
- Low job satisfaction
- Role strain
- Long hours and irregular shifts
- Fatigue
- Periods of inactivity or boredom
- Remote or irregular supervision
- Easy access to controlled substances

- Lack of education regarding substance use disorders
- Nursing attitudes toward drugs
- Lack of pharmaceutical controls in the workplace
- "Enabling" by peers and managers
  (NCSBN, 2011; Cares et al., 2015)

GENERAL RISK FACTORS

While workplace factors contribute to substance abuse, nonworkplace factors are likely to play a much larger role. According to the National Council on Alcoholism and Drug Dependence, the single most reliable indicator for risk of future alcohol or drug dependence is a family history. Scientists estimate that genes, including the effects environmental factors have on a person's gene expression (called *epigenetics*), account for 40% to 60% of a person's risk of addiction (NIDA, 2018). Family history, personality characteristics, underlying comorbid conditions such as depression or anxiety, and inadequate coping skills may pose the greatest risk for SUD in nurses (Cares et al., 2015).

GENERAL RISK FACTORS FOR SUBSTANCE ABUSE	
Type	**Risk Factors**
Genetic	• Family history of substance abuse • Deficits in natural neurotransmitters
Physical	• Acute or chronic pain
Psychological	• Depression/anxiety • Low self-esteem • Low stress tolerance • Feelings of resentment • Addictive personality traits
Behavioral and social	• Personal history of alcohol or controlled substance use • Risk-seeking behaviors • Maladaptive coping strategies • Poor social skills • Trauma • Isolation • Physical, sexual, emotional abuse • Lack of support system

	• Stressful work, home, community environment • Victim of bullying • Family dysfunction • Community poverty
(NIDA, 2018; Toney-Butler & Siela, 2020)	

Signs of Impairment in the Workplace

Impairment renders a nurse unsafe to provide patient care. Physical, psychosocial, and behavioral clues, however, can be subtle and easily overlooked. Colleagues may notice clues but seek other explanations and avoid suggesting substance abuse as a possible cause. There are many reasons why peers are reluctant to report, including:

- Uncertainty about reporting requirements
- Uncertainty of consequences to their peer, such as loss of license and job
- Concern about retaliation by peer
- Fear of social stigma of reporting a peer
- Reluctance to report if not 100% sure

Generally, disruptions in family, personal health, and social life manifest long before a nurse shows evidence of impairment at work. Thus, all indicators, no matter how subtle, appearing in the workplace must be taken seriously. Any of the following may be signs of impairment in the workplace, and patterns of such behavior and a combination of these signs are cause for increased suspicion.

COMMON SIGNS OF IMPAIRMENT	
Type	**Signs**
Physical	• Progressive deterioration in personal appearance • Wearing long sleeves when inappropriate • Diminished alertness, confusion, or memory lapses • Frequent runny nose • Dilated or constricted pupils • Bloodshot or glassy eyes • Unsteady gait • Slurred speech • Diaphoresis • Frequent nausea, vomiting, or diarrhea

	• Tremors or shakes, restlessness • Weight gain or loss
Psychosocial	• Increasing isolation or withdrawal from colleagues • Personal relationship problems • Dishonesty with self and others • Intoxication at social functions • Defensiveness (e.g., denial, rationalization) • Inappropriate verbal or emotional responses • Mood swings, overreaction to criticism, overexcitement • Personality change (mood swings, anxiety, panic attacks, depression, lack of impulse control, suicidal thoughts or gestures, feelings of impending doom, paranoid ideation) • Feelings of shame, guilt, loneliness, sadness
Behavioral	• Absenteeism (absences without notification, excessive use of sick days, excessive tardiness) • Confusion, memory loss, and difficulty concentrating or recalling details and instructions • Ordinary tasks requiring greater effort and consuming more time • Frequent complaints of vague illness, injury, pain • Insomnia • Rarely admitting errors or accepting blame for errors or oversight • Unreliability in keeping appointments and meeting deadlines • Work performance that alternates between periods of high and low productivity • Working excessive amounts and showing up on days not scheduled • Making mistakes due to inattention, poor judgment, bad decision-making • Sleeping on the job • Elaborate, implausible excuses for behavior
(NCSBN, 2014; AANA, 2016; Toney-Butler & Siela, 2020)	

DETECTING DRUG DIVERSION

In the United States, diversion of opioid medication has contributed to an epidemic of opioid abuse and overdose deaths, and fentanyl, one of the most potent opioids, is the most commonly diverted drug. Nurses have frequent and easy access to controlled substances, providing ample opportunity for an addicted nurse to engage in diversion. Nurses in some specialties, such as

anesthesia, intensive care, and emergency department nurses, have been identified as more susceptible because of increased exposure in these departments. Clearly, the opportunity for diversion of controlled substances from the workplace exists, and diversion of opioids is seen across all clinical disciplines and all levels of an organization, from management to frontline staff (TJC, 2019).

Diversion may occur with opened or unopened vials, partially used doses of medication that are not wasted, and medication that has been disposed of and left in sharps containers. The drugs most commonly diverted from healthcare settings are opioids, but there is no precise data that defines the extent of drug diversion.

Systemwide initiatives should be in place in all clinical settings to detect drug diversion, and all employees should be made aware of protocols in place. Every nurse plays an important role in drug diversion prevention and should be able to recognize patterns, trends, and behaviors associated with drug diversion.

Patterns and trends that may indicate drug diversion include the following:

- Compromised product containers
- Frequent medication losses, spills, or wasting
- Controlled substances removed without a doctor's order
- Controlled substances removed on recently discharged or transferred patient
- Controlled substances removed for a patient not assigned to the nurse
- Medication documented as given but not administered to the patient
- Patients complaining of ineffective pain relief
- Frequent unexplained disappearances from the unit
- Incorrect narcotic counts
- Consistently documenting administration of more controlled substances than other nurses
- Large amounts of narcotic wastage
- Numerous corrections on medication records
- Offers to medicate a coworker's patients for pain
- Frequent trips to the bathroom
- Saving extra controlled substances for administration at a later time
- Altered verbal or phone medication orders
- Variations in controlled substance discrepancies among shifts or days of the week (NCSBN, 2014; AANA, 2016; Brummond et al., 2017)

CASE

Agnes has been an RN in the PACU for more than 10 years. She is a highly skilled nurse, always punctual, well prepared, and meticulous about the care she provides to patients. She has been a preceptor to many new nurses and serves on the unit quality care committee.

Less than a year ago Agnes was involved in a motorcycle accident that required her to be off work for six months. In addition to the road burns that covered her body, she had a fractured tibia, fractured ribs, and a neck injury. She started back to work about three months ago.

Her colleagues are concerned because they have noticed a change in Agnes's personality and behavior. She is frequently late for work and always has elaborate excuses that don't make sense. While she used to spend time in the lunchroom socializing during breaks and lunch, now her coworkers rarely see her. In fact, one coworker commented that they were not able to find her on more than one occasion.

The charge nurse on the evening shift noticed that Agnes was signing out a lot more narcotics and documenting more wasted medication than other nurses. One day a patient complained she did not get relief from pain even after Agnes gave her pain medication. The charge nurse discussed the patient complaint with Agnes, who became very defensive, insisting that she gave the patient the medication as ordered and accused the patient of "drug seeking."

There were no physical signs that Agnes was impaired at work, and the charge nurse never noticed obvious signs such as an unsteady gait, slurred speech, or nodding off. But due to their concerns, she and the clinical manager decided to document the complaint, pay closer attention to behavior patterns, and document any additional concerns. They also planned to do some auditing of Agnes's charts for any unusual medication dosages or discrepancies. They reviewed the hospital policy and the state requirements for reporting to be better prepared if further action became necessary.

On a particularly busy day at work, Agnes could not be located to admit a new patient coming from surgery. Another nurse had to admit the patient while the charge nurse went to look for Agnes. She found Agnes at a desk in the back hall with her head down on the desk. She was slow to arouse, raising serious suspicion for the charge nurse. The clinical manager was immediately notified and an intervention was planned.

Consequences of Impairment in the Workplace

Impairment from substance abuse, drug diversion, or other physical or psychological causes has far-reaching impact. It not only threatens the health and safety of patients but also creates serious consequences for the impaired professional, colleagues, and the healthcare facility that employs the impaired nurse.

POTENTIAL CONSEQUENCES OF IMPAIRMENT	
Impacted Party	**Possible Consequences**
Patient	• Victim of medical errors • Loss of trust in healthcare system • Undue pain, anxiety, and side effects from improper dosing • Allergic reaction to wrongly substituted drug • Communicable infection from contaminated drug or needle
Impaired professional	• Chronic adverse health effects (e.g., liver impairment, heart disease) • Communicable infections from unsterile drugs, needles, injection techniques • Accidents resulting in physical harm • Familial and financial difficulties • Loss of social status • Decline in work performance and professional instability • Felony prosecution, incarceration, civil malpractice • Actions against professional license • Billing or insurance fraud
Colleagues	• At risk for medico-legal liability secondary to shared patient-care responsibilities with an impaired professional, resulting in adverse patient outcomes • Stress resulting from increased workload when working with an impaired professional • Disciplinary action for false witness of leftover drugs disposal or failure to report an impaired professional
Facility	• Costly investigations • Loss of revenue from diverted drugs • Poor work quality or absenteeism • Civil liability for failure to prevent, recognize, or address signs of impairment or drug diversion • Civil liability for patient harm • Damaged reputation due to public knowledge • Increased Workers' Compensation costs
(New, 2014; Toney-Butler & Siela, 2020)	

BARRIERS TO EARLY IDENTIFICATION AND TREATMENT

There are many barriers that prevent impaired nurses from seeking help. Rarely do they seek help on their own because of fear, embarrassment, and concerns over losing their nursing license (Cares et al., 2015). Nurses also often lack knowledge about SUD as a chronic progressive disease, and they may have limited knowledge about treatment and the process for obtaining help and advocacy. Likewise, nursing colleagues face similar barriers, and they are often reluctant to report suspected impairment.

Reluctance to Seek Help

Nurses avoid seeking help for a number of reasons:

Denial is the chief characteristic of substance use disorder. It is a psychological defense mechanism that tells the nurse "I'm okay" even when disruptions in family, personal health, and social life are evident. Nurses with a substance use disorder have difficulty seeking help because they deny they have a problem or hold on to the false belief that they can "stop using" on their own.

While SUD is acknowledged as a chronic disease that can be identified and successfully treated, this does not eliminate the **social stigma** surrounding it, which may be even more pronounced in the nursing profession. Concern for being labeled an "addict" prevents nurses who need help from seeking help, and the stereotype, prejudice, and discrimination reduce opportunities for assistance and for re-entry.

Nurses often **lack knowledge** about the signs and symptoms of SUD. Many do not recognize SUD as a disease, and when they are afflicted, they believe they can stop on their own. They may also be unaware of alternative to discipline programs and treatment options, which contributes to their unwillingness to reach out for help.

Nurses who are afflicted **fear** losing their job and their license to practice as a nurse. They may also fear criminal prosecution or may have concerns about decreased employment opportunities once a diagnosis is made.

BARRIERS TO SEEKING HELP

- Too ill to seek assistance
- Too scared and embarrassed
- Too concerned about losing one's license
- Too concerned about confidentiality
- Lack of knowledge about alternative programs
- Lack of knowledge about treatment

(Cares et al., 2015)

Reluctance to Report

Signs and symptoms of impairment in the workplace are often subtle, making it very difficult to differentiate them from stress-related behaviors. Colleagues and supervisors can easily "explain away" behaviors that are consistent with impairment in the workplace, often making early recognition and intervention dangerously delayed.

Negative attitudes and beliefs about addiction also prevent nurses from intervening. Many nurses still believe addiction is a moral issue rather than a primary disease that requires intervention and treatment. Some nurses hold on to stereotypes about what a typical "addict" looks like, making it easy to deny the existence of such a problem in the healthcare setting.

Nurses often lack knowledge about SUD as a primary disease with signs and symptoms that can be identified and treated. They may not know risk factors, signs that are identifiable in the workplace, or the resources available and steps to take to properly report or refer a colleague.

Nurses are also afraid to intervene because they are unsure of what will happen. They may fear causing another nurse to lose their job or jeopardizing another nurse's professional license.

ETHICS AND IMPAIRED PRACTICE

The public puts its faith in nurses, and it is every nurse's duty to assure safe practice. Ethical practice is the cornerstone for patient safety and quality of care in nursing.

The American Nurses Association's *Code of Ethics for Nurses* (ANA, 2015) addresses impaired practice, focusing on the nurse's ethical duty to protect the patient, the public, and the profession from potential harm and to ensure the impaired individual receives assistance.

Provision 3.4 of the Code describes nurses' professional responsibility to promote patient health and a culture of safety. This includes reporting any errors, near misses, or concerns for the health and safety of patients.

Provision 3.5 of the Code similarly addresses nurses' ethical responsibility to protect patients by acting on questionable practice:

> Nurses must be alert to and **must take appropriate action** in all instances of incompetent, unethical, illegal, or impaired practice or actions that place the rights or best interests of the patient in jeopardy . . . and when [such practice] is not corrected and continues to jeopardize patient well-being and safety, nurses **must report** the problem to appropriate external authorities such as practice committees of professional organizations, licensing boards, and regulatory or quality-assurance agencies.

Provision 3.6 addresses nurses' ethical responsibilities in protecting one another from harm due to impaired practice. It calls for nurses to approach impaired colleagues in a supportive and compassionate manner during identification, remediation, and recovery due to impairment.

This includes:

- Helping the individual access appropriate resources
- Following employer policies, professional guidelines, and relevant laws
- Advocating for appropriate assistance, treatment, and access to fair institutional/legal processes
- Supporting the individual to return to practice after recovery

Nurses who report impaired practice should likewise be protected from retaliation or other negative consequences (ANA, 2015).

REPORTING IMPAIRED PRACTICE

In U.S. states and territories, Nurse Practice Acts (NPAs) address issues of unsafe or incompetent nursing practice and delineate regulations and procedures for reporting, discipline, treatment, and recovery. Behavior that puts patients at risk, including impairment by drugs or alcohol while working, is a serious violation of the NPA and is considered reportable (NCSBN, 2018).

When planning to intervene in a case of suspected impairment, the first step is knowing state laws and rules pertaining to substance abuse and impairment in the workplace. It is also important to be familiar with and to follow the organization's policies and procedures relating to substance abuse and impairment.

Observing and Documenting

Next, nurses can follow these steps when they begin to notice possible impaired practice:

- Observe job performance; be aware of signs and symptoms of impairment that are common in the workplace.
- Look for patterns of behavior indicating possible impairment that are consistent over a period of time.
- Document (date, time, place, witnesses) any inappropriate behavior; be concise and include objective, clear, and factual information:
    - What happened?
    - Who was involved?
    - When did the incident occur?
    - How was it discovered?

- Where did it occur?
- Were there any witnesses?

Confronting the Nurse

Supervisors should be involved in planning an intervention and taking steps to respond to concerns about impairment in the workplace.

- Planning and participating in an intervention is a critical responsibility of the nurse manager, and it should never be implemented alone.
- It is important to develop a careful plan of action before implementing an intervention and also important to secure help.
- Interventions should focus on documented facts.
- The primary objective of an intervention is to request the nurse refrain from practice until a fitness-to-practice evaluation has been completed (IPN, n.d.).
- To assure safety, a nurse who is impaired should never be left alone and should not be permitted to drive.

Making the Report

Anyone who has knowledge of conduct by a licensed nurse that may violate provisions of the NPA, including impaired practice, should report the suspected violation to the board of nursing in that jurisdiction. Such reporting is often mandatory, and a nurse may be required by their NPA to file a report.

Most states require a written report and provide complaint forms and/or reporting telephone numbers, which can be found on the board of nursing website. Reports generally require information to identify the nurse who is suspected of a license violation together with as much detailed information as possible about the situation, including names, dates, times and places (see above) (NCSBN, 2018).

INTERVENTIONS

Investigation and Disciplinary Action

If a report of impaired practice is determined to fall under the authority of the BON, then the board will take action. The BON's goal is to investigate the complaint, handle the issue in a fair and just manner, take the best course of action to protect the public, and ultimately prevent further incidents.

The details of the process depend on the seriousness of the allegations and the timeliness of the complaint. Proceedings range from informal conferences (a meeting with board members or staff) to full formal hearings (similar to a trial). The nurse will be given an opportunity to respond to the allegations and present their side of the story.

If disciplinary action is warranted, the BON can take various actions, with public safety as a priority. This may include additional education or courses, assisting the nurse with obtaining help for alcohol or chemical dependency, restricting practice, or removal of a license (NCSBN, 2018).

Alternative to Discipline Process

Available in many states, "alternative to discipline" programs enhance a BON's ability to quickly assure public protection by promoting earlier identification, requiring immediate removal from the workplace, and providing evidence-based treatment for nurses with substance use disorder. Such programs provide nurses the opportunity to demonstrate to the BON in a nondisciplinary and nonpublic manner that they can become safe and sober, and remain so, while retaining their license (NCSBN, 2020).

When a nurse is reported (or self-reports) as being impaired as a result of the misuse or abuse of alcohol or drugs, or both, or due to a mental or physical condition which could affect the nurse's ability to practice with skill and safety, the nurse can avoid disciplinary action by:

- Acknowledging the impairment problem
- Enrolling in an appropriate, approved treatment program
- Withdrawing from practice or limiting the scope of practice as required by law

Generally, a state's alternative to discipline program evaluates all referrals, determines the proper course of action, monitors the nurse's progress in treatment, and provides case management for all nurses who return to work. If the nurse refuses to participate or fails to progress in the program, a report is made to the BON, which will lead to an investigation and possible disciplinary action against the nurse.

Treatment Programs

Treatment programs for impaired health professionals generally must be approved by the state's board of nursing or designated impaired practitioner program. Approved treatment programs and providers include addiction counselors, psychiatrists, addictionologists, and treatment centers that have a specific focus on healthcare professionals.

Treatment programs for nurses may include state-licensed residential, intensive outpatient, partial hospitalization, or other programs with a multidisciplinary team approach. Approved treatment programs may also be accredited through the Joint Commission or CARF International (formerly Commission on Accreditation of Rehabilitation Facilities). Treatment professionals,

including addiction counselors, therapists, psychiatrists, and addictionologists, must also be state-licensed.

RESIDENTIAL TREATMENT PROGRAMS

These programs are provided in a specialized substance abuse facility or in a designated unit within a hospital system. They focus on helping individuals change behavior in a highly structured therapeutic setting. Short-term residential treatment is most common (28 to 90 days) and focuses on detoxification as well as providing intensive treatment and preparation for the participant's return to a community-based setting.

PARTIAL HOSPITALIZATION PROGRAMS (PHPs)

PHPs provide a structured treatment program as an alternative to inpatient residential treatment. This generally includes intensive and regular treatment sessions in a therapeutic environment five days per week. PHPs do not require the participant to stay overnight, but some PHPs offer a residential option that gives the participant an opportunity to live and work in such a therapeutic environment.

INTENSIVE OUTPATIENT PROGRAMS (IOPs)

Treatment sessions are provided regularly but less frequently than with PHPs. IOPs aim to provide intense treatment with less disruption to work, school, or family schedules. (Nurses must stop practicing as a nurse until they complete treatment, but they may still have to work in another work environment in order to meet their financial obligations; cases are individualized.) IOPs generally consists of three-hour sessions facilitated by a licensed professional counselor two to three times per week (SAMHSA, 2016).

CASE

Devon, a registered nurse in the intensive care unit, has worked at Regions Medical Center for over five years. She has always been reliable, well liked by coworkers, and respected for her high level of skill in dealing with complicated cases. Devon has recently been faced with an unanticipated divorce that has left her anxious and depressed. Fighting for custody of her four young children has caused her a tremendous amount of stress and emotional turmoil. Colleagues have recognized a significant change in Devon since the divorce. She frequently comes to work late and has called in sick much more than usual. A few weeks ago a colleague reported to the charge nurse that she thought Devon was impaired because her eyes were red and she was nodding off at work. When the clinical manager spoke to Devon about the situation, she became very defensive, blaming her exhaustion on the stress in her life.

Two weeks later Devon arrived to work 30 minutes late. She was anxious and her behavior seemed erratic. The charge nurse approached her to discuss her assignment and noted the smell of alcohol coming from her breath. The charge nurse was familiar with the hospital policy and procedure regarding potential impairment in the workplace and immediately notified the clinical manager.

The charge nurse and clinical manager met with Devon in a private office to discuss their concerns. After much coaxing, Devon admitted that her drinking had become out of control since her divorce. She believed she could stop on her own and did not feel a need to get outside help.

The clinical manager explained to Devon that impairment must be reported to the board of nursing or the nurse must be referred to the designated treatment provider for an evaluation and determination of the best course of action. Devon realized then that she couldn't hide from her substance abuse problem any longer. She decided it would be in her best interests to willingly seek help.

Devon immediately contacted the intervention program and scheduled an evaluation. Devon was informed that her license would be inactivated until the evaluation was complete and treatment recommendations were satisfied. Arrangements were made for Devon's sister to pick her up from the hospital that day so that she would not be driving. The clinical manager made it clear to Devon that she would be welcomed back to work once she got the help she needed.

EMPLOYER INITIATIVES

The first step in helping an impaired colleague is to have knowledge about addiction as a primary disease that can be recognized and treated. All nurses should be familiar with signs and symptoms, organizational policies and procedures for employee substance abuse, and any assistance that is available through resources such as workplace employee assistance programs.

Since nurses spend a significant amount of time at work, it is the ideal place to address substance abuse issues. For nurses who work in locations where direct patient care is provided, it is especially important for patient safety that systems be in place to prevent, quickly identify, intervene, and assist the nurse when behavior changes occur that may indicate a substance abuse problem or impairment in the workplace.

Education

Many nurses are unaware that substance abuse and drug diversion are serious problems in the workplace. Lack of education about the addiction process and how to recognize the signs and symptoms of a substance use disorder remain two of the most profound risk factors for nurse impairment (NCSBN, 2011).

Broad-based educational efforts should be instituted that focus on the nature and scope of the problem, signs and symptoms of impairment and diversion, and proper ways to respond. Education about substance abuse should be part of the orientation for all new employees and included in yearly competency training.

Educational efforts may include:

- Annual CE requirement for licensure
- Annual employee competency training
- Online education made available through the Alternative to Discipline Program
- Addiction topics introduced at "Lunch-N-Learn" sessions
- Addiction topics scheduled for nursing grand rounds
- Annual addiction conferences

Policies and Procedures

Policies and procedures should be in place that assure consistent handling of substance abuse problems in the workplace. Policies should promote safety and provide assistance to employees at risk for substance use disorder.

Workplace policies aimed to prevent, identify, intervene, and assist with substance abuse problems in the workplace may include the following:

- Pre-employment drug testing
- For-cause drug testing
- Fitness-to-practice evaluations
- How to document and report concerns
- Employee Assistance Programs (see below)
- Return-to-practice guidelines
- Relapse management
  (NCSBN, 2011)

Surveillance

Surveillance systems are helpful any time impairment is suspected, and they can also provide evidence to determine if the impairment is associated with diversion of controlled substances.

To help discourage diversion, all employees should be made aware of surveillance systems that are in place to rapidly detect diversion. Automated distribution machines (ADMs) are one example of a surveillance system used in many hospitals. ADMs distribute medication through an electronic system that can audit records and look for inconsistencies and discrepancies. ADMs also have a waste retrieval system in which all unused portions of controlled substance doses are tested to prevent substitution of the medication being wasted.

Employee Assistance Programs

An EAP is a work-based program that offers confidential assessment, short-term counseling, referral, and follow-up services to employees who have personal and/or work-related problems. The primary goal of an EAP is to get help for employees who need it while maintaining their employment.

CASE

David, a 38-year-old nurse, underwent intervention four years ago for impairment in the workplace and diverting narcotic medication. He was referred to a 30-day inpatient residential treatment program for opioid abuse and followed up by attending an aftercare program in his hometown that included weekly relapse prevention sessions for six weeks.

David has been back at work in the emergency department for three years, and his supervisor considers him to be "one of the best nurses we have." She remembers that David was a very good nurse even before the intervention, and David is thankful now that his supervisor reported him for impairment before he ended up hurting himself or one of his patients.

David has taken on a role in teaching other nurses about the importance of helping colleagues get help for substance use disorder. He recently offered an in-service workshop called "What happens when a nurse seeks help for an alcohol or drug problem?" He talked to the hospital staff about his experience in residential treatment and his aftercare program.

Most of David's attention during the in-service was focused on discussing the challenges he faced when returning to work. He talked about the shame and guilt he felt for becoming addicted to drugs and how much worse it got when he began diverting narcotics on the job. He talked about how difficult it was to come back to work and how important it has been for his fellow nurses to support him.

David spoke in depth about his contract with the state intervention program and how ongoing monitoring keeps him safe and accountable. He explained that his contract put some restrictions on his license—such as not being allowed to administer narcotics to patients for one year—and that he feels very appreciative of other nurses who didn't complain about passing pain meds to his patients during that year.

David further explained that his three-year contract included:

- Weekly "12-step" support group meetings
- Regular nurse support group meetings focused on relapse prevention
- Monthly appointments with an approved addiction counselor
- Random drug screens
- Worksite monitoring and regular evaluations of his performance at work
- Restrictions on working in a supervisory role

After his presentation, one of the nurses asked David about the cost of getting help and participating in the state intervention program. David explained that his own 30-day residential treatment program and six-week aftercare program were partially covered by insurance but that he had to pay some of it out of pocket. He added that costs vary depending on the type of treatment (residential, partial hospitalization, intensive outpatient) and according to the treatment provider.

To participate in the state intervention program during his three-year contract, David was also responsible to pay for regular appointments with his addiction counselor, random drug screens, weekly nurse support groups, and a monthly fee for participation in the program. He made it clear that being in a monitoring program does involve a financial commitment on the part of the participant.

Overall, David described his intervention, treatment, and follow-up contract as "the best thing that ever happened to me. It allowed me to get out of practice temporarily in order to focus on getting well and getting my life back in balance, and it taught me how to come back as a better and more accountable nurse."

CONCLUSION

Nurses provide direct care to more patients than any other health profession. Thus, an impaired nurse poses a serious threat to patient safety. Many states have laws that address the issue of impaired practice in nursing, including reporting, discipline, treatment, and recovery.

Nurses are responsible for the safety of patients, and it is every nurse's duty to recognize and respond to impairment in the workplace. This requires that all nurses understand substance use disorder as an occupational hazard and be able to recognize signs and behaviors associated with impairment. It also requires nurses to be vigilant about their own risk and take steps to support healthy work environments that encourage education about substance use disorder and support for nurses who need help.

RESOURCES

AANA Peer Assistance Helpline
https://www.aana.com/practice/health-and-wellness-peer-assistance/About-AANA-Peer-Assistance/getting-peer-assistance-help-for-yourself-and-others
800-654-5167

Alternative to discipline programs for substance use disorder (National Council of State Boards of Nursing)
http://ncsbn.org/alternative-to-discipline.htm

Guide for assisting colleagues who demonstrate impairment in the workplace (WA DOH)
http://www.doh.wa.gov/portals/1/Documents/Pubs/600006.pdf

A nurse's guide to substance use disorder in nursing (National Council of State Boards of Nursing)
https://www.ncsbn.org/SUD_Brochure_2014.pdf

Take the Pledge to Prevent Opioid Misuse (Operation Prevention)
https://www.operationprevention.com

Wellness and substance use disorder resources (AANA)
https://www.aana.com/practice/health-and-wellness-peer-assistance/about-health-wellness/wellness-and-substance-use-disorder-education-and-research

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1. Which statement **best** describes the scope of substance abuse in the nursing profession?

a. Nurses are believed to be three times more likely to have a substance use disorder than the general population.

b. Nurses are less likely than the general population to have substance abuse problems because nurses are highly educated and caring individuals.

c. The prevalence of substance use disorder among nurses is believed to mirror that of the general population.

d. Nurses are less likely than the general population to have substance abuse problems because they are more aware of the serious consequences of addiction.

2. Which is believed to be the **most** significant risk factor for substance abuse?

a. Lack of education about substance abuse

b. Enabling by peers or managers

c. Personal or family history of substance abuse

d. Low stress tolerance

3. Which scenario raises the **most** concern about the potential for impairment in the workplace?

a. A nurse worked four 12-hour shifts on the med-surg unit this week. She was very agitated and short-tempered, and was reported to the charge nurse for not answering her call lights and for ignoring patients.

b. A nurse recently went through a long and difficult divorce; he has lost a lot of weight and become very quiet at work.

c. A nurse recently lost his mother to cancer. This nurse seems really sad and no longer participates in social activities with coworkers like he used to.

d. A nurse has exhibited diminished alertness and made a lot of errors documenting her patients' medications. When confronted, she gets very defensive.

4. Which behavior is **most** likely to be associated with drug diversion in the workplace?

a. Poor hygiene and disheveled appearance at work

b. Sloppy and illegible charting on medication records and nurses' notes

c. A pattern of incorrect narcotic counts

d. Frequent tardiness and absences from work

5. Which is an accurate statement describing nurses' actions to seek treatment for their own substance use disorder (SUD)?

a. Nurses today are well educated about SUD as a chronic disease that can be treated, so they are generally more likely to seek treatment early.

b. Nurses often deny they have an SUD even when disruptions are evident in their lives, believing they can stop using on their own and that they do not need treatment.

c. Nurses understand that individuals with an SUD are no longer stigmatized as "addicts," making them more likely than the general public to seek treatment early.

d. Nurses are aware of alternative-to-discipline programs, leading them to seek treatment early in order to avoid getting in trouble at work or losing their license.

6. Which statement **best** describes nurses' actions about reporting suspected impairment in a colleague?

a. Nurses generally report impairment right away because its signs and symptoms are easy to recognize.

b. Nurses are more likely to report impairment because they are well aware of substance use disorder as a disease.

c. Nurses do not report impairment primarily because they are afraid of being sued.

d. Nurses may be reluctant to report impairment because they fear jeopardizing a colleague's career.

7. Which is a **correct** statement regarding the American Nurses Association Code of Ethics as it pertains to impaired practice?

a. The Code does not specifically address impaired practice.

b. The Code states that nurses have a moral obligation to refrain at all times from the use of mood- or mind-altering substances.

c. The Code states that nurses have an ethical responsibility to immediately and directly confront a nurse who is impaired.

d. The Code states that nurses have a professional responsibility to report unsafe practice.

8. What is the **best** first step when preparing to make a report of impaired practice?

a. Confront the nurse about one's concerns

b. Understand the laws and facility policies related to impairment

c. Call the nurse's spouse to gather more information

d. Call the Department of Health to report the nurse's behavior

9. A nurse who is found to be practicing while impaired may be able to avoid disciplinary action under which circumstance?

a. There is no way to avoid disciplinary action, especially if there is strong evidence that the nurse was practicing while impaired.

b. The nurse immediately hires a defense attorney in order to fight the charges.

c. The nurse acknowledges the problem, voluntarily withdraws from practice, and enrolls in a treatment program approved by the board of nursing.

d. The nurse declines a referral to the state's alternative to discipline program and instead checks into a private 30-day treatment program.

10. Which is an employer initiative that focuses on obtaining evidence of drug diversion?

a. An employee assistance program (EAP)

b. A robust surveillance system in the facility pharmacy

c. A hospital substance use disorder (SUD) education program

d. A well-written policy on impairment in the workplace