

Kate Wagner

HN-300-E

Capstone Final Paper

Dr. Robert and Dr. Loris

Due: May 13th 2021

Why are nurses at a higher risk for substance abuse than the average working professional and how does this prevalence affect the care that is given in hospitals?

Introduction

By definition, substance abuse disorder is an unrestricted and uncontrolled use of illicit and medical drugs that is harmful to society, self or both of these things. The definition of substance abuse includes both psychological dependence and physical dependence on these drugs. Physiological dependence of people on these drugs caused by prolonged usage causes a change in the user's physiological state and causes withdrawal symptoms when the specific drug of choice is discontinued. (Kaliszewski M.D., 2019)

With this being said, substance abuse is a disease that affects a person's cognition, alertness, and orientation of a person, affecting the way that they live day to day. A person who is affected by a substance abuse disorder is *not* physically and mentally capacitated to be in a professional place such as a hospital, doctor's office or business office, they should not be working at all! My thesis and the question that I will be answering throughout this research paper

is “Why are nurses at a higher risk for substance abuse and how does this affect the care that is given by nurses?”

The incidence of substance abuse in the workplace

In the workplace in general, research on the prevalence and the distribution of overall alcohol and illicit drug use has received a fair amount of attention; this being because it is so prevalent and important. According to an article titled *Workplace substance use climate: prevalence and distribution in the U.S. workforce* written by Michael R. Frone in 2012 a part of Informa Healthcare, “This issue involves workplace climate related to substance use and impairment during the workday. Understanding workplace substance use climate is an important issue because it may promote substance use outside and inside the workplace” (Frone, 2012)

According to the same source, overall, it was found in their studies that 12.65% of the main workforce reported exposure to a coworker who used or was impaired by drugs or alcohol during the workday. These statistics show that substance abuse is not only an issue that is specific to nursing, but is prevalent in all professions. Although this is true, throughout this paper, I will be discussing how the issue of substance abuse is much more prevalent in the nursing profession than any other professions and the reasons as to why that is.

The introduction to substance abuse in nursing

Nursing is a complex and ever changing evidence-based practice field. It is well known that the best, most successful care is given when all providers involved are experts in their field

and completely on task and mentally aware. Nurses are the backbone of the hospital, working 12 hour shifts 3-4 times a week, whether that be overnight or throughout the day. Nurses are responsible for providing around the clock care to a multitude of patients. Because of workplace lack of employees, it is oftentimes that during a shift, each one of the nurses are responsible for up to 10 patients. Their care includes medication passes (which can be up to hourly for certain patients), IV insertions, resuscitation when necessary, feeding the patients, bathing the patients, teaching the patients, talking to the patient's loved ones, ambulating the patient, performing diagnostic tests, operating medical equipment, educating patients regarding their condition, monitoring for a patient's health and record signs and providing support and advice to patients. (American Nurses Association, 2016)

Because nurses have such a major role in hospitals, clinics and physician offices, it is important for the nurses to be completely on at all times. They must be well rested, free from any drug or alcohol use on their time on the job, and well fed and hydrated. According to an article titled *Substance Abuse Among Nursing Staff: Prevalence and Sociodemographic and Clinical Characteristics*, Problematic substance use, as it relates to the practice of nursing, is defined as situations in which the use of a substance negatively impacts the ability of a registered nurse to practice nursing in a safe, competent, and ethical nursing manner. (Elalla et. al., 2020) Basically, this means that substance use in nurses can be so severe that it impacts the ability of a nurse to care for her patients, and overall, do her job with the care and precision that it should be done. There are a multitude of reasons why nurses are at such a greater risk to develop a substance abuse disorder, but one big reason that is mentioned in almost all of the research done is that registered nurses become addicted to substances because of the sole fact that they believe that they are invulnerable to substance use disorder and that they are not capable of becoming

addicted. This belief that nurses have contributes to their reluctance to get help for themselves and for them to admit that they have a problem. This idea is one that is extremely concerning, because it is thought that medical professionals may have an increased risk due to the high stress level of the healthcare field, the easy access to controlled substances, and variable working hours. As a nurse it is your duty Substance Abuse Among Nurses to take care of others, and if you are not mentally, physically, and emotionally sound, you are not able to provide proper care. Moreover, nurses are continuously around medication, and they need to be comfortable handling and administering drugs.

The incidence of substance abuse in nursing

As mentioned in the paragraph above, there are a multitude of reasons as to why nurses are at an increased risk for substance abuse disorder than the average person. The epidemiology of substance abuse within nurses is broad; it affects all genders, socioeconomic and educational backgrounds, cultures as well as all geographic locations (Rundio, 2013). However, substance abuse tends to be prevalent among nurses who are significantly younger, less experienced, and are female. For over 100 years, it has been recognized that there is a high prevalence in substance abuse disorder among nurses. In an article titled *Substance Abuse Among Nurses* published in 2015, it states that in the year that it was published, it is estimated that 20% of nurses have a substance abuse, misuse and/or an addiction problem. A study conducted in El-Demerdash University Hospital, and El-Rehab Private Hospital, during the period spanning from November 2015 to June 2016, studied the prevalence of alcohol and substance abuse in a portion of the nurses at the facilities. During the studying period, 417 nurses were included in the study.

The study concluded that about 21.6% of the populations included in the study were afflicted with problematic substance use within the last six months whereas 78.4% of the population included in the study did not use any substances in the last 12 months. Among the 21.6% of the nurses, the ones afflicted with problematic substance use, 64.4% had a comorbid psychiatric disorder, and 5.6% of the nurses were dependent on alcohol and had some sort of major depressive disorder. All in all, 3.3 % of the nurses were substance dependent and were also afflicted with anxiety and depression. An overall 14.5% of the nurses had some sort of major depressive disorder, 11.1% had anxiety/depression, 3.3% had panic disorders and 3.3% had obsessive-compulsive disorders or OCD. (Elalla, 2020) For me, this study not only proves the prevalence of substance use disorders being higher in the nursing profession, but also teaches us about comorbidities that often come along with the diagnosis of a substance use disorder; these being anxiety, depression, major depressive disorders and obsessive compulsive disorder.

Why is this prevalence so great?

Nursing is a very difficult industry to be a part of. There are a multitude of factors that put nurses at a higher risk of abusing substances than the average person that should be talked about. First, the nursing profession is different from other professions outside of it due to the fact that nurses work in an environment where they are daily exposed to these substances and can easily access it. As I mentioned in previous paragraphs, part of the job as a nurse entails administering these medications to their patients. Second, another reason that prevalence is so great is because the nursing profession is a high stress and high anxiety job due to their long

hours and workload. The intense pressure of being responsible for the health and well-being of multiple patients at a time. Studies have shown that this intense pressure and chronic stress enhances substance abuse and is a major risk factor for developing an addiction. The last issue that contributes to the high prevalence of substance abuse in nursing is the lack of education regarding substance abuse and the fact that it is simply not talked about. This lack of knowledge hinders the ability of nurses to identify and address signs and symptoms of substance abuse in themselves and in their coworkers. Some signs of addiction or a substance abuse disorder in nurses that are important to take into consideration are repeated tardiness or absence from work, decreased productivity or work ethic while at work, physical signs such as a disheveled or messy appearance, glossy eyes or small pinpoint pupils regardless of light exposure, slurred speech and visual impairment, as well as an unusual desire to work the night shift. This unusual desire to work the night shift may be due to the fact that during the night shifts, there are less people around, so it may be easier for substance abusing nurses to diverge medications from the hospital without being caught. The lack of education about substance abuse and its prevalence in the nursing profession may also contribute to the negative stigmas and stereotypes that surround substance abuse in nurses. These pessimistic attitudes may discourage nurses from disclosing the truth about their substance abuse and addictions and thereby preventing them from finding the help that they so need.

Substances used and their effects on the body

In order to be fully aware of the issue of substance abuse in nursing, it is vital to know which drugs are most abused by nurses and the effects that these specific drugs have on the human body. According to the American Addiction Center, the drugs that are most commonly

abused by nurses are benzodiazepines such as valium and xanax as well as opioid painkillers such as oxycodone and fentanyl. Opioid painkillers such as oxycodone and fentanyl cause side effects on the body and brain that can affect the way that nurses work. These side effects include drowsiness, dizziness, confusion, nausea, trouble breathing, sedation, lightheadedness, and vomiting. Similar to the side effects of opioid painkillers, benzodiazepines can also cause drowsiness and dizziness, but they can also have an effect on memory, and cause memory loss. As a nurse, it is important to always feel 100% and on your “A” game on each shift because of the important job that you have, which is keeping your patients alive. The side effects of these drugs can cause detrimental effects on the care that nurses give their patients. These side effects not only cause a problem of not being able to perform their tasks to the best of their ability, putting their patient’s lives at risk, but these side effects can also pose a legal issue, placing their jobs as nurses at risk.

Recovery of the impaired nurse

From previous paragraphs, it is clear to see that substance abuse in the nursing profession is extremely prevalent and its prevalence will only continue to rise if something is not done about it. In 1980 the National Nurses Society on Addictions recognized that substance abuse was a prevalent issue among nurses, thus establishing a task force to confront the growing issue (Monroe, 2009).. The task force was named the Peer Assistance Program, and was formulated by several nurses who specialize in caring for patients suffering from addiction. The goal of the task force was to develop computerized medication administration to decrease the prevalence and simplicity of nurses to attain the drugs in the hospital. Being a student nurse myself, I know that

this development of a computerized medication administration was actually successful. In every single hospital that I have been placed in for my clinical placement, they have had medicine administration machines called a Pyxis. This machine is equipped with a barcode scanning system to help ensure accurate medication dispensing, features to prevent loading of the wrong medication as well as active alerts to provide an added safety precaution for high risk medications.

Being a student nurse myself, I know that this development of computerized medication administration was actually successful and placed in most hospitals. In every hospital that I have been placed in for my clinical rotations, they have had medicine administration machines called a Pyxis. This machine is equipped with a barcode scanning system to help ensure accurate medication dispensing, features to prevent loading of the wrong medication as well as active alerts to provide an added safety precaution for high risk medications. (Newman, 2016) Although these Pyxis or medication administration machines have been extremely helpful in helping nurses to maintain the safety of their patients, they were created to help decrease the prevalence of substance abuse among nurses. And Unfortunately, there is no current evidence of these machines helping with this issue.

In order to provide early intervention for these nurses afflicted with substance abuse, Early detection of a substance abuse problem is important. Although this is true, and most nurses are aware of this, eighty-two percent of nurses have not notified their employers of having a substance use disorder because of the foreseen embarrassment of discussing it with others and 53% are worried that they could not obtain any meaningful help for their issue by discussing it. (Kunyk, 2013) It is known that typically substance abuse among nurses begins early in a nurse's

career and usually begins while the nurse is still in school. This is why teaching aspiring nurses while they are still in nursing school about substance use disorders and more specifically opioid use disorders is so important. To be honest, I believe that nursing schools, whether that be four-year programs, accelerated programs, or even LPN programs, should have lectures based entirely on substance abuse disorders. These lectures should be directed solely on the reasons why healthcare professionals are placed at a higher risk for developing these substance use disorders. Offering education to aspiring nurses that is focused on the proper guidance for identifying, reporting, and investigating substance abuse in healthcare providers, would be an extremely beneficial addition to the bachelors of nursing curriculum. Although education in nursing school about substance use disorders would definitely decrease the prevalence of them, it would definitely not eliminate them completely among nurses. For this reason, most hospitals have identified a hospital specific policy as being directed toward drug use in the workplace, and should be used to guide one in the acknowledgement, reporting, and support of a coworker suspected to have a substance use disorder. If a nurse suspects that a fellow coworker is having issues with substances.

Legal implications

By treating nurses who are impaired by substance abuse, we not only help the individual nurse who is affected, but we also help a sizable amount of other nurses, those being her coworkers. State nursing associations in the states of Ohio, Maryland, Tennessee and Georgia were the first to initiate the start of helping these impaired nurses. Now, more than half the states in the United States have begun offering some sort of assistance or protection program. The

Impaired Nursing Program of Florida views the program as a three part responsibility. These three responsibilities include protecting the public from unsafe nursing care, to recognize chemical addiction as a disease that is able to be treated, and to work to solve a problem that affects many nurses worldwide. Typically, most nurses that involve themselves in this type of program sign onto the program for at least two years. This program permits random urine screenings for drugs at the nurses expense, and usually a progress report as well as a physiological report by the professional that is treating the nurse is sent every eight weeks to the Impaired Nursing Program or the INP. Upon discharge from the impaired nurse's initial treatment, there are periodical progress reports, she also must agree to abstain from any and all substances; mood-altering drugs, controlled, or addictive substances. The impaired nurse also attends Alcoholics Anonymous or Narcotics Anonymous depending on her disorder and she is advised by the INP to attend a nurse's support group with other nurses affected by substance use disorder. It is a very important statistic to note that nurses who are motivated to seek help and treatment for their substance use disorder often return back to the workplace as productive employees in eighty-five percent of all substance use cases (Kubb, 2010)

The impaired nurse returning to work

In order for an impaired nurse to be able to return to work, she or he obviously must be successful in her treatment and recovery plan, but there are quite a few other factors that must be met in order to make her/his return to work more smooth and successful. Another external facilitator, setting healthy boundaries is important. In other words, finding the means to take adequate time off between treatment completion and work reentry. One participant in a treatment

plan stated: "Take the time to get into good recovery." For others, healthy work boundaries entailed returning to work part time during the early phase of reentry so as to keep one's primary focus on recovery. It is also important for the impaired nurse who has recovered to have a healthy surrounding in her place of work. Presence of hope and perseverance during early recovery was also communicated as significant to successful work reentry. Participants voiced that these values are reinforced in the spiritual aspects of 12-step program support. Another treatment participant stated: "I am evidence you can come out the other side. It doesn't mean it's going to be easy, but there's hope." This shows that it is important to an impaired nurses recovery and work reentry to have a positive and motivating work environment. If she or he is placed back into a work environment where she does not feel valued and appreciated by her fellow coworkers, she is more likely to relapse and fall behind in her treatment plan. Although there are a lot of facilitators that will help facilitate the impaired nurse to reentry into work, there are also unfortunately quite a few barriers to work reentry. The interrelated topics of fear, stigma and shame were discussed most frequently by nurses attempting to re enter their previous workplace. In a study conducted and spoken of in an article titled *Work Reentry for RNs After Substance Use Disorder Treatment: Implications for the Nursing Profession* written by Deborah Matthias-Anderson, PhD, RN, CNE, and Eleanor Yurkovich, EdD, RN, FAAN, every nurse attempting to reenter the workplace after a successful treatment for a substance use disorder discussed the presence of a stigma. Someone, especially a nurse, afflicted with substance use disorder was viewed as pervasive in the profession, by other nurses, physicians and other hospital and physician office staff. This stigma led some participants to hide their abuse of substances and hindered them from getting help in a timely manner. Stigma was also a factor in not honestly disclosing one's SUD status at work, because they feared adverse reactions from

their colleagues. (Matthias-Anderson, 2016) Overall, it is extremely nerve-wracking and downright difficult for a recovery substance abuser to return to work as a nurse.

Conclusion

By definition, substance use disorder is an unrestricted and uncontrolled use of illicit and medical drugs that is harmful to society, self or both of these things. (Kaliszewski M.D., 2019)

People of all professions and walks of life are afflicted with substance use disorder, but the prevalence of substance use disorder in nurses is significantly higher than in any other profession. Nurses are in charge of people's lives. They are responsible for up to ten patients at a time, passing medications hourly, turning the patients in bed, ambulating the patients, bathing them, feeding them, toileting them, doing basically all of the patient care necessary. Having these health care professionals be afflicted with a substance use disorder not only puts the lives of the nurse at risk, but it also puts the lives of the nurse's patients at risk.

From my research, it is obvious that it is extremely important for these nurses to get the help that they need and with the treatment plans available today, it is possible for them to return to work after extensive treatment and success in the treatment. One thing that I can take away from my research that needs to be looked at and talked about more frequently is teaching about substance abuse and its prevalence in the nursing profession. This is something that needs to be added to the nursing school curriculum and I hope that throughout my years as a nurse, I will be able to spread to my colleagues the importance of this.

Works Cited

Biener, L. (1983). Perceptions of Patients by Emergency Room Staff: Substance-Abusers versus Non-Substance-Abusers. *Journal of Health and Social Behavior*, 24(3), 264.

<https://doi.org/10.2307/2136576>

Creighton, H. (1988). Legal Implications of the Impaired Nurse ??? Part II. *Nursing Management (Springhouse)*, 19(2). <https://doi.org/10.1097/00006247-198802000-00009>

Ellis, Peggy(1995). Addressing Chemical Dependency: A need for consistent measures. *Nursing Management (Springhouse)*, 26(8). <https://doi.org/10.1097/00006247-199508000-00017>

Foli, K. J., Reddick, B., Zhang, L., & Krcelich, K. (2019). Substance Use in Registered Nurses: “I Heard About a Nurse Who . . .” *Journal of the American Psychiatric Nurses Association*, 26(1), 65–76. <https://doi.org/10.1177/1078390319886369>

Michael Kaliszewski, P. (n.d.). Why nurses are at a higher risk for substance abuse. Retrieved April 12, 2021, from <https://americanaddictioncenters.org/medical-professionals/nurses-at-a-higher-risk-for-substance-abuse>

Lillibridge, J., Cox, M., & Cross, W. (2002). Uncovering the secret: giving voice to the experiences of nurses who misuse substances. *Journal of Advanced Nursing*, 39(3), 219–229. <https://doi.org/10.1046/j.1365-2648.2002.02268.x>

<https://healthcareskills.com/automated-dispensing-cabinets-pharmacy-automation/>

McCauley, Miriam (2004). Helping Iraqi nurses get back on track. *Nursing*, 34(2), 44–45. <https://doi.org/10.1097/00152193-200402000-00045>

Monroe, T., & Kenaga, H. (2010). Don't ask, don't tell: substance abuse and addiction among nurses. *Journal of Clinical Nursing*, 20(3-4), 504–509. <https://doi.org/10.1111/j.1365-2702.2010.03518.x>

Mustard, L. W. (2002). Caring and Competency. *JONA's Healthcare Law, Ethics, and Regulation*, 4(2), 36–43. <https://doi.org/10.1097/00128488-200206000-00006>

Nurses' roles and responsibilities in providing care and support at the end of life. (n.d). Retrieved April 12, 2021, from <https://www.nursingworld.org/practice-policy/nursing-excellence/official-position-statements/id/nurses-roles-and-responsibilities-in-providing-care-and-support-at-the-end-of->

