

# Support not punishment is the key to tackling substance abuse and addiction among nurses

January 26 2011

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As many as ten to 20 per cent of nurses and nursing students may have substance abuse and addiction problems, but the key to tackling this difficult issue - and protecting public safety - is support and treatment, not punishment. That is the key message in a paper in the February issue of the *Journal of Clinical Nursing*.

Researchers have recommended six key points that could be built into alternative-to-dismissal (ATD) strategies after reviewing the latest research and professional guidance from countries such as the USA, Canada, New Zealand, Australia and the UK.

They believe that ATD programmes provide greater [patient safety](#), as they enable managers to remove [nurses](#) from the [work environment](#) quickly, unlike traditional disciplinary procedures that can take months, if not years. ATD programmes also provide non-judgemental support and treatment that encourages nurses to seek help and improve their chances of staying in the profession.

"Addiction among nurses has been recognised by professionals in the field for over a hundred years" says lead author Dr Todd Monroe from the Vanderbilt University School of Nursing, Tennessee, USA. "While research consistently reports incidence rates of 10 to 15 per cent, some studies suggest that this could be as high as 20 per cent.

"Doctors and nurses are only human and face the same problems as everyone else, which can include chemical dependency. The fact that

they work in a highly [stressful environment](#) with easy access to powerful drugs can expose them to an increased risk of substance misuse and abuse. They are expected to show compassion when caring for patients who are alcohol and/or drug dependent and they should extend the same compassion to colleagues struggling with chemical dependency, which is an illness."

Research suggests that ATD programmes help many nurses recover from addiction, reduce the chance of dismissal and return to work under strict monitoring guidelines, with random substance checks, support and meetings with managers and regulators. ATD programmes can also lead to a 75 per cent reduction in practical problems, like obtaining liability health insurance after disciplinary action, and they usually help nurses to re-enter the workforce.

"ATD programmes appear to be the best way to protect patients and retain nurses at a time when the profession is facing serious shortages of experienced professionals" says Dr Monroe.

The review covers nearly three decades of research papers and professional guidance from nursing regulators and brings together a number of previous studies by Dr Monroe on substance abuse policies in the nursing profession.

"We believe that the incidence of substance abuse among nurses, and especially [nursing students](#), is both under-researched and under-reported, partly because it is considered taboo among many healthcare providers and nursing school faculty and staff" he says.

"Poor or ineffective policies that mandate punitive action are more likely to endanger the public, as they make it more difficult for impaired nurses or students to seek help.

"That is why we support ATD strategies that motivate individuals to voluntarily seek assistance for their dependency or encourage colleagues to urge them to seek the help they need."

Dr Monroe teamed up with Dr Heidi Kenaga, from The University of Tennessee Health Science Center, to come up with six key points that they believe should be incorporated into ATD programmes developed by regulators, educators and healthcare facilities:

1. Promoting open communication by discussing substance abuse in healthcare and nursing education settings.
2. Encouraging an atmosphere where people feel they can report problems confidentially.
3. Providing information about the signs and symptoms of impairment.
4. Conducting mock interventions to help people feel less fearful or uncomfortable about approaching a colleague or fellow student about suspected chemical dependency.
5. Inviting ATD experts to speak to hospital or school administrators.
6. Participating in scholarly forums about addiction among healthcare providers.

"We believe that these key points will help to transform perceptions of substance abuse among nurses, so that they are seen as a medical disorder requiring treatment, rather than a moral failing" says Dr Monroe.

"There is a long history of [substance abuse](#) in the medical profession and ignoring the problem may perpetuate fear, anxiety, poor outcomes for the nurses and risks for the people they care for.

"Providing early intervention and assistance is essential to help nurses and nursing students to recover from an addictive disorder. And providing a confidential, non-punitive atmosphere of support may well be a life-saving step for nurses and those in their care."

The full paper contains a detailed checklist of the warning signs to look out for, including issues with attendance, performance, use of controlled substances, behaviour and physical signs.

**More information:** Don't ask don't tell: substance abuse and addiction among nurses. Monroe T and Kenaga H. Journal of Clinical Nursing. 20, pp504-0509. (February 2011). [DOI: 10.1111/j.1365-2702.2010.03518.x](https://doi.org/10.1111/j.1365-2702.2010.03518.x)

Provided by Wiley

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