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

Fara Bowler, MS, ANP-C, CHSE
Advisor(s): Sharon Dudley-Brown, PhD, FNP-BC, FAAN and Deborah Finnell, DNS, PMHNP-BC, CARN-AP, FAAN;
Organizational Mentor: Mary Weber PhD, PMHNP-BC, FAANP, FAAN
Johns Hopkins University School of Nursing, Baltimore, MD

INTRODUCTION
Consumption of alcohol and other drugs by nurses can affect their ability to carry out their role and function, known as impaired practice. Impaired nursing has serious consequences including potential harms to patients, to the health care organization, and to the nurse. The purpose of this pilot Quality Improvement project was to develop and implement an evidence-based educational intervention for unit-based nurse leaders to mitigate the impact of impaired nursing practice in the workplace.

AIMS
The aims of the project were as follows:
1. Assess attitudes and perceptions of unit-based nurse leaders about at-risk substance use in the nursing profession.
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.
3. Develop a communication skill set of the unit-based nurse leaders to engage in therapeutic conversations with nurse colleagues at at-risk substance use.
4. Implement a successful educational intervention that can positively impact clinical practice for unit-based nurse leaders.

EDUCATIONAL INTERVENTION
Participants completed National Council State Board of Nursing (NCSBN) online training modules prior to the event. 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.

RESULTS
Participants demonstrated neutral to positive attitude perception scores for nurses who use alcohol and drugs with high motivation scores and lower role legitimacy scores. Pre-post knowledge scores had statistically significant increases (p=.005) after the evidence-based educational intervention. Overall, the participants felt the program had a positive impact on their clinical practice.

CONCLUSION
An evidence-based intervention is an effective method to educate Unit-based Nurse Leaders to mitigate impaired nursing practice.

REFERENCES