




A Program for Unit-Based Nurse Leaders to Mitigate the Impact of Impaired Nursing Practice in the Workplace

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Background




At risk substance use in the nursing profession is about 1 in 10 or 10 – 15% (Blazer, 1995)

Spectrum of the issue:

1. Substance use at home impacting work function
2. Impaired practice at work
3. Diversion of medications for use at home
4. Diversion of medications for use at work

Prevention, intervention, support and awareness early in the spectrum of the disease could mitigate the impact of the problem.

Significance



Harm to patient



- Infectious disease
- Substandard care

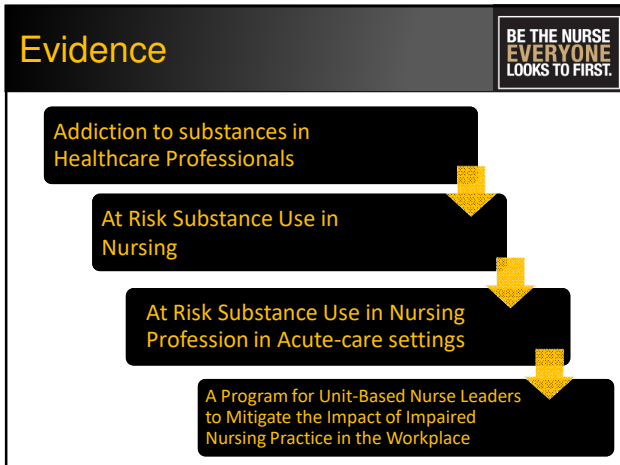
Risk to self

- Unintentional overdose
- Biologic risks of harm
- Financial
- Potential loss of license

Risk to employer

- Loss related poor quality of work
- Public trust of institution



Project Overview

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Project Purpose: To develop and implement a successful educational intervention for unit-based nurse leaders to mitigate the impact of impaired nursing practice in the workplace.

Project AIMS

Aim 1: Assess attitudes and perceptions of unit-based nurse leaders about at risk substance use in the nursing profession.

Aim 2: Improve knowledge related to risk factors for at risk substance use, identification of impaired practice, investigation and reporting of impaired practice to build confidence in the unit-based nurse leaders' ability to support nurses.

Aim 3: Develop a communication skill set of the unit-based nurse leaders to engage in therapeutic conversations with nurse colleagues with at risk substance use.

Aim 4: Implement a successful educational intervention

Methods

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Design

A mix method quality improvement project using surveys, small groups interviews, and educational methods were designed to assess attitudes, perceptions and stigma of nurses with at-risk substance use. In addition to the educational content, the project was designed to collect evaluative data in the form of interviews, survey tools, and knowledge assessments to be utilized in conducting a needs assessment to inform future offerings and feasibility in the organization.

The second aim was focused on increased knowledge which was measured with a pretest posttest design.

Setting

The project was conducted at a 673 – bed urban, academic hospital in the Western United States.

Project Intervention

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Educational Intervention

- Participants completed National Counsel State Board of Nursing (NCSBN) online training modules prior to the event.
- Educational intervention was a 4-hour face-to-face training event conducted at the hospital.
- Titled: Substance Use in Nursing for Unit-based Leaders

- Covered in the 4-hour session:
 - Risk factors for substance use;
 - Identification of impaired practice;
 - Communication methods to have difficult conversations about impairment; and
 - Regulation with the hospital, State Board of Nursing and Peer Assistance program.

Data Collection/Analysis

Tools and mechanisms to collect data / Analysis techniques

Small group interview


- Interviews to inform needs assessment.

Alcohol and Alcohol Problems Perceptions Questionnaire (Shaw, Spratley, Cartwright, & Harwin, 1976)

- 5 point Likert scale
- Summed data into a single composite score
- Subdomains within tool
- Descriptive analysis
- Crosstabulation and Kruskal-Wallis Test to compare to years in nursing practice
- Qualtrics; exported to SPSS 24

Course Evaluation survey

- Descriptive analysis and open-ended questions
- Survey Monkey

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Data Collection/Analysis

Pre-Post Knowledge survey

- 18 question knowledge test
- Summed data into a single composite score
- Subdomains within test
- Wilcoxon Matched – Pairs Test used to compare total percent correct pre compared to total percent correct post
- Qualtrics; exported to SPSS 24

Drug and Drug Problems Perceptions Questionnaire (Watson, 2006).

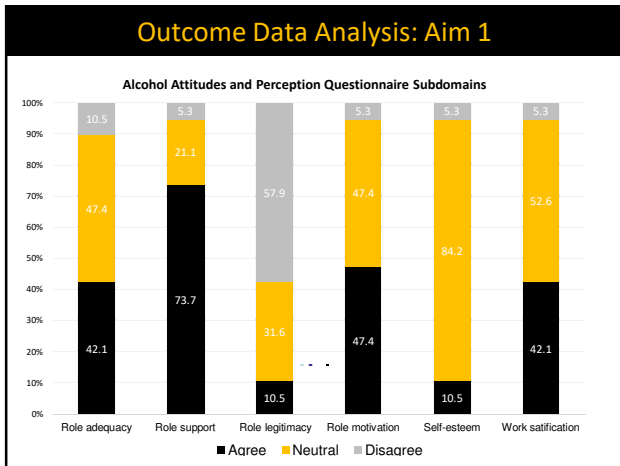
- 5 point Likert scale
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- Subdomains within tool
- Descriptive analysis
- Qualtrics; exported to SPSS 24

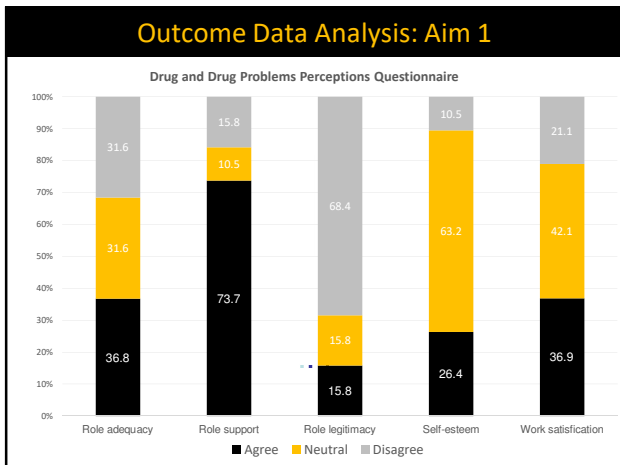
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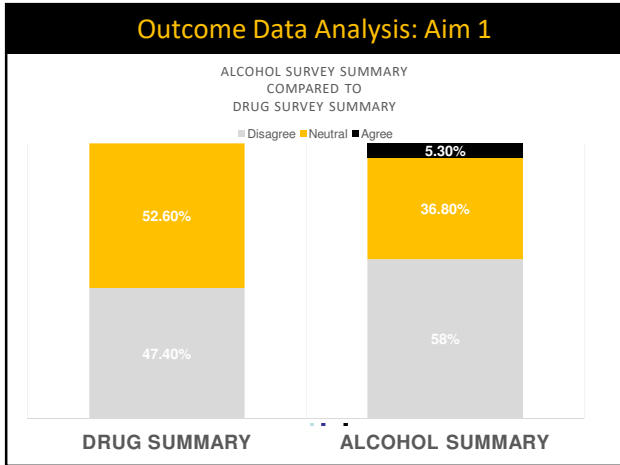
Results
Table 1.
Demographics of participants

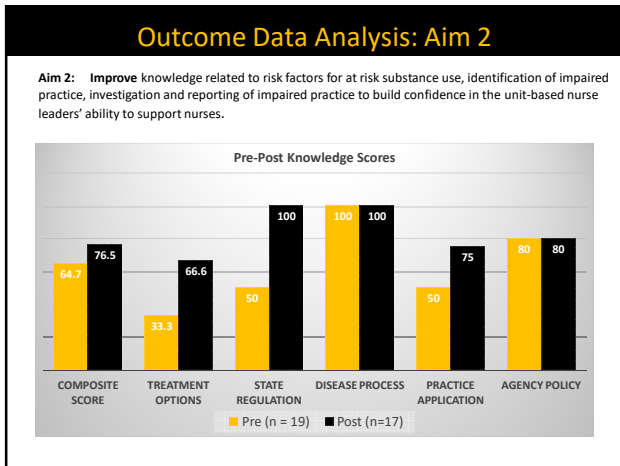
Demographics	
Gender (n = 20)	
gender	n(%)
Female	15 (75)
Male	5 (25)
Years in Unit-based Leadership position (n = 19)	
years	n(%)
1-5	11 (57.9)
6-10	4 (21.1)
11 and greater	4 (21.1)
How long have you been a registered nurse? (n = 19)	
years	n(%)
1-5	2 (10.5)
6-10	7 (36.8)
11 and greater	10 (52.6)
What Unit-based Leadership position do you currently hold? (n = 19)	
position	n(%)
Nurse manager	7 (36.8)
Nurse educator	2 (10.5)
Charge Nurse	2 (10.5)
Associate nurse manager	8 (42.1)
What area of the organization do you work? (n = 19)	
unit	n(%)
Ambulatory care	1 (5.3)
Medical-Surgical care	9 (47.4)
Intensive care	8 (42.1)
Other	1 (5.3)

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Outcome Data Analysis: Aim 4

Aim 4: Implement a successful educational intervention

Table 3. Program evaluation descriptive data (n=17)

Program Evaluation (n=17)	
Did you complete the NCSBN online training module?	
Yes	17 (100)
No	-
If yes, did you find it to be of additional benefit?	
Yes	16 (94.1)
No	1 (5.9)
How much time did you spend participating in this project?	
6 hours	6 (35.3)
7-9 hours	9 (52.9)
10-12 hours	2 (11.8)
I found this activity worthwhile for my professional practice.	
Strongly agree	16 (94.1)
Some-what agree	1 (5.9)
This activity will enhance my knowledge and skills as a Unit Leader.	
Strongly agree	16 (94.1)
Some-what agree	1 (5.9)
Do you think that this session should be routinely offered to all Unit-Based Leaders?	
Yes	16 (94.1)
No	1 (5.9)
Do you think that this training session should be routinely offered to all staff nurses?	
Yes	13 (76.5)
No	4 (23.5)

Outcome Data Analysis: Aim 4	
Table 3. Post-participation survey providing program evaluation (n = 17)	
Open-Ended Questions	Narrative Data
As a result of this activity, please share at least one action you will take to change your professional practice/performance.	"I will feel more comfortable talking to peers about resources available to them if they are struggling with substance abuse".
	"I now have more knowledge about how to assess for SUD in nurses and the proper steps to take if a problem is suspected".
	"Not talking about it is actually worse".
	"Have conversations with staff about substance use and provide resources they can access".

Limitations
<p>Selection bias</p> <ul style="list-style-type: none"> Voluntary sample more motivated which may have impacted motivation subdomain scores.
<p>Small sample size</p> <ul style="list-style-type: none"> Results not generalizable to general populations
<p>Validated tools</p> <ul style="list-style-type: none"> Altered to use in this population

Overall Summary of Results
<p>✓ Aim 1</p> <p>Participants motivated to work with and help nurses with substance use disorders.</p> <p>Participants feel as if they do not have the skills to advocate for nurses with substance use disorders.</p> <p>Less stigma and negativity in the participant group than expected.</p>
<p>✓ Aim 2</p> <p>Education was effective to increase knowledge.</p>
<p>Aim 3</p> <p>Communication needed. Need to fine tune evaluation of communication.</p>
<p>✓ Aim 4</p> <p>Successful, effective educational program</p> <p>It took 7-9 hours to complete</p> <p>NCSBN modules were useful tools</p> <p>Will enhance knowledge and skills as a Unit Leader.</p>

Translation and Dissemination

Road Map for Diversion Prevention Program – Mayo Clinic

1. Safety Teams/ Organizational Structure
2. Access to information / Accurate Reporting / Monitoring / Surveillance / Detection System
3. Facility Expectations
4. Educate Staff and Patients
5. Storage and Security
6. Procurement
7. Prescribing
8. Preparation and Dispensing
9. Administration of Controlled Substances (CS)
10. Handling of CD Waste
11. Monitoring of CS and Process if Diversion is Suspected



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