Chemical dependency in student nurses: developing a policy

Pamela Jean Marok
Medical College of Ohio

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FINAL APPROVAL OF SCHOLARLY PROJECT
Master of Science in Nursing

Chemical Dependency in Student Nurses: Developing a Policy

Submitted By

Pam Jean Marok, RN

In partial fulfillment of the requirements for the degree of
Master of Science in Nursing

Academic Advisory Committee

Kay Grothaus, Ph.D, APRN-BC, CNS

Mary Kozy, MSN, RN, CNS

Associate Dean, Graduate Program
Janet H. Robinson, Ph.D., R.N.

Dean, School of Nursing
Jeri Ann Milstead, Ph.D., R.N.

Dean, Graduate School
Keith K. Schlender, Ph.D.

Signature

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Chemical Dependency in Student Nurses:

Developing a Policy

Pamela Jean Marok

Medical College of Ohio

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CHAPTER I

Introduction

Alcoholism and other chemical dependencies are pervasive in American society, and alcohol and drug abuse among nurses is no exception. For the purposes of this study, the terms alcoholism, chemical dependency, and alcohol and drug abuse will be used to mean conditions and practices involving alcohol and drugs which impair normal health and work functions (Smardon, 1998). Figures on chemical dependency among nurses vary as to the exact rate of impairment compared to the general population. It is generally accepted that the rate of chemical dependency among health care personnel (7% to 24%) is higher than that of the general population (7.7%) in the United States (National Institute on Alcohol Abuse and Alcoholism, 2002). Other current research, however, is leaning toward the view that chemical dependency among nurses is essentially similar in percentages to that of the general population (Smardon, 1998; Trinkoff & Storr, 1998; West, 2002).

Today, there are large numbers of health professionals whose substance use is affecting their ability to practice. Substance use among health professionals is a problem that threatens professional standards and the delivery of quality patient services nationwide. Many of these health professionals choose to seek treatment, but others continue to practice while impaired, with devastating consequences for both patients and professionals. Health care consumers who are exposed to incompetence and alcoholism by healthcare providers create extensive malpractice risks for the professional caregiver (Beckstead, 2002; Trinkoff & Storr, 1998). The problem extends to every level and area of health professions, but it is particularly prevalent among those who have access to
pharmaceuticals for patient care. While a great deal has been said about doctors who use and abuse drugs of various kinds, much less is said about nurses, some of whom come to the nursing profession with substance abuse problems, and many of whom “learn” to access and use drugs in nursing school. Booth and Carruth (1998) found that the average nurse with an addiction problem is able to graduate from nursing school, conceal the problem for five years, and avoid disciplinary action for 10 years.

Statement of the Problem

The overall degree of chemical impairment or substance abuse among nurses is difficult to estimate. This is due to a multitude of reasons, which include denial, feared legal and occupational consequences, and differences of opinion as to when someone is impaired (West, 2002). Because of the paucity of studies of substance use among nurses, there is currently no basis on which to identify those groups of nurses at risk for these problems (Trinkoff & Storr, 1998). The scope of the problem of chemical dependency in student nurses is something of a mystery, even though several researchers have directly studied substance abuse in this particular population (Clark, 1999; Haack, 1987; O’Quinn, 1986; Polk, Glendon, & Devore, 1993; Spier et al., 2000).

Something is known of the case history of some of these nurses, however. For many, substance abuse begins while attending nursing school (Coleman et al., 1997). Further research suggests that the majority of nurses who receive treatment for problems related to substance abuse first became addicted as students, were academically in the top third of their class, and went on to hold advanced degrees (Clark, 1999; Selbach, 1990). Beyond this, however, little is known about this group as a whole.

Statement of Purpose
The purpose of this project was to develop a policy for the Ohio Nurses’ Association Peer Assistance Program that could be used as a framework for establishing guidelines for working with chemically dependent nursing students. The questions answered through this project were:

1. What is the educator’s responsibility when a nursing student is suspected of chemical dependence?
2. What actions are recommended for the nursing student suspected of chemical dependence?
3. What policies are needed to guide practice with respect to these nursing students?

Conceptual Framework

Watson’s theory of human caring (1999) provided the conceptual framework for this project on chemical dependency in student nurses. Watson’s theory is based on the premise that “care and love are the most universal, the most tremendous, and the most mysterious of cosmic forces: they comprise the primal and universal psychic energy” (Watson, 1999, p. 42). Watson suggests that these needs are often overlooked or purposely disregarded, with human beings behaving cruelly or aggressively toward each other. If humanness is to survive, Watson suggests in her theory, that we need to become more caring and loving, so as to nourish our humanity and evolve as a civilization. Since nursing is defined as a caring profession, its ability to sustain its caring ideals in practice will significantly affect human development and ultimately determine nursings’ contribution to society. At the beginning of professional education, however, we need to impose our will to care and love upon our own behavior and not on others.
Nursing has always held a compassionate and caring stance in regard to patients with health and illness concerns. Indeed, caring is the essence of nursing and the most basic and unifying theme for all nursing practice. Human care at the individual and group level, on the other hand, has received less and less emphasis in the health care delivery system. The practice of caring is central to nursing despite this disturbing trend toward the devaluation of personal contact in health care (Watson, 1999).

In summary, the advancement of human care as both an epistemic and clinical endeavor is a significant issue for nursing today and in the future. Nursing theory and practice assume that human care can be effectively demonstrated and practiced interpersonally. It is the assumption of this project that the inter-subjective human process of caring relationships keeps alive the common sense of humanity; it teaches us how to be human by identifying ourselves with others, whereby the humanity of one person is reflected in the other. Watson believes we have to treat ourselves with gentleness and dignity before we can respect and care for others with gentleness and dignity.

Significance

The importance of finding and treating chemically abusing nurses while they are still students becomes more apparent upon closer study. Research has indicated that it takes five years, on average, before a nurse’s addiction problem is even discovered (Booth & Carruth, 1998). It is even more apparent when we realize that state boards of nursing cite drug-related activity by nurses as the most common license violation, and caution that a nurse has an average of ten years of on-the-job experience before incurring disciplinary action (Booth & Carruth, 1998; Hutchinson, 1986).
Chemically dependent student nurses can place a legal and ethical burden on faculty and administration of the nursing program to which they are enrolled. The legal ramifications of chemically impaired student nurses in the clinical setting are serious, and include injury to patients and potential malpractice judgements implicating the student, faculty, clinical agency, and educational institution (Polk, Glendon, & Devore, 1993, p. 167). Nursing school faculty must be able to assess the extent of the problem, which means they must understand all the contributing factors, recognize the signs and symptoms of abuse, and use educational interventions in identifying and preventing chemical dependency in student nurses (Hutchinson, 1986; Coleman et al., 1997; Clark, 1999).

Harsh punishment of chemically dependent nurses, such as the use of automatic dismissal from a nursing program, is not the solution to the problem in a shortage crisis of skilled nurses (Haack, 1987; Carpenter & Hudacek, 1994). Carpenter and Hudacek claim that it is considered unethical for an employer to simply fire the chemically impaired nurse. They further point out that this action can be illegal and does not really protect the public. Another ethical consideration is the possibility the addicted nurse may become suicidal when threatened with dismissal (Carpenter & Hudacek, 1994; Grace & Rees, 1994; Selback, 1990).

Given all these factors, nursing educators are increasingly concerned about the problem of chemical dependency and impairment among nursing students. Their concern relates to the welfare of the chemically impaired student as well as for the clients who may be harmed by these potentially impaired practitioners. In this matter, faculty members feel strongly that they have an ethical and moral responsibility for the
protection and welfare of both students and clients (Asteriadis, Davis, Masoodi, & Miller, 1995).

The Ohio Nursing Association’s Peer Assistance Program is in need of policy guidelines for the chemically dependent student nurse. Presently, nursing schools in Ohio do not have guidelines to follow when a student nurse is chemically dependent. The Ohio Board of Nursing does not have jurisdiction over student nurses until they apply for licensure. The Board only has jurisdiction over the content of the educational programs.

Due to the lack of guidelines for the chemically dependent student nurse, a two-part project was needed. Marilyn Blank, RN, MSN developed a position statement for the Ohio Nursing Association’s Peer Assistance Program, regarding chemical dependency in student nurses, as the first part of this project (ONA, 2002). The project determines policy guidelines to assist faculty in schools and colleges of nursing who are working with chemical dependence and abuse in their student population.

Assumptions

A key assumption of this project is that, if untreated, chemically dependent nursing students will go on to become chemically dependent licensed, practicing professional nurses. Unless interventions or instruction influence their course of development in a different direction, while in nursing school, their abuse or addiction will grow worse. A second assumption is that nursing schools will value having access to guidelines for peer assistance.

Limitations
Gall, Borg, and Gall (1996) defined limitations as factors that extend beyond the control of the researcher, which are likely to affect the internal validity of the results of the study. The limitations faced by the researcher for this project included scant literature and research data on chemically dependent or impaired nursing students, and the subsequent lack of a theoretical framework that applies specifically to healthcare personnel, in this regard. However, the theoretical framework limitation related to healthcare personnel is addressed with the application of Watson’s theory to the policymaking process.

Summary

In this chapter, the problems of chemical dependency were investigated. The statement of the problem, theoretical framework, statement of purpose, significance, assumptions, and limitations were presented.

Impaired nurses and nursing practice create major moral, legal, and ethical concerns for the caring professions. Research has shown that a large number of chemically dependent nurses become so during or before nursing school. This fact affords the nursing educator a unique opportunity to identify the problem and intervene effectively with the chemically dependent nursing student. Policy guidelines were developed for use by the Ohio Nurses Association Peer Assistance Program to assist with the chemically dependent student nurse.
CHAPTER II

Review of Literature

In this chapter, the current literature and research relevant to the problem of student nurse and licensed caregiver substance abuse and chemical impairment are reviewed and summarized. The majority of recent chemical dependency research has focused on the etiology and progress of the problem, defined as a disease process. Since research has shown that as many as 60% of chemically dependent nurses become so before or during nursing school, this information is critical for establishing guidelines to intervene with the chemically dependent nursing student (Clark, 1999; Coleman et al., 1997).

Nursing Theoretical Framework

The theoretical framework used in this research project is Watson’s theory of human caring (1999), based on the premise that love and caring are essential to achieve wholeness of mind-body-spirit. Watson’s original theory was based on three main concepts: the ten carative factors, the transpersonal caring relationship, and the caring moment/caring occasion. Watson (2003) has more recently expanded these concepts to include the following additional components, which she has labeled clinical caritas:

1. Expanded views of self and person (transpersonal mind-body-spirit, unity of being; embodied space;
2. Caring-Healing Consciousness and intentionality to care and promote healing;
3. Caring consciousness as energy within the environment or field of a caring moment;
4. Phenomenal field/unitary consciousness: the unbroken connectedness of all;
Table 1: Carative Factors in the Clinical Caritas Process

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>1. Formation of humanistic-altruistic system of values</td>
<td>Practice of loving-kindness and equanimity within context of caring consciousness</td>
</tr>
<tr>
<td>2. Instillation of faith-hope</td>
<td>Being authentically present and enabling and sustaining the deep belief system and subjective life world of self and one-being – cared for</td>
</tr>
<tr>
<td>3. Cultivation of sensitivity to one’s self and to others</td>
<td>Cultivation of one’s own spiritual practices and transpersonal self, going beyond ego self</td>
</tr>
<tr>
<td>4. Development of a helping-trusting, human caring relationship</td>
<td>Developing and sustaining a helping-trusting, authentic caring relationship</td>
</tr>
<tr>
<td>5. Promotion and acceptance of the expression of positive and negative feelings</td>
<td>Being present to, and supportive of, the expression of positive and negative feelings as a connection with deeper spirit of self and the one-being-cared for</td>
</tr>
<tr>
<td>6. Systematic use of a creative problem-solving caring process</td>
<td>Creative use of self and always knowing as part of the caring process; to engage in artistry of caring-healing practices</td>
</tr>
<tr>
<td>7. Promotion of transpersonal teaching-learning</td>
<td>Engaging in genuine teaching-learning experience that attends to unity of being and attempting to stay within other’s frame of reference</td>
</tr>
<tr>
<td>8. Provision for a supportive, protective, and/or mental, physical, societal, and spiritual environment</td>
<td>Creating healing environment at all levels, (physical as well as nonphysical, subtle environment of energy and consciousness, whereby wholeness, beauty, comfort, dignity, and peace are potentiated</td>
</tr>
<tr>
<td>9. Assistance with gratification of human needs</td>
<td>Assisting with basic needs, with an intentional caring consciousness, administering ‘human care essentials’, which potentate alignment of mindbodyspirit, wholeness, and unity of being in all aspects of care; tending to both embodied spirit and evolving spiritual emergence</td>
</tr>
<tr>
<td>10. Allowance for existential-phenomenological-spiritual forces</td>
<td>Opening and attending to spiritual-mysterious, and existential dimensions of one’s own life-death; soul care for self and the other-being cared for</td>
</tr>
</tbody>
</table>
5. Advanced caring-healing modalities/nursing arts as a future mode for advanced practice of nursing (consciously guided by one’s nursing theoretical-philosophical orientation).

Watson (1999) used her ten carative factors as the framework for the theory of human caring. Recently, Watson (2003) expanded her theory; in the process, the ten carative factors have become clinical caritas or caregiving processes and have been restated in Table 1.

Watson (2003), with this evolving theory, has increasingly focused on the relationship between loving and caring. She explained the differences between the carative factors and clinical caritas as an added spiritual dimension that evolves into a caring-healing theory. In some ways, Watson has returned to the past to shape her theory’s evolution into the future. Watson’s clinical caritas processes are ultimately rooted in Florence Nightingale’s nursing model, with a strong sense of calling, commitment and human service. This groundwork is appropriate to this project, since chemical dependency among nurses was emerging as a problem at the same time Florence Nightingale was starting nursing as a profession (West, 2002).

The ONA (2002) compared the relationship between Watson’s ten carative factors, nurse educators, and student nurses.

Transpersonal caring focuses on the wholeness of each person. “Transpersonal human care and caring transactions are those scientific, professional, ethical, yet esthetic, creative and personalized giving-receiving behaviors and responses between two people (nurse and other) that allow for contact between the subjective world of the experiencing persons (through physical, mental, or spiritual routes or some combination thereof).” (Watson, 1999, p.58)
In Table 2, this researcher has interpreted Watson’s five elements of Transpersonal Caring Relationships by completing the blanks in the Nurse Educator and Student Nurse columns.

Table 2: Transpersonal Care between Nurse Educator and Student (Based on Watson’s Theory of Human Caring)

<table>
<thead>
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<tbody>
<tr>
<td>1. Moral commitment to protect and enhance human dignity, wherein a person is allowed to determine his or her own meaning</td>
<td>The nurse educator will serve as a change agent empowering the student nurse in taking charge of her recovery process</td>
<td>The nursing student will feel empowered over her own recovery.</td>
</tr>
<tr>
<td>2. The nurse’s intent and will to affirm the subjective significance of the person</td>
<td>The nurse educator will treat the nursing student with respect and dignity</td>
<td>The student nurse will develop self respect</td>
</tr>
<tr>
<td>3. The ability to realize and accurately detect feelings and the inner condition of another</td>
<td>The nurse educator will be aware of her own bias or feelings about chemical dependence</td>
<td>The student nurse will not allow blame or fault to prevent seeking treatment</td>
</tr>
<tr>
<td>4. The ability to assess another’s condition and to feel a union with another</td>
<td>The nurse educator will be empathetic</td>
<td>The nursing student will verbalize insights</td>
</tr>
<tr>
<td>5. Your own life experiences</td>
<td>Self-awareness</td>
<td>Self-awareness</td>
</tr>
</tbody>
</table>

The nurse educator can become a change agent for the chemically dependent nursing student. As a change agent, the educator can teach all students about the addiction process and how chemical dependence and substance abuse can affect every aspect of a nursing student’s life. The nurse educator working within this theory allows the nursing student, who is determined to be chemically independent, to feel empowered and in charge of her/his recovery process.

Understanding our own attitudes about chemical dependency is vital to developing effective programs for the chemically dependent student nurse (Beckstead, 2002). The patient is viewed as a whole, complete person, regardless of the illness or
disease (Watson, 2003). Watson focused her work on transpersonal caring relationships and their deep influence on caring moments/occasions. Transpersonal caring is demonstrated in an event or caring occasion, and conveys a concern for the inner life. The transpersonal nurse works to connect with and embrace the spirit or soul of the patient, through the process of caring and healing. Caring may occur without curing, but curing cannot occur without caring (Watson, 2003). The goal of nursing, according to Watson’s theory, is centered around helping the patient gain a higher degree of harmony within the mindbodyspirit. This goal, from a nursing practice perspective, is best achieved through transpersonal caring (Watson, 1999).

Review of Chemical Dependency Literature Related to Nursing Students

Signs of chemical dependency

Chemical dependency is a disease process caused by many interacting and cumulative factors of physiological, biochemical, neurological, psychological, and social origin (Jellinek, 1960). It is marked by addiction to or dependency on mood altering substances or drugs, regardless of whether they are obtained legally or illegally (Smardon, 1998). The disease is primary, chronic, and progressive in nature and can be fatal if untreated. In a review of 16 years of studies on nurse substance abuse, Smardon made the following important conclusions; nurses and nursing students who become addicted may begin using chemicals to self medicate for pain, fatigue, or depression. These individuals are often responsible, bright, and respected persons who obtain drugs through physicians, hospitals, or pharmacies. Some have grown up in households where they observed substance use and abuse (Swan, 1995). “Parent’s use of substances, including cigarettes, is an important predictive factor” as is family conflict and strife.
“Their findings suggest that families with substance-abusing children typically are unable to easily resolve problems and that the resulting confrontations negatively affect drug use” (p. 4). A large number have been physically or sexually abused as children or adolescents, but developed addiction or dependence as adults rather than when they were experiencing the abuse. The signs of chemical dependency among this population are similar to those of other well-educated, intelligent adults in positions of responsibility (Smardon, 1998). Thus, an early learned reliance on substances to self medicate in an attempt to “solve” problems and relieve tension can spiral into dependence later in life, especially during stressful situations. The disease process is completed when the addiction sets in.

Symptoms of dependence

According to the American Psychiatric Association (APA), many substances cause physiological symptoms of dependence (ANA, 1984). Examples of physiological dependence are craving, growing tolerance, and withdrawal. Tolerance is defined by McCaffrey and Voukaris (1992) as “… a given dose of a drug beginning to lose its effectiveness” (p. 14). Withdrawal is defined by the APA as “… Maladaptive behavioral, cognitive and physiologic changes… that occur when blood concentrations of a substance decline in an individual who had maintained prolonged heavy use of the substance” (ANA, 1984, p. 178).

All of the consequences of chemical dependency relate back to the defining attributes. The defining attribute of loss of control, for example, results in several consequences. The chemical dependency becomes more intrusive with areas of the individual’s life, including school, job, health, family, and friends. As a result, the
individual may lose meaningful parts of his or her life and begin to spend increasingly more time obtaining and using the chemical substance (O’Brien & Caborit, 1992). The addicted person may also be unable to abstain from using the chemical without the manifestations of withdrawal symptoms, or in a variety of forms and levels of severity. These symptoms depend on the particular chemical that is being abused. The need to alleviate withdrawal symptoms can itself result in compulsive abusive behaviors (Allen, 1998).

Identification of substance abusers

The majority of addicted nurses who receive treatment for chemical abuse originally became addicted as students (Coleman et al., 1997). According to Coleman et al., up to one half of the population samples of recovering nurses began their substance abuse before or during nursing school. Furthermore, they were academically in the top third of their class, held advanced degrees, were success-oriented and highly respected in their jobs, and often were the first born children of alcoholics (Selbach, 1990; Clark, 1999). Dependency problems can thus be first identified at this stage, if the educator is trained to identify them and willing to transcend the traditional teacher-student relationship (Polk, et al., 1993). Despite the fact that 67% of nursing schools “have provided information to faculty on how to identify and treat chemically dependent student nurses,” 49% of the schools surveyed reported “not confronting a student suspected of chemical dependency” (p. 167-168). It has been suggested that a close student-faculty relationship, and faculty devotion to the image of nursing, rather than the reality, could hamper faculty intervention (Polk, et al., 1993). This disparity between the
“ideal” of nursing and the day-to-day reality can be a harsh adjustment for the chemically dependent nurse.

Without clear guidelines to follow, faculty are not only typically less likely to confront or report problem student, they may not be able to identify the warning signs of a chemically dependent student nurse (Polk, et al., 1993).

Are observed behaviors related to chemical dependency, role strain, or both?....

Qualitative data from our study suggests that the difficulty of recognizing chemically dependent students is due to the complexity of their lives. As one Respondent reported, “Because the majority of our students are older, responsible adults/parents who have limited financial resources, such (chemical) dependency is not obvious.” (p. 168)

Job performance of nursing students

There are numerous signs related to job performance that could indicate that a nursing student has a chemical dependency problem. Some of these include the following: (a) being late for class or clinical, (b) disregarding standards of care and practice, (c) poor judgment, (d) disorganization, (e) unreasonable excuses for poor performance, (f) blaming others, (g) confusion about the assignment schedule, (h) difficulty prioritizing, (i) frequent breaks or time away from work area, (j) inappropriate behavior, (k) unsteady work pace, (l) commits errors (Coleman et al., 1997; Kentucky Peer Assistance Program for Nurses; Polk et al., 1993).

Physical symptoms of dependence

Some of the physical symptoms that may be evidenced by many chemically dependent persons are the following: (a) gastrointestinal upset, (b) difficulty with speech,
(c) increased anxiety, (d) chronic hangover, (e) diarrhea, shakiness, and inattentiveness. Other symptoms are (a) alcohol on breath, (b) increased sweating, (c) sniffing, (d) sneezing, (e) clumsiness, (f) flushed face, (g) watery eyes, and (h) frequent complaints of “not feeling well.” Symptoms present depend upon the particular substance being abused (Kentucky Peer Assistance Program for Nurses (KPAPN), 2001; Coleman et al., 1997).

Behavioral changes

There are also behavioral changes that a chemically dependent individual may exhibit. These changes vary depending on the substance, but include mood swings, drowsiness, suspiciousness, unusual attendance patterns, frequent use of breath mints or gum, disappearing from the nursing unit or into the restroom after accessing drugs, depression, defensiveness, telling lies, poor appearance, and over reaction to criticism (Coleman et al., 1997; KPAPN, 2001).

Substance abuse among college students

It is evident that alcohol and drug experimentation exert a significant impact on college student behavior. In addition to studying the physiological effects of alcohol and drugs on student behavior, researchers have also examined the expectancies and social attitudes of drinking college men toward their drinking female peers (Presley, Meilman, Cashin, & Leichliter, 1997). For instance, men expect to feel more powerful and sexual after alcohol intake; men are more likely to regard their female partners’ friendliness as an indicator of sexual interest (Presley et al., 1997). Perhaps because of these pervasive cultural myths, alcohol and drug abuse persist among American college students, across ethnic, gender, economic, and socio-cultural lines (Caetano, Clark, & Tam, 1998).

The literature suggests that college students in certain social groups are unduly
influenced by peer group norms that promote excessive alcohol consumption and participation in uninhibited activities such as casual sex activities and drug use (Cashin, Presley, & Meilman, 1998; Lo & Globetti, 1993; Wechsler, 1995). Various studies have indicated that members of Greek fraternity and sorority organizations have a greater likelihood of alcohol use than other students. Moreover, the studies have shown that the student’s association with the Greek system has a statistically significant correlation with excessive drinking, frequency of drinking, and the negative ramifications of drinking.

In one study, Wechsler (1995) discovered that 60% of the fraternity members had been experimental drinkers while they attended high school, while 75% of fraternity residents who had not been drinkers in high school engaged in experimental heavy drinking in college. Studying the alcohol consumption behavior of fraternity and sorority leaders, Cashin et al. (1998) asserted that these leaders consumed more alcohol than both nonmembers and members, thus indicating that they might be establishing norms for drinking in their respective fraternities and sororities.

The above description of the impact of alcohol on the sexual behavior of college students testifies to the widespread nature and the seriousness of the situation. Nursing students may be seen as a sub-population of college students who have their own peer group pressures. Being in a college environment that provides considerable freedom for these students to act in accordance with their desires makes nursing students highly susceptible to heavy alcohol consumption, and promotes their participation in illegal drug experimentation and substance abuse.

The American Association of Colleges of Nursing’s *Policy and Guidelines for Prevention and Management of Substance Abuse in the Nursing Education Community*
contains five general guidelines for establishing a policy to deal with chemically
dependent student nurses encompassing Identification, Intervention, Evaluation,
Treatment, and Reentry (AACN, 1998).

Nursing-specific signs of substance abuse

There are also many warning signs specific to the nursing profession and hospital
setting that may indicate drug diversion and abuse is taking place on a unit (KPAPN,
2001). These signs may include discrepancies in the controlled drug count record,
unwitnessed or excessive waste of controlled drugs, increased quantity of drugs required
by the unit, tampering with drugs, vials or containers, discrepancies between what the
physician ordered and controlled drug records, discrepancies between nursing notes,
medication records and controlled drug records, inconsistencies with patient doses from
shift to shift, patients’ complaints of not receiving or not attaining pain relief from
medications received, and defensiveness by an individual when questioned about
medications administered.

These signs and symptoms of chemical dependency manifest themselves along a
broad continuum of behaviors, based on severity of the dependence. The number and
degree of disturbances depends on the severity and legal status of the chemical
dependence. For example, a smoker may simply display moodiness or irritation whereas
a cocaine user may steal and lie and an alcoholic may experience blackouts or “lost
weekends” (Meyer, 1996). Over time, heavy substance abusers typically undergo
psychological and physical changes that require cognitive restructuring to modify or
reverse (Steigerwald & Stone, 1999). Younger, more resilient individuals such as
nursing students may not show many overt physical effects of their substance abuse and chemical dependence.

Factors contributing to nurses’ chemical dependency

Many factors contribute to the development of chemical dependency, but the one most frequently mentioned for nurses is stress. Job-related stress factors include intense interpersonal contact with patient and peers, highly technical requirements, and irregular work schedules. Constant exposure to life and death struggles in the hospital often leads to emotional fatigue and job burnout, especially for nurses with the added domestic responsibilities of spouses and children (Coleman et al., 1997).

Nurses are particularly prone to disturbances of the normal daily activity cycle, which is common due to long work hours (12-24 hrs straight), alternating day and night shifts, and so on. Changes in circadian rhythms affect the quantity and quality of sleep, and working non-traditional hours can also disrupt social activities and home and family life. These factors can adversely affect one’s physical and mental health and may lead to substance abuse, from alcohol to sleeping pills, as a result of role strain (Trinkoff & Storr, 1998).

Healthcare workers such as nurses have demanding jobs because of the necessity to provide health care coverage, often on a 24-hr/ day, 365-days/ year basis. There are thus physiological and psychosocial consequences of working a schedule that deviates from the traditional cycle. Moreover, nursing students have a multitude of stressors that are associated with school and study. These can include peer and grade performance pressure. Student nurses have some additional pressures such as role strain (spouses, parent, employee), a demanding curriculum, and exposure to human suffering in the
clinical sitting; these have all been cited as risk factors for chemical dependency (Polk et al., 1993). Although scholars and practitioners have commonly discussed impairment in terms of alcoholism or drug addiction, the phenomenon is complex and includes other distinct and related dysfunctions (Haack, 1987).

Factors in an individual’s environment may play a decisive role in substance abuse. The contributing factor identified first and foremost for nurses is availability or access to illicit substances on the job (Swisher, 1998). An individual who suffers from chemical dependency must necessarily have an available source to obtain the substance. This availability may be a result of a timely circumstance, such as a physician who prescribes the substance as a “favor,” or the substance may be readily available in the environment (Hutchinson, 1985).

In order for chemical dependence to develop, of course, there must first be use of a chemical that will result in this dependence, and the chemical must be administered repeatedly. This repeated use is necessary to cause nerve cells to become accustomed to a chemical; it results in the cells functioning normally only when the chemical is available, so that the organism experiences craving and stress without the “fix” of additional self-medication (Meyer, 1996). Furthermore, as a result of repeated abuse, the individual must use increasing amounts over time to obtain the same relief. This disease process usually results in increased tolerance levels and increased inability to obtain relief (Substance Dependence, 1998).

Studies have indicated that nurses experiencing higher levels of stress in the work place, in areas such as critical care or the emergency room, or nurses with greater or more frequent access to controlled substances, have a greater incidence of abuse (Trinkoff,
Storr, & Anthony, 1999). Since nursing students identified as substance abusers routinely list stress as a contributing factor to their chemical dependency, this factor is also deserving of consideration in the study of this problem.

Impairment due to chemical dependency

Impairment results when a nurse is unable to meet the requirement of the professional code of ethics and standards of practice because cognitive, interpersonal, or psychomotor skills are affected by excessive drug or alcohol use (ANA, 1984). A nurse who is unable to deliver competent patient care due to such factors as alcoholism, chemical dependency, or mental illness is defined as being impaired on the job (Smardon, 1998). Impaired practice refers to a nurse exhibiting job performance, which does not meet legal and professional standards, and is clearly a result of impaired cognitive or interpersonal skills. This impairment can be due to excessive alcohol or drug use, or physical or mental illness (Naegle, 1988).

Summary

Alcohol and drug abuse is serious concerns to all of society, particularly as they contribute to impairment of caregivers in the healthcare profession. Alcoholism and other drug addictions are illnesses that develop as disease processes, and by the same token they can respond to appropriate treatment. As with other illnesses, early detection and intervention increase the opportunity for recovery, with college being the ideal time for intervention. Alcoholism and other drug addictions are progressive diseases, having predictable courses with specific signs and symptoms. In the context of nursing school, the problem is distinct and recognizable, and thus amenable to diagnosis and treatment like any other disease.
In this chapter we have described the conceptual framework of the research, and briefly reviewed the literature on the signs, symptoms, and effects of substance abuse and chemical dependence as they relate to nurses and nursing students in particular. The identification of those nursing students with chemical dependency problems, and the behavioral effects of impairment on student and practicing nurses, was discussed. It is the belief of this researcher that thorough and appropriate education of peers and educators in regard to signs and symptoms of chemical dependency, as part of informed student assistance and peer assistance programs, is likely to result in early identification of persons having these illnesses and improved access to the treatment and control of the problem.
CHAPTER III

Method

Design

This chapter describes the research design and methodology utilized for this scholarly project. This project had two components. The first was the development of a position statement on chemical dependency in nursing students, to be used as a prototype or example for Ohio nursing schools. This position statement was presented in the summer of 2001. The second component of the project was the development of a policy that can be used as a tool to identify a potential chemical abuse or dependency problem, and to develop specific policies for dealing with chemically dependent nursing students enrolled in Ohio nursing schools.

Prior to the development of the policy, literature was reviewed regarding guidelines and recommendations for writing policy. Most of the literature identified general university policy for chemically impaired students as offering two options, these being suspension or dismissal from the school program (Clark, 1999; Polk, Glendon, & Devore, 1993). A website search also revealed that all state boards of nursing have treatment programs for chemically dependent nurses, but nursing students are not addressed by these programs (NCSBN, 2002). Finally, the literature review revealed recommendations for writing policy and suggested procedures for interventions for the chemically dependent nursing student (ANA, 1984; AACN, 1998; Asteriadis, et al., 1995; Coleman et al., 1997; KPAPN, 2001; NSNA, 2000; Polk, et al., 1993; ONA, 2002).
Target population

Each state in the United States has a board of nursing which is the primary overseer of nurses licensed in that state. Each of these boards of nursing was contacted by email in 2000 about their policy regarding chemically dependent nursing students. Each state had the same response to the request for information. States had policies regarding licensed nurses, but not regarding nursing students. The related population targeted by this project is the sub-group of nursing students, most of who have not been certified and licensed.

Procedure

In order to create a new policy guideline, this author used a wide variety of resources to gather information. First, this writer consulted standard reference books, program guides, the Internet, telephone and mailing lists, and any available contacts at the relevant State nursing associations and programs. Models were compared from the literature.

Next, to verify the timeliness of the list of state nursing associations and obtain additional information, the author directly contacted these organizations via telephone or e-mail. The objective of this step was to ensure that these organizations were responding and then to collect current information from them. Finally, this author compiled a policymaking framework from the literature and compared them with the policy guidelines and statements from the state organizations to extract a concise but comprehensive final list of items for the new policy statement.

By employing comprehensive research gathering techniques, this writer intended to compile and create an informative, comprehensive, and accessible policy statement.
that would contain all the required information for a practical guide.

The data sources were only limited by the researcher's access to information via secondary sources. The data source selection is thus a non-random convenience sample, with no attempt being made to meet the statistical rigor of a full test of reliability and validity for the research design. Within the limits of this sample, however, the data collected should be sufficiently reliable and valid for this study.

Reliability and validity

A sound research design begins with an explicit statement of the objectives, materials, and methods to be employed in the completion of the study (Gall, Borg, & Gall, 1996). The author has made such an explicit statement, including research limitations and the criteria used to evaluate and include sources for inclusion in the study.

In an action-based study such as this, validity depends upon the relevance, correctness, and significance of the study objectives (Gall et al., 1996). A study is valid if it collects data that represents the information it seeks to identify. The data set must be complete and coherently presented in order for the study to produce results of value to the social work profession. Invalid data here would include expired addresses, defunct facilities, misidentified programs, and so on.

Reliability refers to the accuracy and repeatability of the research findings and the conclusions drawn from them (Gall et al., 1996). If two comparable studies would lead to widely different findings and conclusions, either the data collection methods, conceptual framework, or assumptions are unreliable in some way. For this study, the author is confident that the data collected is reliable and robust in terms of its utility for the nursing education community.
Summary

The literature reviewed clearly suggests that many chemically dependent nurses become so during nursing school. The research findings indicated those clear, consistent guidelines for dealing with the chemically dependent nursing student is imperative. Additionally, findings imply faculty members appear to have a strong influence on the well being of students. All indicate the importance of the nurse educator to the nursing student. This allows the nursing educator to observe the chemically dependent nursing student’s behavior for signs of chemical impairment. It also puts them in an ideal situation to intervene at an early time which would disrupt the cycle of chemically dependent nursing students becoming chemically dependent nurses.
CHAPTER IV

Results

This chapter reports the results of this project to develop a chemical dependency policy for the Peer Assistance Program of the Ohio Nurses Association (ONA). The method was to survey state nurses associations on their positions, policies, and peer assistance programs, if any, so that these could be used in the following chapter as a basis to draft a policy for the ONA. Other existing policies and programs from the literature and other sources were also reviewed. The chapter discusses the sample surveyed, the email survey procedure, and findings from the responses. It concludes with a summary of the survey results.

Sample

In January of 2001, this researcher conducted an informal survey of the 50 state nursing associations regarding their positions on substance abuse by student nurses (nurseweek.org, 2001). Each association was sent the following request by email:

I am a graduate nursing student working on my scholarly project. This project concerns substance abuse by student nurses. I am interested in your state’s position statement/policy & guidelines for substance abuse in the student nursing population. Please include any available references that were used to formulate the policy; the state agencies, statutes, or legal consultants that were consulted; and any statistics involving substance abuse by student nurses. Please let me know if you would prefer this request in writing. Thanks in advance, Pam Marok, RN, BSN
This request was emailed again on February 1, 2001 to those who had not yet responded to increase the overall response. Data were collected through February 16, 2001.

Findings

A total of 18 state nursing organizations responded (36%) from 5 regions of the United States, shown in Table 3.

Table 3: Nursing Associations Responding to Email Survey, by Region

<table>
<thead>
<tr>
<th>Region</th>
<th>States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central/Midwest</td>
<td>Indiana</td>
</tr>
<tr>
<td>South</td>
<td>Arkansas, Mississippi, Virginia, Tennessee, Texas</td>
</tr>
<tr>
<td>Northwest</td>
<td>Idaho, Montana, Oregon</td>
</tr>
<tr>
<td>Southwest</td>
<td>Arizona, Nevada</td>
</tr>
</tbody>
</table>

The majority of responses, 12 of 18 (67%) came from states in the Northeast and South. The poorest level of response came from the Central/Midwest United States with only one state in this region, Indiana, responding.

Of the 18 associations responding, the overwhelming majority of 15 said that they had no policy specific to student nurses and substance abuse. They frequently referred this researcher to their respective state’s board of nursing, but just as frequently did not know if a state board policy regarding substance abuse and student nurses existed.

Only three state organizations said they had a policy for nursing students: two in the Northeast and one in the South. However, only New Jersey had a coherent program. In New Hampshire and Texas, the policies were vague or unenforced.
Comments

The respondents from nine state nursing associations included extended answers. These responses are divided into two sections: Comments from state nursing associations which had some form of chemical dependency policies and/or peer assistance programs and comments from organizations that did not.

Responding nursing organizations with student chemical dependency policies or programs

The New Hampshire Nurses Association and The Texas Nurses Association both use peer assistance and drug testing as alternatives to discipline that allow nurses to retain their licensure. The New Jersey Nurses Association did not send literature, and the Texas Nurses Students Association does not address this situation in any of its bylaws.

Responding nursing organizations without student chemical dependency policies or programs.

The nurses associations Arizona, Mississippi, Nevada, Pennsylvania, and Virginia do not have position papers regarding student nurses, and tend to rely on disciplinary action to deal with nurses with substance abuse problems. Of these, only the Arizona Nurses Association referred to an alternative to discipline: the CANDO program.

Summary

The majority of state nursing associations did not respond to the survey. The best response came from the Northeast and South and the poorest from the Midwest/Central states. Of those that responded, only three associations had addressed chemical dependency and student nurses: New Jersey, New Hampshire, and Texas. Only New
Jersey had an active peer assistance program. Of the responding organizations, repeated comments included:

1) Frequently referred this researcher to state nursing boards.

2) Also often referred researcher to state and the national student nursing associations, as well as the American Nurses Association (ANA), the International Nursing Student Associations (IntNSA), and the Nursing Practice Act (NPA).

3) Often said they did not know if state boards had a policy.

4) Nursing organization and state board peer assistance programs said to be for licensed nurses only, not for student nurses.

5) Nurse educators at nursing schools are often required to report impaired performance of student nurses (NPA mandatory reporting requirement).

6) At least some nursing colleges have counseling or other assistance for nursing students with chemical dependency problems.

The 18 responding state nursing organizations frequently referred this researcher to state nursing boards, the national and state student nursing associations, the American Nurses Association (ANA), the International Nursing Student Association (IntNSA), and the Nursing Practice Act (NPA). Many said they did not know if state boards had a policy. Most said that nursing organization and state board peer assistance programs were for licensed nurses only. States appear to have no clear cut guidelines or resources when dealing with a chemically dependent student nurse.
CHAPTER V

Discussion

The following chapter performs two functions: 1) Findings from the survey are discussed, and 2) a substance abuse policy is recommended for the Ohio Nurses Association (ONA). These two purposes show the two-dimensional nature of this research project. First, the findings reveal conclusions about state nurses’ organizations and other groups regarding the issue of student nurses' chemical dependency. Second, the proposed ONA substance abuse policy draws from existing policies and research to fill the apparent need for a policy for student nurses on chemical dependency.

State nurses associations’ attitudes

The following four findings are discussed in relation to state nurses associations and the issue of chemical dependency by student nurses: 1) apparent lack of interest, 2) lack of policies and programs, 3) lack of knowledge (ignorance), and 4) lack of preventive action or reliance on job drug testing.

Apparent lack of interest

Since 64% of state nurses associations did not respond to the survey, this could indicate a lack of sufficient interest in the topic of student nurses' chemical dependency. Insufficient interest in this project is supported by the very small number of studies on this important subject (Trinkoff & Storr, 1998).

Lack of policies and programs

The finding of a lack of state nurses association policies and programs may be linked to the above issue of lack of interest. Only three responding associations (New Jersey, New Hampshire, and Texas) had chemical dependency policies for student nurses,
and only one respondent state nurses' association, New Jersey, had an active peer assistance program. It may be that state nursing associations have considered chemical dependency problems the responsibility of nursing schools. In addition, state boards seem to be concerned only with graduate, licensed nurses, so they may be expecting the nursing schools to handle chemical dependency.

Lack of knowledge (Ignorance)

Nursing schools, themselves, had policies and programs. Responding nurses associations generally did not know who was responsible for addressing students’ chemical dependency problems. This mystery is further complicated by another one; little is known about the scope of the nursing student chemical dependency problem, according to researchers (Clark, 1999; Spier et al., 2000). Of the 18 responding state nurses associations, most indicated a lack of knowledge of which professional organizations might actually have policies or programs or if state nursing boards did so. Many thought the state nursing boards had policies—but these did not include students.

As West noted (2002), three main factors have made it difficult to estimate the amount of chemical impairment among all nurses, in general: 1) denial of the problem—by the impaired nurse, and perhaps by those around him or her, 2) fear of consequences if revealed, and 3) what constitutes impairment. This was supported in the survey by the mention of mandatory reporting. When a problem exists, the emphasis seems to be on disciplinary action—not peer assistance. The respondent from the Virginia Nurses Council said that the Council had not developed a position statement regarding substance abuse of either students or professional nurses.

Lack of preventive action or reliance on job drug testing
It appears that perceptions by respondents are that those involved are not very concerned with preventive action. Instead, as the respondent from Arizona implied, they expect the problem to show up in drug screens and thus be dealt with during the job application process. If missed then, chemically dependent nurses would somehow be caught later and disciplined by their state board of nursing. Drug testing for job applications in healthcare has become very common today, but how effective is relying on this method? There are ways to fool the drug screens. How many applicants who have chemical dependency problems get past the drug screens?

Conclusions

From the survey, it appears that nursing students may be falling between the cracks when it comes to chemical dependency in the profession. The small number of respondents may indicate lack of interest in the problem. However, more in depth research would be needed to support this conclusion. The study also indicated confusion about responsibility for the problem and some lack of interest about nursing students and chemical dependency, particularly policies and programs available. Therefore, it seems that the ONA should create a substance abuse policy for nurses and student nurses.

Proposed Chemical Dependency/Substance Abuse Policy for the Ohio Nurses Association

Introduction

According to the U.S. Department of Labor, a workplace substance abuse policy (and program) should include three basic elements: 1) Purpose, 2) Prohibited behaviors, and 3) Consequences of Violations (Working Partners, 2003). The policy should
describe alcohol and drug testing and an employee assistance program (EAP). The three basic parts of a workplace substance abuse policy are as follows:

1. An explanation of why you are implementing a program, such as concerns for employees' safety, …and/or to comply with state or federal regulations.

2. A clear description of substance abuse-related behaviors that are prohibited, such as any illegal drug use or being at work under the influence of alcohol.

3. A thorough explanation of the consequences for violations of the policy, including, if applicable, termination (Working Partners website, 2003).

Background

Guidelines

The U. S. Department of Labor (Working Partners, 2003) notes that:

drug and alcohol testing, with some limitations in a handful of states, is legal. Furthermore, when combined with the other components of a comprehensive program, testing can be a highly successful deterrent to employee substance abuse and an effective tool in helping employers identify workers in need of assistance. Though setting up a testing program is not a simple process, every year more and more employers join the ranks of those companies that conduct drug and alcohol testing. According to the American Management Association, 87.2% of the respondents to their annual survey of the 1,000 largest companies in the United States include drug testing in their workplace substance abuse programs.

Assumptions and Principles

1. Addiction is an illness that can be successfully treated;

2. Individuals can be returned to a productive level of functioning;
3. Schools of nursing are committed to assisting their students and employees with recovery (American Association of Colleges of Nursing, 1998).

Rationale for the proposed policy

The ONA is committed to providing a safe educational environment and to fostering the well being and health of its nursing students and the clients with whom they come in contact. That commitment is jeopardized when any nursing student illegally uses drugs on or off the educational facility site or comes to his or her school or clinical site under the influence of alcohol or other drugs. It is the policy of the ONA to provide and maintain an educational environment that is free from illegal drugs and alcohol consumption. As evidence of its interest in such a policy, the ONA sponsors four weekly support groups around the state for licensed nurses.

The Peer Assistance Program for Nurses (PAPN) of the ONA and Ohio Nurses Foundation (ONF) facilitates nurse support groups. These groups are designed specifically for the licensed nurse who is entering into or has already entered recovery for chemical dependency (alcoholism and drug addiction). The objective of these groups is to assist nurses in dealing with issues related to recovery and nursing. These meetings are not open to others (ONA, 2002).

Education and Prevention

Signs and symptoms of dependence

1) Craving. Defining attribute is loss of control. The chemical dependency becomes more intrusive in school, job, health, family, and friends. As a result, the individual may lose meaningful parts of his or her life (O’Brien & Caborit, 1992).
2) Growing Tolerance. “… a given dose of a drug beginning to lose its effectiveness” (McCaffrey & Voukaris, 1992, p. 14). The individual will begin to spend increasingly more time obtaining and using the chemical substance (O’Brien & Caborit, 1992).

3) Withdrawal. “… Maladaptive behavioral, cognitive and physiologic changes… that occur when blood concentrations of a substance decline in an individual who had maintained prolonged heavy use of the substance” (American Psychiatric Association, 1994, p. 178). Defining attribute: Unable to abstain from using the chemical without withdrawal symptoms in a variety of forms and levels of severity. The need to alleviate withdrawal symptoms can result in compulsive abusive behaviors (Allen, 1998).

Signs of chemical dependency in nursing students’ job performance

1) late for class or clinical

2) disregard for standards of care and practice

3) poor judgment

4) disorganization

5) unreasonable excuses for poor performance

6) blaming others

7) confusion about the assignment schedule

8) difficulty prioritizing

9) frequent breaks or time away from work area

10) inappropriate behavior

11) unsteady work pace
12) commits errors

(Coleman et al., 1997; KPAPN, 2001; Polk et al., 1993).

Physical symptoms of dependence

1) gastrointestinal upset
2) difficulty with speech
3) increased anxiety
4) chronic hangover
5) diarrhea
6) shakiness
7) inattentiveness
8) alcohol on breath
9) increased sweating
10) sniffling
11) sneezing
12) clumsiness
13) flushed face
14) watery eyes
15) frequent complaints of “not feeling well”

(KPAPN, 2001; Coleman et al., 1997).

Behavioral changes

1) mood swings
2) drowsiness
3) suspiciousness
4) unusual attendance patterns
5) frequent use of breath mints or gum
6) disappearing from the nursing unit or into the restroom after accessing drugs
7) depression
8) defensiveness
9) telling lies
10) poor appearance
11) over-reaction to criticism

(KPAPN, 2001; Coleman et al., 1997).

Warning signs – nursing profession/hospital setting specific

1) discrepancies in the controlled drug count record
2) unwitnessed or excessive waste of controlled drugs
3) increased quantity of drugs required by the unit
4) tampering with drugs, vials, or containers
5) discrepancies between what the physician ordered and the controlled drug records
6) discrepancies between nursing notes, medication records, and controlled drug records
7) inconsistencies with patient doses from shift to shift
8) patients complaints of not receiving or not attaining pain relief from medications they received
9) defensiveness by an individual when questioned about medications administered
The problem of substance abuse

Alcohol and drug abuse lead to addictive illness, which can result in many physical, psychological, and social problems for individuals, including death, loss of employment, and expulsion from education programs. College students are among the most at-risk. The highest rate of both heavy drinkers and drug users in the United States is ages 16-20 (Substance Abuse and Mental Health Services Administration, 1997). Alcohol abuse costs society $166.5 billion every year and drug abuse costs total $109.8 billion (National Institute on Drug Abuse, 1998). Human suffering costs can only be imagined. According to the American Association of Colleges of Nursing (AACN) (1998), substance abuse is a “major issue” for any college community, particularly nursing schools. The AACN believes that chemical dependency can negatively affect the learning environment because it impairs the judgment and skills of nursing students, faculty, and staff. Therefore, “appropriate management of abuse and addiction is critical for nursing education and practice.”

Role of nursing faculty in controlling substance abuse

Nursing educators are in a unique position to identify substance abuse, encourage early intervention, make treatment referrals, and monitor recovering student nurses (AACN, 1998). The majority of addicted nurses who receive treatment for chemical abuse originally became addicted as students (Coleman, 1997). Research shows that faculty appear to have a strong influence on the well being of students. The nursing educator can readily observe nursing student behavior for signs of chemical impairment. Faculty is also in an ideal position to intervene early and disrupt the cycle whereby
chemically dependent nursing students become chemically dependent nurses. Researchers have found that nursing faculty members feel strongly that they have an ethical and moral responsibility for the protection and welfare of both students and patients (Asteriadis et al., 1995). In addition, research shows that many chemically dependent nurses become so during nursing school. Therefore, clear, consistent guidelines for dealing with the chemically dependent nursing student are imperative.

The caring nature of nursing

Identification and treatment of chemical dependency in nursing students should be accomplished with compassion and care. Watson’s theory of caring notes that care and love are among the most powerful forces and needs in the universe, but are often ignored or replaced by cruel or aggressive behavior (Watson, 1999). The importance of caring is especially relevant to nursing, since nursing is defined as a caring profession with compassion as its highest ideal.
Proposed substance abuse policy for the ONA and model for nursing schools

Rules

1. It is a violation of ONA policy for any nursing student to use, possess, sell, trade, buy, or otherwise engage in the illegal use of drugs.

2. It is a violation of ONA policy for any nursing student to report to school or a clinical site under the influence of or while possessing in or on his or her body, saliva, blood, or urine, illegal drugs in any detectable amount.

3. It is a violation of ONA policy for any nursing student to report to school or clinical site under the influence of or impaired by alcohol.

4. It is a violation of ONA policy for any nursing student to use prescription drugs illegally.

5. Violations of this policy are subject to disciplinary action and may include termination from the nursing program. For those whose performance is impaired and who are unable or unwilling to be rehabilitated, disciplinary procedures are appropriate (AACN, 1998).

Termination from the educational nursing program will occur based on the following:

a. refusal of an assessment or drug testing or both

b. two positive drug tests

c. failure to follow through on treatment recommendations.

6. This policy will comply with local, state, and federal laws (AACN, 1998).

7. The policy should accommodate the requirements of the parent organization and clinical sites. (AACN, 1998).

Identification
Impairment that may be due to substance abuse should be identified based on a “pattern of observable, objective, quantifiable behaviors (e.g., alcohol on breath, slurred speech, motor incapacities, absenteeism) that suggest impairment of an individual's ability to meet standards of performance, competency, and safety in clinical sites, the office, or the classroom” (AACN, 1998).

8. Any nursing student reporting to school or a clinical site visibly impaired will be deemed unable to perform required assignments. Such student will not be allowed to perform his or her educational duties. The nurse educator will report each incident to the college administration.

Intervention

Chemical dependency intervention should be “a structured process by which an individual is confronted with his or her reported behaviors and is asked to seek evaluation of a possible substance abuse problem. Interventions must be conducted in a confidential manner” (AACN, 1998).

9. The nurse educator will consult privately with the nursing student to explore the cause of the impairment, including whether substance abuse has occurred.

10. If, in the opinion of the nurse educator, the nursing student is considered impaired, a taxi or other safe alternative transportation (depending on the degree of impairment) will be used to send the nursing student home. An impaired nursing student should not be allowed to drive (AACN, 1998).

Evaluation
11. Addiction indicators will be assessed through an evaluation conducted by an experienced substance abuse professional in a specialty treatment facility, the cost of which will be paid by the student.

Treatment

12. All nursing educational facilities should offer a student assistance program. This assistance program should provide confidential assessment, referral, and short-term counseling for referred nursing students and those students requesting services. The ONA will work to encourage all Ohio nursing schools to establish assistance programs.

13. Confidentiality/privacy must be assured and participation in the assistance program should not affect a nursing student’s position in the nursing program nor be included in the student’s personal file.

14. Based on Health Insurance Portability and Accountability Act (HIPAA) guidelines, only the people who are directly involved should be made aware of the student’s problem.

Re-entry

15. Recovering student nurses who have successfully completed a substance abuse treatment program will be allowed to return to work or school.

16. The return date of the student nurse to the nursing program will depend on several factors. First, the nursing student remains drug free and shows proof of compliance with the treatment recommendations. Second, the student nurse will be referred to a nurse support group and will be required to attend weekly meetings for a minimum of three months while enrolled in the program. Proof of compliance may also include random drug testing. The assessment, treatment, recommendations, and any necessary testing
will be done at the nursing student’s expense and/or through the student’s health insurance (AACN, 1998).

Limitations

Findings of the survey are limited due to sample size and response. Only 18 of 50 state nurses’ organizations responded, and related organizations and agencies were not contacted regarding the topic of student nurses and chemical dependency. Some of the 64% of state nurses’ associations that did not respond to the survey may have policies and programs. Also, this project did not survey nursing schools or state nursing boards concerning their policies.

Recommendations

Implications

The survey revealed four major findings in regard to the problem of student nurses and chemical dependency: 1) possible lack of interest by some state nurses associations, 2) lack of policies and programs, 3) lack of knowledge (Ignorance) of existing polices or programs and governmental agency or professional organization responsibility for addressing the issue of nursing students and chemical dependency, and 4) lack of preventative action/reliance on job drug testing.

The corresponding recommendations are as follows:

1) The ONA should further research other state nursing association’s attitudes toward Peer Assistance policies and share its own policy with them.

2) Chemical dependency should be an important topic at meetings and conferences of state, national, and international nursing student associations.

3) State associations should develop policies and programs for chemical dependency.
4) More research should be done on the problem of student nurse chemical dependency and Peer Assistance Programs and this research should be shared among student nurse associations at all levels in order to combat ignorance on the subject.

5) Student nurse associations should lobby state boards and nursing schools to emphasize preventive education, rather than relying solely or mainly on drug testing.

**Nursing theory**

Findings from this study implied that there is a need for a more clear understanding of how nurses and nurse educators view the issue of chemical dependency and compassionate care toward nursing students.

**Nursing practice**

The study seems to show that nursing students may have fallen through the cracks when it comes to some issues of importance to the profession such as chemical dependency. The ONA and other state nurse associations should endeavor to achieve greater recognition for these issues.

**Nursing education**

Findings imply that better communication is needed among nursing schools, nurses associations, and state boards to better link nursing education to professional nursing practice.

**Summary**

In this chapter, findings were discussed and related to the literature and the theoretical framework. In addition, a substance abuse policy for student nurses was proposed. Conclusions were drawn from the findings, and limitations and implications for nursing theory, practice, and education were discussed.
Why can only licensed nurses participate in the peer assistance programs found? Only the Ohio Nurses Association intends that student nurses participate. This raises a question: are nursing schools or nursing student organizations fulfilling the needs of students with chemical dependency problems? This should be explored in future research.
References


Abstract

Chemical dependency has left its mark on the United States and the nursing profession has not been spared from this epidemic of substance abuse. In early research, the incidence of chemically dependent nurses was thought to be much higher than the general population. Newer research suggest that the prevalence of chemical dependency among nurses and nursing students is less than or similar to that of the general population, but that younger nurses have an increased risk. This study revealed that chemically dependent nursing students usually become chemically dependent nurses. This puts the nursing educator in an opportune position to identify the problem and encourage treatment for those under their instruction.

The fundamental problem is that there are seldom any guidelines in place to help the educator direct and counsel the chemically dependent nursing student. This project developed a policymaking framework that provides clear guidelines for faculty in dealing with the chemically dependent nursing student. In this context of prevention, caring and counseling, this policy was written with the theoretic framework and model of Watson’s theory of human caring.