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Nurse Managers' Responses to Chemically Impaired Nurses

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NURSE MANAGERS' RESPONSES TO

CHEMICALLY IMPAIRED NURSES

By

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A THESIS

Submitted to
Grand Valley State University
In partial fulfillment of the requirements for the
Degree of

MASTER OF SCIENCE IN NURSING

Kirkhof School of Nursing

2001

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ABSTRACT

NURSE MANAGERS' RESPONSES TO

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The purpose of this study was to examine the attitudes of nurse managers toward chemically impaired nurses and to understand how managers respond to nurses in their charge. The research further examined whether certain demographic characteristics influenced the nurse managers' attitudes.

A descriptive research design with a probability convenience sample was used. The sample consisted of 83 nurse executives from throughout Michigan. The sample was randomly selected from the roster of the Michigan Organization of Nurse Executives (MONE). Data were obtained through a mailed survey.

Analyses of the data revealed that while managers held different attitudes and perceptions toward impaired nurses, the group overall supported the impaired nurses and believed that the profession, as well as individual nurses had a responsibility to help the impaired individuals receive assistance. Analysis also revealed significant relationships between nurse managers' attitudes and their methods of dealing with nurse impairment. While the majority of the nurse managers supported assistance for their impaired colleagues, a large number perceived the need to discipline the impaired nurse.

Acknowledgements

First of all, I would like to thank God, for His kindness and mercy without which none of this would have been possible.

I would like to extend a heart-felt thanks to Linda Scott, Ph.D., RN, my chairperson and mentor, for her time, expertise, patience, and encouragement

A special thanks to my advisor, Patricia Underwood, Ph.D., RN, my committee members, Catherine Earl, Dr.PA, MSN, RN, and John Zaugra, Ed.D.,L.P.C., for their time, support, and counsel.

Thanks so much to my special friends, Dorothy, Amy, and Dorothy Taylor-Simpson, Ph.D., and Patricia Scott, D.N.Sc., RN, for their support and encouragement.

Last, but least, I would like to thank my beloved family, especially my husband George, my sons Derek and Michael for their love, prayers, patience, and support these last three years.

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CHAPTER 1

INTRODUCTION

Drug addiction and alcoholism are pervasive in American society. Moreover, the number of nurses with chemical dependencies is escalating. The American Nurses' Association (ANA) estimates that about 6% to 16% of the registered nurses currently practicing in the United States are chemically impaired (Lippman & Nagel, 1992). The ANA also estimates that 67% of disciplinary cases brought before state boards of nursing are drug related (Smith, 1992). The problem of nurse impairment not only affects the individual nurse, but the actions of impaired nurses place the public, and the integrity of the profession, at risk.

Nurse managers face no challenge that is more emotionally draining and costly than dealing with impaired nurses. The impact of impaired practice is felt in turnover and retention rates, benefits, and staff morale (LaGodna & Hendrix, 1989), as well as in the quality of patient care (Sullivan et al., 1990; Trinkoff & Storr, 1998). Managers spend countless hours documenting, confirming, and counseling the impaired nurse regarding problems of absenteeism, tardiness, and patient care incidents. Patient care is compromised when drugs or alcohol impair the nurse's judgment. The client is at risk for preventable errors. This in turn increases the health care institution's corporate liability.

While the economic costs to the employer may be significant, the economic cost to the impaired nurse can be equally devastating. The impaired nurse is faced with the loss of income, health care benefits, self-esteem, and maybe a license to practice. If the nurse has been criminally charged, there are additional costs of legal fees, fines, and penalties.

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Ultimately, the cost of nurse impairment to the profession includes the financial implications of investigating reported violations of the state's Nurse Practice Act.

Impairment is defined as the "inability to function with reasonable skill and safety because of frequent, regular and excessive use or abuse of alcohol and/or drugs" (Kelly & Mynatt, 1990, p. 36). In addition, chemicals/drugs are defined as "substances used in an effort to get "high" or "unwind" that include alcohol, marijuana, prescription, and nonprescription, drugs" (Kelly & Mynatt, 1990, p.36).

Only during the past two decades has the nursing profession addressed the problem of nurse addiction. In 1982, the ANA passed a resolution that recognizes drug addiction as a treatable disease. This action forced the nursing profession to look at a serious problem that had been hidden or ignored for years.

Nurses with addiction problems need professional help. To provide assistance for the impaired nurse, administrators must develop policies that are grounded in theory and research, and are consistent with professional standards when dealing with impairment within health care institutions (Lachicotte & Alexander, 1990). As tertiary care settings remain the largest employers of nurses, many hospitals have instituted Employee Assistance Programs (EAPs) and drug treatment programs for the benefit of employees within their institutions.

Nurse managers can be instrumental in motivating the impaired nurse to receive assistance. However, nurse managers can only assist in the rehabilitation of an impaired nurse to the extent that they understand their own attitudes toward chemical impairment (Smith, 1992). Nevertheless, limited empirical research has examined attitudes of nurse managers toward chemically impaired nurses.

Research on managers' attitudes and methods of dealing with impairment are a prerequisite to protect the clients, safeguard the integrity of the profession, and facilitate

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treatment and rehabilitation of the impaired nurse (Lachicotte & Alexander, 1990). Negative attitudes and the limited ability to recognize addiction as a disease can act as barriers to the identification, referral, and rehabilitation of the chemically impaired nurse, whereas positive attitudes can help the impaired nurse through this process and re-entry into the workforce. Therefore, the purpose of this study was to describe the attitudes of nurse managers toward nurse impairment and their methods of dealing with it among their employees.

CHAPTER 2

CONCEPTUAL FRAMEWORK AND REVIEW OF LITERATURE

Conceptual Framework

The theoretical foundation for this study was derived from King's conceptual

framework for nursing (King, 1981) and concepts from a systems model concerning nurse

impairment (Lachicotte & Alexander, 1990). The integration of concepts from both models

provided guidance for exploring the attitudes of nurse managers toward chemically impaired

nurses.

King's (1981) conceptual framework for nursing uses a general systems approach in

which the human being is seen through three systems: personal, interpersonal, and social.

The personal system views human beings as an individual from a holistic point of view and

contains the concepts of body image, growth and development, perception, self, space, and

time. The interpersonal system views the human being as a member of a group and contains

the concepts of communication, interaction, role, stress, and transaction. The social system

views the human being from a global point of view and concerns the concepts of

organization, power, authority, decision-making, and status.

The concepts that pertain to the exploration of nurse managers' attitudes toward

chemical dependency include perception, role, interaction, transaction, and decision-making.

"Perception is each human being's representation of reality and one's perception is related to

past experiences and is influenced by current interests, needs and future goals" (King 1981,

p. 23). Attitudes of nurse managers are formed from knowledge, experiences, and values,

which are shaped by the society in which they live and work as well as the professional tenets that guide nurse practice (Sample & Manchester, 1985).

Although a manager's perception of an impaired nurse may be the basis for his or her own reality, this perception may result in an inaccurate representation of the impaired individual. Furthermore, inaccurate perceptions may cause a manager to respond negatively toward the impaired nurse and adversely affect the approach used to interact with the individual. King (1981) defines interaction as a "communication process between two individuals that is goal directed" (p. 145). Inaccurate perceptions can hinder purposeful interactions between the nurse manager and the impaired nurse (Sieloff & Evans, 1991), ultimately limiting the ability of the nurse manager to be effective in his or her role.

King (1981) defines role as a "set of behaviors expected of persons occupying a position in a social system" (p. 147). The role of the nurse in clinical practice is to care for patients or clients within the health care organization. However, care is compromised and the patient is put at risk of injury or death when alcohol or drugs impair the nurse's judgment. The role of the nurse manager focuses on responsibility, accountability, and decision-making. The manager has an obligation not only to the client but also to the organization and to all nurses that are under his or her authority.

Yet, the manager's interest must center on the impaired nurse's ability to do a job. The nurse manager has the responsibility of assuring that clients within the health care organization receive quality care by competent professionals. When this does not happen, it is the manager who must intercede and offer solutions to the problem of chemical impairment. Based on the nurse manager's education, experience, values, and perceptions, he or she will make a decision on the best way to deal with the problem of nurse impairment.

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King (1981) defines decision making as a "dynamic and systematic process by which goal-directed choice of perceived alternatives is made and acted upon by individuals" (p. 131). Lachicotte and Alexander (1990) identify three approaches that are frequently used by nurse managers when making decisions about impaired nurses. The most common of these approaches is called the assistance approach.

Managers often use an avoidance approach to evade conflict that might ensue from dealing directly with the impaired nurse. Managers might choose to look the other way, although a nurse is suspected of being impaired. In many cases the nurse may be reprimanded or terminated. Consequently, the impaired nurse loses his or her job, dignity, and perhaps his or her nursing license. If the license is not lost, the nurse may seek employment at another health care institution and continue to practice while the impairment worsens and goes untreated.

The second strategy identified by Lachicotte and Alexander (1990) is the legal approach. This approach is primarily used if the nurse is pilfering or diverting controlled substances for his or her own use. In this case, the impaired nurse is reported to a law enforcement agency and prosecuted through the courts. Again, the nurse is disciplined, but the impairment remains untreated. Both the avoidance and the legal strategies may act as barriers that keep the impaired nurse from acknowledging his or her illness and seeking treatment.

The assistance approach (Lachicotte & Alexander, 1990) evolves through communication and transaction. This third approach is a cooperative systems strategy in which the impaired nurse receives an opportunity for treatment. The assistance approach uses documentation, intervention, and an organized, non-punitive, peer group effort to confront the impaired nurse about his or her behavior and its potential consequences.

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The integration of King's (1981) conceptual framework for nursing and Lachicotte

and Alexander's (1990) systems model are congruent in providing the theoretical foundation

for examining nurse managers' attitudes toward chemically impaired nurses (See Figure 1).

In order for nurse managers to intervene effectively with impaired nurses, they must first

understand their own attitudes and perceptions toward chemical dependency. In addition,

nurse managers must recognize and accept the impaired nurse as a fallible human being and

understand that chemical abuse is a treatable disease. Nurse managers who understand the

process of chemical dependency are able to form positive and supportive attitudes while

selecting an assistance approach as a strategy for dealing with nurse impairment.
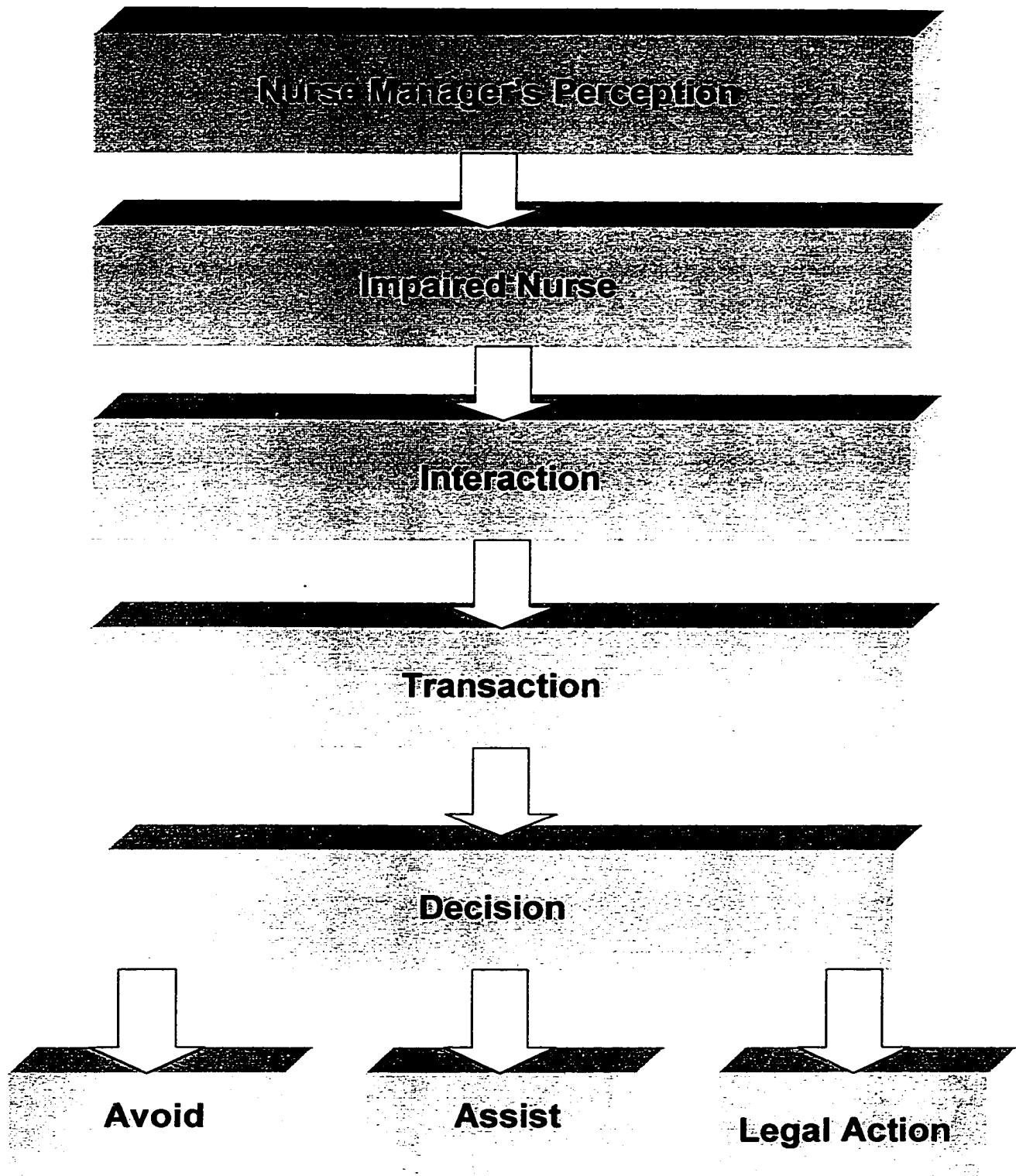
Figure 1. Dynamics of Decision-making in nursing impairment

<u>Review of Literature</u>

Several studies have been conducted on alcohol and drug abuse among nurses, and the attitudes of nurses toward chemically impaired colleagues. Only a limited number of studies, however, have examined the attitudes of nurses and nurse managers toward impaired colleagues and their methods of dealing with the problem.

<u>Attitudes among nurses</u>. Two major studies examined the attitudes among nurse managers toward substance abuse and impaired nurses. Hendrix, Sabritt, McDaniel, and Field (1987) surveyed registered nurses (RNs) to determine their perceptions and attitudes toward three types of nursing impairment. Sixteen hundred RNs were chosen at random from the 27,428 licensed RNs in a southeastern state. Data were collected through a mail survey; the final overall response rate was 64.7%.

The researchers used the Perceptions of Nursing Impairment Inventory (PNII) questionnaire. The 32 Likert–type instrument was specifically designed for the investigation. In order to differentiate perceptions based on the type of impairment, the PNII was administered using four different versions. The terms drug abuse, alcohol abuse, and emotional distress was substituted to create three distinct versions. A fourth version combined the three categories to investigate the overall reactions to nurse impairment. Registered nurse participants were randomly assigned to complete one of the four versions of the PNII.

Hendrix and colleagues (1987) used factor analytic techniques to identify nine perceptual dimensions of nurse impairment: 1) disciplinary orientation - 6 items; 2) orientation to helping responsibility within the profession - 5 items; 3) distinctiveness to nursing - 4 items; 4) orientation to the need to know - 3 items; 5) treatability orientation -3 items; 6) orientation to the nurse's ability to help - 4 items; 7) perception of prevalence - 2

items; 8) orientation to impairment as illness - 2 items; and 9) perception of recognizability - 2 items. According to the investigators, reliability coefficients of .80 or higher were obtained for each version of the PNII on all the subscales. The factor scores obtained for each subscale were used as dependent variables in further analyses to examine the effects of demographic and professional characteristics on perceptions of nurse impairment. In addition, attitudes toward types of impairment were explored.

According to the results, there were differences in perceptions of nurse impairment based on the respondents' job position in the dimensions of discipline and treatment. Individuals who held supervisory positions were more likely than staff nurses to perceive the need for disciplinary action concerning employment and licensure when dealing with nurse impairment ($F = 7.205$; $p < .01$). However, both groups were more likely to encourage disciplinary action if the impairment was related to substance abuse rather than emotional distress ($F = 3,829 = 18.40$; $p < .01$). In fact, nursing impairment was perceived more as an illness when it involved emotional distress than when it was associated with substance abuse.

Although both managers and staff nurses believed that impaired nurses could be helped, staff nurses were significantly more likely to believe that impaired colleagues could be assisted through treatment than did nurse supervisors ($F = 5.41$; $p < .05$). The majority of both groups (>95 %) agreed that nurse supervisors have the responsibility to help the impaired nurses receive treatment. In addition, over 80% of the supervisors and staff nurses believed that participation in support groups with other impaired nurses would be a way to assist their colleagues. Nurses in both supervisory (98.1%) and staff (97.7%) positions perceived that the role of the state boards of nursing should not only be a disciplinary one, but have an assistive component that facilitates referral and access to treatment for impaired nurses.

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When the investigators examined the respondents' age and education, significant effects were identified. In particular, younger respondents reported more favorable attitudes towards impaired colleagues and perceived a responsibility to provide assistance to them. Registered nurses who held baccalaureate or higher degrees were more likely to view chemical impairment as an illness, but were less likely to believe that nursing impairment was detectable and frequently reported.

This study (Hendrix et al., 1987) explored nursing impairment, a topic that had previously been largely ignored in the nursing profession. The investigators used a large, randomly selected sample for their study. The PNII was developed specifically for this investigation and was pilot-tested with similar results among a convenience sample of 72 RNs before conducting the larger study. Despite the strengths of the study, the authors failed to identify the use of a theory or conceptual framework to guide their research.

Cannon and Brown (1988) surveyed 500 Oregon registered nurses regarding their attitudes toward substance abuse, substance abusers, and impaired colleagues in particular, and the relationship of the attitudes toward abuse and impaired colleagues. The nurses were selected by random sample from the Oregon State Board of Nursing roster. Three hundred ninety-six nurses completed three questionnaires for a response rate of 79.2%.

The first questionnaire was the Substance Abuse Attitude Survey (SAAS) developed by Chappel, Vech and Krug (1985) to measure the attitudes of health professionals toward various aspects of alcohol and drug use. This instrument consisted of 42-Likert-type items that could be divided into five subscales identified through factor analysis: permissiveness (10 items); non-stereotype (10 items); non-moralism (9 items); treatment intervention (8 items); and treatment optimism (5 items). While previous reliabilities were described as

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ranging from .56 to .81, Cannon and Brown (1988) reported an alpha coefficient for the total scale of .83, with coefficients for the five factors ranging from .47 to .77.

In addition, Cannon and Brown (1988) assessed the attitudes toward alcohol and drug impaired colleagues by the responses to two 3-item Likert-type scales. The scores on these two scales varied from 3 to 15 points. Higher scores indicated more positive attitudes toward the impaired nurse. Lower scores on the subscale indicated that the particular attitude is held to a lesser degree. Scores on the SAAS were positively correlated with the scores on the Alcohol Impaired Colleagues scale (r = .30) and the Drug Impaired Colleagues scale (r =. 39). Regression analyses were used to determine the nurses' characteristics in relation to attitudes.

The researchers found that the attitudes of nurses were generally supportive toward substance abuse and substance abusers. It was noted that nurses who were more positive toward alcohol and drug abuse in clients were more positive and supportive toward impaired colleagues. However, those nurses who favored treatment intervention tended to express more stereotypical, moralistic, and non-permissive attitudes.

Although the respondents were supportive of impaired colleagues, a large majority reported a willingness to confront (>76%) or report (>77%) a nurse who was either impaired by alcohol or drugs. Yet, the respondents were less likely to approve of a drug impaired (53.7%) or alcohol impaired (66.8%) nurse to return to clinical practice.

Further analysis revealed that the longer the respondents had been in practice, the less likely they supported impaired colleagues. While years of employment, age, experience in working with abusers and education accounted for 21% of the variance of the SAAS scores (r =.458), years of employment had the strongest effect on the nurses' attitudes.

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Attitudes among nurse managers. Lachicotte and Alexander (1990) examined the attitudes and decision-making approaches of nurse managers concerning chemically impaired nurses. The authors hypothesized a relationship between demographic variables and attitudes toward nurse impairment and a relationship between attitudes toward impairment and nurse administrators' methods of dealing with the impairment. The sample consisted of 36 South Carolina nurse executives. The nurse executives were surveyed using two instruments: the Attitudes Toward Nurse Impairment Inventory (ANIQ) developed by Tolor and Tamerin (1975) and the Methods for Dealing with Nurse Impairment Questionnaire (MDNIQ), specifically developed for this study.

The ANIQ was adapted to measure the attitudes toward nurse impairment by changing the reference from alcoholism to chemical dependency. Using 24 questions on a Likert-type scale, the attitudes of nurse administrators were explored in six areas: psychological etiology, social etiology, humanism, moral weakness, medical illness, and physical-genetic etiology. In this study, there were only marginal reliabilities (.35 to .76) of the six subscales, which the authors attributed to the much smaller sample of 36. The MDNIQ was developed to assess the methods used by nurse managers for dealing with nurse impairment. The researchers identified three basic approaches: avoidance, legal action, and assistance that had reliability scores of .82, .58, and .67 respectively.

According to the results, nurse administrators who believed that the impairment was secondary to a psychological (r = .41), as well as a physical-genetic cause (r = .26) favored using the assistance approach. Moreover, nurse managers who perceived chemical impairment as a medical illness (r = .32) that required a humanistic approach (r = .54) implemented an assistive strategy. However, nurse managers whose attitudes identified substance dependency as a moral weakness were most likely to choose the avoidance

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approach (r = .36). Based on these findings, the method that most managers preferred in dealing with the impaired nurses was the assistance approach, while the least preferred method was the avoidance approach.

The relationship between nurse administrators' attitudes toward chemical dependency and impairment and the methods of dealing with nurse impairment in general supported the hypotheses of the study. The study did not support a relationship between the demographic variables investigated (age, gender, educational degree, experience in administration) and attitudes, however it did not include the examination of substance abuse education. Therefore, the authors recommended that future research should include the investigation of the relationship between education in chemical dependency and attitudes of nurse managers.

The strength of this study was the use of a conceptual framework, whereas previous studies had failed to cite a theoretical foundation. The small sample (n=36) and marginal reliabilities (.35 to.76) of the ANIQ weakened the generalizability of the findings. In addition, Lachicotte and Alexander (1990) did not report the method used to acquire the sample.

Smith (1992) conducted a descriptive, correlational study to determine the attitudes of nurse managers and assistant nurse managers toward chemically impaired colleagues, using the Perceptions of Nurse Impairment Inventory (PNII). The sample of nurse managers (n = 400), representing 2% of the nurses in Harris County, was selected randomly from a computerized roster of nurse administrators obtained from the Texas State Board of Nurse Examiners. The 214 participants represented a response rate of 62.2%. The reliability coefficient was .82 for the PNII.

The respondents were divided into two groups based on their administrative positions. The first group consisted of 119 respondents who were nurse managers, while the

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second was comprised of 95 assistant managers. When the scores of PNII between the two groups were analyzed, only one significant difference was identified. The assistant nurse managers tended to lean more toward disciplinary orientation (M = 14.93) than did the nurse managers (M = 14.67). However, neither group seemed inclined toward punishment of the impaired nurse.

Furthermore, it appeared from the data that managers in general shared supportive attitudes toward impaired nurses. There was a prevailing attitude that nurse managers have a responsibility to assist an impaired nurse (98%), that chemical impairment is a treatable illness (95.3%), and that impairment is not a personality flaw (80.4%). However, more than 60% of the respondents did not perceive chemical dependency as a widespread problem in nursing or that it was the role of a co-worker to confront the individual as a first response to a suspected impairment. Only 50.9% of the nurse managers perceived that they could recognize an impaired nurse by their appearance or behavior.

Demographic variables of age, gender, race, education, years in nursing, and institution size were examined in relation to attitudes. While no significant relationships were noted, Smith (1990) identified a significant correlation between race/ethnicity and attitudes of the nurse managers. Non-Caucasian participants were less likely to believe that chemical impairment was a treatable illness, and that nurse managers could recognize and assist in their referral and rehabilitation.

Strengths and Limitations

Before 1987, no empirical research had examined the perceptions and attitudes of nurses and nurse managers toward impaired nurses. Since that time less than half a dozen studies have been conducted to explore the subject. Hendrix et al. (1987), Cannon and

Brown (1988), Lachicotte and Alexander (1990), and Smith (1992) explored an area that previously lacked attention.

In addition to exploring a timely topic, the studies conducted also had several major strengths. Most of the studies included the use of large, random samples, although all of the studies were descriptive in design. The more recent studies conducted by Smith (1992) and Lachicotte and Alexander's (1990) used theory to guide the implementation of their studies, to explain their findings, and to make recommendations for future research. Most of the studies used standardized instruments that had been previously tested.

While these studies have significant strengths, three limitations are recognized. In light of the fact that only a limited number of empirical studies have investigated nurse managers' attitudes towards chemically impaired nurses, instruments to measure this phenomenon may need further refinement. This issue is further supported by some of the marginal reliability coefficients reported in the studies.

Another major limitation was the absence of a theoretical base. Without conceptual guidance, it is difficult to identify, define, or measure pertinent variables related to the phenomenon. Lastly, most of the investigations were conducted in the southern United States, which limits generalizability to the nurse population at large.

Summary

In summary, the research specific to the management of impaired nurses is very limited. Research on nurses' attitudes toward other nurses with addiction problems tends to be supportive. Yet, research indicates that managers tend to have more punitive attitudes toward their impaired colleagues. It is unknown whether the response is related to managers' obligation to comply with laws and regulations. Therefore, more research is needed in this area.

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Research Objective

The focus of this research was to examine the attitudes of nurse managers toward chemically impaired nurses and to understand how managers respond to impaired nurses in their charge. This research may provide further direction for nurse managers who make policies for dealing with impaired nurses. As such, the following research questions were posed:

1. What are the attitudes of nurse managers towards impaired colleagues?

2. What are the relationships between the nurse managers' attitudes towards impaired colleagues and their methods for dealing with the impairment?

3. What are the relationships between the nurse managers' attitudes towards impaired colleagues and selected demographic characteristics?

Definition of Terms

Attitudes: "a state of mind or feelings with regard to some matter" (Merriam-Webster's collegiate dictionary, 1993).

Nurse Manager: A licensed registered nurse who holds 24-hour accountability and responsibility for a division or a unit.

Chemically Impaired: "The inability to function with reasonable skill and safety because of frequent, regular excessive use or abuse of alcohol/and or drugs" (Kelly & Mynatt, 1990, p. 36).

Registered Nurses: Licensed, clinically practicing nurses, educationally prepared at the diploma, associate, baccalaureate, or master's level.

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CHAPTER 3

METHODOLOGY

Research Design

This descriptive research was designed to study the characteristics of managers and

their attitudes toward impaired nurses. Descriptive studies allow the researcher to describe

the characteristics of persons, groups, or situations, and the frequency with which certain

phenomena occur. A descriptive study is appropriate when little is known about the variables

under scrutiny (Polit & Hungler, 1999).

Selection of Subjects and Setting

The probability sample for this study was derived from the database of nurses

belonging to the Michigan Organization of Nurse Executives (MONE). In the year 2000, 237

registered nurses in administrative positions were members of MONE. Access to this

population was available through a MONE mailing list after completing their approval

process. One hundred twenty nurse executives (50.6% of the population) were randomly

selected to participate in the study. Of the 120 questionnaires mailed, 83 (69.1%) completed

surveys were returned. All returned questionnaires were determined to be usable for

analysis.

Characteristics of the Subjects

Seventy-nine (95.2%) of the respondents were female, with only four (4.8%) males

participating in the study. The age of nurse executives ranged from 29 to 61 years, with a

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mean age of 47 years (SD = 5.94). The average length of nursing experience among the sample was 23.59 years (Range = 7 to 39 years; SD = 6.98).

While 92.7% of the nurse executives held at least a bachelor's or master's degree in general, 15 (18.1%) had a bachelor's degree in nursing and 30 (36.1%) had graduate degrees in nursing (Table 1). The majority of the respondents (89.2%) were employed in hospitals in either a management or administrative role (83.1%).

Table 1

Demographic Characteristics of Sample (n=83)

Characteristics	Frequency	Percent
Nursing Degree		
RN Diploma	2	2.4
ADN	4	4.8
BS Nursing	15	18.1
BS Other	5	6.0
MSN	30	36.1
MS Other	27	32.5
Position		
Management	21	25.3
Administrator/ Director	48	57.8
Staff Development	1	1.2
Faculty/Education	1	1.2
Administration/Education	1	1.2
Other	11	13.3

All but seven of the nurse executives in the study (91.6%) had encountered an impaired nurse or colleague in their practice.

Instruments

Three instruments were used in this study: 1) a demographic questionnaire developed by the researcher; 2) The Perception of Nursing Impairment Inventory (PNII) developed by the Nurses Assisting Nurses Project; and 3) The Methods for Dealing with Nurse Impairment Questionnaire (MDNIQ) developed by Lachicotte and Alexander (1990). Permission to use the MDNIQ and the PNII was obtained from the authors (Appendix A and Appendix B).

Prior to completing the questionnaires, the participants were asked to provide background information (Appendix C). In particular, the participants were asked information concerning age and gender. Additionally, the participants were asked to provide information concerning their professional practice and whether they had encountered chemically impaired colleagues.

The PNII (Hendrix et al., 1987) was designed to collect data regarding the attitudes of managers and assistant nurse manager toward chemically impaired nurses (Appendix D) and has been used in more than 60 studies on different nursing populations throughout the country. The 32 statements are divided into to nine subscales: 1) disciplinary orientation (6 items) represents a belief involving the impaired nurses' employment or licensure status; 2) orientation to helping (6 items) centers on the responsibility of peers, supervisors and licensure boards to facilitate assistance for the impaired nurses; 3) distinctiveness to nursing (4 items) represents a perception of impairment as a phenomenon with antecedents specific to nurses' lives and work, 4) orientation to the need to know (3 items) represents beliefs in the

importance of awareness by peers and supervisors when a nurse is suspected of impairment or is receiving treatment; 5) treatability orientation (3 items) characterizes a belief that impaired nurses can be helped and that they can be productive and trustworthy after treatment; 6) orientation to the nurse's ability to help (4 items) represents the belief that nurses can assist their impaired colleagues, and that this can be facilitated by insights particular to nursing; 7) perception of prevalence (2 items) involves the belief that impairment is widespread; 8) orientation to impairment as illness (2 items) represents the rejection of the contrasting view of impairment as a personality weakness; 9) perception of recognizability (2 items) represents the belief that impairment is likely to be reported and can be detected through a nurse's behavior. A score can be computed in each of the domains with higher scores reflecting positive attitudes towards chemically impaired nurses, and lower scores reflecting more negative attitudes. As previously mentioned, reliability coefficients have ranged from .80 to .82 (Hendrix et al., 1987). However, the psychometric evaluation performed for this study revealed a coefficient alpha of .54 for the entire PNII scale.

The MDNIQ (Appendix E) was developed to reflect the methods of dealing with nurse impairment. The four-point scale is composed of nine questions with responses ranging from 1 (strongly agree) to 4 (strongly disagree). Although Lachicotte and Alexander (1990) conducted a factor analysis of the MDNIQ, it is recognized that this analysis was conducted among a small sample and that further testing is warranted. Validity for the subscales of the instrument was established with the exception of one item. The subscales from factor loadings were labeled avoidance, legal, and assistance and had reliability scores of .82, .58, and .67 respectively. Scores for each of the methods for dealing with an impaired

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nurse can range from 3 to 12, with higher scores reflecting agreement with the approach. Reliability analysis for the MDNIQ in this study revealed coefficient alphas of .61 (avoidance), .52 (legal), and .59 (assistance).

According to Polit and Hungler (1999), reliability coefficients greater than .70 are sufficient to make group comparisons. However, the alpha coefficients obtained in this study were lower than this criterion, as well as the reliability results reported in other studies. These findings may be indicative of the sample size, the number of items on the individual subscales, and the heterogeneity of the sample (Polit & Hungler, 1999).

Procedure

Permission to conduct the study was obtained from the Institutional Review Board of Grand Valley State University (Appendix F). A cover letter (Appendix G) was mailed to 120 nurse executives on the mailing list. The letter outlined the purpose, procedure, and participant information for the study. Furthermore, it stated that participation in the study was voluntary. Confidentiality and anonymity was maintained. All questionnaires were coded to maintain anonymity and the participants were instructed not to include any identifying information on the questionnaires. All responses were used as aggregated data and no individual data were reported. The participants were informed that return of the questionnaire implied consent for the use of the data obtained for the completion of the study. A self-addressed stamped envelope was included to return the completed instruments.

The envelopes were mailed to the participants' address identified on the MONE mailing list. The deadline for the subjects to complete and return their questionnaires was 30 days from the original mailing date. Participants were offered the option to receive a copy of the results of the study by providing a written or electronic request.

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The requests for copies were not to be included in the envelope with the questionnaires and were to be mailed separately to the researcher to ensure anonymity.

Threats to Validity and Design

Threats to external validity include the fact that there was no way to know if those who agreed to participate in the study would share the same characteristics as those who did not respond. One would have to wonder to what extent the positive or negative attitudes of nurse executives might influence the decision to participate. The selection of the entire target population of nurse executives belonging to MONE should, theoretically, increase the ability to generalize the findings, yet it is not known if members and nonmembers of MONE share the same attitudes toward impaired nurses. Threats related to history and setting were minimized by the procedure selected for data collection, although mailings are known to be less productive than personal contact in terms of numbers of subjects willing to participate.

Measurement validity is limited to the validity of the instruments, which have been previously used in similar studies, with adequate validity reported for both instruments. Although the design of the instruments is based on the assumption that attitudes and demographics affect behavior, the evidence from previous research is conflicting. This study is expected to add to the growing body of knowledge about the relationships and attitudes toward impairment, a necessary first step in dealing with returning the impaired nurse to productive nursing employment.

CHAPTER 4

RESULTS

The purpose of this study was to examine the attitudes of nurse managers toward chemically impaired nurses and to assess the methods used by nurse managers when dealing with nurse impairment. The research questions developed for this study were:

1. What are the attitudes of nurse managers towards impaired colleagues?

2. What are the relationships between the nurse managers' attitudes towards impaired colleagues and their methods for dealing with the impairment?

3. What are the relationships between the nurse managers' attitudes towards impaired colleagues and selected demographic characteristics?

The Statistical Package for the Social Sciences (SPSS) was used for data analysis. A significance level of $p < .05$ was established for all statistical procedures.

Descriptive statistics were used to characterize the subjects. Data analysis included a comparison of rank ordering of attitudes, perceptions, and approaches to dealing with nurse impairment among nurse managers. A Pearson r correlation coefficient was used to examine the relationships between attitudes and perceptions of nurse impairment with the preferred methods of dealing with this phenomenon. In addition, t-test procedures and correlation coefficients were used to analyze selected demographic characteristics with nurse managers' perceptions and approaches to nurse impairment.

Attitudes and Perceptions of Nurse Managers

To examine the influence of attitudes toward nurse impairment, the investigator assessed individual responses to items on the PNII. Rank ordering of the attitudinal statements was based on a median response for the ordinal level data obtained from the self-report questionnaires. The final rank order of perceived agreement was determined by the statistical mean of the PNII items. Overall, the analysis revealed item means that ranged from 1.64 (impairment as a personality weakness) to 3.64 (supervisory notification).

According to the results, the nurse managers identified 14 attitudinal statements in which there was general perceived agreement (3.04 to 3.64). Although five (35.7%) of the 14 items reflect the perceived need for assistance given to impaired nurses, there were also perceptions that nurse impairment requires disciplinary action and treatment. These 14 statements are presented in Table 2.

Although the results indicate that there was consensus on 14 attitudes, there were mixed perceptions on several other items. There were 16 attitude statements in which the nurse managers varied in their agreement in responses, with item means ranging from 2.00 to 2.99. Moreover, there were two statements that most of the participants were in disagreement with: 1) "The help needed by impaired nurses usually requires types of insight which only other nurses are likely to provide" (M = 1.76; SD = .53) and 2) "Impairment is generally a result of a weakness in the nurse's personality" (M = 1.64; SD = .64). Four nurse managers (4.8%) perceived that only nurses could intervene with impaired colleagues, whereas 79 (95.2%) perceived that outside intervention was necessary.

Table 2

Areas of Perceived Agreement Among Nurse Managers

Statement	Frequency	Item Mean	SD
Nurses have an obligation to notify the supervisor when they suspect impairment in a co-worker.	82	3.64	.55
When a nursing supervisor suspects that a nurse is impaired, he/she has a responsibility to help that person receive assistance.	81	3.55	.55
*There is little that can be done to help impaired nurses.	82	3.54	.57
If a nurse is impaired and receiving treatment, it is important for his/her supervisor to be aware.	81	3.54	.59
With concrete evidence that a nurse is impaired the supervisor has a responsibility to suspend that individual pending investigation.	78	3.48	.65
The State Board of Nursing has a responsibility to provide nurses suspected of impairment with specific information about their legal and due process.	79	3.48	.63
*Even after treatment it is unusual for an impaired nurse to be productive and trustworthy.	81	3.42	.63
The SBON's responsibility should include offering the impaired nurse referral to sources of assistance.	78	3.40	.64
Impaired nurses can best be understood as people who suffer from an illness.	79	3.39	.58
Major health care agencies should be required to provide employee assistance programs which could serve the impaired nurse.	68	3.25	.78
*In most cases, public safety should require that the impaired nurses' licenses be revoked.	72	3.11	.68
The SBON should provide resources to support research on the prevention and treatment of impaired nurses.	70	3.10	.70
As a rule, impaired nurses should not be allowed to work as registered nurses until they have successfully completed a treatment program.	64	3.06	.75
*Impairment occurs less frequently in nursing than in other health related fields	73	3.04	.55

Note. * = Reversed Statements. SBON = State Board of Nursing.

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To examine the influence of attitudes toward impairment, several items reported in Smith's (1992) study were compared with the findings in this investigation (Table 3).

Table 3

Comparison of Selected Statements about Nursing Impairment

Statement	Smith (1992)	Moon (2001)
When a nursing supervisor suspects that a nurse is impaired , he/she has a responsibility to help that person receive assistance.	97.7%	97.6%
Impaired nurses can best be understood as people who suffer from an illness.	95.3%	95.2%
Impairment, when it occurs, is more likely to be reported in nursing than other health related fields.	51.0%	48.8%
While receiving treatment, most impaired nurses are capable of continuing to work as registered nurses.	51.9%	40.2%
When made aware of a co-worker's impairment fellow nurses are often able to offer assistance.	53.8%	39.8%
I could probably recognize an impaired nurse in a work setting by his/her appearance or behavior.	50.9%	32.5%
When suspecting impairment in a co-worker, a nurse's first response should be to confront that individual.	36.9%	27.7%
Impairment is a widespread problem among nurses.	31.7%	19.5%
Impairment is generally a result of a weakness in the nurse's personality.	19.6%	6.0%

Of the nine items that were examined, similar results were identified in two statements concerning the need for assistance among impaired nurses and the need for recognition of impairment as an illness. Additionally, there was similar agreement that impairment was reported in the nursing profession more often than in other health-related fields. However, apparent differences between the two studies included the proportions of individuals who perceived that impairment was a widespread issue in nursing. Furthermore, there were differences in the number of nurse managers who believed that they could recognize impaired nurses and could confront suspected impaired individuals. It is important to note that Smith (1992) identified a larger percentage of respondents who perceived that impairment was associated with personality flaws (19.6%) compared to the proportion in this study (6%).

The 32 individual items on the PNII were used to calculate the mean scores for the nine subscales. Based on these results, the nurse managers placed emphasis on the dimensions of helping responsibility within the profession (M = 19.01; SD 1.99), and among each other (M = 10.17; SD = 1.27), disciplinary action (M = 16.36; SD = 1.42), and distinctiveness to nursing (M = 10.81; SD = 1.54). The majority of the nurse managers believe that the profession, as well as individual nurses, have an obligation to help the impaired nurse receive treatment. Yet, they also perceive that it is necessary to enforce policies that deal with the employment or licensure status of the impaired nurse. While 80.5% of the managers surveyed disagreed that impairment is a widespread problem among nurses, the results indicate that nurse managers believe that impairment may be a phenomenon specific to nurses' lives and work.

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Further examination of the other dimensions revealed that there was an agreement with the need to know about nurses who were impaired in the practice environment (M = 9.39; SD = 1.36). Eighty-two (98.8%) of the managers surveyed agreed that nurses have an obligation the notify the supervisor when they suspect a co-worker is impaired, yet only 30.1% believed it was necessary for a co-worker to be aware of the situation.

Treatability orientation reflects perceptions concerning the successful treatment and rehabilitation of the impaired nurse, as well as the productivity and trustworthiness after treatment. The mean scores for this dimension was 9.17 (SD = 1.24), which suggests that the nurse manager participants perceived that the impaired nurse can be helped, and can be productive after treatment. In particular, 82 (98.8%) of the nurse managers disagreed with the notion that there is little that can be done to help an impaired nurse. A summary of the PNII dimension scores are presented in Table 4.

Methods for Dealing with Nurse Impairment

To assess the methods used by managers when dealing with impaired nurses, the researcher computed the scores for the three subscales of the MDNIQ. The possible scores for each subscale are 3 to 12. Based on the results, the nurse managers perceived the assistance approach was the most preferable, followed by legal and avoidance methods (Table 5). It was the predominant perception (98.8%) that the employer should provide some means of assistance and help for impaired nurses.

Table 4

Mean Scores of the Perceptions of Nursing Impairment Inventory Subscales

Subscales (Possible Score)	Actual Scores	Mean	SD
Help Responsibility (6 - 24)	15 - 23	19.01	1.99
Disciplinary Orientation (6 - 24)	12 - 20	16.36	1.42
Distinctiveness to Nursing (4 - 16)	8 - 15	10.81	1.54
Nurses Ability to Help (4 -16)	7 - 13	10.17	1.27
Need to Know (3 -12)	6 - 12	9.39	1.36
Treatability Orientation (3 -12)	5 - 12	9.17	1.24
Perception of Prevalence (3- 12)	3 - 8	5.12	.99
Impairment as Illness (2 - 8)	4 - 8	5.02	.80
Perception of Recognizability (2 - 8)	3 - 8	4.76	1.10

While the majority of the nurse managers preferred to use the assistance strategy when dealing with impaired nurses, there was agreement with the legal approach. The majority of the nurse managers (85.5%) agreed that impaired nurses should be reported to a law enforcement agency once impairment is suspected. However, only 64.6% perceived that the State Board of Nursing should discipline impaired nurses.

Table 5

Mean Scores for the Methods of Dealing with Nurse Impairment

Methods	Actual Scores	Mean	SD
Assistance Approach	7 - 12	9.37	1.24
Legal Approach	3 - 9	6.47	1.52
Avoidance Approach	3 - 8	4.71	1.32

Nurse Impairment and Methods

In order to determine the relationship between attitudes toward nurse impairment

and the methods for dealing with this phenomenon among nurse managers, a Pearson's r

correlational analysis was conducted. The results revealed several significant

correlations. Statistical data indicated that nurse managers who believe in the assistance

approach may support disciplinary action ($r = .42$; $p = .03$). This finding may be related

to the social mandate of the profession to self regulate the behaviors of its members.

Data revealed a correlation between the respondents who support the assistance approach

and the belief in the need for treatment of the impaired nurse ($r = .36$; $p = .001$). Results

also revealed a correlation between the assistance approach and the perception of

prevalence ($r = .32$; $p = .004$). These findings might suggest that nurse managers who

support the use of the assistance approach believe that impairment is widespread among

nurses.

Data revealed an inverse correlation between the use of the legal approach and disciplinary action ($r = -.256$; $p = .02$). These findings may indicate that the respondents who believed that once the impaired nurse was referred to the State Board of Nursing or to a law enforcement agency, there was no need for further disciplinary action. In addition, an inverse correlation was found between the legal approach and treatability ($r = -.394$; $p = .000$). These findings may indicate that the some respondents believe that the impaired nurse needs punishment rather than treatment.

Statistics revealed a significant, yet weak inverse relationship between the avoidance approach and disciplinary orientation ($r = -.23$; $p = .037$). These findings suggest that nurse managers who chose to use the avoidance approach may be less likely to initiate disciplinary action. However, another weak, inverse correlation was noted between helping within the profession and the avoidance approach ($r = -.26$; $p = .018$) Based on this finding, nurse managers who support assistance for impairment within the profession, may be more apt to confront an impaired nurse rather than to avoid the situation. Lastly, an inverse correlation between the avoidance approach and treatability ($r = -.35$; $p = .001$) was noted. This finding may suggest that managers who choose the avoidance approach do not believe in the efficacy of treatment for the impaired nurse.

Nurse Impairment and Demographic Characteristics

The demographic characteristics of the nurse managers were examined to identify the presence of factors that may influence their perceptions or attitudes toward impaired nurses. Using a Pearson's r correlation analysis, no significant relationships were

identified between the age and experience of the nurse managers with their attitudes towards nurse impairment or methods for dealing with nurse impairment.

A t-test analysis was performed to evaluate the differences between levels of education of nurse managers: those who held a master's degree and managers who were educated at a baccalaureate degree or less. Nurse managers with graduate degrees more strongly agreed with the need to know (M = 9.61; SD = 1.41) than did their colleagues who held a bachelors degree or less (M = 8.92; SD = 1.12) (t = 2.19; df = 81; p = .03). No other significant differences were found between the education level of the participants and their attitudes towards nurse impairment.

When examining methods for dealing with impaired nurses, master's prepared managers (M = 6.23; SD = 1.57) were less likely than their bachelor prepared colleagues (M = 7.00; SD = 1.57) to use the legal approach (t = 2.16; df = 80; p = .03). Furthermore, nurse managers with bachelor degrees (M = 5.27; SD = 1.43) were more likely to implement an avoidance approach (t =2.69; df = 81; p = .000) than were their master's prepared colleagues (M = 4.45; SD = 1.19).

CHAPTER 5

DISCUSSION AND IMPLICATIONS

The purpose of this study was to examine the attitudes of nurse managers toward chemically impaired nurses and assess the methods used by nurse managers when dealing with impairment. Data analyses revealed that while nurse managers' attitudes and perceptions varied in part, there were some significant relationships between nurse managers' attitudes and their methods of dealing with nurse impairment. However, analysis revealed that there were minimal differences in attitudes toward nurse impairment by demographic characteristics of the participants in this study. King's conceptual framework for nursing (1981) and the concepts for Lachicotte and Alexander's (1990) systems model guided the development and implementation of this study and provided a means to interpret its findings.

Discussion of the Findings

Based on the findings of this study, nurse managers perceived that there is an overriding sense of responsibility to help impaired nurses, both as a profession and as colleagues. Of the 14 attitudinal items that received the most agreement, five were related to assistance for impaired nurses. There was agreement among the respondents that the State Board of Nursing should take an active role in providing assistance to impaired nurses. The nurse managers believed that it is the role of the State Board of Nursing to provide impaired nurses with referrals for treatment, information about their

legal rights and due process, and assistance with disciplinary procedures. Additionally, there was agreement among the respondents that the State Board of Nursing should support research on the prevention and treatment of nurse impairment.

While nurse managers agreed that it is the profession's responsibility to assist the impaired nurse, 97.6% believed it was also the responsibility of the individual supervisor to help the impaired nurse receive assistance. Since the majority (95.2%) of the nurse managers agreed that impairment was a treatable illness, they perceived that it was important for nurses to help each other. Only 6% of the nurse manager respondents in this study agreed that impairment was related to a personality flaw. The respondents also overwhelmingly disagreed (n = 82) that there is little that can be done to help the impaired nurse, and that help for impaired nurses should be limited to within the profession. The majority believed that treatment for impaired nurses required insight from others outside of the profession. Eighty-one of the nurse managers disagreed with the premise that even after treatment, it is unusual for an impaired nurse to be productive and trustworthy.

While data revealed that nurse managers were very supportive toward the impaired nurses, an orientation to disciplinary action was ranked second in the order of mean scores on the subscales of the PNII. Seventy-eight (93.9%) of the nurse managers surveyed believed that if a supervisor had concrete evidence that a nurse is impaired, the supervisor should suspend that individual, pending investigation of the charges. Of the 82 respondents, 72 disagreed that in most cases, impaired nurses should have their license revoked. However, 77.1% of the nurse managers (n = 64) supported the premise that the impaired nurse should not be allowed to work as a registered nurse until she/he had

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successfully completed a treatment program. Furthermore, only (40.2%) of the respondents agreed that while receiving treatment, most impaired nurses are capable of continuing to work as registered nurses.

The majority of the nurse managers did not perceive chemical impairment as a widespread problem in the nursing profession. However, almost half (48.8%) perceived that when impairment does occur in nursing, it is more likely to be reported in nursing than in other health related professions. As a result, the true prevalence of nurse impairment may still be inaccurate.

While much has been presented about attitudes of nurse managers, this research study also explored the methods nurse managers used when dealing with nurse impairment. For years nurse managers have used, but not identified, three common strategies for dealing with impaired nurses. Analysis revealed that the most widely used method among the study respondents was the assistance approach. In addition most of the respondents believed in the efficacy of treatment for the impaired nurse.

Analyses revealed that the respondents chose the legal method as the second most common method of dealing with impairment. These findings may suggest that some of the respondents believed that the impaired nurse needs punishment instead of treatment. This method of dealing with the impaired nurse could be used as a final resort to force the impaired nurse to accept responsibility and be held accountable for his/her actions.

The least used method for dealing with nurse impairment among the managers in this study was the avoidance approach. Data revealed that nurse managers who chose the avoidance approach, maybe less likely to initiate disciplinary action. This could be due to the fact that it is easier to avoid a situation than to confront a nurse with a problem.

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Analysis revealed that this method was more often used by managers who held a bachelor's degree or less. However, analysis revealed a weak inverse correlation between helping within the profession and the use of the avoidance approach. Nurse managers that perceive it is more important to assist impaired nurses may be more likely to confront the impaired individual about the problem, rather than avoid the situation or pretend that no problem exists.

Relationship of Findings to Conceptual Framework

This study incorporated two conceptual frameworks that integrated concepts and methods for dealing with nurse impairment. The concepts that pertain to this study are role, perception, interaction, transaction, and decision-making concerning the avoidance, legal, and assistance approaches used in dealing with nurse impairment.

The role of the nurse manager is to assure that the clients receive quality care by competent professionals. The perception the manager has of the impaired nurse will affect interaction, transaction, and decision-making. The majority of the nurse managers in this study recognized chemical impairment as an illness. Often it is the nurse managers who confront, intervene, counsel, discipline, and refer the impaired nurse into treatment. Yet, nurse managers must recognize the need to discipline the impaired nurse, in order to protect the nurse, the clients, the health care institution, and the integrity of the profession. Data revealed that nurse managers in this study supported the need for discipline. While the managers were more in favor of the assistance approach, they also agreed with disciplinary action, whereas nurse managers who choose the legal and the avoidance approach may not apply the disciplinary approach. This could be related to a manager's experience or inexperience in using confrontation and conflict resolution.

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Relationship of Findings to Previous Research

The results of this research supported previous studies of nurse managers'
attitudes toward chemical impairment. Data revealed that nurse managers generally had
supportive attitudes toward impaired nurses. This supports findings from previous
studies (Cannon & Brown, 1988; Hendrix et al., 1987; Lachicotte & Alexander, 1990;
Smith, 1992). The results supported that nurse managers believed that the profession has
the responsibility to assist the impaired nurse. Also, data revealed that respondents
agreed on the concepts of chemical impairment as an illness, and the perceived need for
disciplinary action by nurse managers. These findings supported Hendrix et al. (1987).
Analysis also revealed that nurse managers who viewed chemical impairment as an
illness most often preferred to use the assistance approach when dealing with the
impaired nurse, supporting findings from Lachicotte and Alexander (1990).

Analysis between demographic variables and attitudes revealed that there was not
a relationship between age and experience in this study on attitudes of nurse managers
toward nurse impairment as has been found in earlier studies (Cannon & Brown, 1988;
Hendrix et al., 1987). However, a difference was noted between levels of education and
the dimension of orientation to need to know. Of the 14 attitudinal statements presented
in Table 2, two dealt with this dimension. Eighty-two of the nurses from this study
believed that nurses have an obligation to notify the supervisor when they suspected
impairment in a co-worker, while 81 of the respondents believed that if a nurse is
impaired and receiving treatment, it was important for his/her supervisor to be aware.
Data also revealed that master's prepared managers were more likely to use the assistance
approach when dealing with impaired nurses.

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Strengths and Limitations

A strength of this study was that the research explored issues that are timely and relevant to the nursing profession. Many articles have been written concerning impaired nurses, yet only a hand-full of studies in the last two decades (Cannon & Brown, 1988; Hendrix et al., 1987; Lachicotte & Alexander, 1990; Smith, 1992) have explored the attitudes of nurse managers toward impaired nurses. As health care institutions tend to use more unlicensed personnel, the pool of registered nurses diminishes, work-loads increase, and institutions decrease supportive resources that were once available to the professional nurse, substance use and abuse will continue to escalate. Institutions will rely more heavily on nurse managers to identify and detect impaired nurses.

Another strength of this study was the response rate, even though the sample size was small (n = 83). In addition, the study used a probability sample, which increased the generalizability of the results. Furthermore, the researcher used an integrated conceptual framework to guide the study.

A limitation to the study was that the demographic variables did not include institutional size or the race/ethnic background of the participants. Also, the researcher did not ask whether or not the respondents themselves were ever impaired or if they had a relative or a friend who was impaired.

The two instruments used in the study had only marginal reliabilities. The PNII was used in more than sixty studies, yet the reliabilities for this research revealed a coefficient alpha of .54 for the entire PNII scale, which could indicate that the instrument may need to be updated and reworded. Additionally, the MDNIQ revealed weak alpha

coefficients of .61 (avoidance) .25 (legal), and .59 (assistance). Since this was a new instrument with low reliabilities, it should be examined further in other research settings.

Implications for Nursing Administration

The results of this study can provide empirical information to nurse administrators to help them understand the relationship between their attitudes and methods of dealing with impaired nurses. These research findings can assist nurse managers to understand how their perceptions and attitudes can affect their decisions to approach and intervene with impaired nurses. By using an assistance approach, impaired nurses may receive treatment that will facilitate their expeditious return to professional practice.

Implications for Nursing Education

It was interesting to note that in this study, 68.6% of the respondents held master's degrees, were typically older (M = 47.67; SD =5.94), and had more experience (M = 23.59; SD = 6.9) as a nurse manager, yet only 32.5% believed they could recognize an impaired nurse in the work setting by his/her appearance or behavior. In order to recognize and effectively intervene with impaired nurses, it is essential that nurse managers receive education about chemical dependency.

Education should begin prior to assuming an administrative position. Educating nurses about chemical dependency and addictive diseases should become a part of every nursing school's undergraduate and graduate curricula, as well as a component of continuing education programs in all health care institutions.

In addition, nurse educators must prepare student nurses for the demands and the commitments of a nursing career. With this knowledge in hand, novice nurses will be more readily able to develop strategies that will facilitate their transition into practice,

assist with the identification of factors that may precipitate the use of alcohol and drugs, and implement stress management techniques that are not chemically-related.

Implications for Nursing Practice

Nurse managers will always be considered front-line employees. These are the people whose roles put them at the core of the health care organization. It is the nurse manager's responsibility to assure that the clients are cared for by skilled, competent, practitioners in order to protect the nurse, the health care institution, and safeguard the integrity of the profession. The profession must make sure that nurses and nurse managers alike are educated about chemical impairment, and understand that they have an obligation and a responsibility to report any nurse suspected of impairment.

Implications for Nursing Research

The importance of this study of nurse managers' attitudes toward chemically impaired nurses is significant. Research must be used to help managers identify impaired nurses early before a crisis results in the injury or death of a client or the impaired nurse. The data from this study can be used to help guide nurse administrators in developing theory based procedures and policies that will assist managers in the early identification and referral of the impaired nurse into a treatment program.

More research is needed to educate nurses about the disastrous effects of the abuse of alcohol and drugs. Research must focus on prevention as well as the treatment of chemical impairment. Research that continues to examine the relationships between attitudes of nurse managers and methods of dealing with impairment is imperative to help the managers understand that chemical impairment is a treatable illness, and positive attitudes can facilitate in the treatment and rehabilitation of the impaired nurse. This can

result in positive outcomes for all involved. The impaired nurse is treated and the profession has retained an educated, skilled professional. This research revealed that there is a relationship between the nurse managers' attitudes towards impaired nurses and their methods of dealing with impairment.

With the increasing shortage of registered nurses in practice, and the growing number of impaired nurses, the profession can no longer afford to ignore, admonish, and avoid, skilled, educated professionals. The nursing profession must make a concerted effort to help rehabilitate these professionals and return them to professional practice.

Appendices

APPENDIX A

Permission to use the Methods of Dealing with Nurse Impairment Questionnaire

Appendix A

Permission to use the Methods of Dealing with Nurse Impairment Questionnaire

DEPARTMENT OF FAMILY AND
COMMUNITY HEALTH NURSING
COLLEGE OF NURSING

June 20, 2000

Dorothy Moon, RN, BSN
818 High Point Drive
Benton Harbor, MI 40922

Dear Ms. Moon:

Thank you for your request for the Method of Dealing with Nurse Impairment instrument that Lloyd Lachicotte and I used in her thesis and subsequent article "Management Attitudes and Nurse Impairment." You have permission to use the instrument and I have enclosed a copy with some other information about its psychometric properties. If you need any further information feel free to contact me at 803-777-4668 or e-mail judy.alexander@sc.edu. Please send me a copy of the results when you complete the study. Good Luck!

Sincerely,

Judith W. Alexander, RN, PhD
Associate Professor

APPENDIX B

Permission to use the Perceptions of Nursing Impairment Inventory

Appendix B

Permission to use the Perception of Nursing Impairment Inventory

UK UNIVERSITY OF KENTUCKY
Chandler Medical Center

February 21, 2000

Ms. Dorothy Moon
818 High Point Drive
Benton Harbor, MI 49022

Dear Ms. Moon:

Enclosed please find the instrumentation used in the *Perceptions and Attitudes Toward Nursing Impairment* study. I have included the version of the instrument which was developed by the Nurses Assisting Nurses project. This instrument assesses attitudes toward impairment due to alcohol abuse, drug abuse, and excessive emotional stress. You may use the instrumentation in your study. However, we do ask that you cite the instrument as being developed by the N.A.N. project in any report or publication of the findings of your research either published or unpublished. We would also like to have a copy of the results of your research.

The instrument is basically self-explanatory. If after gathering your data you find that you need assistance in scoring and interpreting your results, I would suggest asking your instructor for referral to someone with a background in this. I am sure that you can probably access such an individual there at the College with little difficulty.

Sincerely,

Ruth R. Staten, PhD, RN
Associate Professor of Nursing

RRS/jb
statenwp

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APPENDIX C

Background Information

Background Information

1. Gender
   _____ Male
   _____ Female

2. _____ Age in years

3. Present Nursing Position

   _____ Nursing management (e.g., head nurse, nursing care manager, unit coordinator, etc.)
   _____ Nursing service administration (e.g., director of nursing, assistant/associate director of nursing, supervisor, etc.)
   _____ Staff development
   _____ Faculty in a nursing education program
   _____ Administration in a nursing education program
   _____ Other (please specify)

4. Current Work Setting
   _____ Hospital
   _____ Nursing home
   _____ Public health department
   _____ Community health center
   _____ Physician's office
   _____ Industry
   _____ Ambulatory clinic
   _____ Outpatient clinic
   _____ College or university
   _____ School district
   _____ Other (please specify)

5. Present Nursing Specialty (select <u>one</u> primary area)

   _____ Medical/Surgical
   _____ OB/GYN
   _____ Pediatrics
   _____ Critical Care
   _____ Geriatrics
   _____ OR
   _____ ER

_____ Psych/Mental health
_____ Community health
_____ Other (please specify)

6.   _____ Years of experience as an RN

7.   Highest Educational Degree
       _____ Diploma
       _____ Associate degree
       _____ Bachelor's degree in nursing
       _____ Bachelor's degree in another field
       _____ Master's degree in nursing
       _____ Master's degree in another field
       _____ Doctorate in nursing
       _____ Doctorate in another field

8.   Have you have any experience with a chemically impaired
      nurse/colleague?
       _____ Yes
       _____ No

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APPENDIX D

Perceptions of Nursing Impairment Inventory

Appendix D

Perceptions of Nursing Impairment Inventory

The scale below contains 32 statements about the problem of nursing impairment. For each statement, please circle the number which best indicates the extent of your agreement or disagreement. There are no correct or incorrect answers, and for each statement there are likely to be nurses who agree and disagree. Simply select the response that reflects your true feelings.

BEFORE ANSWERING THE QUESTIONS PLEASE READ THE FOLLOWING DEFINITION: **AN IMPAIRED NURSE IS A PERSON WHOSE USUAL LEVEL OF FUNCTIONING (PERSONAL AND/OR PROFESSIONAL) HAS BEEN COMPROMISED AS A RESULT OF DRUG ABUSE, ALCOHOL ABUSE, OR EMOTIONAL DISTRESS.**

	Strongly Agree	Agree	Disagree	Strongly Disagree
1. Impaired nurses can best be understood as people who suffer from an illness	1	2	3	4
2. The problems of impaired nurses are often a reflection of stressful situations on the job.	1	2	3	4
3. While receiving treatment, most impaired nurses are capable of continuing to work as registered nurses.	1	2	3	4
4. When a nursing supervisor suspects that a nurse is impaired, he/she has a responsibility to help that person receive assistance.	1	2	3	4
5. If an impaired nurse is receiving treatment, it is important for his/her co-workers to be aware of that situation.	1	2	3	4

6. In most cases, public safety should require that impaired nurses' licenses be revoked.   1   2   3   4

7. Becoming impaired is something that could happen to almost any nurse.   1   2   3   4

8. If a nurse is impaired and receiving treatment, it is important for his/her supervisor to be aware of the situation.   1   2   3   4

9. The help needed by impaired nurses usually requires types of insight that only other nurses are likely to provide.   1   2   3   4

10. In most cases, the problems of impaired nurses stem from difficulties that those individuals had already encountered before becoming nurses.   1   2   3   4

11. When a nursing supervisor has concrete evidence that a nurse is impaired, the supervisor has a responsibility to suspend that individual pending investigation of the charges.   1   2   3   4

12. In most cases, public safety can be assured by imposing a probationary period on the licensure of the impaired nurse.   1   2   3   4

13. Even after treatment, it is unusual for an impaired nurse to be productive and trustworthy.   1   2   3   4

14. Impairment is as widespread problem among nurses.   1   2   3   4

15. Nurses have an obligation to notify the supervisor when they suspect impairment in a co-worker.   1   2   3   4

16. Most impaired nurses could be helped in a support group with other impaired nurses.   1   2   3   4

17. The State Board of Nursing has a responsibility to provide nurses suspected of impairment with specific information about their legal and due process rights in all disciplinary procedures.   1   2   3   4

18. I could probably recognize an impaired nurse in the work setting by his/her appearance or behavior.   1   2   3   4

19. When a nursing supervisor has concrete evidence that a   1   2   3   4
    nurse is impaired, he or she has a responsibility to dismiss
    that individual immediately and report that case to the State
    Board of Nursing.

20. Major health care agencies should be required to provide   1   2   3   4
    employee assistance programs which could serve the
    impaired nurse.

21. Problems of impaired nurses are basically not very different 1   2   3   4
    than those of other individuals with substance abuse or
    emotional difficulties.

22. For purposes of public protection, the State Board of Nursing 1   2   3   4
    should continue to publish the names of all nurses found to be
    impaired.

23. Impairment occurs less frequently in nursing than in other   1   2   3   4
    health related fields.

24. Impairment is generally a result of a weakness in the nurse's 1   2   3   4
    personality.

25. There is little that can be done to help nurses who are   1   2   3   4
    impaired.

26. The State Board of Nursing's responsibility should include   1   2   3   4
    offering the impaired nurse referral to sources of assistance.

27. When a nurse has reason to believe that a co-worker is   1   2   3   4
    impaired, he/she has a responsibility to help that person
    obtain assistance.

28. As a rule, impaired nurses should not be allowed to work as   1   2   3   4
    registered nurses until they have successfully completed a
    treatment program.

29. Impairment, when it occurs, is more likely to be reported in   1   2   3   4
    nursing than in other health related fields.

30. When made aware of a co-workers impairment, fellow nurses   1   2   3   4
    are often able to offer assistance.

31. The State Board of Nursing should provide resources to support research on the prevention and treatment of impaired nurses.

   1   2   3   4

32. When suspecting impairment in a co-worker, a nurse's first response should be to confront that individual.

   1   2   3   4

APPENDIX E

Methods of Dealing with Nurse Impairment Inventory

Appendix E

METHODS OF DEALING WITH NURSE IMPAIRMENT INVENTORY

Please answer as a nurse administrator by circling the letter that most closely corresponds with your attitude.

		Strongly Agree	Agree	Disagree	Strongly Disagree
1.	Impaired nurses should be terminated by the employer once impairment is suspected.	1	2	3	4
2.	Impaired nurses deserve much consideration from the nursing profession.	1	2	3	4
3.	Impaired nurses should have their nursing license revoked.	1	2	3	4
4.	Employers should provide some means of assistance and help for impaired nurses.	1	2	3	4
5.	When suspicion of impairment exists, the impaired nurse should be asked to resign.	1	2	3	4
6.	Impaired nurses should be reported to a law enforcement agency once impairment is suspected.	1	2	3	4
7.	Impaired nurses should be disciplined by the Board of Nursing.	1	2	3	4
8.	An impaired nurse should be ignored by peers until the impaired nurse asks for help.	1	2	3	4
9.	After treatment, the employer should return the recovering nurse to the work place.	1	2	3	4

APPENDIX F

Permission to Conduct Study

Permission to Conduct Stiudy

**GRAND VALLEY
STATE UNIVERSITY**
I CAMPUS DRIVE • ALLENDALE, MICHIGAN 49401-9403 • 616/895-6611

November 6, 2000

Dorothy Taylor Moon
818 High Point Drive
Benton Harbor, MI 49022

RE: Proposal #01-75-H

Dear Dorothy:

Your proposed project entitled **Nurse Managers' Responses to Chemically Impaired Nurses** has been reviewed. It has been approved as a study, which is exempt from the regulations by section 46.101 of the Federal Register 46(16):8336, January 26, 1981.

Sincerely,

Paul A. Huizenga, Chair
Human Research Review Committee

APPENDIX G

Cover Letter

DOROTHY (DOTTIE) MOON
818 High Point Drive
Benton Harbor, MI 49022
(616) 927-4061
e-mail: dmoon217@aol.com

November 10, 2000

Dear Nurse Executive:

I am a graduate nursing student at Grand Valley State University, conducting a study to examine the attitudes of nurse managers toward chemically dependent nurses. This study is the basis for my thesis, one of the requirements for the degree of Master of Science in Nursing.

As a nurse executive, you were randomly selected to participate in the study. In order that the results factually represent what is happening between nurse managers and the impaired nurse, it is important that the entire set of questionnaires be completed and returned.

Please take approximately 15 minutes from your very busy day to complete the enclosed questionnaires, and return them (today if possible) in the self-addressed, stamped envelope provided. Due to requirement deadlines, all responses must be post-marked by December 10, 2000.

All responses are confidential and anonymous. No attempt has been made to name, number, code, or otherwise identify the participants. Informed consent to participate in this study is implied if you complete and return the questionnaires. Participation is entirely voluntary; you may choose not to participate in this study.

You may receive a copy of the results of the study by providing a written or electronic request. Please mail your request separately from the questionnaire to ensure anonymity.

Any questions you may have regarding this study or your rights as a participant may be addressed to me at (616) 927-4061, or to the Chair of the Institutional Review Board at Grand Valley State University at (616) 895-2472.

Thank you very much for your time and participation.

Sincerely,

Dorothy (Dottie) Moon, B.S.N., R.N

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