Recognizing Impairment In The Workplace

Dr. Jassin M. Jouria is a medical doctor, professor of academic medicine, and medical author. He graduated from Ross University School of Medicine and has completed his clinical clerkship training in various teaching hospitals throughout New York, including King’s County Hospital Center and Brookdale Medical Center, among others. Dr. Jouria has passed all USMLE medical board exams, and has served as a test prep tutor and instructor for Kaplan. He has developed several medical courses and curricula for a variety of educational institutions. Dr. Jouria has also served on multiple levels in the academic field including faculty member and Department Chair. Dr. Jouria continues to serves as a Subject Matter Expert for several continuing education organizations covering multiple basic medical sciences. He has also developed several continuing medical education courses covering various topics in clinical medicine. Recently, Dr. Jouria has been contracted by the University of Miami/Jackson Memorial Hospital’s Department of Surgery to develop an e-module training series for trauma patient management. Dr. Jouria is currently authoring an academic textbook on Human Anatomy & Physiology.

Abstract

Impairment in healthcare is a recognized and ongoing concern that has a negative impact both on the health of medical and nursing professionals as well as the quality of patient care. Although impaired individuals must be reported, there are several types of assistance programs available to aid these individuals in overcoming their issues and returning to a fully functional and reliable professional practice.
**Continuing Nursing Education Course Planners**

William A. Cook, PhD, Director, Douglas Lawrence, MA, Webmaster, Susan DePasquale, MSN, FPMHNP-BC, Lead Nurse Planner

**Policy Statement**

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**Continuing Education Credit Designation**

This educational activity is credited for 2 hours. Nurses may only claim credit commensurate with the credit awarded for completion of this course activity.

**Statement of Learning Need**

For nurses to identify signs of impairment in a nursing colleague or other healthcare worker, they must first know the types and effects of impairment. Additionally, nurses need to know steps to report impairment, how mandatory reporting law impacts impaired medical professionals, employer initiatives to promote workplace safety, and available treatment programs. Some State jurisdictions in the U.S. now require nurses to complete continuing education on impairment in the workplace.
Course Purpose
To provide nursing professionals with knowledge of steps to recognize and report impairment in the workplace as well as to identify available treatment programs for healthcare workers.

Target Audience
Advanced Practice Registered Nurses and Registered Nurses
(Interdisciplinary Health Team Members, including Vocational Nurses and Medical Assistants may obtain a Certificate of Completion)

Course Author & Planning Team Conflict of Interest Disclosures
Jassin M. Jouria, MD, William S. Cook, PhD, Douglas Lawrence, MA
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Please take time to complete a self-assessment of knowledge, on page 4, sample questions before reading the article.

Opportunity to complete a self-assessment of knowledge learned will be provided at the end of the course.
1. According to the American Medical Association, impairment of a healthcare provider refers to a condition that

   a. is caused by drug or alcohol use.
   b. interferes with a person’s ability to engage safely in professional activities.
   c. is present even though a person may perform his work.
   d. requires hospitalization.

2. Healthcare providers are at greater risk of impairment because

   a. of work related stress.
   b. of the physicality of the job and injuries that may occur.
   c. they often work with medications and substances.
   d. All of the above

3. True or False: In the United States, the prevalence of substance use impairment among nurses is 10 percent, which is approximately the same as those in the general population.

   a. True
   b. False

4. Nurses who become impaired because of substance use are more likely to

   a. use alcohol.
   b. obtain substances outside of work.
   c. use narcotics and opioid medications.
   d. have disabilities.

5. According to Reader and Gillespie, which of the following actions would be classified as “caring neglect”:

   a. a failure to follow a physician’s orders
   b. not answering call lights timely
   c. performing incorrect procedures
   d. inappropriate medical care
Introduction

Healthcare is a profession that is rewarding and fulfilling, however, healthcare workers, including nurses, physicians, and other members of the team who provide patient care, are often at risk of impairment. When a healthcare provider is impaired, he or she is unable to provide appropriate patient care that is part of professional responsibility. While the causes of impairment can be numerous, actual impairment refers to the inability to function in a normal and usual capacity and it can lead to devastating effects on patients, colleagues, the healthcare facility involved, and healthcare consumers in general.

Overview Of Drug Diversion In Healthcare

Unfortunately, any healthcare professional can develop problems that can lead to impairment, including issues with alcoholism or substance use, or difficulties with personal relationships or physical illness. Healthcare providers are at greater risk of impairment because of several factors related to their line of work. Caregivers often experience greater amounts of stress at their jobs, often because of their work conditions and the people they care for. It is difficult to work in a position that requires frequent exposure to the suffering of others. Over time, this can result in stress and burnout, and affected healthcare providers may turn to drugs or alcohol to help ease some of the burden.

The work of healthcare providers may also be physically demanding, which can increase the risk of injury. The physical requirements of transporting, repositioning, and assisting patients and clients can be tiring. Inappropriate movements and poor posture could cause strain or bodily injury, requiring pain medications. Following an injury, the healthcare worker may also seek
other substances to help with managing the discomfort, which can further increase the risk of impairment, even after returning to work.

Finally, healthcare providers often work with medications and substances that provide comfort and pain control for patients. They may be tempted to try the drugs themselves by the results that they see when administering them and with routine exposure to these medications, they may actually have opportunities to try them. With continued work, access to drugs and medications can then perpetuate the problem, and the healthcare worker may not only be impaired due to having a substance use disorder and addiction, but may also have difficulties overcoming the condition with repeated exposure to the addictive substances on the job.

**Types of Impairment**

Impairment describes not only an inability to provide appropriate patient care, but also a situation in which patients are in danger because of the healthcare provider’s unpredictability. Impairment may develop due to substance use, emotional or physical health problems, or relationship problems that can affect the healthcare provider’s ability to deliver safe and effective care.

According to the American Medical Association (AMA), impairment of a healthcare provider describes a “condition that interferes with the ability to engage safely in professional activities.” Although this impairment may be caused by different sources, it almost always leads to an inability to sufficiently and safely perform the duties needed to provide patient care and to uphold the professional responsibilities of the healthcare provider.
Substance-Related

One of the more common forms of impairment among healthcare workers is caused by substance use and addiction. This describes impairment that has developed because of the use of chemical substances, including drugs and medications as well as alcohol. It is now known that substance use is not simply the compulsive use of drugs or alcohol that can harm a person’s ability to perform at work accurately; instead, substance addiction is a disorder that has been shown to result from environmental and genetic factors. The healthcare worker who struggles with a substance use disorder will often continue to suffer with poor work efforts and will require treatment and therapy to overcome the condition.²

Healthcare workers are obviously not immune to the risks of developing substance use disorders. In the United States, the prevalence of substance use impairment among nurses is approximately the same as those in the general population, affecting about 10 percent of the total population of nurses.²³ Additionally, a report in Current Psychiatry states that physicians also have rates of addiction that are the same as those of the general population.⁶ While alcohol is one of the most commonly used substances in the general population that contributes to addiction, nurses who become impaired because of substance use are more likely to use narcotics and opioid medications, typically because of their accessibility and convenience at work.

The illness associated with a substance use disorder and functional impairment at work are not exactly the same. They are closely related because a person with a substance use disorder can be impaired enough that it affects the ability to perform a job, particularly if the person is using drugs or alcohol at work or is experiencing the negative effects of substance
use so much that it affects performance at work. However, it is possible that a person with a substance use disorder may continue to perform job functions appropriately if drugs or alcohol are used outside of the work environment and it does not interfere with work performance. For the purposes of this course, though, impairment because of chemicals such as drugs and alcohol refers to those times when a healthcare provider cannot perform his or her duties because of substance use.

*Physical Condition*

Some physical conditions can substantially impact a healthcare worker’s abilities to adequately perform the duties required of the job. As with the description of chemical impairment, a physical illness or injury does not necessarily constitute impairment if the affected person is still able to perform job duties despite the medical condition. However, for some, a medical condition affects the physical functioning of the individual to such a degree that it impacts work and the ability to perform expected duties; consequently, the person is unable to complete tasks, there is an increase in errors, and patients often receive poor care.

The Job Accommodation Network (JAN) affirms that nurses with disabilities have the right to have accommodations made in the workplace so that they are able to complete their tasks. For instance, if a nurse has been diagnosed with diabetes and has difficulty regulating blood glucose levels, the nurse can benefit from the added accommodation of regulating shift work so that routine breaks to check blood glucose levels and to eat a meal are available. There are various accommodations available for healthcare workers who struggle with physical conditions that can affect their mobility or sensory input.
Alternatively, if a physical condition has caused such a decline in functioning such that the affected person has reached a point of being unable to complete work in an appropriate manner, the person needs to be monitored for impairment. An example would be a nurse who was diagnosed with fibromyalgia and who has struggled with chronic pain for several years. During past years, living with fibromyalgia may not have impacted the quality of the nurse’s work. However, as time moves along and the nurse begins to suffer increased pain or other added symptoms, such as a mild back strain lifting an item at home, the diagnosis of fibromyalgia becomes exacerbated and more difficult to endure. The nurse may also have difficulty sleeping at night and may often need rides to get to work on time. While at work, the nurse’s coworkers would begin to notice episodes where the nurse may be dozing off while sitting at the desk. The nurse may exhibit symptoms of being irritable and confrontational and alienating others. These behaviors are clues that a problem of substance use may exist.

The nurse described above is at risk of functional impairment because of a physical condition. Although this nurse has handled a diagnosis and symptoms well in the past, a change in the nurse’s health has caused difficulties with being able to finish work correctly and develops an increased risk of making errors at work and delivering poor patient care, which is typically associated with impairment. This is just one example of a physical condition that could lead to impairment if it is not appropriately managed. Nurses may struggle with acute illnesses and injuries, as well as chronic diseases, which can all impact the ability to function well in the workplace.

*Psychological Condition*

Some mental health issues can impact a person’s abilities to function adequately at work. Mental illness, in itself, is not necessarily an
impairment, but it can cause a change in performance if a diagnosed condition becomes significant or out of control. There are various types of psychological conditions that can be debilitating for the healthcare provider and that can affect the ability to function. Substance use disorders, major depressive disorders, bipolar disorder, anxiety-related disorders, eating disorders, psychosis, or personality disorders all have varying degrees of consequence and can all affect work skills.

Some of the more commonly diagnosed mental illnesses, including mild depression and anxiety disorders, combined with highly stressful work environments, can lead to functional impairment among some nurses. Mental illness affects a nurse’s ability to function as a professional because the stress, feelings, and emotions associated with the condition impact the ability to concentrate, to carry out routine tasks, to think critically, and to communicate with others. The affected nurse may not have adequate coping mechanisms in place to be able to handle the demands of a psychological condition as well as those of a job.

A study in the *International Archives of Occupational and Environmental Health* used a self-report questionnaire among nurses to determine the level of work functioning affected by symptoms of common mental disorders. The 50-question survey was known as the Nurses Work Functioning Questionnaire and it was divided into seven subcategories related to specific elements of functioning, including cognitive aspects of task execution, impaired decision-making, avoidance behavior, causing incidents at work, impaired contact with patients, and lack of energy and motivation. The questionnaire was developed to be able to administer the survey to nurses, particularly those who may be more likely to become impaired due to mental
illness, and to determine the effects of psychological conditions on work impairment.\textsuperscript{27}

The questionnaire considered that some of the more commonly diagnosed mental health conditions, while not necessarily causing a reason for giving up a job, can still contribute enough negative effects to impact functionality within the workplace. For example, a nurse who has been diagnosed with mild depression may still be able to work and fulfill professional responsibilities, particularly if the nurse’s depression is well controlled with medication. However, during increased times of stress at work or in her personal life, the nurse may struggle more with keeping up with the demands of work and could become functionally impaired because of existing depressive symptoms.

Not all healthcare workers with mental or physical illnesses or disabilities become impaired because of their health. Rather, anyone can become impaired due to circumstances beyond their control, whether because of a mental or physical health diagnosis, an incident that leads to extreme stress or trauma, or a debilitating injury. While many would like to believe that impairment could never happen to them, there are many situations that can lead anyone to make difficult choices that change their abilities. For this reason, those who do develop functional impairment in the workplace should not be judged and condemned, but should instead be viewed as people who need help with their present circumstances.

**Effects of Impairment**

Healthcare workers are often held to a higher standard of expectations than the general population, and this view is not without good reason. Healthcare providers hold considerable responsibility as part of their work. At times,
they are involved in life or death situations and their actions may be a
deciding factor in whether certain patients live or die. When impairment
develops among healthcare professionals, the results can be devastating
because of the nature of their jobs and the numbers of people affected by
their work. An impaired nurse or physician not only harms him- or herself in
how an action is decided, but is also accountable to team members involved
in patient care outcomes, as well as to patients and patients’ families when
mistakes are made and care is compromised.

**Poor Patient Care**

An impaired healthcare provider is often divided in allegiance; the provider
may spend time and energy trying to cover activities that are causing
impairment while simultaneously trying to appear normal and maintaining
professional responsibilities. Consequently, patient care is often poor in
quality and not up to standards because of these distractions. Even if no
patients are directly harmed from the consequences of impairment, poor
overall quality of patient care means that a patient’s time receiving health
care services is inadequate and insufficient. The patient may not receive the
services needed and is at higher risk of being harmed due to mistakes made
by the impaired provider.

When impairment develops in a healthcare provider, the individual may
already be aware of limitations in performance that are resulting in poor care
quality, but may also feel trapped and unable to control the situation. The
provider may feel a significant amount of regret about not being able to
change. A study in the journal of the *American Association of Critical Care*
provided questionnaires to nurses who worked in critical care units to
examine the association between caregiver fatigue and clinical decision-
making. The study found that nurses who become impaired due to fatigue
and loss of sleep are more likely to report *decision regret* when compared to those who are not impaired. Decision regret describes a state in which an individual feels shame or disappointment because the outcome of what happened differed so greatly from what was expected or hoped would happen.\(^{29}\) For example, a nurse caring for patients in critical care may expect to provide quality care to patients, but when someone develops an infection because the nurse failed to practice appropriate infection control measures the nurse may feel guilty and disappointed in the quality of clinical care.

Feelings of disappointment and guilt can considerably add to the negative symptoms that may already be present in a nurse impacted by an impairment, which often includes stress, fatigue, and exhaustion. Overall, both the nurse and the affected patients suffer with poor quality of care. The patient receives substandard care and is at risk of harm, and the nurse may feel guilty about the situation but also helpless to prevent it from happening.

Poor patient care can be described as *patient neglect*, in which the patient fails to receive the care that should be administered appropriately under the circumstances. Reader and Gillespie, in the journal *BMC Health Services Research*, described patient neglect as being classified according to two different types: *procedure neglect* and *caring neglect*.\(^{30}\) Procedure neglect describes the inability of the caregiver to provide appropriate medical care to the patient. It may develop as poor patient care in a number of areas, including a failure to follow orders received by the physician, an inability to provide comfort measures when the patient needs them, or performing incorrect actions when carrying out a procedure. Alternatively, caring neglect refers to an unkind attitude from the caregiver to the patient, as perceived by the patient. Caring neglect may be considered as 1) delays in providing help when needed such as with answering call lights, 2) an unfriendly
attitude that makes the patient feel like a bother, or 3) failure to take measures to uphold a patient’s dignity.

Poor patient care is just one of the many potential consequences of working while impaired. Providing low care quality, whether intended or not, affects more than just the nurse and the patients involved; it can impact the healthcare system and the status of the associated healthcare facility, as well.

**Medication Errors**

Unfortunately, medication errors can be costly in terms of financial consequences and to the affected patient’s health. When a patient receives the wrong medication because of an error, the results can be highly damaging, leading to a range of outcomes, from acute illness to permanent, irreversible harm.

The U.S. Food and Drug Administration (FDA) defines a medication error as “any preventable event that may cause or lead to inappropriate medication use or harm to a patient.” A number of physical, psychological, or chemical-related causes of impairment can contribute to medication errors in the workplace. Further, although nurses are the most common type of provider administering medications in the healthcare facility, they are not the only group at risk of committing medication errors due to impairment. Medications are routed through several disciplines within a healthcare facility and many factors associated with impairment in the workplace can contribute to medication errors.

A study found in the *Egyptian Journal of Chest Diseases and Tuberculosis* showed that nurses who are affected by circadian sleep disorders that cause
fatigue, sleeplessness, and exhaustion had significantly greater risks of making medication errors. Although many healthcare facilities espouse the six rights of medication administration, an impaired state may make it difficult for the healthcare provider to remember or to follow through with these checks prior to administering medications, which can increase the risk of errors with administration. Caregivers are also more likely to commit medication errors while impaired if they fail to clarify orders that are not clear, do not confirm the impact or the effects of the medication on the patient’s current condition, or avoid double checking high-risk medications with another colleague.

Additionally, the types, methods of administration, dosages, and indications of medications administered in healthcare are complex and varied. Those who administer medications must be familiar with methods of administration or should know how to gain access to answers if they are inexperienced with giving certain drugs. An impaired nurse may be distracted from work to the point that an inability to follow through with being familiar with the medication being administered becomes compromised; and, if the nurse has never given the medication before, mistakes in administration may occur because time and effort are not taken to find out the correct recommendation of medication administration.

In order for many medications to reach the nurse who provides them, they may first be transported through several departments. The medications may start out in the pharmacy and be distributed to individual nursing units by technicians. The nurse administering the medication often becomes responsible for signing out the drug before using it, as well as maintaining the cart or location where drugs are stored. This may mean counting medications at the end of the shift and wasting narcotics. When a nurse is
impaired, some of these processes may not be carried out correctly. If there is no other person who follows up to check that medications are dispensed, transported, and monitored correctly, there is greater potential for medication errors.  

For prescribing providers, medication errors may develop as a result of unfamiliarity with prescription drugs, their dosages, or common side effects. When a prescribing provider is impaired, he or she may not consider the signs or symptoms of the patient that would indicate the need for prescription medication. Further, the provider may write the prescription for a nurse to administer but may not remain in the area to determine the effects of the medication. The inappropriate prescription of medication for patients, whether by prescribing the wrong dose or for the wrong indications, or failing to consider concomitant medications that could cause a drug interaction may all be the cause of medication errors that can harm the patient.

*Medication Diversion*

Medication diversion describes the unlawful taking of a drug that belongs to someone else. In cases of healthcare providers who practice medication diversion, drugs are often taken from patients but they may be stolen from others within the healthcare facility, including visitors and family members or from the facility stock itself. Drug diversion is a significant problem among healthcare providers in the United States. Diversion of medications places the healthcare center at risk. When a healthcare professional uses medications illicitly, he or she is breaking the law by stealing, the patient is not receiving the appropriate medication to treat a condition, and the healthcare facility is put in jeopardy.
According to the *New England Journal of Medicine*, between 2002 and 2011, approximately 25 million people in the United States used opioid medications for non-medical use.\(^{12}\) When a healthcare provider diverts medication, the drug may be sold for profit; however, in situations where diversion is the cause of impairment, the person stealing the medication is often using the drugs. In addition to the pain and discomfort experienced by the patient who does not receive the appropriate medication, drug diversion supports substance use and addiction among healthcare workers who are stealing the medications; and, it increases the risk of death or disability due to overdose and costs healthcare facilities lost money in time and productivity.\(^{35}\)

Some types of medications are more commonly diverted and used in certain care areas than others. For instance, among anesthesiologists and nurse anesthetists who become impaired due to substance use, opioids and propofol are the most common drugs used according to the *American Association of Nurse Anesthetists (AANA) Journal*.\(^{33}\) Additionally, the most common types of drugs diverted by healthcare providers in acute care facilities, outpatient care centers, and long-term care facilities are opioids, but these professionals have also been shown to divert various other drug types, including sedatives, stimulants, and inhalants.\(^{34}\)

In addition to the negative effects of patients not receiving appropriate care and medication when needed as well the illicit support of drug use among impaired healthcare workers, medication diversion can also have a legal impact on those involved. Diversion is actually theft of medication designed for someone else, which means that when an impaired individual is caught diverting medications, he or she could be charged with criminal activity.
When medication diversion is discovered, the organization must not only address the involved person to receive the treatment needed, but it must also examine the factors involved that allowed the diversion to occur. Part of this requires investigating protocols and systems that are in place regarding medication administration and the wasting of narcotic medications, as well as the process of checking narcotic medications with other personnel, including colleagues in the healthcare unit; such as, the physician, surgeon, or anesthesiologist, or members of the pharmacy team.

There are organizational policies in place that are intended to protect against the unlawful taking of medications for purposes other than intended. When these policies are not followed and a worker is caught diverting medications and putting others at risk, there is most likely some type of flaw in the system that allowed the affected personnel to continue with diversion. When diversion is discovered, the nurse executives and leaders of the organization have the legal responsibility of investigating the situation to determine what factors could have been handled differently and what protocols were violated. The organization must also disclose this information to the proper authorities when it occurs. Failing to do so can result in further legal action against the organization, and the impacted healthcare center could be fined and could lose the ability to continue to provide services because they put their workers and potential future patients at risk.

An example of this is Northwest Hospital in Seattle, Washington, where a surgical technologist was found to have been stealing syringes with fentanyl and diverting the medication. The worker was employed at Northwest as well as at another hospital in Colorado, where he was brought up on charges for medication diversion and placing patients at risk of exposure to hepatitis B and C and to human immunodeficiency virus (HIV). Although the surgical
A technologist was working at Northwest hospital, the facility failed to make a report to the Washington State Department of Health. The healthcare center was required to come up with a plan of action that would prevent similar situations in the future. If the proposed plan were determined to be inadequate or inappropriate, the facility could face future charges and the state would need to step in to enforce further action to prevent endangering other patients.\textsuperscript{16}

Medication diversion is problematic for all parties involved. Because it involves an actual theft of medication, the consequences can be more damaging when compared to some other effects of impairment. Regardless, impairment in the workplace, whether it leads to medication diversion or not, only causes difficulties for those implicated.

\textit{Diminished Health}

Yet another effect of impairment is the diminished overall health of the impaired person. A medical condition that causes impairment may continually worsen, potentially affecting the individual’s health overall and abilities to perform at work. What was once an illness that might have only mildly affected mobility or functioning may intensify to become almost debilitating due to decreases in health and strength. Diminished health describes a state in which a person’s health and wellbeing are weakened and the individual’s ability to function is not as strong or robust as previously. The person may be fatigued or exhausted and routine tasks that normally require little effort can become overwhelming; and, there may be suffering from physical symptoms of poor health and/or diminished psychological or mental health.
Substance use that causes impairment is a common source of diminished health. The impaired nurse is at risk of many of the negative effects of substance use and addiction when it is the cause of the impairment. There is a risk of overdose of medications when anyone takes too many at one time; a healthcare worker, in an attempt to make it through a shift or when failing to consider the amount of drugs or alcohol being consumed, may put him- or herself at risk of an overdose. The ongoing effects of substance use also take a toll on physical health. Frequent drug and alcohol use cause liver damage, cardiac arrhythmias, impaired cognitive functioning, and impaired immune system functioning.\(^{10}\)

Frequent substance use also increases the risk of injuries of the person using the substances. The individual develops less bodily control and ability to manage actions, and may be at risk of being injured while on the job. Such injuries at work could include slipping and falling, breaking items, sustaining a needle stick injury from a used syringe, or misusing medical equipment.

The affected individual may suffer from mental health problems when substance use is apparent, leading to diminished overall emotional and psychological health. Substance use and addiction can lead to altered states of consciousness, hallucinations or delusions, paranoia, impulsive activity, and depression or suicidal ideation.\(^ {10}\) Drugs that cause mind alterations can affect various parts of the body that have control over mood, including the limbic system within the brain. Use of drugs or alcohol affects neurotransmitters such as dopamine, which not only impacts a person’s mood and feelings, but also contributes to the formation of substance addiction. When discontinuing the drug use and drug cravings begin, the changes in neurotransmitter levels caused by the drug lead to poor self-
control and an inability to stay away from the drug, which further perpetuates the addictive cycle.

The development of substance addiction is detrimental to the health of the affected individual, leading to both short-term and long-term consequences in addition to causing issues related to work functioning. Even substances that are viewed as harmless or less dangerous than some other drugs may still lead to addiction and diminished health and quality of life. An article by Volkow, *et al.*, in the *New England Journal of Medicine* discussed the harmful effects of marijuana use, including short-term and long-term ill effects on health and wellbeing.

Although the drug is used as a medical treatment and its recreational use has been legalized in many states, marijuana can still cause impairment in functioning. Short-term use of marijuana leads to impaired short-term memory, impaired motor coordination, paranoia, and psychosis; while long-term use can cause altered brain development, cognitive impairment, symptoms of chronic bronchitis, and overall poor quality of life. Further, approximately 9 percent of those who experiment with marijuana will eventually become addicted to it.\(^{11}\) Despite its popularity, marijuana use can definitely affect a nurse’s performance on the job and can cause impairment.

Short-term use of opioids, which may be one of the more common types of drug diversion in the workplace, can eventually lead to a substance use disorder and addiction. Most people who use opioids do not set out to become addicted; even a healthcare worker who is diverting medications such as opioids from patients may only begin to use the drugs as a short-term method of controlling pain or to feel better. Certainly, the short-term effects of narcotic medications lead to feelings of euphoria and pain relief
and can contribute to feelings of satisfaction, which is pleasurable for a person who is looking for relief from physical or emotional pain. However, with continued use, addiction can develop and the affected person often must continue to use or divert the medications once starting substance use. Long-term use of opioids can cause liver damage, as manifested by jaundice, easy bruising, and fatigue; as well as abdominal distention and bloating, nausea and vomiting, chronic constipation, and brain damage from respiratory depression.¹³

**Identifying Signs Of Impairment In The Workplace**

One of the more important aspects of managing impairment in the workplace includes understanding the signs and symptoms of impairment when it develops. There are various characteristics that are commonly seen among workers who are impaired. They not only demonstrate changes in their abilities to perform their jobs correctly, but they also have other elements in common that may be seen while trying to work. Often, these signs are noticeable to others in the workplace, but they may or may not be recognized as potential indications of impairment.

A person who was once responsible or considered a hard worker may experience changes in activity levels and reliability in the workplace once impairment has developed. For practitioners who have developed substance use disorders, these changes, including behavioral changes, alterations in physical appearance, or changes in attitude or personality, are the biggest indicators that there may be a problem.¹

**Errors While on Duty**

An impaired healthcare provider is at greater risk of making mistakes during the course of duties. These errors could range in significance from
inconsequential to life threatening. The person who struggles with emotional or chemical impairment may be distracted because of physical symptoms or conflicting thoughts. In some cases, particularly when impairment affects the worker’s physical abilities, the individual may be so distracted by discomfort or distress that inability to complete tasks on time or correctly occurs. This can lead to mistakes and errors in caregiving.

Difficulties with concentration and excessive focus on the cause of the impairment can lead the impaired nurse making mistakes that are often classified as either errors of omission or errors of commission. Errors of omission are those that happen when the healthcare provider fails to take steps to prevent the mistake from happening. For example, an impaired nurse, who is caring for a patient, does not take the time to explain to the patient how to use the call light and the nurse does not ensure that the call light is within the patient’s reach. The impaired nurse’s distraction may result in the patient falling when getting up from bed, and causing the patient injury that could have been avoided. Errors of commission are those mistakes that occur because the healthcare provider acted incorrectly, which resulted in an error. An example of an error of commission might be when an impaired nurse administers the incorrect amount of medication to a patient because the order was misread and the nurse did not want to check the dose with another nurse.

Regardless of whether an impaired provider commits an error of omission or one of commission, the patient under the care of this provider is at risk of being seriously injured. Coworkers of the impaired nurse may notice that the particular worker tends to have more mistakes on his or her record when compared to other staff members, or they may be aware that the particular
nurse is not someone who can be trusted with certain patient caregiving activities.

Errors may be manifested in a number of ways. Among nurses or technicians who provide direct bedside care, errors may occur as administration of incorrect types or amounts of medication, failing to take the proper steps when performing certain procedures, forgetting to chart or document important information, or neglecting to complete routine tasks of patient care. Among prescribing providers such as physicians or nurse practitioners, errors that occur as a result of impairment may be manifested as errors in ordering procedures or tests, mistakes in writing prescriptions, incorrect or inaccurate dictation, or failure to return phone calls or follow up on patients at appropriate times.

**Leaving Early, Arriving Late and Excessive Absences**

Healthcare workers often keep unusual schedules and when impairment develops, the affected individual may have difficulty maintaining a work schedule and working required shifts. Although the worker may be scheduled to work certain hours, others may notice increasing later arrivals to work than usual or that early departures before the end of the shift occur. Sometimes, the cause of impairment makes it difficult for the affected person to complete an entire shift or to maintain the required number of hours needed to keep a job. If the cause of the impairment exists outside of the workplace, keeping a schedule and being on time is less of a priority. The individual may try to finish the job and leave a shift early or try to leave and come back.

Alternatively, when addiction is present and the healthcare worker has access to medications in the healthcare environment, he or she may extend
work hours to have more access to drugs. Others may initially believe that the worker is being responsible by working extra hours or staying for overtime work. Unfortunately, while the individual may be present for a shift, he or she does not necessarily work at a professional level or fulfill expected duties.

The reasons for leaving early or arriving late may be vague. When excessive absences occur, the grounds for missing work may sometimes be unclear and poorly explained. Alternatively, some workers may have elaborate stories or scenarios about how or why they needed to miss work or why they did not answer the phone. At first, these excuses may be interesting or might have shock value for others. Over time, though, the reasons become less convincing and no one wants to listen anymore. Coworkers often have an increasingly harder time accepting excuses for absences and tardiness when they occur frequently.

**Patient Rounding and Time Disparity**

Routine patient rounds are typically conducted during regular hours and may be performed at anticipated times during work shifts. The physician or nurse who reviews the patient’s chart and who leaves new orders at odd times of day or night might be doing so because they are hiding something. The rounds may be much earlier or later than usual, leading others to distrust when the provider might actually arrive to round. Colleagues are unable to tell patients about when to expect the provider to arrive for orders and procedures may be delayed because one or more people are waiting for the healthcare practitioner to make rounds.

As an example, a physician suspected of being impaired is often late to round on patients, which often requires others to wait for procedures, new
orders for medications, or orders for hospital discharge. The physician may be late to show up to work because of difficulty getting out of bed in the morning and be impaired due to alcohol use. The staff often grows accustomed to physician tardiness and often make excuses for the physician’s behavior, but as the problem grows it can lead to resentment among the nurses, since they often feel compelled to make excuses to patients about why the physician has not arrived yet to make rounds.

**Patients with Elevated Pain**

When an impaired physician or nurse diverts pain medication from patients, the patients often do not receive adequate amounts of the medication to control their pain. The nurse may document that he or she administered a full dose of the drug but may have actually given a partial amount and kept the rest. In some cases, the nurse may check out a narcotic medication and document that it was administered to the patient, but may keep the medication to use while never telling the patient that the drug is available as treatment.

Obviously, diversion of medication is not helpful for the patient and does not support patient wellbeing or healing. The patient struggles sometimes with severe pain while the addicted professional meets his or her own needs by using the medication instead. Some impaired workers may reason that the patient will not remember having received the medication or not, particularly if it is during an early post-operative period when the patient is still recovering from anesthesia or if the patient is already cognitively impaired. If no one else, such as family members or a visitor, is around during patient care, the nurse may believe that “it is the patient’s word against mine” when it comes to pain control; the patient may complain of never receiving the medication while the nurse may have documented the administration.
In some cases of medication diversion, patients are not given the dose of pain medication because it has been stolen and used illicitly; however, there are also some cases where healthcare providers have substituted other substances under the guise of administering the pain medication to make it appear as if they are actually administering the drug. Such is the case of some well-known reports of healthcare workers substituting saline in the syringe of a narcotic after they have kept the drug for themselves. The saline looks the same as the medication and the patient may not know the difference, except that the pain encountered is not under control afterward.

The practice of administering substitute solutions for the appearance of administering pain medication puts patients at risk of harm because they may have a reaction to the substance, the elements could be contaminated, or the needle on the syringe could be used and spread infection. Many patients are already at risk of infection because of illness or hospitalization. By injecting other substances that are not sterile or using used syringes, these patients are placed at further risk of harm during a time when they are highly vulnerable.

Nurses who administer pain medication are often in a position of power to control diversion if they choose to do so. Most patients are unaware of their exact orders for pain medication and they do not know how much they are allowed to receive. A nurse could tell the patient that the physician only ordered the drug to be given during a certain period of time, and the patient may not question the orders. In this way, the patient trusts the nurse to provide medication and pain relief as it has been ordered and trusts that the nurse has the best interest of the patient in mind and will help to promote comfort. Ultimately, when a nurse diverts pain medication from a patient who needs it, he or she is breaking that bond of trust in nursing care.
Dishonesty

Being dishonest and lying are distinctive elements of impairment; often the healthcare worker who becomes impaired has reason to hide a condition or the extent that it is causing problems. Lying, covering up errors and misjudgments, and telling untruths are common components of covering up.

Nurses are often in positions of education and teaching their patients, visitors, and colleagues, whether it is instructing a patient about how to use medication or contacting a physician about abnormal laboratory results. Communication is vital to the practice of healthcare and dishonesty in communication disrupts the integrity of healthcare. Dishonesty breaks down the trusting relationship that should develop between the caregiver and the dependent patient. The patient being cared for by a dishonest nurse or provider cannot have confidence in the caregiver’s actions or statements.

Dishonesty may come in the form of verbal dishonesty, such as through lying or fabricating information. Examples might include purposely avoiding telling a patient about his or her condition or telling a patient that pain medication will be received but then administering another drug instead. Dishonesty may also occur as fraudulent documentation, in which the caregiver falsifies documents to cover up actions. For instance, a nurse who has been diverting medication may document that a specific dose of morphine was administered to a patient who was experiencing pain but actually only gave the patient half of the dose and kept the other half.

In the case of the impaired professional, dishonesty almost always develops as a consequence of impairment. The impaired person often cannot be honest about his or her condition or situation and the longer the circumstances go on, the more complicated the situation becomes. Over
time, the individual must go to greater lengths to cover up actions until many contacts and interactions are deceitful and misleading. If others find out about the dishonesty or the situation causing the impairment, they are often shocked and disturbed and they may feel betrayed by the individual because of the situation.

**Increased Narcotic Usage for Patients**

A patient who is being cared for by an impaired nurse may have a record of using a large amount of narcotics that were prescribed for pain, when in reality, he or she received very few of them. If a nurse is diverting narcotic medications, it may appear to others as if many of the nurse’s patients require large amounts of narcotic pain medications. Instead, the nurse may make comments about how much pain medication that is needed to give and may document the administrations, but is instead taking the drugs him- or herself.

Among the drugs most commonly diverted from patients who are experiencing pain, fentanyl and oxycodone rank among the top, although there are numerous other drugs used incorrectly within healthcare that may be stolen or used inappropriately by healthcare workers. A nurse who always seems to have patients with severe pain, who needs to frequently sign out and administer pain medication, or who often wants to be in control of the narcotic keys for the unit is demonstrating a potential sign of impairment caused by diverting narcotic medications from patients.

**Need for Money**

An impaired healthcare worker may develop financial problems, which could be manifested in a variety of ways. Depending on the cause of the impairment, money issues may develop because the individual has difficulty
paying for healthcare services or medications; for instance, a nurse diagnosed with bipolar disorder may have difficulty paying for ongoing medical bills or may be unable to pay for medication. When the nurse does not take medication because of not being able to afford it, the nurse is further impaired due to his or her condition.

A healthcare worker struggling with substance use and addiction may have financial problems, particularly if spending money on securing more drugs or alcohol to support addiction. As an example, an impaired nurse may struggle with drinking too much alcohol and may spend a lot of money each day at the liquor store. Another person who has falsified prescriptions may try to fill them at a pharmacy by paying cash; over time, this can become expensive when the affected person spends most extra money supporting an addiction.

Colleagues of the impaired person may notice that he or she often seems to need money. He may avoid activities that involve spending money for items, such as ordering lunch or going out after work. The affected person may also try to borrow money from others, which can be uncomfortable to coworkers, particularly if the person forgets to pay people back. The need for money can cause significant stress on anyone; being short of money because of supporting a substance addiction only increases the burden on the person involved.

**Physical Symptoms**

Impairment that affects a healthcare worker’s abilities to perform job duties appropriately can be manifested through physical symptoms that may or may not be obvious to others. These signs and symptoms often develop because of the effects of substance use or a physical condition taking its toll on the body. The physical changes may appear almost instantly after use of
some substances. Alternatively, chronic use or problems causing impairment may lead to physical changes that develop over time. Sometimes, a worker who has become impaired may demonstrate changes that were not present a few weeks or months prior. A person who sees the impaired worker again after a period of time away may be startled by the changes in appearance. For those who work with the impaired person on a regular basis, the physical symptoms may not be as noticeable because the changes can appear slowly. Sometimes it takes someone seeing the impaired worker after time spent away to really recognize the impact of the physical changes in appearance that come with impairment.

*Dilated Pupils*

A classic physical symptom of substance use, dilated pupils, appears when drugs affect the body’s neurotransmitter levels. Recreational drugs such as cocaine, amphetamines, and ecstasy can cause an increase in serotonin levels in the brain. This serotonin increase causes mydriasis, the technical term for pupil dilation. Mydriasis can also develop after stimulation of dopamine, another prominent neurotransmitter; using substances that affect dopamine levels, such as with marijuana use, leads to dilated pupils.

Mydriasis can develop for a number of reasons and is not always related to substance use. The pupil of the eye controls the amount of light that reaches the retina; so, in some cases dilated pupils are beneficial. However, under normal circumstances, the pupils should constrict when exposed to light. If they do not constrict, the person may experience discomfort because too much light is entering the eye.

Dilated pupils are noticeable in a person if the size of the pupils does not change with an alteration in the amount of light in the room. Dilated pupils
alone are not a confirmation of substance use, but they typically do mean that the person has done or used something that has affected the size of the pupils. Abnormal activities or behaviors, combined with dilated pupils could be causing impairment.

**Frequent Runny Nose**

A person who struggles with substance use may have frequent nasal congestion, evidenced by a runny nose or nasal stuffiness. This develops when the individual is using drugs that are snorted through the nose, including stimulants such as cocaine. Occasional snorting of cocaine can cause nasal congestion because the drug constricts blood flow to the mucous membranes in the nasal passages. Because the mucous membranes inside the nose are very delicate and the blood vessels are small, they can be easily damaged with cocaine use. Eventually, the individual may develop sores inside the nose from tissue breakdown due to a lack of blood supply. This is evidenced by nosebleeds, nasal swelling and swelling of the face near the nose, and complaints of pain.

The affected person may frequently sniff or use tissues to control nasal congestion. They may exhibit nosebleeds more often than the average person. Others may notice that the impaired individual wipes at the nose, tries to scratch or blow the nose, or rubs the face on a regular basis. The person’s manner of speaking may also change if nasal congestion is severe, and it can be difficult to understand what is being said. A runny nose may be caused by a number of conditions, including seasonal allergies, an upper respiratory infection, or crying, but when symptoms of frequent nasal congestion are combined with other telltale characteristics of substance use, there may be greater problems to consider.
**Slurred Speech**

Slurred speech often occurs following consumption of substances that affect the muscles that control speech; mainly, the muscles in the mouth, jaw, and respiratory tract. Slurred speech is also known as dysarthria, which can develop from alterations in the central nervous system. Dysarthria has been known to develop with certain medical conditions, such as following a stroke or due to a degenerative neuromuscular condition. An impaired worker can develop slurred speech if a medical condition exists that impacts brain functioning, as well as if certain substances have been consumed such as alcohol.

Slurred speech can be difficult to understand. It can be manifested in a number of ways, including garbled or incoherent sounds, speaking too fast or too slowly, or running of words or sounds together. Mood changes or alterations in posture or gait may accompany the slurred speech. The impaired individual may be speaking normally for a time but may then develop slurred speech at some point, such as, following a break. The person may or may not make sense in what they are saying or they may discuss meaningless topics.

**Tremors**

Tremors describe the uncontrollable shaking of extremities that can occur as a result of a medical illness or due to drug or alcohol use. Some illnesses can cause tremors as manifestations of the disease; for instance, poorly controlled glucose levels that lead to hypoglycemia can cause shaking. Some chronic illnesses, particularly those that affect the neurological system, can cause tremors as well.
When the impaired worker is dealing with substance use, tremor can develop with certain types of drug use or it may occur if the individual is going through drug or alcohol withdrawal. Drugs that are stimulants, including amphetamines or cocaine may be more likely to cause tremors with use because they arouse the activity of the central nervous system. Tremors can also develop with drug or alcohol withdrawal if the individual has used the substance for a period of time and then is trying to go without. Overuse of illicit drugs and alcohol can cause nerve damage that could be part of the cause of the tremors. With frequent and chronic substance use, the body adjusts to having a certain amount of the substance in its system. When the substance is quickly removed, such as in the case of withdrawal, the body may then respond by producing tremors and shaking.

Tremors can affect any part of the body, but they are most notable in the hands and in the head. Others who are working with the impaired nurse may or may not notice the tremors if they do not directly witness the movements. Often, tremors are only visible with activity; for example, a person may try to place items on a tray for a patient and may have visible shaking of the hands while doing so. When not moving, though, the individual may not have as severe of tremors.

The involuntary shaking can be quite dangerous for patients in some cases. In situations where a patient must undergo a delicate procedure or surgery, tremors can cause a life-threatening injury if the healthcare provider is unable to control body movements. An example of this would be tremors in a surgeon who could accidentally lacerate an artery or other tissue during surgery because of hand shaking.
When tremors are the result of drug or alcohol use or withdrawal, the individual may also exhibit other characteristic signs that accompany the tremors. For instance, the affected person may appear agitated or nervous, may have anxiety about routine matters that are normally not threatening, or may appear confused and forgetful. When these symptoms are noted, the affected person must be evaluated for a condition contributing to impairment as quickly as possible.

**Unsteady Gait**

An unsteady gait and a lack of coordination may follow substance use. Ataxia, which is defined as a loss of normal coordination required to perform routine body movements, occurs with substance use because of the effects of drugs or alcohol on the central nervous system. When an alcohol use disorder is present, the affected individual sustains damage to the cerebellar portion of the brain, the white matter of the brain, and the central nervous system. Chronic alcohol use can lead to a decrease in dopamine, which can affect skeletal muscle control.\(^49\)

Drug use also affects dopamine levels in the brain, impacting voluntary muscle movement in the rest of the body. An article in *Current Drug Abuse Reviews* showed that opioids, amphetamines, and cocaine all have the potential to cause ataxia because of their effects on dopamine levels.\(^50\) Additionally, withdrawal from frequent cannabis use and alcohol can also cause tremor and ataxia in affected persons.

The damage induced to the cerebellum by substance use is demonstrated through poor muscle coordination, which can lead to an unsteady gait. The impaired healthcare worker who shows problems with coordination and movement may be more likely to stumble while walking, run into others, and
lose balance and fall. If the unsteady gait is common, the affected person could be injured by running into items or other people or by falling. If the individual is providing patient care and is unsteady, he or she could also harm patients by dropping items or contributing to patient falls.

Sleepiness

Everyone needs sleep to recharge their bodies and their minds. Sleep is critical for storing memories and processing information, however, use of some substances can lead to insomnia that results in a loss of sleep. Additionally, some substances depress the central nervous system with use and may cause sleepiness, despite adequate sleep at night.

The individual who exhibits sleepiness may complain of feeling tired and may appear lethargic. He or she may be drowsy while sitting down to complete tasks, such as charting or computer documentation. The affected person often appears to have difficulty with keeping the eyes open and may actually doze off for short periods during a shift; this may occur while sitting or standing.

Increased sleepiness or drowsiness often develops as a result of using specific types of drugs. Drugs that depress the central nervous system, including benzodiazepines, opiates, barbiturates, and alcohol can all induce sleepiness, but they do not necessarily improve sleep overall. Instead, an individual who has used these substances may feel drowsy but when trying to sleep, will not be able to achieve adequate rest. When a person uses stimulants, such as cocaine or amphetamines, he or she may feel energized initially, but when the effects of the drugs wear off, he will then feel extremely tired and sleepy.
Sleepiness is problematic whether it is acute or a chronic problem. A person who arrives at work very sleepy may be lacking in sleep and while the condition only occurs in the short term, it is still a challenge to complete the caregiving tasks required for the job. Alternatively, someone who is chronically sleepy is often undependable and also makes work challenging for him- or herself and others. When it is difficult to stay awake during a shift, the nurse and patients are at risk of harm; additionally, colleagues often find themselves making up for lost work and productivity.

**Sweating**

The amount of sweat that an individual releases can vary depending on several factors, including ambient temperature, physical exertion, and emotional state. The amount of sweat released is also related to the number of sweat glands in the skin that a person has, therefore, some people do sweat more than others. Sweating is controlled by the autonomic nervous system, so each person cannot regulate how much he or she sweats.

Certain illicit substances can cause hyperactivity of the sympathetic portion of the autonomic nervous system, which leads to jitteriness, anxiety, and sweating. Recall that the sympathetic nervous system is responsible for the fight-or-flight response in which an individual will have an increase in heart rate and blood pressure, as well as dilated pupils. Amphetamines, cocaine, and phencyclidine (PCP) are some drugs that can cause sweating with use. Additionally, withdrawal from substances such as opiates and alcohol can also cause excessive sweating.

Sweating can be difficult to hide, especially when it is profuse and excessive. The individual may appear flushed and hot, have damp hair or moisture noted on the face and neck, or moisture may be noted on clothing. Sweating
does not necessarily cause an odor, but the individual may have a slight amount of body odor noted to those nearby. The most common locations where wetness tends to be noted are on the forehead, the palms, the feet, and under the arms.

Some facilities measure sweat as a type of testing for drug use. An article in the journal *Current Medicinal Chemistry* stated that sweat analysis is a viable alternative as a method of drug testing among employees that are potentially impaired because of substance use. Sweat can be measured to detect various drugs of use, including cannabis, opiates, amphetamines, and cocaine. Although not all people who exhibit excess sweating are under the influence of drugs or alcohol, because sweating is such a common manifestation of substance use, the affected person may produce more sweat that is accessible for testing. Sweat contains many chemicals that have recently been ingested, so sweat testing for substance use is one potential option for identifying drug use if suspicions arise.

*Fatigue*

Stressors that cause impairment, such as through substance use and addiction, physical illness, or mental health issues, can be exhausting to work through and to hide from others. The impaired professional may seem fatigued and tired much of the time. Fatigue may occur as a result of the time and energy it takes to hide the problems from others. The person may also suffer from fatigue because of the effects of the condition. Certain medical conditions actually cause fatigue as a symptom. Fatigue also develops related to substance use, such as during a hangover following binge drinking or sleepiness associated with certain central nervous system depressants.
Fatigue may be easy to recognize because of the outward changes in appearance that it causes. Externally, the individual may appear sleepy and may work at a slower-than-normal pace, may seem listless and withdrawn and may have difficulties concentrating. Some people with fatigue complain of having memory loss or physical symptoms such as muscle aches. Fatigue is not always easy to see from another’s point of view. For some people suffering from significant fatigue, the battle is internal and no one understands the feelings of being tired all of the time. The individual may have increased anxiety or feelings of depression, may lose interest in normal activities, or may become exhausted and tired after completing the most basic of tasks. Others working with the impaired provider may notice that it takes longer to complete tasks, that the individual stops to rest frequently, or that he or she complains of having little energy.

Weight Changes

Weight changes are one of the physical differences that occur with impairment that may or may not be obvious to others who are frequently in contact with the affected worker. As with intentional weight loss or weight gain, those close to the person may not notice small changes over time. However, when someone who has not seen the affected person in a while does have contact with him or her again, the weight changes may be stark and noticeable, particularly if the impairment has been going on for quite some time.

An impaired worker may develop weight loss or may have weight gain due to the factors that are causing problems with work. In the case of substance use, weight fluctuations can be rapid and may be noticeable to those close to the affected person. Changes in appearance such as clothes appearing too tight or too loose on the person’s frame may be noticed. Those who share
meals with the impaired worker may notice that more than usual amounts of food are eaten or, conversely, that the person picks at food and barely eats at all. Once these items are detected, it may be easier for others to refer to old photos that can show the person’s appearance and weight change in recent history.

Substance use can cause weight fluctuations through a variety of mechanisms. Increased use of substances such as drugs or alcohol may affect the times of eating occasions and the amounts eaten at each meal. The individual is more likely to have irregular eating patterns and may eat very small or very large amounts of food at various times. The selected foods are also not necessarily healthy, either. Foods may be very high in calories or they may contain few nutrients and significant amounts of sugar or fat. In cases of alcohol use, the individual may gain a substantial number of calories in the daily diet through alcoholic beverages alone, with little other food involved. The affected person is then at higher risk of malnutrition due to lack of nutrients, whether food intake is excessive or depleted.

Substance use also impacts absorption and metabolism of nutrients. Certain substances can damage the gastrointestinal tract, which affects how specific nutrients are absorbed. The rate of digestion may be slowed, appetite may decrease, and the individual may be more likely to suffer from constipation. In these cases, the person may suffer from weight loss because of little desire to eat or of feeling uncomfortable.

The liver also often has to work harder to break down substances to excrete them from the body. When alcohol use is present, there is an increased risk of obesity and type 2 diabetes because of the effect alcohol has on the
liver. If the individual uses alcohol and eats excessive amounts of food, higher levels of circulating glucose in the bloodstream may develop. Because the liver is spending extra energy trying to remove toxins from the body, it has less energy to spend processing high blood sugar.

Misuse of certain depressant drugs, including opiates and sedatives can also cause weight changes that may lead to weight loss over time. Many opioid analgesics cause a slowing in the digestive process; even use of some opioids within prescribed limits can lead to constipation for some people. Repeated and illicit use of these substances increases the risk of constipation, nausea, and drowsiness, and the person taking them may experience a loss of appetite, may have irregular eating patterns, and may eventually lose weight.

The Coalition Against Drug Abuse discusses the harmful effects of significant weight changes that can occur with substance use and addiction. Changes in blood glucose levels increase the risk of type 2 diabetes; further, the impaired individual may be more likely to suffer from cardiac arrhythmias, gallstones, kidney disease, changes in blood pressure, and electrolyte imbalances, which could be life threatening. The combination of malnutrition, fluctuations in metabolism, and potential health problems associated with weight changes can affect how well an impaired individual is able to perform a job. These issues are challenging even when substance use is not present; when a person is impaired because of drugs or alcohol and also experiences weight changes, the ability to maintain a professional role may be significantly tested.
Mouth Odor

Certain substances can cover odors if an impaired person is using items that can cause a strong smell. As an example, drinking alcohol produces a characteristic odor on a person’s breath and can often be smelled on clothes and the body as well. The impaired provider may try to mask odors of substance use by chewing gum, eating mints, or using mouthwash. These items are designed to cover odors and replace foul odors with other scents, such as peppermint or cinnamon. The distinctive smell of mouthwash or chewing gum may become a common and familiar scent associated with the impaired person.

Use of mints, mouthwash, or gum may be particularly noticeable in a person who has previously not used these products in the past. For someone who has worked in the same location for a period of time and who has a history of cleanliness and is well groomed, the sudden and frequent use of breath fresheners may be suspect. Obviously, the use of these products in themselves is not enough of a reason to suspect substance use or cause other reasons for doubt, however, when combined with mistakes in judgment, odd behaviors, and other signs or symptoms of impairment, it is important to note that the affected person does use these items and it may be to cover what is being done.

Nausea, Vomiting, Diarrhea

A healthcare worker who is struggling with issues that cause impairment may complain of feeling ill more often and coworkers may notice more time spent away on sick leave. At times, substance use can cause negative side effects of nausea, vomiting, or diarrhea. Overuse of substances also causes these ill effects, and coworkers of the impaired nurse may recognize the signs of acute intoxication that leads to nausea and vomiting.
Some medical conditions that, when present lead to functional impairment, could also cause physical symptoms of sickness. Finally, the stress associated with a specific condition, whether a medical or psychological disorder, substance use, or being a caregiver in a traumatic situation can make some people feel physically ill and may lead to gastrointestinal symptoms. Isolated incidences do not necessarily infer a problem; the issue occurs when illness strikes repeatedly and the individual is missing work time or is unable to perform routine duties of the job because of illness.

**Mood Changes**

Substance use causes mood changes that may be manifested in different ways with frequent use. The changes may be exhibited differently, depending on the substance used. The mood that the impaired nurse demonstrates may sometimes give a better indication toward the type of substance being used. For example, methamphetamine use causes an elevated mood, so the person using this type of drug may exhibit mood changes and become more excited and talkative, and they may appear euphoric and giddy. Additionally, amphetamines can cause a person to appear anxious and tense, highly alert to surroundings, and edgy.

On the other hand, following the use of depressant drugs, such as benzodiazepines or alcohol, the person may appear calm, peaceful, or happy but body movements are often much slower, and the person might also seem dazed or sleepy. With opiate addiction, the individual may have mood changes that are similar to those seen with bipolar disorder. He or she might be happy, excited, and busy one minute and then down, sad, and depressed the next. Unfortunately, with this type of drug use, the mood swings can be quite severe.
If an impaired individual is diverting drugs at work, mood changes may be more noticeable at certain times, particularly just after taking the medication. During routine breaks, the nurse may not eat or spend time with coworkers to sit down and rest but instead may disappear for short periods and spend time alone, in the bathroom, or outside of the building. Upon returning to work, the person’s mood may have changed considerably compared to his or her mood before the break if drugs or alcohol were used, as the effects of the substances will change the person’s attitude and behavior.

For example, a nurse working in the orthopedic unit who has been diverting opioid analgesics from patients to support a drug addiction may document that a certain amount of morphine was administered to a patient who is recovering from a total knee replacement. In reality, the patient was given only part of the dose and the nurse kept the rest to use instead of wasting it. The nurse may keep the drug on his or her person until the time of a bathroom break when the rest of the drug may be taken. After returning to work, the impaired person’s coworkers may notice that he or she seemed giddy and excited, whereas earlier that morning, the person seemed tired and irritable after staying up too late the night before. Abrupt changes in mood and behavior are characteristic signs that there is a problem, which needs to be investigated further.

*Emotional Symptoms*

In addition to the physical symptoms that indicate a problem that causes functional impairment, a healthcare worker who is impaired may also exhibit emotional symptoms that are clues to an existing problem. Emotional symptoms may develop as a complete change in a person’s character and
may be unfamiliar when first exhibited. If the person is chronically impaired, others may eventually adjust to the changes in the person’s emotional state.

**Angry Outbursts**

The impaired individual may demonstrate changes in personality and may exhibit emotional reactions that are uncommon for his or her normal demeanor. An example is outbursts of anger or rage over relatively minor misunderstandings or mistakes. The person may seem much more irritable than normal and may become upset easily.

Angry outbursts can actually lead to violence, which can be disturbing to witness, particularly if the person is normally not prone to anger or aggression. This can be manifested in a number of ways, from arguing or yelling at visitors or coworkers to throwing items or becoming physically hostile, which can lead to assault. Unfortunately, when aggression due to angry outbursts is severe, the impaired healthcare worker is at risk of criminal charges or legal action if the worker injures someone.

Healthcare providers are caregivers whose jobs are to help others and to provide comfort. Acting out in anger or rage can be particularly unsettling to colleagues who work with the impaired person. Patients or family members can become frightened or upset if they witness an impaired provider having an angry outburst or acting aggressively because of rage. When this happens, the bond of trust between the patient and the provider can quickly be broken.

**Lying**

Although the issue of dishonesty was previously addressed, its helpful to understand that there are many reasons why people lie, especially in the
setting of a mood disorder. People may lie to make themselves look better, because they are embarrassed of their mistakes, or they do not want to get caught doing something that they know they should not have done. Lying is a relatively common sign of impairment in the workplace, usually because the impaired person is aware that he or she has something to hide and is trying to cover it up. In most cases, the impaired person knows that there is a problem or that he or she is doing something that shouldn’t be done. The person may lie to others to try and cover up the truth of the matter.

Rather than lying just about professional conduct and documentation, the impaired practitioner may also exhibit dishonesty over very minor or inconsequential matters. Lying makes work difficult for everyone involved; not only does the lying person make it harder for others to complete their duties when they do not know if certain tasks or procedures have been completed, the lying person also becomes less trustworthy each time he or she is caught. The impaired worker may believe that everyone is fooled by the lies, but often, others know that they are being lied to and that the individual is simply not a truthful person.

Sadly, the impaired person may not only lie to coworkers and colleagues, but often lies just as much to him- or herself. He may be aware of a potential problem that is affecting the ability to work and carry out duties, but may also enter a state of denial about the situation. The affected individual may lie and make excuses, and carry the thought think that the situation is not as bad as it might seem or that it can be handled. This type of denial, while common, actually only perpetuates the damage that can occur when a healthcare worker is impaired. Without owning up to the truth of the situation, the affected person remains far from getting the help that is needed.
Poor Concentration and Inadequate Memory

Poor concentration and inadequate memory can affect how duties are performed and the rate at which tasks are completed. The impaired individual may be easily distracted by small side topics and may start out trying to achieve goals at work but may be sidelined by something insignificant that takes the person’s focus away from tasks. Consequently, the person is less likely to complete routine work, which causes frustration for others who may feel that they need to take up the slack.

A lack of concentration can be a side effect of medication or illicit drug use. It is also commonly associated with some types of mental illnesses that can lead to functional impairment. For example, major depressive disorder, which can be a cause of significant impairment if not managed properly, can cause poor concentration and memory problems. People who are depressed have difficulties processing information at the same pace as the general population; they are more likely to become distracted and have difficulty following directions than when the depression is treated and under control.

A lack of concentration by the nurse puts patients at risk, particularly in situations where focus and attention are crucial as part of procedures. If a healthcare worker is impaired and having trouble concentrating on the task at hand, the patient, as well as the colleagues working with the person can be put in jeopardy. The individual may become distracted and may be unable to complete the task correctly, which can be harmful to the patient during a procedure that requires a lot of focus or that could be life-threatening if performed incorrectly.

Colleagues working with the impaired provider are also put at risk if they must substitute for the person when the person cannot otherwise complete
work due to poor memory or focus. For example, an impaired physician who is having trouble concentrating may leave inappropriate orders for a specific patient, solely because of not paying attention to the work at hand. This type of situation places others in the difficult position of working outside of their comfort zones or even outside of their scopes of practice in order to make up for the deficit.

**Insomnia**

Insomnia is defined as a difficulty with falling asleep or staying asleep, which can affect the amount of rest and rejuvenation normally gained through sleep. There are various causes of insomnia, many of which are the same as or similar to situations that cause impairment in the healthcare provider. Substance use and addiction can cause significant problems with sleep, whether due to the physical affects of drugs and alcohol or for other reasons, such as the stress of hiding the situation from family and friends.

Drugs such as stimulants can affect sleep habits because they work by stimulating the central nervous system to keep a person awake. Stimulants are often used and prescribed specifically for situations in which an individual has difficulties with staying awake, including cases of narcolepsy or excessive sleepiness. However, when a person uses stimulant drugs, he or she may initially feel awake and have increased energy, but can eventually have difficulties falling asleep. At first, the person may not notice the lack of sleep and may feel energized by the drugs but with time, insomnia causes physical exhaustion and the body slows down. The person may finally succumb to fatigue when the effects of the drugs have worn off.

An article in the journal *Sleep Medicine Reviews* discussed the negative effects of substance use on circadian rhythms, noting that various classes of
drugs, as well as alcohol, can all negatively affect sleep patterns. As noted, stimulants cause restless and poor sleep because they are designed to keep a person awake. Opiates and drugs that are classified as depressants, including alcohol, may initially induce sleepiness but when the effects wear off and the person undergoes withdrawal, sleep is disrupted and the individual may actually experience less sleep overall. A person who sometimes uses drugs or alcohol may have difficulties sleeping and instead of discontinuing the substance use, may try to use even more to achieve sleep.

Chronic substance use is also associated with poor sleep and insomnia and may lead to other deleterious effects on mood and behavior. Beyond substance use and addiction, there are some medical conditions that cause functional impairment at work can also lead to insomnia, further perpetuating problems in the workplace. Physical illnesses and chronic conditions such as chronic pain from arthritis, gastrointestinal illnesses, including gastroesophageal reflux or inflammatory bowel disease or metabolic conditions such as hypothyroidism can all contribute to insomnia. An affected person may toss and turn at night and then try to work on very little sleep. Unfortunately, the symptoms of insomnia only seek to enhance the effects of impairment and the person may feel so exhausted that he or she is even more prone to mistakes.

Insomnia leads to feelings of exhaustion and places the impaired worker at even greater risk of making mistakes in the workplace and struggling with relating to others while at work. The impaired person may actually appear sleepy during daytime hours or may be known to sleep in short bursts of time, such as when sitting down to do charting. He may appear very tired and fatigued, listless, and may have poor hygiene. Other signs and
symptoms of insomnia include lack of motivation, which makes completing routine tasks at work difficult, irritability or aggressiveness, leading to misunderstandings and workplace violence, and difficulties with attention and concentration, which may cause the affected person to forget important information needed to adequately perform the job.

**Denial and Defensiveness**

Just as an impaired worker may be in a state of denial about his or her situation, the worker may also be defensive when confronted about behavior and actions while at work. Although a person may choose to believe that work can be handled and that no problem exists, becoming defensive when confronted about specific activities often means that it is a sensitive subject.

Defensiveness impairs communication because the defensive person feels threatened in some way and is actually unable to listen to what others are saying. It is often manifested as irritability or outright anger when someone brings up a delicate subject. For example, a nurse who has been struggling with completing work and also often impaired because of frequent alcohol use is asked by another coworker about why she did not complete documentation. While the question may be innocent and only seeks to find out the details of the situation in a non-threatening manner, the nurse may feel judged about his or her behavior and inability to complete the task. The nurse may lash out verbally, becoming very defensive of work and trying to explain that he or she is as capable and proficient as anyone else.

Defensiveness often develops as an overreaction to a perceived threat. The individual being questioned may be asked about routine items that are only meant for clarification. Instead, the defensive person can quickly become very emotional and protective of work. Becoming defensive about work or
Sensitive topics hinder communication and the ability of everyone to work together to provide patient care.

**Poor Judgment**

The ability to think critically and make decisions is a hallmark of a nurse’s duties. Nurses, physicians, and other healthcare providers must be able to assess situations and make decisions to act based on the information they have in front of them. When a healthcare provider is impaired, though, he or she may demonstrate poor judgment, which affects the worker’s ability to make appropriate decisions that are the best for patients.

Poor judgment is described as an inability to make appropriate decisions for the specific situation involved. Poor judgment often develops as a result of neurological conditions that affect thought processes and memory, however, it also develops as a result of substance use. An individual who exhibits poor judgment is at risk of making potentially serious mistakes in patient care and becomes someone who cannot be trusted.

When an impaired healthcare provider has poor judgment and makes bad decisions during patient care, he or she is at risk of harming patients, their families, and coworkers. The provider may make a decision to treat a patient in a particular method, but it may not be the best course of treatment or the most appropriate for the specific condition. Additionally, others may already be aware of the misstep in judgment and may be left making up for the shortcomings associated with the decision. For example, if an impaired physician exhibits poor judgment in prescribing pain medication for a surgical patient because of his or her own issues with concentration, the patient may suffer from increased pain because of an inappropriate dose or prescription.
Specific drugs can impair judgment in different ways. Cannabis and prescription depressants can cause impaired short-term memory, a decreased attention span, and increased drowsiness. Prescription stimulants may increase the risk of injuries or accidents with use because the individual may make poor decisions. These drugs can actually cause psychosis and the person using them may believe that he or she is indestructible. Opioid abuse can cause euphoria, erratic behavior, and clouded thinking, in which the person cannot consider the outcomes of decisions. Ultimately, poor judgment results in an inability to understand the consequences of actions and to see the larger picture. Because of this type of short-sightedness, the affected person could end up making costly mistakes that are harmful for anyone close by.

**Frequent Accidents**

When a nurse or other healthcare worker is impaired, there is a greater risk of errors, both at work and at home. As described, errors could occur as a result of such factors as poor concentration, easy distraction, or the significant stress of trying to hide the cause of the impairment. Errors can be from acts that are committed intentionally or they may be errors of omission, in which the person fails to act and another person is harmed.

Accidents that occur at work or in personal life are often the result of errors in judgment and in harmful behaviors. The impaired individual is at greater risk of being injured from accidents because he has difficulty focusing on his normal tasks. The person may have many factors working against him or her that contribute to accidents; such as experiencing stress and anxiety over trying to cover up issues and appearing normal and well adjusted. The person may spend significant time and focus energy on gaining the next fix if substance use is present, or might be experiencing emotional difficulties
such as depression or anxiety that cause problems with concentrating on normal tasks.

The effects of drugs and alcohol impair a person’s judgment; when a nurse is impaired because of substance use, the nurse is unable to make decisions normally and choices are not as sound. The nurse may also have a difficult time staying controlled, even when he or she carries the perception of being in control. Tremors, an unsteady gait, and fatigue can also contribute to a physical inability to complete tasks or an increased risk of inappropriate behaviors that can cause accidents.

For example, a healthcare provider who has been using alcohol at home has recently been drinking before coming to work because of feeling unable to get through a shift without the effects of withdrawal. To offset these feelings, the provider may leave work to obtain a drink, such as during morning break, then returning to work. The effects of the alcohol have impaired judgment, though, and when the provider returns to the floor to finish a shift, there may be blurred vision and misjudging distances in the provider’s immediate work area, even running into walls.

An impaired worker is at high risk of injuring others, including patients, when accidents happen and makes mistakes. The effects of these accidents can range from physical mishaps, such as preventing someone from falling and being injured or dropping a patient while transferring between beds, to medication errors or injuries related to misuse of equipment. Within a healthcare facility, any type of accident could lead to grave consequences, which means that impairment has the potential to seriously injure or hurt everyone involved.
Changes in Activity Level

As a person uses drugs or alcohol more frequently and addiction develops, there may be an abrupt change in activity levels. The individual might become more isolated and alone and may start to avoid activities or prior social gatherings. Others may notice that the person avoids getting together with friends or even spending time with coworkers during breaks, instead preferring to use the time alone. The person often might make excuses for behavior or an inability to finish tasks. Often, the individual makes promises that end up being broken. For instance, a nurse may tell a colleague that help will be provided with getting a patient ready for surgery but when the time comes, the nurse is not around. Ultimately, this makes the person undependable and untrustworthy.

The individual may also disappear for short periods during the workday. If the person is using drugs or alcohol at work, this time away may be to go somewhere to be alone and to indulge in substances. Upon return to work, the person’s activity levels may be markedly changed; others may note a distinct increase in activity, in which the person is excitable and busy, or significant decreases in activity levels, manifested by sluggishness and working at a very slow pace.

Employer Initiatives To Promote Safety And Assist

In order to best uphold safety in the workplace and to provide help to those struggling with substance use, more employers are developing initiatives that provide training for employees to educate them and keep them safe. According to the National Safety Council, implementing a drug-free workplace can better protect employees by providing education, monitoring, and response to issues of substance use. A workplace initiative program designed with the goals of safety related to substance use should include
guidelines that are in place regarding the rejection of substance use in the workplace, protocols surrounding mandatory drug testing (if applicable), or policies that describe behaviors that will not be tolerated.³

Further, workplace programs also should contain educational components for employees to teach them about the various means in which substance use can develop within the healthcare environment so that they will be better informed about the dangers of addiction and will understand that substance use disorders do not always develop in the same way every time. The facility should include information about the laws regarding prescription drug use at work, understanding that some employees have a right to use prescription medications but that these drugs could potentially impact work functioning.

Drug testing may be an option for determining whether employees are have been using drugs before work and if it is affecting their jobs. Drug testing is a potentially controversial topic, but when protocols are in place and are followed, the process can protect employees and can determine who might be struggling with substance use so that they can get help. Implementation of drug testing in the workplace has been shown to decrease the frequency of work-related incidents.

**Drug-Free Workplace**

The Institute for a Drug-Free Workplace is a 501(c)(6) non-profit organization that was developed to educate employers, workers, the community, and legislative bodies about the dangers of substance use and the impact of substance use in the workplace. The Institute also provides information to both employers and employees about their rights at work, they actively participate in legal processes by testifying in hearings related
to drug-testing problems, and they work to pass legislation about drug testing for a safer workplace.

Both corporate and non-profit organizations can become members of the Institute for a Drug-Free Workplace. When a group becomes a member of the Institute, they receive education about substance use prevention and access to further resources for legal counsel regarding impaired workers. The Institute has also published workplace drug prevention guides, pamphlets designed to educate others about drug use awareness, and guides to state and federal drug-testing laws.²⁹

According to the Council on Alcohol and Drugs, a “drug-free workplace” is a place where all employees follow the policies and procedures that are in place and are designed to combat substance use and impairment while at work. Employees at a drug-free workplace are also committed to providing a safe place to work, they discourage alcohol and drug use, and they encourage the treatment and recovery of those employees who have developed substance use problems.³⁰

Supporting a drug-free workplace program is very important for employers both within and outside of the healthcare sector. When employees struggle with drug and alcohol use, it significantly affects not only their own jobs, but also the morale and the environment of the workplace in general. When employers do not have resources or do not know what to do when an employee is impaired, they are less able to handle the situation appropriately and the affected individual may not get the help needed.

Becoming involved with an institution that promotes a drug-free workplace can help educate employers about steps to take not only to prevent
substance use problems within the workplace but also to know how to file reports and to document if an employee has a problem with substance use. This can prevent further penalties or consequences later if the institution did not handle a situation involving substance use correctly or did not report the situation to the proper authorities.

**Employee Assistance Programs**

Employee assistance programs are another element that has been developed within workplaces. They are designed to help employees through difficulties and challenges that are affecting their work habits. An employee assistance program is typically offered as a benefit to employees and may be provided free of charge for a period of time to help some workers to gain support when they need it.

Most employee assistance programs offer counseling, consults, or coaching services when employees are struggling with emotional issues or stressors that are affecting their abilities to perform their jobs. The goal of this type of program is to help the employee so that he or she will be able to continue working. The strategies involved prevent job loss because the affected person works with a counselor or treatment center to develop strategies that will help manage the condition while maintaining professional duties. Once treatment or therapy has begun, the assistance program may also offer continued monitoring in the workplace to uphold the strategies developed in treatment.

Employee assistance programs are not mandatory as part of employment; instead, they are offered as a possible solution that is voluntary and may begin through self-reporting of a potential problem. Because of the positive impact that employee assistance programs can offer through treatment and
substance use management, the workplace can actually play a significant role in getting the affected individual the help needed. By offering the services of an employee assistance program, impaired workers have someone who recognizes their problems, helps them to identify reasons for their substance use, and offers treatment and help for addiction.

**Educational Programs**

A nurse or healthcare worker who must undergo treatment for substance use may take part in an educational program that is designed to provide interventions for individuals and to teach them about the effects of substance use. Many educational programs designed to teach patients with substance use are part of a larger system of treatment that may also include therapy, counseling, and medication. Through an educational program, the affected nurse may learn about the dangers of drug and alcohol use and the potential effects that substance use has on patient care. Educational programs are also designed to teach those with substance use about strategies for how to live drug- or alcohol-free after returning to work.

Managers and colleagues of the impaired nurse also benefit from educational programs related to the dangers of substance use. Often, the reality of substance use in the workplace and the process of making a referral are not topics that are routinely covered as part of training within specific healthcare facilities. Employees may be vaguely aware of what to do or there might be protocols in place, but few are truly familiar with these topics if they have never dealt with a situation firsthand.

Educational programs may cover the signs and symptoms of impairment from substance use and the causes and risks of substance use and medication diversion in the workplace. The program may also review with
participants about the specific steps to take from the beginning when impairment is suspected, from making observations about signs and symptoms to documenting findings and addressing the affected person. Educational offerings could provide continuing education for some professionals, but a significant benefit of these programs is to become more informed about the effects of substance use in the workplace and how to respond.

When nurses re-enter the workforce after undergoing substance use treatment, work monitors may be in place that will ensure affected nurses are maintaining the elements of their programs and are continuing to live free from substance use. Often, a plan of action is put into place that is a guide for nurse monitoring and may include unscheduled visits or impromptu drug testing. The monitoring may be needed for several months after the nurse undergoes treatment, but the amount of time for monitoring may vary; some programs are between 24 and 36 months’ duration.  

**Essential Steps To Make A Report Or Referral**

The steps involved with making a referral or complaint about an impaired nurse start with a colleague or concerned person making the decision to file a report, and eventually the report goes to the Board of Nursing of the associated state of practice. When an allegation is brought against an impaired nurse, the Board of Nursing reviews the complaint and investigates it and then follows through on its resolution. Before the complaint reaches that point, however, the concerned person who is considering filing a report about an impaired nurse typically follows a pattern of steps that start with recognizing the problem and then seeking assistance for reporting the individual.
Understand Signs of Impairment

One of the first steps to consider when working with a person suspected of impairment is to understand and be familiar with signs and symptoms of impairment. Many people who are functionally impaired in their work because of illness or substance use have some of the same classic signs and symptoms as described previously. By becoming familiar with some of the more common signs of impairment, the reporting person can validate his or her considerations.

It is helpful to document or at least write down some of the indications and signs noted. For example, when it is noted that an impaired nurse is frequently late for work, the reporting person can note these instances to support findings when making the report. While hard evidence is not always necessary, it does help to have some type of record to remember certain instances.

Note that isolated examples of the signs and symptoms of impairment may or may not be enough evidence. In some cases, the individual may be going through a difficult time and may be having temporary struggles, such as trouble getting to work on time because of an illness in the family. Isolated events, although they can be signs of impairment, do not necessarily mean that the individual is impaired and the reporting person may need more information or evidence to support a suspicion.

Alternatively, in some cases of suspected impairment, individual signs may be all that is needed to make a case. A functionally impaired healthcare worker may work very hard at trying to cover up problems and impairment and may leave few cues as to problems going on under the surface. It is in
some situations that only a few signs are present, but they are significant enough to direct someone toward reporting suspected impairment.

**Observation of Performance**

After understanding the common signs of impairment, the next step is to look for those signs in the suspected worker’s behaviors and activities. Observing performance of job duties can pinpoint problems that may have been overlooked before. For instance, a worker may suspect that a colleague is impaired because the person exhibits certain signs of confusion, such as poor concentration and memory problems, and often appears fatigued and disheveled. The next step is to observe the colleague’s behaviors and work patterns for actions that support these signs. Examples of activities to observe include the other person exhibiting poor judgment in decision making, failing to complete tasks on time, becoming distracted easily and forgetting what to do during a crisis, or making medication errors.

**Looking for Patterns of Behavior**

Isolated cases of mistakes or poor judgment do not classify a healthcare worker as being impaired. Everyone is prone to mistakes, and even those who are well educated, good at their jobs, and who can always be counted on to make the right choices can make mistakes. People are sometimes late for work; personal problems can cause temporary distractions while performing regular duties, or an unusual patient presentation may be confusing enough to lead to a wrong judgment call by the provider about a procedure.

With the impaired healthcare worker, however, mistakes and other signs of impairment tend to be habitual or follow a pattern. The affected person does not make isolated mistakes because of extreme fatigue during a crisis;
instead, the person would exhibit an ongoing pattern of errors in judgment or poor concentration that eventually cause others to lose their trust in the worker’s abilities. Patterns of poor behavior, inappropriate responses to certain situations, or physical changes in demeanor and appearance occur over time. There may be an established time in which the individual seemed to have it together, but then started to make more errors and began to demonstrate a distinct change in appearance or behavior. It is these types of patterns that should be considered when making a report about suspicions of incompetence and impairment.

**Document Signs or Symptoms of Impairment**

As noted, when signs or symptoms of impairment are observed, the concerned colleague should document findings to support a suspicion of impairment. Documentation may be informal as a record to remember certain instances, but a legal documentation of findings is often required to support actual findings and to get help for the person.

An incident report is a tool used to document unusual events that occurred in the course of caregiving. The incident report is never placed in the affected patient’s chart; instead, it is kept in a separate file where it can be referred to if something ever happens so that it can be consulted again in the future. The incident report is not a judgment; it is only a description of what happened that was out of the ordinary. However, it is a record of an event that occurred that could have been prevented. In the case of a mistake made by a healthcare provider, for example, if the situation was documented in an incident report, it can be kept on file in case future issues develop that could be related to the error. The report is also a description of what happened and who was involved in the situation and can be referred to as documentation if the person involved is ever suspected of being impaired.
As with observing behaviors and looking for signs of impairment, an isolated incident or situation that was documented for possible future reference is not necessarily an indicator that an individual is impaired. A pattern of documented errors or problems, though, is something that requires further consideration when making a report. An individual who has one or two incident reports documenting mistakes may need to re-evaluate some actions so that he or she does not continue to make the same mistakes. On the other hand, someone who has repeated problems, many incident reports, and recurrent documentation of issues has much more evidence supporting the possibility of impairment in the workplace.

**Reporting to a Supervisor**

One of the most difficult steps in making a report of suspected impairment is to bring the situation up with a supervisor. The colleague of an impaired nurse or healthcare provider may make observations to try to confirm suspicions or may actually document some issues that have occurred, but actually going forward and voicing the problems to discuss with a supervisor can be very difficult. It may feel like the point of no return. Once the suspicions have been brought up, they cannot be taken back, even if they later turn out to be untrue.

For some, turning in a colleague for suspected impairment feels like an act of betrayal. The reporting person may feel as if they are turning in a friend; the affected individual may have even helped with tasks or acted as a mentor in the past, or the reporting person may feel guilty about making a report. It can be easy to make excuses not to report suspicions of impairment. Many people consider their own problems or try to justify the situation to avoid actually making a report and turning someone in.
While very difficult, it is absolutely necessary to report suspected impairment to a supervisor and to discuss the situation, including patterns of neglect or impaired behaviors, and to bring forth any documentation that is available to support the claims. Until the reporting colleague actually comes forward and says something to a supervisor or manager, the patterns of impairment will most likely not change and there is still the potential for harm. Most healthcare facilities have policies and protocols in place for dealing with suspected impairment when someone comes forward with suspicions. These policies are guides for workers to follow through on steps of making a report and provided instruction about who to contact for concerns.

After a report has been made, the supervisor or manager has a duty to take the next steps toward addressing the impaired nurse and assisting with getting treatment. When a manager does not act quickly or even looks the other way and does not address the issue at all, everyone involved in the situation suffers. The impaired worker continues to work without ever getting the needed help, the person making the report may feel as if the manager cannot be trusted to act on concerns, and the patients and their families suffer because of potential mistakes or misconduct.

**Address the Nurse**

Despite the relatively large numbers of nurses and healthcare providers who have substance use disorders or who admit to using drugs or alcohol outside of work, there is still a great stigma associated with impairment due to substance use. However, nurses who suspect that their colleague is impaired have a duty to address the nurse about the problem. While it might be difficult and awkward, it is part of a nurse’s professional duties to bring up any concerns. According to the *Journal of Nursing Regulation*, colleagues...
should express their concerns to the person in question because peers and those who work directly with the impaired person are most likely to be those who would notice changes in behavior and to recognize other signs of impairment.\textsuperscript{51}

When addressing a nurse who is suspected of impairment, the concerned colleague should approach the affected person directly and in a caring manner. Because there is a risk of emotional changes and alterations in the nurse’s demeanor due to substance use, the individual may be defensive or angry about being confronted. It is therefore best to ensure that the person being addressed about the problem knows that the discussion is not meant to be confrontational, but rather that the concerned colleague is disturbed about the welfare of the affected person and wants to help.

Prior to addressing the affected nurse, the colleague should have information ready to back up claims. The colleague should consider any observations about the nurse’s behavior and demeanor and have the documentation ready as evidence to support concerns. Without adequate knowledge and information about substance use and the causes of the impairment, the person raising a concern may have a difficult time defending it, inadvertently enable the other person, or end the conversation without making a report. Information and knowledge about the condition, with evidence to back up claims, will be most successful when addressing the problems of an impaired coworker.

Studies have shown that when healthcare workers have considered the possibility of impairment in one of their colleagues, a significant number of people fail to address the person in question directly. Reasons for not addressing a nurse with impairment include believing that someone else will
take care of it, fear of retaliation, not wanting to get involved, a fear of lack of administrative support, and unfamiliarity with the process of reporting an impaired colleague.

While it may be very difficult to address a colleague about their substance use problems, and many actually avoid doing so, nurses have a duty to address coworkers regarding possible problems causing impairment. Instead of considering the action as a confrontation in which the other person will be reprimanded, the concerned person should look at the situation as an option for intervention, in which the affected nurse may eventually get the help needed. The nurse should be approached with an attitude of caring and respect for the work previously done for the facility, knowing that the discussion is done to help the nurse continue to work and provide quality nursing care.

**Provide Transportation**

After all discussions have taken place and the impaired nurse agrees to undergo treatment, assistance may be needed with getting to a treatment center. In this case, having someone to provide transportation to the facility serves two purposes: it prevents the person from driving himself, which may not be safe if drugs or alcohol have been recently used, and it ensures that the individual actually attends treatment.

If the impaired nurse is acutely intoxicated or has recently been using drugs or alcohol, he or she is most likely too impaired to drive and would need transportation. Even if the individual has not used substances to the point of intoxication, the stress and emotional toll from the confrontation and realizing the need for treatment may be enough to cause poor judgment or mistakes while driving, which could lead to an accident. When the individual
experiences a highly emotional response, it is also safer to provide transportation to a treatment facility.

In some cases, the impaired nurse may agree to treatment and make claims of undergoing therapy, but does not actually attend sessions. Failure to adequately comply with therapy when it is offered is potentially grounds for license revocation, so it is important that the impaired nurse has transportation to actually attend treatment. The impaired person may need ongoing assistance with getting to and from therapy or only need help getting there the first time. Either way, providing transportation to attend treatment is the final step of making a report and fulfills the process of getting help for the affected person.

**American Nurse Association Position Statements**

The American Nurse Association (ANA) assists nurses by listing state nurses associations that have their own peer assistance programs. Additionally, many state board of nursing (BON) websites are listed for nurses that provide important regulations and guidance overseeing nursing practice, including *alternative to discipline* programs for impaired nurses. In 2002, the ANA released their position statement entitled *The Profession's Response to the Problem of Addictions and Psychiatric Disorders in Nursing*, identifying that at least ten states (at the time of the position statement’s release) did not provide alternatives to discipline during recovery for nurses. The ANA underscored the need of multistate license compacts and consistent availability of alternatives to discipline programs across all jurisdictions for impaired nurses. Alternative-to-discipline programs were indicated for the safety of the public as well as preservation of the nursing profession. Peer to peer assistance programs were also suggested as helpful for nurses with mental health and addiction disorders.
Alternatives-to-discipline programs were defined as those that offered “comprehensive monitoring and support services to reasonably assure safe practice, maintenance of nursing standards and rehabilitation of the nurse”, which had been made available to nurses in many states through nursing regulatory agencies, (often in collaboration with nursing organizations), schools of nursing and state boards for nursing. The ANA premised its position statement on existing evidence that alternative-to-discipline programs offered was an approach that demonstrated effectiveness equal to the disciplinary process in the interest of public safety as well as nursing retention. In 2011, the National Council of State Boards of Nursing released a document entitled Substance Use Disorder in Nursing, which was a resource manual for alternative and disciplinary monitoring programs that covered guidelines for states to implement reporting and return to work steps that nurses could follow when an issue of impairment was identified. The ANA documents mentioned above may be accessed at the ANA website: http://www.nursingworld.org/MainMenuCategories/WorkplaceSafety/Healthy-Work-Environment/Work-Environment/ImpairedNurse.

The following section reviews the mandatory reporting law and program options adopted by Florida State for impaired nurses to obtain the help needed to seek treatment and to return to work.

**Mandatory Reporting Law**

When a healthcare worker is found to be impaired at work, those involved that have discovered the impairment are legally required to report it. Each state is responsible for administering discipline relative to impaired healthcare workers, but everyone has a duty to report impairment by law.
Not only is reporting of impairment mandatory, it protects the safety of patients and colleagues as well. No patient should be cared for by an impaired healthcare professional, and allowing the impaired colleague to continue to work despite suspicions of issues can only lead to harm. Healthcare workers not only have a duty to report their suspicions by law, but also to ensure that the workplace only consists of people competent enough to perform their jobs and to practice in a manner that is safe for everyone involved.

For nurses suspected of impairment who have been offered assistance but who have continued to work without attempting treatment or making any other changes, the associated coworkers have a duty to report the nurse as an impaired worker, following protocols set in place by state and national associations. The laws of reporting may vary slightly between states and jurisdictions, depending on the area where the healthcare worker practices. For example, when reporting a physician who is suspected of being impaired, different states have slightly distinct wording about mandatory reporting, even though physician impairment can pose a danger to affected patients. The laws also vary slightly from state to state when it comes to reporting suspected impaired nurses. For instance, nurses in some states have a duty to self-report if they lose their jobs because of impairment. Each healthcare provider should be familiar with the laws and regulations regarding mandatory reporting in the state where they practice.

As previously mentioned, it is important to be familiar with the signs and symptoms of impairment and to bring the matter to a supervisor’s attention before the impaired healthcare worker hurts patients and others. In turn, the supervisor should address the issues as soon as a matter is mentioned and avoid a wait-and-see approach. By intervening quickly, the manager can
better ensure that the impaired worker gets the help needed, that recovery follows to allow the person to heal, and that no patients or staff members are hurt or put in danger because of the impaired worker’s actions.

**Florida Nurse Practice Act (464.018)**

All states within the U.S. have nurse practice acts that have been developed according to the regulations of each state’s individual Board of Nursing. The Florida Nurse Practice Act is in place to ensure that every nurse who practices within the state follows guidelines of safe practice within the regulated scope of practice and is competent enough to complete the duties associated with the profession. According to section 464.018 of the Florida Statutes, there are several actions that are considered grounds for denial of a license and for disciplinary action, including attempting to procure a license through bribery or misrepresentation, having a nursing license already revoked from another licensing authority, or being convicted of a crime that relates to the practice of nursing.

A nurse may have a nursing license denied and may face disciplinary action if found guilty of certain offenses, including domestic violence, committing a violation related to robbery, fraud, indecent exposure, child abuse, or assault and battery, among various other transgressions. In a case where a nurse has a substance use disorder, the Nurse Practice Act states that the nurse’s license can be revoked if the nurse engages in the possession, sale, or distribution of controlled substances; is unable to practice nursing due to use of alcohol, drugs, or other controlled substances that place the patient at risk, or fails to report any person who violates these provisions.
Denial of License

In cases of substance use, if the impaired healthcare provider continues to use drugs or alcohol and does not respond to attempts at treatment, the nursing license could be revoked. A report of impairment may place the healthcare worker’s license at risk of revocation, particularly if the individual does not stop working despite offers of assistance. The state Board of Nursing may decide to revoke a nurse’s license when impairment occurs, depending on the nature and extent of the offense. In the case of a substance use disorder, the nurse may have acted in ways that were not only harmful to patients and staff because of the impairment, but may also have acted in other ways that violated the Nurse Practice Act of the state and that were criminal offenses, such as driving under the influence of drugs or alcohol, theft of controlled substances, or using drugs without a prescription.23

As with mandatory reporting laws, protocols regarding denial of licensure may also vary between states, depending on the area of practice. Some states have laws in place that strive to help healthcare providers maintain their licenses despite issues of impairment. For those who voluntarily report themselves and their activities, the state may protect the person’s license if they can show that they are actively seeking treatment. In some states, a license may be suspended temporarily if the healthcare worker seeks treatment for a substance use condition that is causing the impairment, meaning that the nurse may be able to resume working under an existing license again in the future since it was suspended and not necessarily revoked. Again, healthcare workers should be familiar with the laws and protocols within their jurisdictions.
When denial of licensure is at stake, healthcare workers may be more likely to undergo a recovery program and stick with it when compared to those in the general population. Studies have shown that healthcare providers who seek treatment for substance use and addiction have better rates of long-term recovery and are less likely to relapse than the general public, possibly because of the risks incurred by not undergoing treatment. Maintaining a license to practice is a strong motivator for undergoing and maintaining treatment.

**Disciplinary Procedures**

The Board of Nursing in the state of practice may invoke disciplinary measures against a nurse who has demonstrated impairment. If a nurse has been found to be impaired because of a substance use disorder, the Board can suspend the nurse’s license or change the coding of the license from “Active” to “Limited” or “Probation.” The nurse who is under disciplinary measures by the state does not have the privilege of confidentiality and protection from others finding out about the license suspension or revocation.23 In some states, a list of nurses that are on probation or who have licenses that have been suspended is published, along with their offense, in reports and publications that are made available for public access.

Disciplinary action taken against a nurse is also reported to other federal listings as well. The National Practitioner Data Bank (NPDB) is a tracking system that lists healthcare providers and practitioners who have had disciplinary action taken against their licenses. The NPDB was developed as a method of protecting healthcare consumers from receiving care from practitioners who have been found to be impaired.24 The list is not available to the public, but healthcare centers who may hire providers and nurses, as
well as state or federal healthcare programs and licensing or certifying authorities do have access.

Not all state Boards of Nursing invoke disciplinary procedures when a nurse is found to be impaired. According to the National Council of State Boards of Nursing, alternative-to-discipline programs have been developed in many states as a method of assisting nurses with substance use disorders to continue to work while still protecting their patients and the overall public. The purpose of the alternative-to-discipline programs is to assist with recovery of nurses struggling with substance use and to facilitate their reentry into practice in a controlled and monitored system, rather than revoking their licenses and forcing them out of working within healthcare.

The benefit of alternative-to-discipline programs is that boards of nursing within each state have a greater chance of identifying nurses in the workforce that are impaired, including those impaired with substance use disorders, before their actions harm others. The affected workers are then better able to get referrals for treatment through therapy and rehabilitation and when they go through therapy, they are closely monitored for adherence to treatment expectations. Further, when affected nurses return to work following treatment, they continue to be monitored for compliance while simultaneously receiving the help they need to overcome addiction and substance use.

**Notify Intervention Project for Nurses**

The Intervention Project for Nurses (IPN) was developed to protect the health and safety of patients and workers by monitoring and assisting nurses who have been reported as being impaired, most often because of substance use and addiction. The IPN provides many different areas of assistance,
including consultations regarding suspected impairment, referrals to treatment facilities, staff training about how to intervene in cases of suspected impairment; and regular monitoring of those who have been reported as being impaired due to a substance use disorder in the workplace, including routine urine drug checks and ongoing case management.  

The IPN is located in the State of Florida and is available to participants living in that jurisdiction. The Florida Statute Chapter 464 authorizes it. When an allegation against a nurse is brought about due to issues of impairment, the IPN is notified. A nurse can voluntarily agree to work with the IPN, or the Florida Board of Nursing may mandate involvement. Once involved, the IPN then provides help and assistance to the impaired nurse through drug testing, counseling, rehabilitation, and ongoing monitoring. Once a nurse begins to work with the IPN, he or she can receive the treatment needed to keep working. The goal of the IPN is to assist impaired nurses with keeping their jobs and remaining in the workplace in spite of allegations of impairment.

**Notify Florida Department of Health**

The Florida Department of Health is a government program that is in charge of various community services within the state, including public health of women, infants, and children, health programs for people considered minorities, and support for those with disabilities. The Florida Department of Health is also involved when a nurse is reported for suspected impairment.

When a complaint is brought forward, the Consumer Services Unit (CSU) is involved, which is where complaints against impaired healthcare providers
are recorded to begin an investigation. All complaints are reviewed and then tracked through the monitoring process. Even if a complaint is made but has no justification, it is still recorded and investigated to verify the truth. Once a complaint is justified, the CSU forwards the complaint to the Investigative Services Unit, which will conduct an investigation of the situation by reviewing medical records, interviewing colleagues, and getting involved in legal action, if necessary. Ultimately, the services of the department are designed to continue the process of disciplining the impaired worker and providing help and treatment.

**Treatment Programs for Impaired Practitioners**

Reporting an impaired practitioner to a treatment program for assistance may feel devastating and may be seen as a form of betrayal. Without help, though, the impaired nurse’s actions may cause further physical and emotional harm to the nurse, as well as the nurse’s family and friends, and to those under the nurse’s care at work. Treatment programs that are designed to meet the needs of healthcare providers who struggle with substance use can offer help and healing for those wrestling with impairment.

Depending on the type of impairment, treatment programs may vary for healthcare providers. If the impairment is caused by substance use, specific programs designed to treat alcohol or drug use, which may include counseling, cognitive-behavioral therapy, and group therapy, are often necessary to help overcome substance use and addiction. If the problem is psychological, treatment may be focused on medications to treat the effects of mental illness, and providing counseling that is geared toward problem solving. When impairment develops due to a physical condition, the affected person may need treatment through medications or therapeutic
interventions to control pain or other symptoms; and, may need counseling or other work-related therapy to develop problem-solving skills and to learn how to work around physical limitations.

**Assistance Programs**

Assistance programs have been developed as part of several specific disciplines within healthcare, including the American Association of Nurse Anesthetists, the Association of Perioperative Nurses, and the Emergency Nurses Association. As mentioned, peer assistance programs are designed to educate colleagues and coworkers about how to identify impairment in the workplace, including recognition of common signs and symptoms of impairment. They teach workers about what steps to take to make a report of suspected impairment and how to identify the appropriate channels of reporting. Finally, peer assistance programs are also designed to provide continued education about the dangers of substance use, both within and outside the workplace, and how substance use, addiction, and medication diversion can harm the workplace environment.

The AANA offers a Peer Advisor through each state. The Peer Advisor is a volunteer who has been trained to assist workers who are struggling with substance use and addiction. Each state has a helpline that is staffed by volunteer advisors to take calls and offer resources, direction, and information for those with substance use disorders or for others who want to report suspected substance use in the workplace. While the helpline and the volunteers do not provide professional counseling, they do offer plenty of information and support to those in need so that they can get help to take the next step toward treatment.\(^\text{21}\)
There are also various assistance programs that are not necessarily affiliated with specific nursing specialty organizations but that have been built to provide resources and help for impaired nurses who work within any medical specialty. Most of these groups are affiliated with workers within specific states of practice. For example, the Indiana State Nurses Assistance Program (ISNAP) has been developed to work with impaired nurses and provide continuing monitoring of nurses returning to the workplace after treatment. Nurses who are impaired or those who are considering making a referral about a coworker can contact these organizations for further direction about how to handle the situation.

Most state boards of nursing also have assistance programs that are designed to help impaired nurses and their colleagues when they are working within specific areas of the state. The types and amounts of services often vary between states, but most present some type of educational offerings to train and to teach healthcare workers about the signs of substance use and other situations that would cause impairment. These programs, often referred to as peer assistance programs, may also teach about how to make referrals, what the steps are in the process of reporting impairment, and what treatment programs are available within the state.

Historically, when a healthcare worker had a substance use disorder, they lost their license to practice and were unable to continue to provide healthcare services to patients. They were deemed a potential harm to patients, permanently losing their chance to continue to practice in healthcare. This response was actually in direct contrast to the care provided for patients with substance use disorders; healthcare workers treated patients with addiction and helped them overcome their conditions so that they could return to work with restored health. The same grace, however,
was not extended to nurses and physicians working within the healthcare system. Fortunately, programs have changed and now many assistance programs are working to keep healthcare workers previously reported as being impaired in the workplace following treatment. They are assisting healthcare professionals with maintaining their licenses so that, if they receive treatment and overcome their substance use problems, they can return to work.

**Impaired Practitioner Programs**

Some programs have been specifically developed to treat impaired healthcare practitioners, with the understanding of the unique needs of this population. Healthcare workers are often seen as pillars in the community; they are well respected and not necessarily seen as a group who would struggle with substance use and addiction. Although this is not true and healthcare providers struggle with issues of impairment as much as the general population, it may be difficult for many to accept the reality of impairment. Many healthcare providers are also aware of their positions in the community, they may know that they have saved many lives, or they remember the awards and accomplishments they have achieved. It may be very difficult to accept that there is a problem that is causing impairment in the workplace to the point that they can no longer perform their jobs well.

Impaired practitioner programs recognize the special needs of this specific population when providing care and treatment. These programs also recognize many of the unique requirements associated with working in healthcare, such as irregular hours and the stress of caring for ill or dying people. By taking these points into consideration and including them as part of treatment, programs that are designed specifically for healthcare providers are often quite successful in offering treatment and help to this
special population. In these cases, the caregivers have become the patients and they are being cared for in their own needs for help with impairment. When these needs are fully recognized, many healthcare providers who are part of specialized programs eventually recover and reenter the workplace once again.

**Summary**

Impairment in the workplace is a growing problem among healthcare facilities. The stress and burnout seen among nurses and other healthcare providers have led many in this population of professionals to turn to substance use as a coping mechanism. The high demands placed on healthcare providers have also been shown to cause difficulties with maintaining physical and mental health while continuing to work. As a result, more people are impaired while working and they are unable to adequately perform their professional duties.

It is important for healthcare workers to be familiar with the signs and symptoms of impairment and to bring the matter to a supervisor’s attention before the impaired colleague hurts patients and others. In turn, the supervisor should address the issues as soon as a matter is mentioned. By intervening quickly, the manager can better ensure that the impaired worker gets the help needed, that recovery follows to allow the person to heal, and that no patients or staff members are hurt or put in danger because of the impaired worker’s actions.

The American Nurse Association (ANA) provides assistance to nurses by listing state nurses associations that have their own peer assistance programs. Not all state Boards of Nursing invoke disciplinary procedures when a nurse is found to be impaired. Alternative-to-discipline programs
have been developed in many states as a method of assisting nurses with substance use disorders to facilitate their reentry into practice in a controlled and monitored system, rather than revoking their licenses and forcing them out of working within healthcare, while still protecting their patients and the public.

There are various regulations regarding the process of addressing the impaired nurse and actually reporting the situation. There are also many treatment programs designed to help those who are impaired, some of them specifically geared toward the unique needs of healthcare professionals. By recognizing the many options available and pursuing the most appropriate form of care, impaired individuals in the workplace can get the help that they need to continue to function and to return to work restored.

Please take time to help NurseCe4Less.com course planners evaluate the nursing knowledge needs met by completing the self-assessment of Knowledge Questions after reading the article, and providing feedback in the online course evaluation.

Completing the study questions is optional and is NOT a course requirement.
1. According to the American Medical Association, impairment of a healthcare provider refers to a condition that

   a. is caused by drug or alcohol use.
   b. interferes with a person’s ability to engage safely in professional activities.
   c. is present even though a person may perform his work.
   d. requires hospitalization.

2. Healthcare providers are at greater risk of impairment because

   a. of work related stress.
   b. of the physicality of the job and injuries that may occur.
   c. they often work with medications and substances.
   d. All of the above

3. True or False: In the United States, the prevalence of substance use impairment among nurses is 10 percent, which is approximately the same as those in the general population.

   a. True
   b. False

4. Nurses who become impaired because of substance use are more likely

   a. to use alcohol.
   b. to obtain substances outside of work.
   c. to use narcotics and opioid medications.
   d. to have disabilities.

5. According to Reader and Gillespie, which of the following actions would be classified as “caring neglect”:

   a. a failure to follow a physician’s orders
   b. not answering call lights timely
   c. performing incorrect procedures
   d. inappropriate medical care
6. Medication diversion specifically describes the unlawful taking of a drug that belongs

a. to a patient.
b. to a healthcare facility.
c. to a coworker.
d. to someone else.

7. True or False: A healthcare provider with mental illness is, by definition, impaired.

a. True
b. False

8. An example of an error of commission would be when an impaired nurse

a. forgets to chart important information.
b. neglects to complete routine tasks of patient care.
c. administers the incorrect amount of medication to a patient.
d. fails to return phone calls.

9. A classic physical symptom of substance use disorder is mydriasis, which is the technical term for

a. dilated pupils.
b. slurred speech.
c. a runny nose.
d. nasal stuffiness.

10. Slurred speech is also known as ____________, which can develop from alterations in the central nervous system.

a. impairment
b. mydriasis
c. dysarthria
d. None of the above
11. An individual who is going through drug or alcohol withdrawal may exhibit which of the following conditions?
   
a. Mydriasis  
b. Hypoglycemia  
c. Tremors  
d. Dysarthria

12. True or False: Abrupt changes in a healthcare provider’s mood and behavior – especially after breaks – are characteristic signs that there may be a problem.
   
a. True  
b. False

13. Chronic alcohol use can lead to a decrease in ____________, which can affect skeletal muscle control.
   
a. serotonin  
b. dopamine  
c. melatonin  
d. depressants

14. Certain illicit substances can cause hyperactivity of the sympathetic portion of the autonomic nervous system, which leads to
   
a. jitteriness.  
b. anxiety.  
c. sweating.  
d. All of the above

15. When alcohol use is present, there is an increased risk of obesity and type 2 diabetes because of the effects that alcohol has on the
   
a. central nervous system.  
b. neurological system.  
c. liver.  
d. brain.
Correct Answers:

1. According to the American Medical Association, impairment of a healthcare provider refers to a condition that
   b. interferes with a person’s ability to engage safely in professional activities.

2. Healthcare providers are at greater risk of impairment because
   d. All of the above

3. True or False: In the United States, the prevalence of substance use impairment among nurses is 10 percent, which is approximately the same as those in the general population.
   a. True

4. Nurses who become impaired because of substance use are more likely
   c. to use narcotics and opioid medications.

5. According to Reader and Gillespie, which of the following actions would be classified as “caring neglect”:
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6. Medication diversion specifically describes the unlawful taking of a drug that belongs
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8. An example of an error of commission would be when an impaired nurse
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15. When alcohol use is present, there is an increased risk of obesity and type 2 diabetes because of the effects that alcohol has on the

   c. liver
References Section

The reference section of in-text citations include published works intended as helpful material for further reading. Unpublished works and personal communications are not included in this section, although may appear within the study text.


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