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Regulatory Substance Use Monitoring Programs for Nurses: Program Participation Post COVID-19 Pandemic

Authors: John Furman PhD, MSN, Abby Migliore MSN, MBA, Mike Harkreader MS, RN, CARN, Maureen Farrell MSN, RN, , Shannon Opie DNP, APRN, ANP-BC, CARN, John Harden LCSW, ICDAC, MPH, , Melissa Monroe DNP, MPH, CHES

Abstract:

Objective: *To gather information on declining regulatory substance use monitoring program participation numbers and begin to build an understanding of the driving forces. The information collected will be used to direct more focused research.*
Method: *We invited all regulatory nurse monitoring programs listed in the National Council of State Boards of Nursing Alternative to Discipline Programs for Substance Use Disorder search tool, identified through a free internet search, and NOAP contact lists to participate in an electronic survey. Thirty-seven surveys were submitted representing 27 regulatory monitoring and peer assistance programs.*
Findings: *Most programs reported a decline in participation numbers averaging 28%. A decline in employer reports due to staffing pressures, financial cost of participation, negative perceptions of the monitoring experience, and struggling nurses electing to leave the profession were reported as primary drivers.*
Conclusions: *Fundamental shifts in the healthcare industry since the emergence of COVID-19 (e.g. staffing pressures, a shift in focus on staff health and wellness as an internal responsibility) may require nursing boards and monitoring programs to reassess policies and take a more collaborative approach with healthcare employers, treatment providers and other stakeholders.*

Introduction

Alternative to Discipline (ATD) substance use monitoring programs* began to be utilized by state nursing boards in the early 1980s. The adoption of an alternative to discipline approach to substance misuse was primarily driven by the recognition of substance use disorder (SUD) as a clinically defined disease, the need to retain skilled nursing professionals, and the realization that public protection was best served when nurses were provided an opportunity for monitored rehabilitation (National Council of State Boards of Nursing, 2011).

Most states have regulatory requirements for licensed health professionals and employers to report "unprofessional conduct" to the assigned disciplinary authority (usually the Board of Nursing). Unprofessional conduct frequently includes the misuse of alcohol, illicit, or legend drugs. Nursing boards may refer nurses to an approved monitoring program under a disciplinary order or alternative to discipline agreement. Many states also allow nurses to "self-report" to the monitoring program independent of board involvement.

The prevalence of nurses participating in a state approved substance use disorder monitoring program has been reported to range from 0.5 – 1.0% (Monroe, 2013). This contrasts with the best data available indicating 15-18% of nurses misuse substances at some point during their career with approximately 6% of nurses having a diagnosable substance us disorder (Trinkoff, 2022).

Despite the relatively low monitoring rates reported and the logical assumption that monitoring program participation numbers would increase in the COVID-19 era, many states are reporting a decrease in participation numbers. Decreases have been reported in all three primary participation tracks – discipline, alternative to discipline, and voluntary.

Barriers to reporting and participation in monitoring have been identified in the literature including, but not limited to:

- Stigma and fear of losing one's career
- Lack of education
- Program cost
- Fear of criminal prosecution

*Approved programs are referred to as "monitoring" or "health" programs. While there may be some difference in philosophy between the two the term monitoring program will be used to refer to both types

Anecdotal reports regarding the current driving forces behind participation numbers include but are not limited to employer reluctance to report; struggling nurses voluntarily leaving the profession; and increased social acceptance of substance use, both medically and recreationally.

Objective

There is a knowledge gap regarding nurse monitoring program participation numbers and rates. This makes comparisons between states difficult. Recent reports have indicated declining participation numbers. This seems counterintuitive given the increased stress the healthcare workforce has been under during the COVID-19 pandemic and recent research indicating an increase in alcohol and cannabis use both as coping mechanisms and culturally accepted behavior. (Naegleb, 2022)

The objective of this project is to gather information on program participation numbers/rates and begin to explore an understanding of the driving forces behind declining participation numbers. This understanding will be used to direct more focused research.

Method

We invited, by email, all regulatory nurse monitoring/health programs listed in the National Council of State Boards of Nursing (NCSBN) Alternative to Discipline Programs for Substance Use Disorder search tool, identified through a free internet search, and NOAP contact lists to participate in an electronic survey.

The JotForm form builder tool was used to create the survey and generate reports. NOAP's management partner, Prime Management Services, assisted with the survey and evaluation process.

The survey was open during December 2023 and included questions on current and past participation numbers, participation track (discipline, alternative, voluntary) trends, and perceptions on what is driving the numbers.

Survey respondents were asked to identify themselves and their program for validation and follow-up purposes. Survey submissions that lacked identifiers were not accepted. Program and personal identifiers were not used in this report.

Survey Responses

Survey Responses

Respondent titles	Executive director/manager	31
	Case manager	6
State programs	ATD/discipline	24
	Peer assistance	3
Relationship to the Nursing Board	Part of Board	10
	Contracted	15
	Other	2
Are nurses able to enroll "voluntarily" (non-board referral)?	Yes	27
	No	0
Does voluntary enrollment require board notification?	Yes	9
	No	18
Programs reporting participation numbers January 2020 and December 2023	Declining participation	17
	Increasing participation	4
	No change	1
Which participation track experienced the largest decline?	Discipline	1
	Alternative to discipline	9
	Voluntary	5
Does your state nursing license application include questions on mental health and substance use?	Yes	17
	No	5
What are the primary drivers behind declining program participation numbers?	Employer nonreporting	24
	Program cost	19
	Negative perceptions of the "monitoring" experience	18
	Nurses leaving the profession	16
	Increasing acceptance of alcohol/drug use	7
	Nurses independently seeking treatment	3
	Rigidness of the NCSBN monitoring model	2
	Proactive employer actions e.g. employee health & wellness initiatives	2
Other possible drivers	Increased use of travel nurses	
	Staffing pressures	
	Lack of knowledge about SUD	

	and recovery resources e.g. peer assistance programs
	BON taking a more disciplinary stance
	Employers referring directly to treatment
	Fear of disciplinary action, job loss, etc.
	Lack of supervision on the floor
	Nurses cover for impaired colleagues
	Personal shame, stigma, fear, guilt
	COVID-19 interfering with workplace oversight, and reporting structures
	COVID-19 slowing Board investigations
	Lack of standardization across state monitoring programs
	Influx of new graduates into the profession
	Misunderstanding that monitoring does not necessarily mean the nurse cannot work
Has the Nurse Licensure Compact influenced identification and reporting?	Yes 11 No 25
What other data resources might be queried to gather more information on this issue?	Stakeholder associations Employers Nurses Unions Diversion specialists Employee Assistance Programs Board disciplinary databases National Council of State Boards of Nursing Peer Assistance Programs Third Party Administrator databases State Centers of Nursing

Discussion

There are a host of reasons why participation in regulatory substance use

monitoring programs for nurses has decreased during the COVID-19 pandemic period. Some of the reasons posited are staffing pressures causing employers to not enforce protocols for handling controlled substances/accounting for waste disposal, nursing boards taking an increasingly discipline oriented approach, and program participation costs. However, there has yet to be a formal inquiry to identify the primary drivers. This survey of regulatory monitoring/health, and peer assistance programs (defined as primarily adjunct peer support services that may or may not have a contractual relationship with the state regulatory monitoring program) is a first attempt at gaining a better understanding (Sholler, 2023).

The survey responses represent the collective opinions as well as the experiences of monitoring and peer assistance program staff. What is obviously missing is input from nurses themselves and healthcare employers, which should be considered in future research. However, given the expertise, experience, and positions of the survey respondents we feel the survey results paint a valid picture of the high-level factors driving program participation.

Of the 23 programs reporting participation numbers in January 2020 and December 2023, 17 reported a decrease in participation. With an average decline of 28%. It must be noted that 4 monitoring programs reported an increase in participation and 1 reported no change.

The primary drivers reported behind declining program participation numbers, in order, are:

1. Employer nonreporting
2. Program costs
3. Negative perceptions of the monitoring experience
4. Nurses leaving the profession

A common opinion is that employers have been less likely to identify, and report concerns about substance misuse due to the need to attract and retain staff. Staffing pressures during COVID-19 have changed the shape of the healthcare work environment. Including, but not limited to increased rotational staffing, decreased direct supervision, an influx of less experienced nurses, and human resources department overload. In addition, there is a feeling that nurses who are

struggling are now more likely to leave the profession before being reported or voluntarily seeking help. These, among many other factors, may contribute to a decreasing ability to identify and act upon concerns.

Most survey respondents (N=26) did not think that the Nurse Licensure Compact has had a significant effect on program participation. However, there were also comments indicating that the increasing use of travel nurses has made it difficult to monitor behaviors and identify nurses who may be misusing substances or even diverting drugs from the workplace. Employers and human resource departments are still learning reporting responsibilities and structures for nurses with out of state compact licenses.

Program participation costs along with fear of losing one's job and license continue to drive negative perceptions of the monitoring experience. More programs reported drops in voluntary participation than in discipline referrals. In addition, employers may be concerned that nurses in monitoring may not be permitted to practice for extended periods or practice restrictions may not be able to be accommodated. This points to the need for outreach, education and cooperation.

We may be seeing a natural cycle in which the alternative to discipline approach has lost some of its shine. Aside from the advantage of avoiding formal discipline and public disclosure, the line between the disciplinary and alternative to discipline monitoring process has become increasingly blurred. For new nurses the state monitoring program is seen as just that, "the state monitoring program" – something to be avoided. Nursing boards and monitoring programs may need to reassess policies to provide services that are more in tune with the current state of knowledge and stakeholder needs (Shuster, 2021).

The past 4 years have brought increasing rates of burnout, compassion fatigue, depression, and suicide among healthcare workers (Davidson, 2020). It should be noted that the healthcare industry has responded by paying more attention and taking more responsibility for employee health and wellness.

Positive interventions such as workplace support groups, self-care education, and increased use of Employee Assistance Programs may be having some preventative success. There are also reports that in some cases employers may opt to refer employees directly to treatment and not file a complaint with the nursing board

or involve the monitoring program. However, it does not seem reasonable that these are significant reasons behind the decrease in monitoring program referrals and participation numbers.

Conclusions

This research project sought to gather information from an identified expert group – state regulatory substance use monitoring, and peer assistance programs. Primary objectives were to 1) clarify anecdotal information regarding decreasing participation in regulatory substance use monitoring programs for nurses during the COVID-19 pandemic period, and 2) identify directions for future research.

Limitations include a lack of published research, access to relevant databases (e.g. board of nursing discipline, and third party administer databases), and stakeholder input (e.g. healthcare employers, nursing unions, and substance use treatment providers).

Survey results verified many programs experienced a decrease in participation numbers from January 2020 to December 2023. This is despite research identifying increasing stressors along with the use of alcohol and other substances in healthcare workers (Eamon, 2022).

While time will tell, it appears that some of the fundamental shifts in the healthcare industry that have occurred since the emergence of COVID-19 (e.g. staffing pressures along with a focus on staff health and wellness as an internal responsibility) are not going away. This will require nursing boards and monitoring programs to reassess policies and approaches and take a more collaborative approach: Is it time to consider elements the physician health program model? (FSPHP, 2019) The benefits of partnering with an independent peer assistance program? (Polles, 2020) …

We hope this paper is the first step in an ongoing process of self-assessment and improvement. We asked survey respondents to identify possible next steps and resources for future research. These are included in the Findings section of this paper. – If you have additional ideas or would like to share innovations your program has adopted the NOAP Research Committee may be contacted at administration@alternativeprograms.org

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