

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

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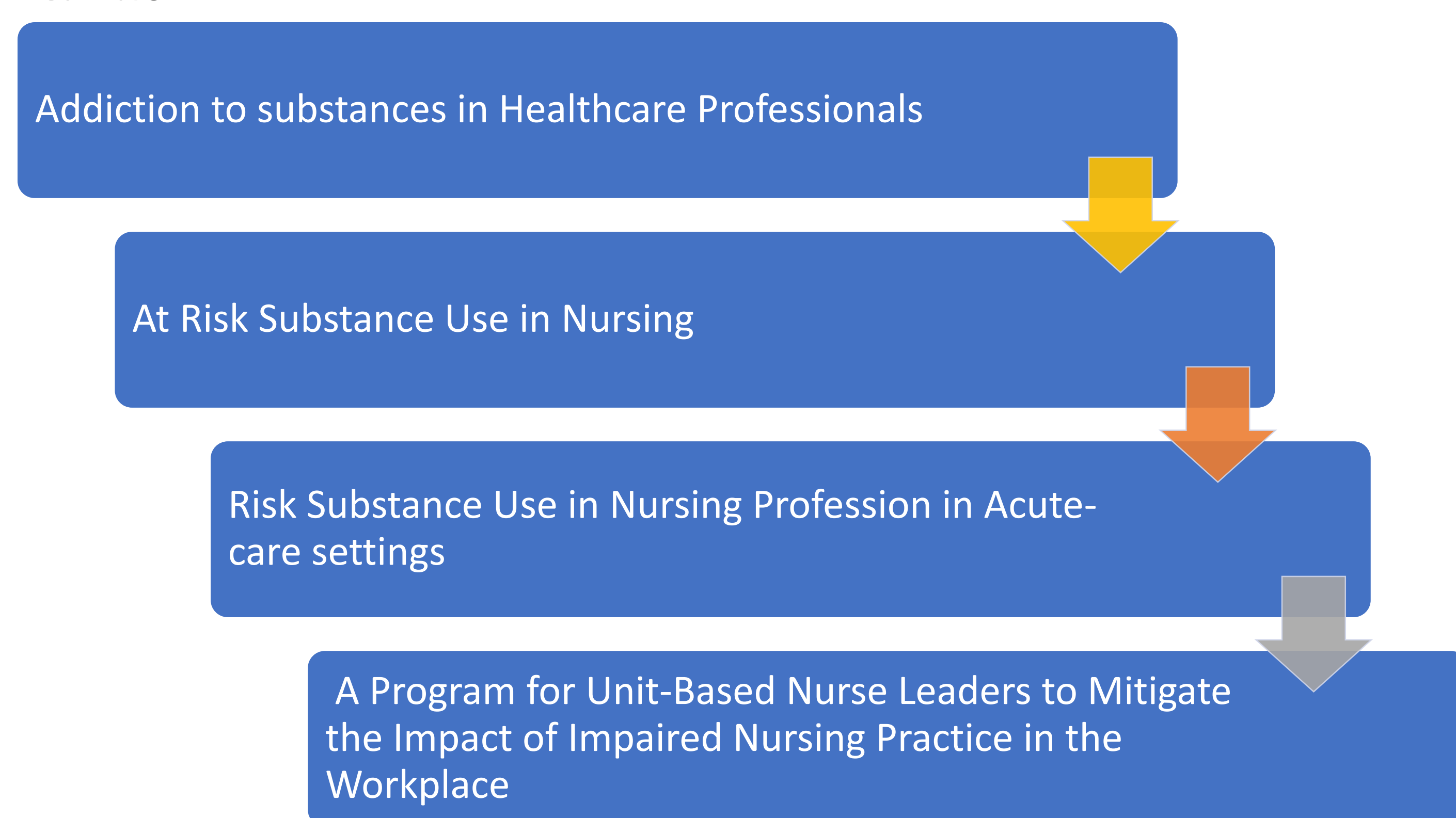
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## INTRODUCTION

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.

## EVIDENCE



## DESIGN:

A mix method descriptive quality improvement feasibility project using surveys, small groups interviews, and educational methods were designed to assess attitudes, perceptions and stigma of nurses with at-risk substance use.

## SETTING:

673 – bed urban, academic hospital in the Western United States

## PARTICIPANTS:

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)

## 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 with 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.

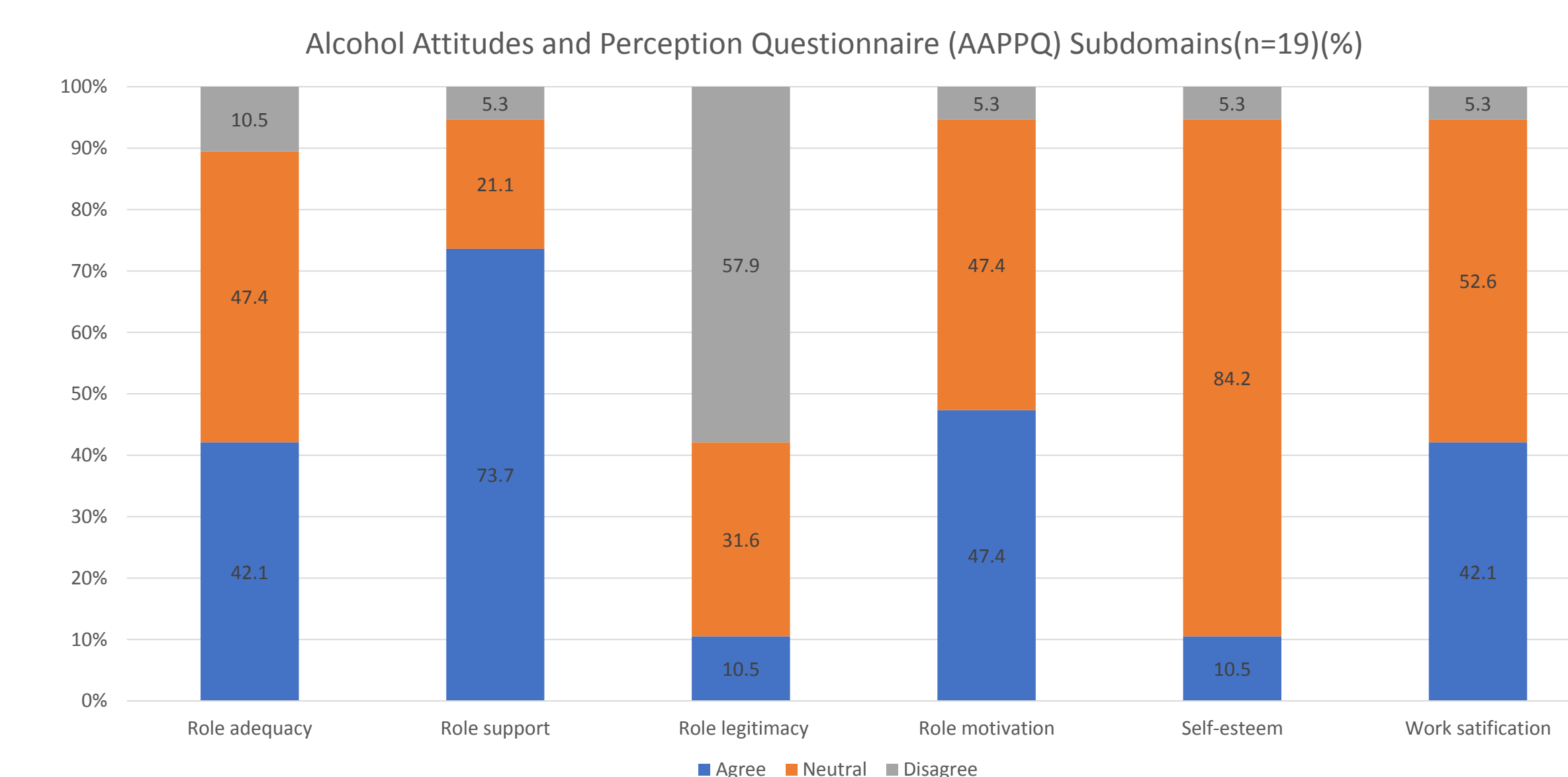
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## RESULTS

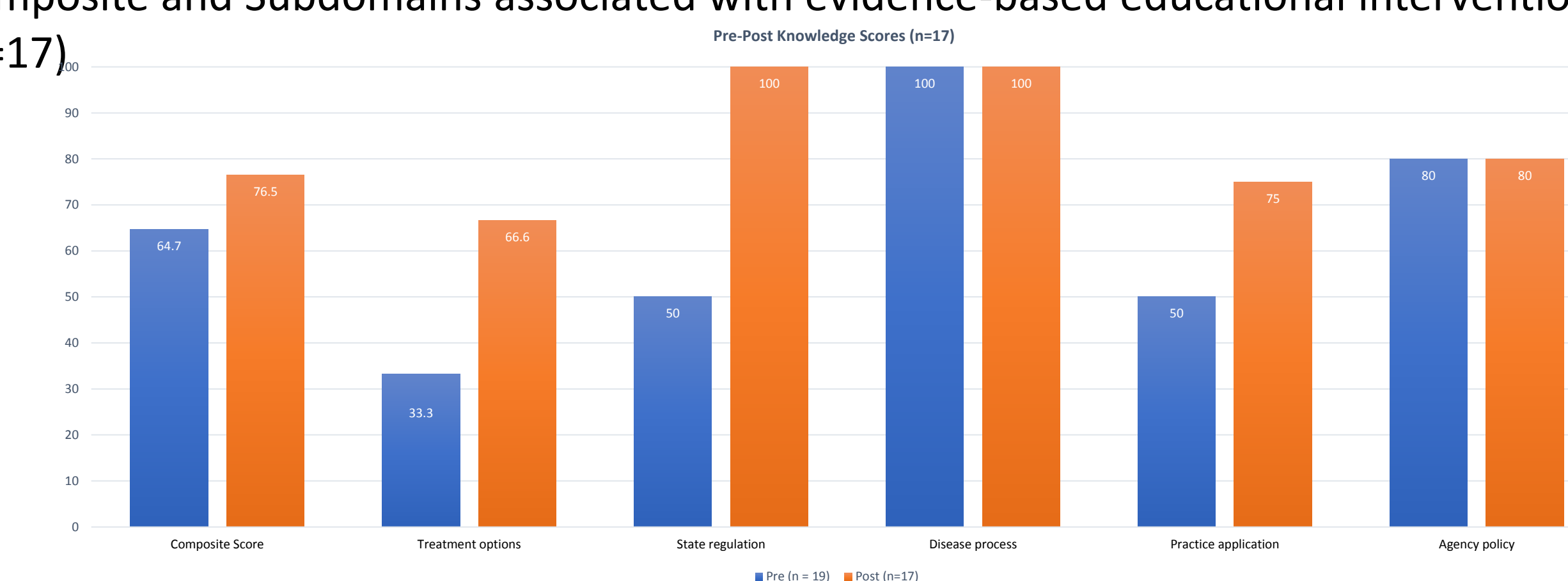
### AIM 1

Graph 1. Attitudes of Unit-based Leaders on AAPPQ subdomains (n=19). Percentage scores of agree, neutral, and disagree. Higher scores in the level of 'agree' the higher level of therapeutic commitment to working with others with substance use problems.



### AIM 2

Graph 2. Pre-post Knowledge Scores: Composite and Subdomains associated with evidence-based educational intervention (n=17).



Note: \* Statistical significance as found in the subdomain treatment options (p = .19), pre-post knowledge composite scores (p = .005), and in the subdomain of state regulation (p = .001).

### AIM 4

Table 2. Post-participation survey providing program evaluation (n = 17)

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



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