

How has the COVID-19 Pandemic Impacted Nurses in an Alternative to Discipline Program?

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INTRODUCTION

The COVID-19 pandemic put an extreme stress on the health care workforce in the United States, leading to workforce shortages as well as increased health care worker burnout, exhaustion, and trauma (OHP, 2022). Throughout the COVID-19 pandemic, a lot of us witnessed increasing occurrences of anxiety, depression, loneliness, and other mental health concerns. COVID-19 has had a profound negative effect on the mental health of the nation, especially healthcare professionals who were faced with combatting the virus. Healthcare professionals' experiences during the pandemic have been compared to a war zone, by continuously witnessing the direct effects of the pandemic as it spread throughout communities (MHA 2021). Research emerging during the pandemic demonstrated a negative impact on healthcare professionals' psychological wellbeing with a 40% increase of mental health support services by healthcare professionals. While many throughout the U.S. were coping with the fear and uncertainty of COVID-19, essential workers, such as our IPN nurses under monitoring, had to expose themselves to the virus every day (MHA, 2021).

The Intervention Project for Nurses, Inc.

The Intervention Project for Nurses (IPN) was established in 1983 through passage of legislation. IPN is one of Florida's designated Impaired Practitioner Programs (IPP). IPN, under contract

with the Florida Department of Health (DOH), provides state-wide education, support and monitoring to nurses with impairing conditions such as substance use disorders, psychiatric and physical conditions. Nurses are most often referred to IPN by nursing employers due to potential safety to practice concerns. Since IPN was established in 1983 by the passing of legislation, nowhere in the history of this organization has there been any one event that has challenged the program's practice protocols until the COVID-19 pandemic in March 2020. As COVID-19 spread extensively within the United States in 2020, nurses monitored by the IPN entered a period of unprecedented change, as did the general population.

Survey Background

IPN conducted a comprehensive survey to explore the challenges encountered by nurses in monitoring. The phenomenon was explored by sending an anonymous survey to 660 nurses, of which 409 nurses responded. The survey included questions and statements on the overall impact of the pandemic on nurses in the IPN program regarding employment, mental health/well-being, substance use recovery, and monitoring compliance.

Respondents Profile

The IPN program fielded this survey to nurses under IPN monitoring for compliance in 2022. Eighty-three percent of nurses were licensed registered nurses (RN), 9.29% licensed as advanced practice registered nurses (APRN), 6.86% licensed as practical nurses (LPN) and 0.98% were certified nursing assistants (CNA). Thirty eight percent of nurses surveyed range in age of 35-44, 23.96% were 45-54, 18.09% were 25-34, 17.11% were 55 years and older, 0.24% were under 25, and 1.96% preferred not to answer. Seventy-five percent of the nurses identified as white,

10.27% identified as Hispanic/Latino, 7.33% identified as Black or African American, 1.96% identified as Asian and 5.13% preferred not to answer. Seventy six percent identified as female and 23.47% as male. Almost seventy nine percent (78.48%) of the nurses worked full time, 11.25% part-time, 4.65% unemployed and seeking employment, 2.20% unemployed and not seeking employment, and 3.42% not employed in nursing. Twenty nine percent (29.10%) of nurses reported being in their second year of monitoring, 20.78% were in the third year of monitoring, 19.80% in the first year, 16.14% in the fourth year and 14.18% were in their 5th year of more.

COVID-19 Impact Survey

This survey was an effort to provide national and regional statistics about physical health, mental health, economic security, and social dynamics in the United States. All sampled households were mailed a postcard inviting them to complete the survey either online using a unique PIN or via telephone by calling a toll-free number. Interviews were conducted with adults age of 18 and over, to reach approximately 400 interviews in each region each week. The goal of the survey was to provide decision-makers and the American public vital information during the COVID-19 pandemic. Included were questions about wearing masks, which 95% surveyed said they did, along with 51% of American adults reported working during the pandemic. Others say they were not working because of caregiving responsibilities or because they do not want to be working at the time. The COVID Impact Survey found that roughly 6 in 10 Americans were using text messages, phone calls or online contact to stay in touch with friends and family basically every day; about a quarter say they did so a few times a week. About 6 in 10 Americans said they had felt anxious, depressed, lonely or hopeless on at least one of the past seven days. In addition, the

poll survey found that younger adults and women were especially likely to say they had experienced an emotional response in the past week (Covid Impact Survey, 2020).

IPN Survey Results

Employment

Millions of American workers have either quit or changed jobs during the pandemic. It was called the Great Resignation or the Big Quit, and it is affecting many employers, including the healthcare field. (MedPageToday, 2022). The Bureau of Labor Statistics found that hospital employment decreased by almost 100,000 from February 2020 to September 2021. One survey suggested that one in five healthcare workers left their job since the start of the pandemic. Many workers were simply exhausted and worn out after maintaining an unsustainable pace for almost two years on the frontlines battling COVID-19. Hospitals and health systems across the country were confronting these challenges every day. In Oct 2021, a separate analysis of workforce data found that staffing shortages have cost hospitals approximately \$24 billion during the pandemic, and another \$3 billion for acquiring PPE (AHA, 2021). Also, in December 2021, nurses were being fired over publicly sharing work conditions and asking management to address them. As a result, in March 2022, the American Hospital Association was urging Congress to address workforce challenges facing healthcare facilities, calling the issue a national emergency (AHA, 2022).

The IPN survey found that the rate of nurses in IPN whose job was directly affected by the COVID-19 pandemic was significantly high, with about 50% of all nurses participating in the survey being impacted. Among the survey respondents, an exceptionally low percentage, 6.35%,

agreed that because of the COVID-19 pandemic they changed nursing positions, and 33.75% who did not. Also, for those who responded, there was a similar significance between nurses reported being required to work additional hours or flex hours (20.51%) to those who were not (25.64%). Among the 405 respondents, 47.65% provided direct care to COVID-19 patients during the pandemic compared to 8.89% who did not. The survey also highlights the difference in respondents who reported their employer understood their IPN monitoring contract requirements and made an effort to provide support and flexibility during the pandemic, with (40.15%) strongly agreed and (8.89%) strongly disagreed.

Mental Health/Well-Being

The Mental Health America Study

Throughout the COVID-19 pandemic, Mental Health America (MHA) witnessed increasing occurrences of anxiety, depression, loneliness, and other mental health concerns. COVID-19 has had a profound negative effect on the mental health of the nation, especially among those who are faced with combatting the virus (MHA, 2021). From June to September 2020, The Mental Health America (MHA) conducted a survey online and responses were collected from 1,119 healthcare workers (MHA, 2021). The study included healthcare staff (30 percent) and nurses (22 percent). Nineteen percent of respondents identified their position as “Other” which included mental health professionals, social workers, and pharmacy staff, among others. Fifty-two percent of healthcare workers surveyed did not have direct known exposure to COVID-19 patients but had the potential for exposure. Twenty-eight percent were working directly with COVID-19 patients. Nurses were more likely to report having exposure to COVID-19 patients than the general population of healthcare respondents. Among nurses, 41 percent reported they were

working directly with COVID-19 patients, and 49 percent reported they had potential exposure. However, most (73 percent) respondents to the Healthcare Workers survey had not previously contracted COVID-19 at the time of surveying. Ten percent either had confirmed or suspected cases of COVID-19, and 17 percent were unsure. (MHA, 2021). The responses collected from the 1,119 healthcare workers surveyed indicated that they were experiencing the following:

- Ninety-three percent of healthcare workers indicating that they had regularly experienced stress in the last three months. This was followed by anxiety (86 percent), frustration (77 percent), exhaustion or burnout (76 percent), and feeling overwhelmed (75 percent). Fewer people reported gratitude, hope, and pride, although nearly a third (31 percent) reported that they regularly felt gratitude.
- Worried about exposing loved ones: 76% of healthcare workers with children reported that they were worried about exposing their child to COVID-19, nearly half were worried about exposing their spouse or partner, and 47% were worried that they would expose their older adult family member(s).
- Emotionally and physically exhausted: Emotional exhaustion was the most common answer for changes in how healthcare workers were feeling over the previous three months (82%), followed by trouble with sleep (70%), physical exhaustion (68%) and work-related dread (63%). Over half selected changes in appetite (57%), physical symptoms like headache or stomachache (56%), questioning career path (55%), compassion fatigue (52%) and heightened awareness or attention to being exposed (52%). Nurses reported having a higher exposure to COVID-19 (41%) and they were more likely to feel tired (67%) compared to other healthcare workers (63%).

- Not getting enough emotional support: 39% of healthcare workers said that they did not feel like they had adequate emotional support. Nurses were even less likely to have emotional support (45%) and 24% were not sure.
- Struggling with parenting: Among people with children, half reported they were lacking quality time or were unable to support their children or be a present parent.

Based on the MHA study with nurses representing 30% of the population surveyed, nurses had been under disproportionate stress due to the pandemic. The COVID-19 pandemic exerted a profound impact on the emotional and mental well-being of nurses (Jackson et al., 2020). In the IPN survey, nurses were asked whether they agree or disagree with certain statements concerning their perceived COVID-19 related stress and their approaches. When presented with the statement, “During the pandemic, I experienced increased COVID-19 related stress, anxiety and depression.”, 34.99% of the nurses said they agree and 15.93% of nurses strongly agreed. However, 18.54% of nurses disagreed and 12.01% strongly disagreed. The percentage of nurses who agreed with that statement, “During the pandemic, I put the health, safety, and wellness of myself before others to ensure my overall mental health/well-being.”, the percent who agreed rate was very similar at 39.95%. Again, the nurses that disagreed with the statement ranked lower at 12.50% and those who strongly disagreed was significantly lower at 3.19%. When the nurses were asked if they increased healthy activities to help strengthen their mental health/well-being during the pandemic, almost half of the nurses (49.49%) agreed they did along with (19.54%) strongly agreeing. There was a relatively low percentage of nurses that disagreed (7.36%) and 2.28% that strongly disagreed. Despite the unprecedented levels of resilience and versatility shown by nurses during the pandemic, it was noted that there was a worldwide lack of

psychological and emotional support available for nurses (Smith, Ng & Ho Cheung Li, 2020). When looking at additional support for nurses participating in the survey, they were presented with the statement, “During the pandemic, I accessed additional support for my mental health/well-being, 26.67% of agreed and 10.26% strongly agreed. Another 27.95% disagreed and 12.82% strongly disagreed.

While no one-size-fits-all solution exists for the ongoing need for mental health support for nurses during and after a pandemic, action is clearly needed to mitigate the impact of COVID-19 (Smith, et al., 2022). Future support post pandemic may be required to help improve and maintain the psychological wellbeing of nurses, as well as reducing the long-term mental health problems (Graeme et al., 2022). For example, in the United Kingdom, considerable financial resources have been invested to support nurses experiencing difficulties with their mental health, due to working through the pandemic. The National Health Service has invested in providing support for nurses, including creating a national support service for critical care staff and a national outreach service giving frontline nurses rapid access to mental health services (Graeme et al., 2022). Unfortunately, this type of support is not universal and magnifies a great need for nursing leaders to advocate for nurses to receive to the support they need.

Substance Use Recovery and Relapse

Alcohol use is considered a problem when its leads to social, emotional, and/or physical difficulties (CDC, 2022). Nurses have described substance use as a coping mechanism for workplace stress and occupational trauma (Ross, et al., 2018). Alcohol and drug use among nurses can lead to serious and deadly consequences for both nurses and their patients (Maile, et

al., 2023). One year ago, a mixed-mode survey was conducted and 1215 responses were obtained from nurses known as the Nurse Worklife and Wellness in January 2022 that examined substance use (SU) and related problems. The survey results confirmed that prescription-type drug misuse rates exceeded the U.S. population rates, and rates varied by specialty in nurses. The illicit drug use was 5.7%, and prescription-type misuse was 9.9%, with nurses working in home health/hospice (19%) and nursing homes (15.8%) having the highest rates. Overall, 18.0% of nurses screened positive for SU problems, with one-third of those (6.6% of the total) screening positive for substance use disorder (SUD). Staff, charge nurses/coordinators/nurse managers, and other administrators had 9 to 12 times the odds of having a SUD as opposed to educators and researchers. The researchers said focusing on higher risk groups such as hospice nurses can help target prevention and treatment efforts, and guide policy for addressing substance use problems among nurses. (Trinkoff, et al., 2022).

In the IPN survey, nurses were asked if, during the pandemic, they accessed additional support for their recovery by attending more mutual support meetings and/or contacting their sponsor more often. Twenty-four percent of IPN nurses agreed that they did attend additional mutual support meetings while 21.52% disagreed. Another 29.78% agreed that they did contact their sponsor more during the pandemic while 15.88% disagreed. Additionally, 90.95% responded “no” when asked “during the pandemic, I experienced a relapse in my substance use recovery” and only 3.67% admitted to relapsing during the pandemic.

Monitoring

Alternative to Discipline (ATD) programs began in the 1980s when state boards of nursing began to see addiction as a disease and offer help to addicted nurses instead of automatically removing them from practice. Today, there are ATD programs in 40 states across the country, and length and requirements vary among the programs (Cole, 2022). Monitoring requirements can vary based on the needs of the nurse under monitoring. Contract requirements usually include random toxicology testing, nurse support group attendance, mutual support group attendance, daily check-ins, and engaging with treating providers. In the IPN survey, nurses were asked which component of monitoring was most helpful during the COVID-19 pandemic. Forty nine percent of nurses indicated that their nurse support group attendance was most helpful and 24.21% stated that mutual group attendance was most helpful. Another 14.91% indicated their individual therapy was most helpful and 5.87% indicated their relationship with a worksite monitor was most helpful. Additionally, only 2.93% of nurses indicated that random toxicology testing was most helpful with a significant higher percentage of 74.57% indicating it would be the least helpful.

Conclusion

The four areas examined in the IPN survey related to COVID-19 were (1) employment, (2) mental health/ well-being, (3) substance use recovery, and (4) monitoring compliance. The data clearly shows that for nurses in IPN, employment was affected during the COVID-19 pandemic. Even though there was a low percentage of nurses that report changing positions, a large percentage report providing direct care to COVID-19 patients. In addition, IPN nurses report their employers made an effort to support them and provide flexibility during the COVID-19

pandemic. Stress was the most commonly reported feeling, with 93 percent of healthcare workers indicating that they had regularly experienced stress during the COVID-19 pandemic. The IPN survey data also shows some of IPN nurses experience increased COVID-19 related stress, anxiety and depression with a large percentage of them increasing their healthy activities to help their overall mental health/wellbeing. The data also shows some potential components of monitoring that were most helpful during the COVID-19 pandemic among IPN nurses: mutual support groups, nurse support groups and individual therapy. An overwhelming percentage of IPN nurses agree even though they experienced additional stress, they did not relapse on alcohol or drugs while a slightly larger percentage of nurses agree that they did attend additional mutual support meetings. What is clear is that the COVID-19 pandemic had an impact on nurses under monitoring in the Intervention for Nurses program and their access to resources helped address the impact. A better understanding of the COVID-19 pandemic impact on nurses in alternative to discipline programs, as well as determining valuable resources, is needed through future research. This calls for alternative to discipline and board programs across the states to assess the needs of their participants post the COVID-19 pandemic, so nurses can receive the support they need currently and if there is another global pandemic.

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