

Substance Abuse Among Nurses

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Tammy is an excellent clinician. She is fluent in oncology terminology and able to teach patients and colleagues about cancer care. She seemingly is dependable and often picks up extra shifts when the oncology unit is short staffed.

One night, as the nurse comes on shift to relieve Tammy, a patient says her pain is a 10 on a 10-point scale. The nurse is concerned because the medication administration record indicates that the patient has had frequent doses of pain medication as needed. She calls the physician to report the severe pain the patient is experiencing and receives an order to increase opioid pain medication. Shortly after the nurse administers the medication, she checks on the patient to find her unresponsive, with an oxygen saturation of 81% and very slow, shallow respirations. After calling the Rapid Response Team and administering naloxone, the patient arouses, and her oxygen saturation increases. When the patient is stabilized, the nurse takes a minute to reflect. What happened to the patient?

The nurse realizes that for the past two months, every time she has followed Tammy on shift, the patients have complained of unrelieved pain, even though the medication administration record indicates they were being medicated frequently with opioid analgesics. Furthermore, her colleagues have complained about Tammy's decreasing work ethic; Tammy takes longer and more frequent breaks and exhibits irrational behavior.

Does Tammy show signs of impaired nursing? If so, what should the nurse do about it?

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Drug and alcohol abuse is a serious health and social problem in the United

States. Addiction and dependency affect adolescents and older adults, all ethnicities, and all socioeconomic levels. The prevalence of alcohol and drug abuse in the nursing population is believed to parallel that of the general population (Dunn, 2005). Approximately 10% of the nursing population has alcohol or drug abuse problems, and 6% has problems serious enough to interfere with their ability to practice (Ponech, 2000). The American Nurses Association (ANA) estimated that 6%–8% of nurses use alcohol or drugs to the extent that professional judgement is impaired (Daprix, 2003).

Impaired nursing practice is defined as a nurse's inability to perform essential job functions because of chemical dependency on drugs or alcohol or mental illness (Blair, 2002). Since the early 1970s, impairment has been studied among the nursing profession and has been linked to several factors. The first factor is family history. Nurses who have a family history of emotional impairment, alcoholism, drug use, or emotional abuse, resulting in low self-esteem, overwork, and overachievement, are at greater risk for using or abusing substances (Monahan, 2003). Being in an environment with dependent family members may lead to enabling behavior, which often is described as "helping" behavior. People who fit this category may be attracted to the nursing profession because of the opportunity to continue in a caregiving role.

Stress in the workplace is another reason cited for nurses abusing substances.

As staffing levels decline, workloads increase, especially with increases in acuity among hospitalized patients. Rotating shifts, working overtime, and floating to different departments contribute to stress, fatigue, and feelings of alienation; substance abuse may be a way of coping. Nurses tend to be described as "workaholics" and may not be able to deal with the stress the work brings (Monahan, 2003).

The availability and accessibility of medications also has been linked to substance abuse among nurses (Serghis, 1999). Nurses are trained that medications solve problems. Every day, nurses administer medications to alleviate pain, combat infections, diminish anxiety and depression, and treat illnesses such as

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cancer. Nurses administer medications to assuage side effects of other medications. The workplace of a nurse has an intrinsic culture that accepts pharmacologic agents to cure ailments (Dunn, 2005). Medications are easily accessible to nurses, who may believe erroneously that they have the ability to control their own medication use because of their experience with administering medications to patients. Nurses have the ability to obtain undiverted medications by asking a colleague to write a prescription or by forging a prescription or may obtain

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