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

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

Adapted PRISMA Flow Diagram

Records identified through database searching of PubMed (n=297), CINAHL (n=265), and PsychINFO (n=13)

Additional records identified through other sources: PubMed “similar articles” feature (n=0)

Records after duplicates removed (n=44)

Records screened (n=44)

Records excluded (n=29)

Full-text articles assessed for eligibility (n=25)

Studies included for critical appraisal (n=4)

Studies included in synthesis of literature (n=4)

Full-text articles excluded, with reasons: n=13 educational intervention regarding SUD related to patients, not nurses.

Only brief overviews of ADP program provided without education or training regarding SUD.
Critical Appraisal

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

01 JHNEBP
Level and Quality Guide

02 JHNEBP
Research & Non-Research Evidence Appraisal Tool

03 JHNEBP
Synthesis Process & Recommendation Tool

04 JHNEBP
Appraisal of Guidelines for Research & Evaluation (AGREE-II)
Synthesis of Research Evidence

**Outcome 1**
Addiction stigma reduces after nurses perform SUD/ADP educational programs.

**Outcome 2**
Awareness of factors that increase risk for SUD among nurses increases after SUD education.

**Outcome 3**
Nurses’ confidence and ability to identify signs of early addiction increases after SUD/ADP education.

**Outcome 4**
Barriers to SUD treatment and actions that can facilitate recovery in ADPs identified after SUD/ADP education.
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

Potential Strengths
- Philosophy of EBP (paradigm is system-wide)
- Presence of EBP Mentors & Champions
- Administrative Support

Potential Barriers
- Lack of EBP Mentors & Champions
- Inadequate EBP Knowledge & Skills
- Lack of EBP Valuing

Development & Use of EBP Mentors

Implementation of ARCC Strategies
- Interactive EBP Skills Building Workshops
- EBP Rounds & Journal Clubs

Nurses' Beliefs about the Value of EBP & Ability to Implement the EBP Process*

EBP Implementation**+

Decreased Hospital Costs

Improved Patient Outcomes

Scale Developed
* Based on the EBP paradigm & using the EBP process

(Melnyk & Fineout-Overholt, 2002)
Aims of Recommended Practice Change

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

2. **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.**

3. **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?”
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
## Internal Factors

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinic offers multidisciplinary care specialties (primary/acute care, women’s health, sports medicine, mental health, physical therapy, health and wellness education, allergy and immunizations)</td>
<td>No SUD/ADP education provided to nursing staff</td>
</tr>
<tr>
<td>On-site radiological, pharmacy and laboratory services</td>
<td>Concerns with meeting clinical and administrative staffing needs</td>
</tr>
<tr>
<td>Services available only to UTK students, a younger healthier patient population with fewer comorbidities and complications</td>
<td>Administrative communication gaps</td>
</tr>
<tr>
<td>Highly skilled flexible administrative team</td>
<td>Accountability for poor staff performance</td>
</tr>
<tr>
<td>Clinic does not directly bill third-party insurance, eliminating complicated in-house billing procedures</td>
<td>Inconsistent training opportunities due to pandemic related time constraints and staffing limitations</td>
</tr>
<tr>
<td>Clinic absorbs some of the local healthcare burden due to the COVID-19 pandemic by offering students testing and vaccinations</td>
<td>Confusion regarding some position expectations</td>
</tr>
<tr>
<td>High patient satisfaction ratings</td>
<td>Extended hours due to pandemic response causing possible staff burnout and poor moral</td>
</tr>
</tbody>
</table>

## External Factors

<table>
<thead>
<tr>
<th>Opportunities</th>
<th>Threats</th>
</tr>
</thead>
<tbody>
<tr>
<td>Desire for nurse SUD/ADP training and education</td>
<td>Addiction stigma</td>
</tr>
<tr>
<td>Increased staffing due to pandemic response</td>
<td>Staff turnover</td>
</tr>
<tr>
<td>Room for logistical, technical and personnel expansion in large new facility constructed in 2012</td>
<td>Budget</td>
</tr>
<tr>
<td>Intuitive EMR changes providing informative data analysis used to improve clinical and administrative workflows</td>
<td>Administrative oversight of University Division of Student Life</td>
</tr>
<tr>
<td>Collaborate with in-house Health &amp; Wellness Center to promote health education resources</td>
<td>Apprehensiveness of University to remove barriers that delay or prevent hiring of new staff &amp; implementing disciplinary actions to poorly performing staff</td>
</tr>
<tr>
<td>Consistent and manageable clinic hours of operation that coincides with appropriate level of staffing</td>
<td>Increased workload due to COVID-19</td>
</tr>
<tr>
<td></td>
<td>Pressure to reduce costs while meeting increasing demands and expectations</td>
</tr>
</tbody>
</table>
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.
<table>
<thead>
<tr>
<th>My Courses</th>
<th>Documents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basics of Addiction in a Healthcare Environment</td>
<td></td>
</tr>
<tr>
<td>Basics of Addiction in a Healthcare Environment Status: Print certificate</td>
<td></td>
</tr>
<tr>
<td>Healthcare Provider With A Substance Use Disorder</td>
<td></td>
</tr>
<tr>
<td>Healthcare Provider With A Substance Use Disorder Status: Print certificate</td>
<td></td>
</tr>
<tr>
<td>Nurse With A Substance Use Disorder</td>
<td></td>
</tr>
<tr>
<td>Nurse With A Substance Use Disorder Status: Print certificate</td>
<td></td>
</tr>
<tr>
<td>Prescribing Fundamentals</td>
<td></td>
</tr>
<tr>
<td>Prescribing Fundamentals Status: Print certificate</td>
<td></td>
</tr>
</tbody>
</table>
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
<table>
<thead>
<tr>
<th>Age:</th>
<th>While in a nursing school program, were you provided education regarding the risks for developing a substance use disorder as a nurse?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ Yes</td>
</tr>
<tr>
<td></td>
<td>☐ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender Identity:</th>
<th>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?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Male</td>
<td>☐ Yes</td>
</tr>
<tr>
<td>☐ Female</td>
<td>☐ No</td>
</tr>
<tr>
<td>☐ Non-binary / third gender</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Race:</th>
<th>Do you perceive nurses to be at a higher or lower risk of drug and alcohol abuse than the general public?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ American Indian or Alaska Native</td>
<td>☐ Significantly lower risk</td>
</tr>
<tr>
<td>☐ Asian American</td>
<td>☐ Slightly lower risk</td>
</tr>
<tr>
<td>☐ Black or African American</td>
<td>☐ Same risk</td>
</tr>
<tr>
<td>☐ Hispanic</td>
<td>☐ Slightly higher risk</td>
</tr>
<tr>
<td>☐ Native Hawaiian or Other Pacific Islander</td>
<td>☐ Significantly higher risk</td>
</tr>
<tr>
<td>☐ White</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Years experience as a RN or APRN:</th>
<th>In your estimation, what percentage of nurses struggle with substance use disorder at some point during their career?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ 0-10%</td>
</tr>
<tr>
<td></td>
<td>☐ 10-20%</td>
</tr>
<tr>
<td></td>
<td>☐ 20-30%</td>
</tr>
<tr>
<td></td>
<td>☐ 30-40%</td>
</tr>
<tr>
<td></td>
<td>☐ 40% or greater</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What unit(s) have you worked for a majority of your nursing career? (select all that apply)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Med-surg</td>
<td></td>
</tr>
<tr>
<td>☐ ICU/ER</td>
<td></td>
</tr>
<tr>
<td>☐ Obstetrics/Women's health</td>
<td></td>
</tr>
<tr>
<td>☐ Outpatient</td>
<td></td>
</tr>
<tr>
<td>☐ Long term care</td>
<td></td>
</tr>
<tr>
<td>☐ Home health</td>
<td></td>
</tr>
<tr>
<td>☐ Collegiate/university setting</td>
<td></td>
</tr>
<tr>
<td>☐ Other</td>
<td></td>
</tr>
<tr>
<td>Question</td>
<td>Options</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>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)</td>
<td>○ Significant lower risk&lt;br&gt; ○ Slightly lower risk&lt;br&gt; ○ Same risk&lt;br&gt; ○ Slightly higher risk&lt;br&gt; ○ Significantly higher risk</td>
</tr>
<tr>
<td>What are the most common early signs of substance use disorder among nurses? (select all that apply)</td>
<td>○ Excessive tardiness/missed shifts&lt;br&gt; ○ Decreased productivity&lt;br&gt; ○ Physical signs (diseveled/tired appearance, always fatigued)&lt;br&gt; ○ Prefers night shifts&lt;br&gt; ○ Frequently isolates from co-workers&lt;br&gt; ○ Requests patient assignments that require pain management regimens</td>
</tr>
<tr>
<td>What initial step would you take to intervene if you suspected a fellow nurse was struggling with addiction?</td>
<td>○ Avoid intervening until obvious impairment is observed&lt;br&gt; ○ One-on-one intervention&lt;br&gt; ○ Immediately inform nurse manager&lt;br&gt; ○ Report suspected impairment to board of nursing</td>
</tr>
<tr>
<td>Rate your level of confidence in your ability to identify early signs of addiction in yourself or a fellow nurse.</td>
<td>○ Not confident at all&lt;br&gt; ○ Somewhat confident&lt;br&gt; ○ Confident&lt;br&gt; ○ Very confident</td>
</tr>
<tr>
<td>Rate your comfort level in confronting or reporting a fellow nurse you know or suspect is in active addiction.</td>
<td>○ Not comfortable at all&lt;br&gt; ○ Apprehensive but still somewhat comfortable&lt;br&gt; ○ Comfortable&lt;br&gt; ○ Very comfortable</td>
</tr>
<tr>
<td>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)</td>
<td>○ Significantly negative influence&lt;br&gt; ○ Negative influence&lt;br&gt; ○ Non-influential&lt;br&gt; ○ Positive influence&lt;br&gt; ○ Very positive influence</td>
</tr>
<tr>
<td>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?</td>
<td>○ Not aware of any programs&lt;br&gt; ○ Somewhat aware&lt;br&gt; ○ Aware&lt;br&gt; ○ Very aware&lt;br&gt; ○ Have personally used a recovery assistance program for nurses</td>
</tr>
<tr>
<td>Rate your current knowledge level of the alternative-to-discipline process for nurses in recovery.</td>
<td>○ Not knowledgeable&lt;br&gt; ○ Somewhat knowledgeable&lt;br&gt; ○ Knowledgeable&lt;br&gt; ○ Very knowledgeable</td>
</tr>
<tr>
<td>Question</td>
<td>Options</td>
</tr>
<tr>
<td>----------</td>
<td>---------</td>
</tr>
<tr>
<td>Rate your comfort level in working closely with a nurse in recovery from addiction:</td>
<td>Not comfortable at all, Aggressive but still somewhat comfortable, Comfortable, Very comfortable</td>
</tr>
<tr>
<td>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?</td>
<td>Greatly deters willingness, Deters willingness, No effect on willingness, Encourages willingness, Greatly encourages willingness</td>
</tr>
<tr>
<td>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?</td>
<td>Significantly negative effect, Negative effect, No effect, Positive effect, Significantly positive effect</td>
</tr>
<tr>
<td>Has this education positively or negatively affected your perceptions of substance use disorder among nurses?</td>
<td>Extremely negative, Somewhat negative, Neither positive nor negative, Somewhat positive, Extremely positive</td>
</tr>
<tr>
<td>Has this education increased your confidence level in identifying early signs of addiction in your personal life and that of your peers in nursing?</td>
<td>Greatly decreased, Decreased, No change, Increased, Greatly increased</td>
</tr>
<tr>
<td>How has this education affected your confidence to intervene when you suspect a fellow nurse is struggling with addiction?</td>
<td>Greatly decreased, Decreased, No change, Increased, Greatly increased</td>
</tr>
<tr>
<td>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?</td>
<td>Greatly decreased, Decreased, No change, Increased, Greatly increased</td>
</tr>
</tbody>
</table>
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
References


Center for Evidence-Based Practices. (n.d.). *Practices: Substance Use Disorders and Mental Illness.*


References


References


Questions?