



10-3-2022

Reducing the Stigma of Nurses in Recovery: Substance Use Disorder and Alternative-to-Discipline Program Education for Nurses

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Recommended Citation

Del Toro, Daniel Paul and Hardesty, Pamela, "Reducing the Stigma of Nurses in Recovery: Substance Use Disorder and Alternative-to-Discipline Program Education for Nurses" (2022). *Graduate Publications and Other Selected Works - Doctor of Nursing Practice (DNP)*.

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Reducing the Stigma of Nurses in Recovery: Substance Use Disorder and Alternative-to-Discipline Program Education for Nurses



THE UNIVERSITY OF
TENNESSEE
KNOXVILLE



“A lack of knowledge concerning substance use disorders results in a lack of awareness concerning signs and symptoms of addiction. This hinders the ability of nurses to identify and address signs and symptoms of substance abuse in colleagues. Ultimately, this lack of education also promotes the negative stereotypes and stigmas associated with substance abuse among nurses. These attitudes may deter nurses from divulging the truth about their addictions, thereby preventing them from seeking the help they need.”

 American Addiction Centers

Problem Overview

- Previous studies have shown that lack of Substance Use Disorder (SUD) education, addiction stigma, and fear of professional consequences are the most common barriers to nurses seeking Alternative-to-Discipline (ADP) assistance for addiction.
- Although SUD rates among nurses are similar to those of the general population, chemically impaired or intoxicated nurses pose patient safety risks that can be linked to thousands of workplace injuries and adverse medical errors per year.
- Lack of SUD education for nurses and nurse managers presents a critical knowledge gap that decreases the likelihood of early recognition and intervention from taking place, leaving nurses at increased risk for developing unchecked chemical dependency.
- Continued failure of nurses with SUD to voluntarily seek or be referred to mental health and addiction treatment present ongoing risks to both themselves and patients under their care as impaired nurses remain hidden in the workforce.

(Cares et al., 2015; Epstein et al., 2010; Worley, 2017)

Problem Significance

- Studies suggest the prevalence of Substance Use Disorder (SUD) among nurses is approximately 10-15%, similar to rates seen in the general U.S. population
- At this rate it can be assumed that at any given time, over 300,000 of the 3 million actively employed registered nurses in America are providing healthcare while under the influence of mood-altering substances.
- As of 2020, the U.S. Bureau of Labor Statistics estimates there are approximately three million actively licensed registered nurses in the United States, including 93,000 in the state of TN.
- Data obtained from the Tennessee Peer Assistance Program (TnPAP) indicate less than 5% of the estimated 9,300 actively licensed TN nurses struggling with SUD are identified annually and referred to their interventional resources for addiction treatment and education.

(bls.gov, 2021; Monroe et al., 2013; TN Peer Assistance Program, 2021)

Project Purpose & Goals

Purpose:

- Implement a new educational program for nurses and nurse managers regarding SUD and ADPs.

Goals:

- Reduce addiction stigma of nurses in recovery.
- Foster a favorable perception of alternative-to-discipline programs for nurses in active addiction and in recovery.
- Facilitate early detection and intervention of substance use disorder among nurses.

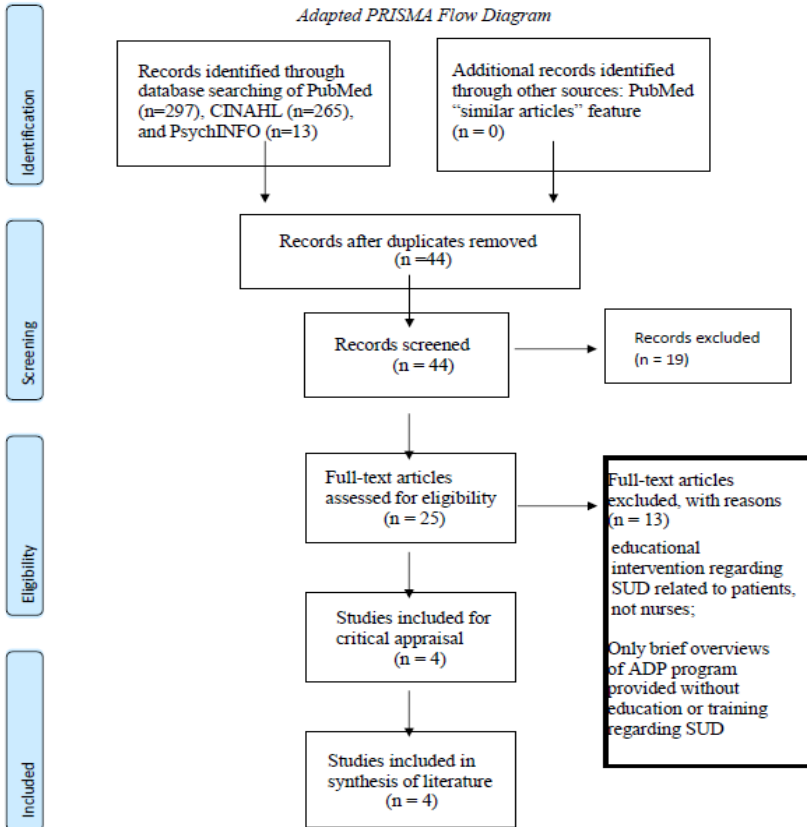


Evidence



Literature Search

Adapted PRISMA Flow Diagram



Critical Appraisal

All studies were systematically appraised as per the Johns Hopkins Nursing Evidence-Based Practice (JHNEBP)



JHNEBP

Level and Quality
Guide



JHNEBP

Research & Non-
Research Evidence
Appraisal Tool



JHNEBP

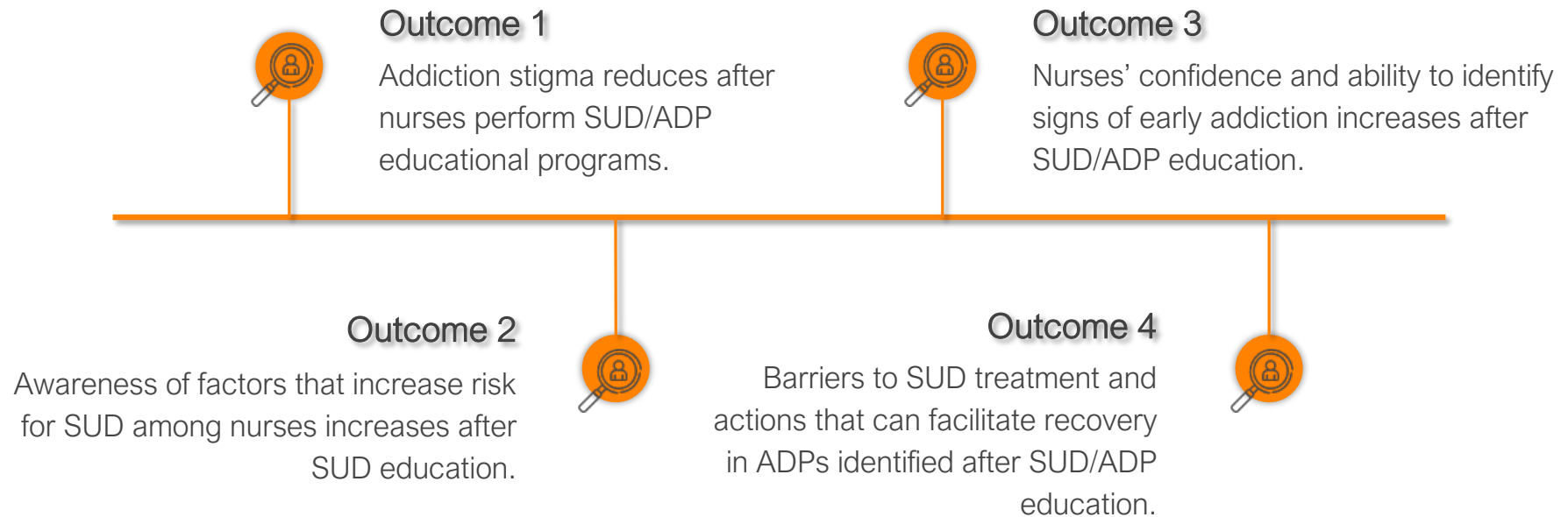
Synthesis Process &
Recommendation Tool



JHNEBP

Appraisal of Guidelines
for Research &
Evaluation (AGREE-II)

Synthesis of Research Evidence



Patient Preferences

- Lack of SUD education contributes to the stigmatization of the disease among nurses and nursing supervisors.
- Educational programs targeting nurses and other health care professionals are effective measures at reducing SUD stigmatization and creates a supportive environment for nurses in recovery.
- Preferences regarding learning methodologies and preconceptions of addiction stigma will be taken into consideration when designing educational material.

(Cadiz et al., 2012)



Recommendations



Implementation of an SUD and ADP educational program for nurses to reduce addiction stigma.



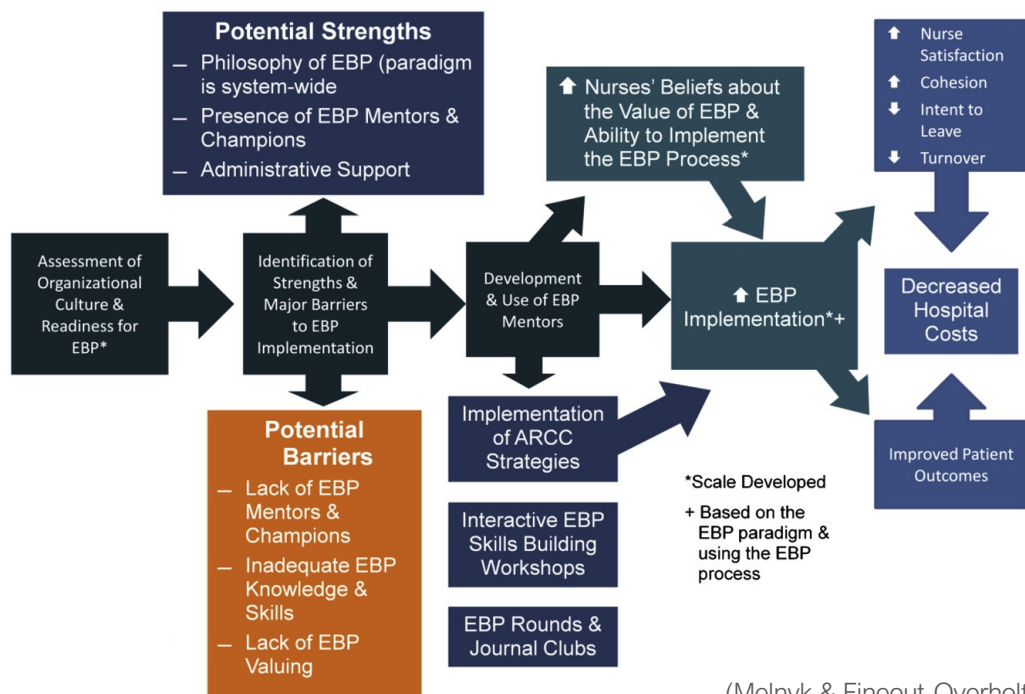
It is recommended employers provide nurses educational program to increase knowledgebase regarding early recognition & intervention of SUD.



Synthesis of the literature provides strong evidence that SUD education helps nurses identify and overcome barriers to SUD treatment and safe return to nursing practice while in recovery with the assistance of an ADP.

EBP Framework

Advancing Research and Clinical Practice through Close Collaboration (ARCC) Model



(Melnyk & Fineout-Overholt, 2002)



Aims of Recommended Practice Change



Decrease addiction stigma & increase confidence in identifying substance use disorders (SUDs) among fellow nurses.



80% or more of nurses will report decreased addiction stigma and increased confidence in their ability to identify substance use disorder (SUD) in fellow nurses after performing educational training pertaining to SUDs and alternative-to-discipline programs for nurses struggling with addiction.



Nurses will report an increased willingness to self-report themselves or a fellow nurse to an ADP program if SUD is suspected or confirmed.

PICOT Question

“Among nurses, how does education regarding substance use disorders and alternative-to-discipline recovery programs for nurses struggling with addiction compared to no training affect perceptions of nurses in recovery?”





Implementation

Setting and Population

- Outpatient collegiate health care clinic which services currently enrolled on-campus and commuter students
- Medical services provided at the proposed project site include primary care, psychiatric services, sports medicine, physical therapy, gynecology, general surgery consultation, and pharmaceutical access
- 36,000 outpatient visits annually
- Staff: 4 MD's, 8 APRN's, 14 RN's, 1 LPN, 17 support or administrative
- Implementation will include only APRN's and RN's

Team/Stakeholders

- Project Team Members
 - DNP Student
 - Faculty committee chairs
 - Community committee member
- Additional Stakeholders
 - Site medical director
 - Site nursing director
 - Staff nurses
 - UT-Knoxville statistician



Project Site SWOT Analysis

INTERNAL FACTORS	
STRENGTHS	WEAKNESSES
<ul style="list-style-type: none"> • Clinic offers multidisciplinary care specialties (primary/acute care, women's health, sports medicine, mental health, physical therapy, health and wellness education, allergy and immunizations) • On-site radiological, pharmacy and laboratory services • Services available only to UTK students, a younger healthier patient population with fewer comorbidities and complications • Highly skilled flexible administrative team • Clinic does not directly bill third-party insurance, eliminating complicated in-house billing procedures • Clinic absorbs some of the local healthcare burden due to the COVID-19 pandemic by offering students testing and vaccinations • High patient satisfaction ratings 	<ul style="list-style-type: none"> • No SUD/ADP education provided to nursing staff • Concerns with meeting clinical and administrative staffing needs • Administrative communication gaps • Accountability for poor staff performance • Inconsistent training opportunities due to pandemic related time constraints and staffing limitations • Confusion regarding some position expectations • Extended hours due to pandemic response causing possible staff burnout and poor moral
EXTERNAL FACTORS	
OPPORTUNITIES	THREATS
<ul style="list-style-type: none"> • Desire for nurse SUD/ADP training and education • Increased staffing due to pandemic response • Room for logistical, technical and personnel expansion in large new facility constructed in 2012 • Intuitive EMR changes providing informative data analysis used to improve clinical and administrative workflows • Collaborate with in-house Health & Wellness Center to promote health education resources • Consistent and manageable clinic hours of operation that coincides with appropriate level of staffing 	<ul style="list-style-type: none"> • Addiction stigma • Staff turnover • Budget • Administrative oversight of University Division of Student Life • Apprehensiveness of University to remove barriers that delay or prevent hiring of new staff & implementing disciplinary actions to poorly performing staff • Increased workload due to COVID-19 • Pressure to reduce costs while meeting increasing demands and expectations



Methodology

- One group
 - 15 staff nurses (RN & LPN)
 - 8 APRNs
- EBP Quality Improvement
 - Non-random
 - No control group
- Pre- and post- survey evaluations prior to and immediately following educational intervention module.



MY COURSES

DOCUMENTS

My Courses

BASICS OF ADDICTION IN A HEALTHCARE ENVIRONMENT

Basics of Addiction in a Healthcare Environment


Status

 Print certificate

HEALTHCARE PROVIDER WITH A SUBSTANCE USE DISORDER

Healthcare Provider With A Substance Use Disorder


Status

 Print certificate

NURSE WITH A SUBSTANCE USE DISORDER

Nurse With A Substance Use Disorder

Status

 Print certificate

PRESCRIBING FUNDAMENTALS

Prescribing Fundamentals

Status






 Print certificate



Educational Intervention Module (Intro page)

The Nurse with a Substance Use Disorder: Identification and Intervention course will help you understand the Duty to Report rules as issued by the Tennessee Department of Health, help you recognize the signs and symptoms of a substance use disorder, and take the necessary action when a nurse shows these symptoms. This course will also help you to initiate and successfully manage an intervention.

This course takes approximately 30 minutes to complete.

-  About This Course
-  Section One: Signs and Symptoms
-  Section Two: Take Action
-  Section Three: The Intervention
-  Summary



- Post intervention survey example (next 3 slides)
- Pre intervention survey will not include last four questions on post survey

Age:

Gender Identity:

- Male
- Female
- Non-binary / third gender

Race:

- American Indian or Alaska Native
- Asian American
- Black or African American
- Hispanic
- Native Hawaiian or Other Pacific Islander
- White

Years experience as a RN or APRN:

What unit(s) have you worked for a majority of your nursing career? (select all that apply)

- Med-surg
- ICU/ER
- Obstetrics/Women's health
- Outpatient
- Long term care
- Home health
- Collegiate/university setting
- Other

While in a nursing school program, were you provided education regarding the risks for developing a substance use disorder as a nurse?

- Yes
- No

Since graduating a nursing school program, have you received continuing education regarding addiction risks among nurses, workplace impairment, or recovery assistance programs available to nurses struggling with addiction?

- Yes
- No

Do you perceive nurses to be at a higher or lower risk of drug and alcohol abuse than the general public?

- Significantly lower risk
- Slightly lower risk
- Same risk
- Slightly higher risk
- Significantly higher risk

In your estimation, what percentage of nurses struggle with substance use disorder at some point during their career?

- 0-10%
- 10-20%
- 20-30%
- 30-40%
- 40% or greater

How do the following factors affect the risk of substance abuse in nurses when compared to the general public? (High stress work; narcotic access; lack of addiction education; pain; poor coping mechanisms; history of trauma; difficulty maintaining work/life balance)

- Significantly lower risk
- Slightly lower risk
- Same risk
- Slightly higher risk
- Significantly higher risk

What are the most common early signs of substance use disorder among nurses? (select all that apply)

- Excessive tardiness/missed shifts
- Decreased productivity
- Physical signs (disheveled/messy appearance, always fatigued)
- Prefers night shifts
- Frequently isolates from co-workers
- Requests patient assignments that require pain management regimens

What initial step would you take to intervene if you suspected a fellow nurse was struggling with addiction?

- Avoid intervening until obvious impairment is observed
- One-on-one intervention
- Immediately inform nurse manager
- Report suspected impairment to board of nursing

Rate your level of confidence in your ability to identify early signs of addiction in yourself or a fellow nurse:

- Not confident at all
- Somewhat confident
- Confident
- Very confident

Rate your comfort level in confronting or reporting a fellow nurse you know or suspect is in active addiction:

- Not comfortable at all
- Apprehensive but still somewhat comfortable
- Comfortable
- Very comfortable

What influence do you believe the following factors have on a nurse's willingness to seek help for addiction?(Shame; guilt; fear of termination; unawareness of alternative to discipline programs; failure of fellow nurses to recognize signs of addiction)

- Significantly negative influence
- Negative influence
- Non-influential
- Positive influence
- Very positive influence

Rate your awareness of the existence of peer-assistance programs that allow nurses to seek treatment and continue working in the nursing profession while in recovery from addiction?

- Not aware of any programs
- Somewhat aware
- Aware
- Very aware
- Have personally used a recovery assistance program for nurses

Rate your current knowledge level of the alternative-to-discipline process for nurses in recovery:

- Not knowledgeable
- Somewhat knowledgeable
- Knowledgeable
- Very knowledgeable

Rate your comfort level in working closely with a nurse in recovery from addiction:

- Not comfortable at all
- Apprehensive but still somewhat comfortable
- Comfortable
- Very comfortable

How do ADP monitoring program work restrictions (i.e., limited narcotic access; no overtime or night shifts; etc.) affect nurse willingness to seek help for addiction?

- Greatly deters willingness
- Deters willingness
- No effect on willingness
- Encourages willingness
- Greatly encourages willingness

What effect do you believe alternative-to-discipline monitoring programs have on a nurse's ability to safely return to practice while in the recovery stages of addiction?

- Significantly negative effect
- Negative effect
- No effect
- Positive effect
- Significantly positive effect

Has this education positively or negatively affected your perceptions of substance use disorder among nurses?

- Extremely negative
- Somewhat negative
- Neither positive nor negative
- Somewhat positive
- Extremely positive

Has this education increased your confidence level in identifying early signs of addiction in your personal life and that of your peers in nursing?

- Greatly decreased
- Decreased
- No change
- Increased
- Greatly increased

How has this education affected your confidence to intervene when you suspect a fellow nurse is struggling with addiction?

- Greatly decreased
- Decreased
- No change
- Increased
- Greatly increased

Has this education improved the likelihood you would voluntarily seek help from an alternative-to-discipline program if you recognize early signs of addiction in yourself?

- Greatly decreased
- Decreased
- No change
- Increased
- Greatly increased

Data Collection & Analysis

- Collection at two intervals:
 - Pre- educational intervention
 - Post- educational intervention
- Outcome measures recorded via Qualtrics survey
- Privacy and confidentiality protection through collection, storage, analysis, and transfer
- Data analysis:
 - Descriptive statistics for demographic variables
 - Repeated-measures Analysis of Variance to determine cause-effect relationship among variables



Data Security

- Data points recorded in an anonymized, password-protected data collection spreadsheet
- No PHI on data collection tool
- Data collection spreadsheet will be stored in HIPAA/PHI certified UTK sponsored OneDrive for Business platform
- Data transfer performed via UT Vault, a secure encrypted HIPAA/PHI certified file transfer application



Results/Clinical Significance

- Has this education positively or negatively affected your perceptions of substance use disorder among nurses?
 - **83%** answered *“Positive”*
- Has this education increased your confidence level in identifying early signs of addiction in your personal life and that of your peers in nursing?
 - **92%** answered *“Increased”*
- How has this education affected your confidence to intervene when you suspect a fellow nurse is struggling with addiction?
 - **100%** answered *“Increased”*
- Has this education improved the likelihood you would voluntarily seek help from an alternative-to-discipline program if you recognize early signs of addiction in yourself?
 - **75%** answered *“Increased”*

Outcomes & Implications

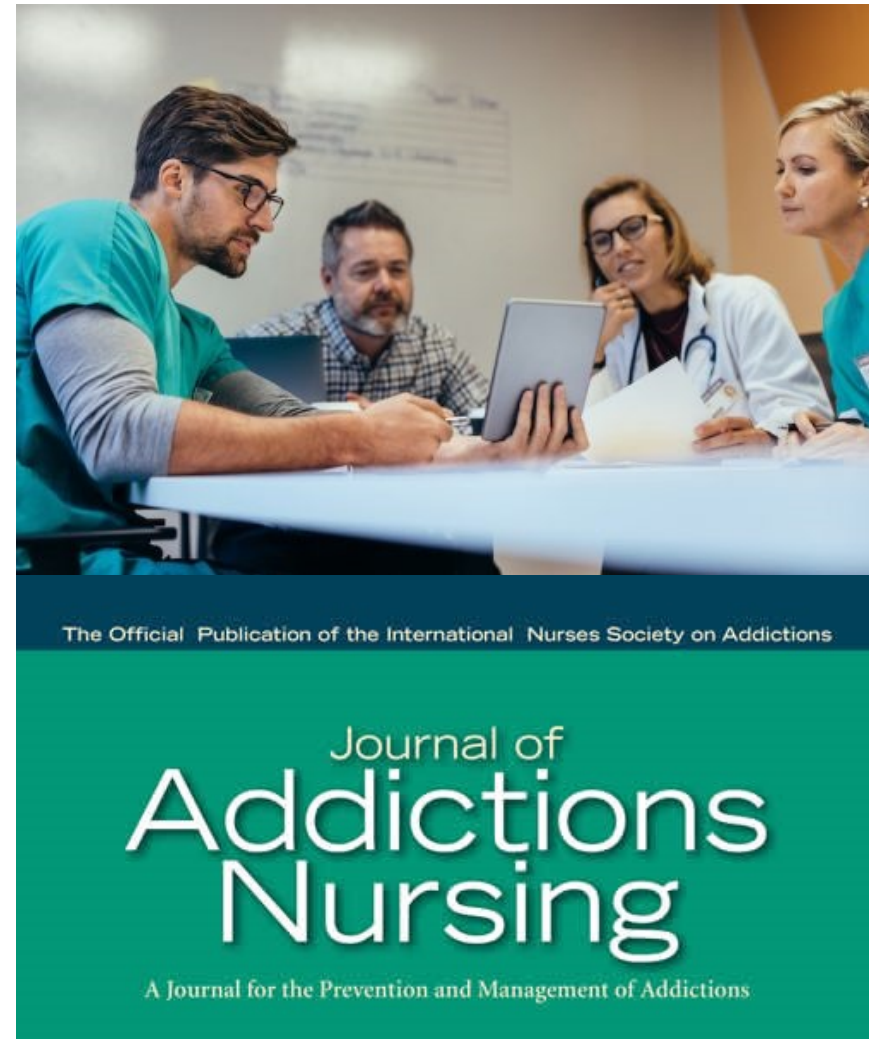
Survey responses indicate nurses gained clinically significant knowledge and confidence regarding the following:

- Understanding of the physical and emotional effects of addiction
- Risk factors for addiction associated with the nursing profession
- Warning signs of an impaired nursing professional while on the job
- Appropriate action(s) when addictive behavior is suspected in a co-worker
- Knowledge and confidence in ADP policies and procedures
- Willingness to intervene by self-reporting or reporting a fellow nurse when suspected of SUD
- Reduced stigma regarding nurses in recovery safely returning to practice after ADP process

Dissemination

Stakeholder presentation

Manuscript submission to:
Journal of Addictions Nursing



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Questions?

