DNP Project Abstract

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Introduction

The American Nurses Association (ANA) reports that "approximately 10% of nurses are dependent on drugs, making the incidence of drug abuse and addiction among nurses consistent with that of the U.S. population. With nearly 3 million RNs employed in the U.S. that means almost 300,000 RNs may be substance abusers; put another way, if you work with 10 nurses, one of them is likely to be struggling with addiction" (Copp, 2009). And there are even higher estimates – between 14% and 20% of practicing nurses suffer from addiction (Bell et al., 1999; National Council of State Boards of Nursing 1994; New Mexico Board of Nursing, 2005), which are alarming figures given their daily care of millions of patients. To make matters worse, the rate of recidivism is also increasing. The National Council State Boards of Nursing conducted a study on probation and recidivism in 2009 involving only six states and found that out of 207 nurses who had been put on probation in 2007, 39% recidivated within five years (p. 50). For the purposes of this study, *substance use* is defined as a disorder that represents the most current and accepted terminology used by experts in the field, and the *American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders* (NCSBN, 2011, p. 3).

Purpose

There are many theories as to the cause of nurse impairment, many suggestions for how to treat or rehabilitate the impaired nurse, and many recommendations as to when is the appropriate time for the nurse to return to duty, and under what conditions (West, 2003, p. 43). However, little credible evidence exists that the mandated

education and practice requirements actually reduces illegal behaviors of disciplined

nurses (Hester, Green, Thomas & Benton, 2011, p. 51). Therefore, the purpose of this

study is to explore whether there is a relationship between the different lengths of

probation for substance use nurses with multiple recidivism rates, and the number of

reoccurrences.

Review of the Literature

In a survey of 300 nurses conducted by Sullivan, Bissell & Leffler (1990) to

describe the effect of drug use on job performance and related disciplinary actions,

"many visible effects on job performance were reported but only 23% reported

disciplinary action against their nursing licenses. Females and older nurses were more

often dependent on alcohol, while younger nurses and males reported narcotic

dependency with greater frequency. Narcotic use was significantly related to disciplinary

action" (p. 375).

Another study, conducted by the California Board of Nursing looked at factors

impacting recidivism. Chi-square analysis showed a statistically significant relationship

between recidivism and nurses who (1) had a prior criminal history or (2) changed

employers during probation. This analysis also showed a significant relationship

between recidivism and whether the nurse (3) had prior discipline from the Board, (4)

participated in the Board's diversion program, (5) received their pre-licensure nursing

education in the United States, or (6) were given chemical dependency evaluation and

treatment requirements as part of their probation (Waneka, Spetz, & Keane, 2011, p.

21).

In a NCSBN study published in 2009 based on 531 probationary cases, 26.6% of the disciplined nurses recidivated – either committed a new violation while on probation (21.5%) or committed a new violation after completing probation (5.1%). "The recidivism rate (26.6%) of the 531 disciplined nurses during 2001-2005 was much higher than the estimated maximum discipline rate (1.6%) among the whole nursing workforce in the seven states within the same five-year period" (Zhong, E., Kenward, K., & NCSBN, 2009, p. 10).

However, the organization that has the ultimate responsibility for making those decisions, as well as the safety of individual patients and safeguarding the integrity of the profession, are the State Boards of nursing.

Methodology

The methodology selected will be a retrospective design, in which a secondary data analysis of the Arkansas State Board data base will be analyzed to see if there is a relationship between the different lengths of probation for substance use nurses with multiple recidivism rates, and the number of reoccurrences. The population will be defined as all Registered Nurses sanctioned by the Arkansas State Board, more than once after licensure, for substance use. The sample design is a probability sample and will include RNs who have been sanctioned by the Board, more than once after licensure, due to substance use, from January 1, 2000 until December 31, 2013. All other nurses will be excluded. Sample size will be approximately 300 nurses. Data will be collected by computer and by hand, and will be categorized on a spreadsheet at the office of the Arkansas State Board of Nursing. The product-moment correlation coefficient (Pearson's r) will be used to determine if there is a correlation. Descriptive

studies will be run on demographic variables which will include age, gender, type of degree at time of violation, type of educational program, and length of time between graduation **Anticipated Results**

Due to the repeated recidivism of substance use nurses, it is expected that there is a relationship between the length of probation for substance use nurses with multiple recidivism rates, and the number of reoccurrences. Since this problem is a matter of patient safety and is apparently becoming even more increasingly common, other changes in follow-up may also need to be evaluated by the Board, and possibly create new guidelines for nurses with problems of recidivism related to substance use.

Implications of Project

Completing this research project will provide significant, up-to-date data that can be used not only by the Arkansas State Board of Nursing, but by State Boards across the nation in evaluating alternative actions when working with the problem of substance use recidivism. "The mission of the Arkansas State Board of Nursing is to protect the public and act as their advocate by effectively regulating the practice of nursing" (ASBN). Every State Board in the United States has the protection of the public as a part of its mission, so the results of this project would be beneficial to all State Boards, as well as the National Council of State Boards of Nursing, who "provide an organization through which boards of nursing act and counsel together on matters of common interest and concern affecting the public health, safety and welfare…" (NCSBN).

Feasibility of Completion Within DNP Timeframe

With the DNP program's constraints on time allowed for literature review and data collection, it will be difficult, if not impossible, to get this project completed and published within the DNP program timeframe.

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