

ACTION

The Profession's Response to the Problem of Addictions and Psychiatric Disorders in Nursing

WHEREAS, education promotes the early identification of, intervention with, and treatment of persons, including registered nurses, who experience addiction and psychiatric disorders; and,

WHEREAS, treatment is effective in reducing drug use and deterioration of health, and improving social and occupational function; and,

WHEREAS, nurse employment policies and procedures supportive of alternative-to-discipline programs result in improved employee job function and return and retention of nurses to the workforce; and,

WHEREAS, the American Nurses Association *Code of Ethics for Nurses* mandates workplace advocacy and promotion of nurses' well-being; and,

WHEREAS, society's health needs require the preparation, support and retention of a healthy workforce, and

WHEREAS, in ten states, nurses do not have access to programs that provide alternatives to discipline during recovery; and

WHEREAS, the development of multi-state licensure compacts underscores the need for consistent availability of alternative-to-discipline programs across all jurisdictions.

THEREFORE BE IT RESOLVED that the American Nurses Association will:

1. Support efforts to educate the public and professional nurses on the prevalence of addiction and psychiatric disorders as diseases for which society and registered nurses are at risk.
2. Seek to preserve the current and future workforce by promoting awareness of impaired practice, its prevalence, treatment monitoring and implications for public safety and well-being.
3. Increase awareness of the health and patient safety risks associated with untreated addiction and psychiatric illness.
4. Renew its commitment to the support of activities that improve nurses' access to alternative-to-discipline programs and promote member and affiliate actions that

encourage the development and use of alternatives to discipline for health professionals in those states where they currently do not exist.

5. Support expansion of peer assistance to include professional nursing students.
6. Support efforts by the United American Nurses and the Commission on Workplace Advocacy to advocate for the rehabilitation and retention of nurses who are living with the disease of addiction and psychiatric disorders.
7. Support RN regulatory boards in developing alternative-to-discipline programs for recovering nurses deemed appropriate for such programs.

2002 ANA HOUSE OF DELEGATES

SUBJECT: The Profession's Response to the Problem of Addictions and Psychiatric Disorders in Nursing
(Action Report)

RELEVANT CORE ISSUE: Nursing Shortage

INTRODUCED BY: K. Lynn Wieck, PhD, RN
President, Texas Nurses Association

REFERRED TO: Reference Hearing

EXECUTIVE SUMMARY: A changing workplace, multi-state licensure compacts and decreased access to reimbursed treatment programs for the nurse with addiction or psychiatric disorders creates a heightened need to readdress the lack of universal alternative-to-discipline programs. To maintain standards of the profession and a sufficient workforce, ANA should advocate for comprehensive and consistent access to alternative-to-discipline programs for nurses with addictions or psychiatric disorder. This report addresses the preservation of the health and professional practice of nurses with addiction and/or psychiatric illness.

1 **RECOMMENDATION(S):**

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3 **WHEREAS**, education promotes the early identification of, intervention with, and
4 treatment of, persons, including registered nurses, who experience addiction and
5 psychiatric disorders; and,

6

7 **WHEREAS**, treatment is effective in reducing drug use and deterioration of health, and
8 improving social and occupational function; and,

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10 **WHEREAS**, nurse employment policies and procedures supportive of alternative-to-
11 discipline programs result in improved employee job function and return and retention of
12 nurses to the workforce; and,

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14 **WHEREAS**, the American Nurses Association *Code of Ethics for Nurses* mandates
15 workplace advocacy and promotion of nurses' well-being; and,

16

17 **WHEREAS**, society's health needs require the preparation, support and retention of a
18 healthy workforce, and

19

20 **WHEREAS**, in ten states, nurses do not have access to programs that provide
21 alternatives to discipline during recovery; and

1 **WHEREAS**, the development of multi-state licensure compacts underscores the need for
2 consistent availability of alternative-to-discipline programs across all jurisdictions.

3
4 **THEREFORE BE IT RESOLVED** that the American Nurses Association will:

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6 1. Support efforts to educate the public and professional nurses on the prevalence of
7 addiction and psychiatric disorders as diseases for which society and registered
8 nurses are at risk.
9
10 2. Seek to preserve the current and future workforce by promoting awareness of
11 impaired practice, its prevalence, management and implications for public safety
12 and well-being.
13
14 3. Increase awareness of the health and patient safety risks associated with untreated
15 addiction and psychiatric illness.
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17 4. Promote member and affiliate actions that encourage the development and use of
18 alternatives to discipline for health professionals in those states where they
19 currently do not exist.
20
21 5. Support expansion of peer assistance to include professional nursing students.
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23 6. Support efforts by the United American Nurses and the Commission on
24 Workplace Advocacy to advocate for the retention of nurses who experience
25 addiction and psychiatric disorders.
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27 **REPORT:**

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29 In 1980 the Ohio State Nurses Association introduced the resolution "Peer Assistance Program
30 for Nurses Impaired by Illness or Chemical Dependency" to the American Nurses Association's
31 (ANA) House of Delegates. The resolution, along with an overview to the problem and a model
32 for planning and change to help guide organizations, was provided in ANA's 1984 monograph:
33 "*Addictions and Psychological Dysfunctions in Nursing: The Profession's Response to the*
34 *Problem.*" (American Nurses Association, 1984)
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36 Since that time, "alternatives to discipline" programs, offering comprehensive monitoring and
37 support services to reasonably assure safe practice, maintenance of nursing standards and
38 rehabilitation of the nurse, have been developed in many states. These are used by regulatory
39 agencies, often collaboratively with nursing organizations, schools of nursing and state boards
40 for nursing, to offer non-public management of the nurses' treatment and monitoring for safe
41 practice. This approach has been demonstrated to be equal in effectiveness to the disciplinary
42 process in protecting public safety and promoting rehabilitation and maintenance of health for
43 nurses. (Yocom & Haack, 1996) National nursing organizations and national accrediting bodies
44 advocate for alternatives to discipline. (National Council of State Boards of Nursing, 1994)
45 (International Nurses Society on Addictions, 1997) (American Association of Nurse
46 Anesthetists, 1997) (National Organization of Alternative Programs, 2001) (Joint Commission
47 on Accreditation of Healthcare Organizations, 2001)
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1 Since ANA last reviewed this position, changing workplace conditions (US General Accounting
2 Office, 2001) (American Hospital Association, 2002) and resources have resulted in the
3 increased need/risk, decreased access to treatment options, and fewer treatment related policies
4 for nurse employees.(ANA, 1984) Parity of health insurance benefits for the treatment of
5 behavioral health problems remains unavailable. Therefore the decreasing availability of
6 reimbursed treatment makes it even more important that nurses have access to alternative-to-
7 discipline programs.

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9 In 2002, at least ten states have not implemented programs providing alternatives to discipline.
10 Emerging multi-state compacts are resulting in the need for nurses to have access, across
11 jurisdictions, to consistent and comprehensive care and monitoring via alternative-to-discipline
12 programs. Such programs result in nurse rehabilitation, retention, cost savings to employers
13 (Van Doren & Bowling, 2002) and protection of public safety.

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15 In keeping with the intent of the *Action on Alcohol and Drug Misuse and Psychological*
16 *Dysfunctions Among Nurses*, (ANA House of Delegates, 1982), this report seeks renewed
17 commitment to the support of activities that improve nurses' access to alternative-to-discipline
18 programs.

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20 In preparing this report, the submitters relied on input and support from the Florida Nurses
21 Association, the Massachusetts Association of Registered Nurses, the New York State Nurses
22 Association, American Association of Nurse Anesthetists, National Consortium of Chemical
23 Dependency Nurses, International Society on Nurses Addictions, and the National Organization
24 of Alternative Programs.

25 26 **REFERENCES:**

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10 60611-2921)

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12 Van Doren, M. and Bowling C. (2002, January). *Cost savings realized by Baylor*
13 *University Medical Center with RNs in an alternative to discipline program.* Paper presented at
14 the meeting of the National Organization of Alternative Programs, San Antonio, TX.

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18	Past House Action(s):	1991 Position Statement on Abuse of Prescription Drugs
19		1990 Resources for the Treatment of Drug Addiction
20		1982 Action on Alcohol and Drug Misuse and Psychological
21		Dysfunctions Among Nurses