



# When a nurse returns to work after substance abuse treatment

**A SUBSTANCE USE DISORDER (SUD)** that impairs a nurse's ability to practice poses a safety risk. So it's reasonable to ask: What are adequate safeguards to put in place when a team member returns to work after treatment for SUD? Ideally, nurse colleagues would know how to support a nurse in early recovery from SUD while simultaneously protecting patient safety. But more often, they feel uncertain about how to do both at once. In my role as an educator, I've found that nearly every nurse I ask has a story about a colleague with a substance abuse problem—yet has little confidence in addressing the issue and virtually no specialized training.

SUD prevalence among nurses resembles that of the general population—about 10%. That's a large number, amounting to nearly 300,000 U.S. nurses. Apparently, our specialized knowledge of pathophysiology offers little protection from the risk of becoming addicted.

Most nurses diagnosed with SUD receive treatment and return to the workforce. Many become known to their nursing board and enroll in a program where their practice is monitored through a formal contract to ensure patient safety. Using 2009 data, researchers estimated about 12,000 nurses were enrolled in disciplinary monitoring (probation) programs or nondisciplinary (alternative) monitoring programs. Nearly half of nurses monitored in probation and about 75% of nurses who complete alternative monitoring programs return to work.

How to protect patient  
safety while supporting a  
colleague in early recovery

By Chris O'Neill, RN, DMin



The nursing profession provides guidance in this area, in the form of the American Nurses Association's *Code of Ethics for Nurses*. The Code states that nurses must advocate for appropriate assistance (including treatment) for colleagues when indicated. Furthermore, advocacy includes supporting nurses in early recovery when they return to work. (See *Nurses' ethical obligations when a colleague is in recovery*.)

### Stakeholder responsibilities

While every situation is unique, there are typical return-to-work challenges for which nurse supervisors and staff nurses can be prepared. The Nurse Assistance Network, a program of the Oregon Nurses Foundation, has developed a matrix identifying key stakeholders who play a role when a nurse in early recovery returns to work. The matrix describes stakeholder responsibilities related to basic issues to consider before the nurse can return to work.

### Return to work: Practical questions

When a recovering nurse returns to work, administrators and colleagues should address these practical questions:

1. What is the organization's substance abuse policy and how

### Questions to ask yourself

In the practice setting, ask yourself these questions to help determine when you might need to speak up about a colleague's performance:

- What do I observe?
- How does this affect patient care or teamwork?
- What should I do when I have a concern?
- Would my colleague benefit from assistance?

## Nurses' ethical obligations when a colleague is in recovery

Remember these points when a nurse colleague in recovery from substance use disorder returns to work:

- Stay alert for and take appropriate action in all instances of incompetent, unethical, illegal, or impaired practice or actions by a nurse colleague that jeopardize patients' rights and best interests.
- Protect the patient, the public, and the profession from potential harm when a nurse's practice appears to be impaired.
- Begin your response by consulting supervisory personnel. Then approach the nurse in a clear, supportive manner and help her access appropriate resources.

- has it been applied in the past?
2. What are the practice limitations or requirements of the nurse monitoring program? For instance, which shifts is the returning nurse permitted to work? What are the nurse's overtime restrictions? How frequently are worksite monitor reports required?
3. What reasonable accommodations does the Americans with Disabilities Act mandate for the returning nurse?
4. Who needs to know the nurse is being monitored? How will her confidentiality be protected?
5. Who will monitor the nurse in the practice setting? Has this person completed specialized education for this role and acknowledged the responsibility?
6. Will the nurse's practice limitations affect coworkers—for instance, in regard to care assignments that need to be adjusted for her temporary restrictions on administering opioids?
7. What general education on nurse addiction and recovery has the nursing care team received? Is it up-to-date?
8. How will assigned staff monitor the nurse to ensure her performance meets practice standards?
9. What types of organizational support will be devoted to ensuring that workplace supervi-

sion is equitable for all employees and that communication about performance is transparent?

These practical questions imply that return to work is a process rather than a single event and that it's all about the nurse who returns after treatment. Of course, recovery itself is all about that nurse. According to one definition, recovery is a "process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential." Recovery occurs over time and has many facets, including the everyday challenges of family life. And the recovering nurse is the central focus—it's her recovery process.

But should the nurse in early recovery be the central focus when returning to work? Some argue that in the practice setting, it's more useful to focus primarily on the goal of delivering safe, effective care. In that case, the above questions can be condensed into one: What does it take to achieve safe patient care when a nurse in early recovery returns to work?

Here's the answer: It takes the commitment of nurses in immediate proximity to that nurse to observe and intervene in a timely way if they observe substandard performance. Nursing team mem-

bers must have a clear understanding of their responsibilities, along with the knowledge, skills, and administrative support to discharge those responsibilities. (See *Questions to ask yourself*.)

Three worksite roles in particular converge to protect patient safety: the nurse in recovery, the nurse who leads the team, and nurse peers. Using the Nurse Assistance Network matrix, we can outline the basic responsibilities for each role.

### Role of the nurse in recovery

The nurse in early recovery has the following responsibilities for her own health, to her patients, and to the nursing care team. This nurse:

- uses resources to stabilize her health and return to work
- is personally accountable to comply with her monitoring contract, submits samples for random drug testing, and participates in periodic performance reviews
- complies with restrictions in the return-to-work agreement and follows organizational procedures to apply for reasonable accommodation when needed
- protects her right to confidentiality regarding details of her experience
- communicates with the supervisor proactively to ensure transparency about problems and to request assistance
- accepts the team member role, takes a fair share of the workload, and rebuilds trust with others when needed
- seeks necessary training to meet nursing care standards
- protects personal and professional boundaries on the job, like other nurses.

### Role of the manager

The leader of the nursing care

team is responsible for ensuring that all team members' performance meets the minimum clinical standard and for reporting on the performance of the nurse being monitored. While some duties can be delegated to a worksite monitor, full authority to implement organizational policy typically resides with the manager, who:

- is a licensed healthcare professional who interprets and implements organizational policy and supervises the monitored nurse and all team members
- understands and agrees to the worksite monitor role and makes periodic routine reports and timely incident reports to the monitoring program
- understands and implements the specific reasonable accommodations approved for the monitored nurse
- protects the monitored nurse's confidentiality along with that of other employees
- understands the Code of Ethics as well as legal responsibilities, and obtains necessary specialized training for the worksite monitor role
- improves team member confidence by scheduling periodic education on SUD and organizational policy
- regularly observes the monitored nurse to ensure safe practice (or delegates this observation), intervenes when the nurse's performance doesn't meet the standard, and follows through when action is warranted
- is transparent about performance expectations and enforces organizational policy fairly with all employees.

### Role of nurse peers

Nurse peers have responsibilities

for their own health, to patients, to the colleague who needs assistance, and to the nursing care team. They:

- deliver care competently and protect patient safety
- seek education about substance abuse and mental problems among nurses, organizational policy, observable behaviors that indicate peer performance problems, and resources for assistance
- study the Code of Ethics to understand their role regarding a peer's substandard performance
- respect nurse peer rights while ensuring patient safety
- participate as team members and carry a fair share of the workload
- communicate their concerns about any colleague's performance
- support peer acquisition of new knowledge and skills to improve performance
- avoid judgmental attitudes about SUD and believe nurse peers can establish a productive life in recovery
- protect personal and professional boundaries on the job.

### Nursing implications

The return-to-work process may seem heavily weighted toward the nurse in early recovery rather than toward patient safety. But the focus for the nurse in recovery, the manager and worksite monitor, and nurse peers is the same. Their focus shouldn't be on the returning nurse but on nursing performance. Does performance meet the minimum standard for safe and effective nursing care?

As a rule of thumb, focusing on nursing performance has specific practical value. It requires nurses to use their observational skills to identify objective indicators of a

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colleague's performance—facts that can be documented to show whether her practice meets the minimum standard for patient care. Furthermore, the focus on performance allows managers to treat every employee with fairness and consistency. Performance is the final measure to determine improvement. Performance measures apply to everyone, not only the nurse in early recovery. They serve as the foundation for fair and consistent application of policy, including progressive discipline.

## Available resources

A brief article like this can help raise awareness about substance abuse as a major risk factor in our profession. It can motivate further action for nurses who are ready to reduce the safety risks of substance abuse on their own unit. But it lacks sufficient depth to meet nurses' need for preparation.

On the other hand, this article can spur an individual nurse or a group of nurses to engage the issue as a leadership project. They could assess current organizational policy and nurse knowledge, skill, and abilities to support the nurse returning to work on their unit. Fortunately, excellent resources are available.

- For nurses in early recovery, Linda Smith, a nationally recognized expert on recovery, has written *Recovery Maintenance Workbook for Nurses*, which offers exercises on all aspects of recovery, including when a nurse returns to work.
- *Re/entry: A Guide for Nurses Dealing with Substance Use Disorder*, by Karolyn Crowley and Carrie Morgan, provides comprehensive descriptions of the challenges and rewards of recovery from SUD.
- Worksite monitors and supervisors can learn how to protect patients from unsafe nursing

practices by reading "Worksite monitors protect patients from unsafe nursing practices," a 2014 continuing-education article in the *Journal of Nursing Regulation* by O'Neill and Cadiz. The article also provides a description of other specialized education resources.

- For nurse peers, an excellent place to begin is with *Guide to the Code of Ethics for Nurses with Interpretive Statements: Development, Interpretation, and Application* (2nd edition). It uses case examples to illustrate the nurse's role regarding a colleague's questionable practice and provides explicit guidance on nurse responsibilities.

## A vision worth working toward

To prepare for the return to work by a nurse in early recovery from SUD, nurse colleagues can clarify what to do, when to do it, and how to do it. By focusing on the performance of the returning nurse, they adopt a practical perspective about team-member responsibilities and avoid taking responsibility for another's recovery process. Finally, nurses can increase their confidence by improv-

ing their knowledge, skills, and abilities related to impaired performance and recovery from a substance use or mental disorder by using available resources.

What if all nurses consciously chose to do what it takes to protect patient safety and support their colleagues in early recovery? That's a vision worth working toward. ★

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