

Study on substance abuse among nurses



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Alcohol and drug addiction are foremost, habitual, advanced, and often a catastrophic problem. United States society does not acknowledge addiction as a disease, but as a moral failure or lack of will power. (Trossman 27)

Several nurses are reserved when faced with a colleague who may have a substance-abuse addiction because of dedication, concerns of being a hypocrite, or concerns of threatening a colleague's license to practice. Substance abuse addiction must be accepted as an illness so that nurses can help one another recognize and seek treatment for the problem.

The prevalence of substance abuse in the nursing population has not been fully documented, but it is thought to be equal to the general population. An estimated 10 percent of the nursing population has an alcohol and/or drug abuse problem, and of that 6 percent of nurses have problems that are serious enough to interfere with their ability to practice. (Ponech) The American Nurses Association shows that 6 percent to 8 percent of nurses abuses alcohol or drugs to an extent adequate enough to impair their professional judgment. (Daprix) Nurses tend to use prescription-type medication more than marijuana and cocaine. (Trinkoff) Statistics show that nurses are more likely to practice sobriety when compared to other occupations. (9)

A significant underlying reason for nurses to participate in substance abuse is associated to family histories that include emotional impairment, alcoholism, drug use, and/or emotional abuse that result in low self-esteem, overachievement, and overwork. (Monahan) Nurses are often highly caring individuals who often take on the role of caregivers, which could be healthy or unhealthy; this characteristic attracts them to the nursing field. Many

nurses find this occupation allows them to continue with the role of a caregiver, the same role they play as the children of alcoholic parents.

(Monahan) Nurses have a higher occurrence rate of alcoholism than their family history. (Fisk) One statistic shows that family alcoholism contributed to alcohol abuse in approximately 80 percent of nurses who had an alcoholic family member. (Stammer)

Stress in the workplace presents another reason for why some nurses abuse substances. Increased workloads, decreased staffing, double shifts, mandatory overtime, rotating shifts, and floating to unfamiliar units all contribute to feelings of alienation, fatigue, and, ultimately, stress. (Bennett, Mustard) Many nurses are workaholics and are addicted to their careers so they choose to deal with these issues. (Trossman)

Nurses are also at risk for substance abuse due to the high availability of medications in their workplace, and with their knowledge of pharmacological agents, this provides a climate that makes it seem safe to correct internal feelings or illnesses. (Serghis) Nurses have always been taught that medications solve problems such as pain, infections, and anxiety. Not only are medications highly accessible, but nurses wrongly believe that they are able to control and monitor their personal self treatment without becoming addicted. (Creighton, Ellis) Nurses become familiar with controlled substances and easy access to them increases the chances that they will use them for personal use. Due to the fact that nurses administer these medications and watch how they affect their patients, they tend to falsely believe that they can control and monitor their own personal use. (Trinkoff)

Some nurses “ believe that they are immune to the negative consequences of drug use because they are so familiar with drugs.” (Trinkoff 581)

The effectiveness of a nurse’s job performance can be aggravated by sleep deprivation, a poor social life, financial problems and being overworked. Several nurses blame psychological or physical pain, emotional problems that are too complex to handle, added with a demanding, high -pressure, and stressful work environment reasons that led them to chemical substance abuse. (Stammer) Even though these nurses who abuse substances have a hard time admitting that they have problems, they are well-liked and respected, highly skilled, and ambitious.(Stammer) Statistics shows that nurses who abuse alcohol “ tend to be achievement oriented people who strive to be ‘ super nurses’ at work and ‘ superwomen’ elsewhere.” (Stammer 79)

Studies have proven that nurses don’t abuse substances more than the rest of the society, (Trinkoff) there are nursing subgroups that are more prone. Exposure to death and dying, lack of education on alcohol and medication hazards, and burnout in general increase the risk of substance abuse. (Trinkoff) Every nursing specialty has different personnel factors, demands and availability of controlled substances.

Critical care nurses, in the emergency rooms, intensive care units, and operating rooms, show more prescription-type substance abuse along with easier access. (Trinkoff) The frequency of patients dying, work pace, work demands, access to controlled substances results in an increase in substance abuse for these subgroups. (Trinkoff) Critical care unit nurses show to be

emotionally and technically demanding. Nurses can have feelings of failure, if patients die unexpectedly. These work demands can test a nurse's training which can have its downfalls, leaving the nurse with high levels of stress.

Oncology nurses have increased substance abuse rates, specifically with alcohol, and binge drinking. (Trinkoff) It is thought that these nurses are trying to distance themselves from the emotional pain they are experiencing while working with patients who have cancer, so they use alcohol to cope.

(Monahan)

Psychiatric nurses experience increase levels of substance use, this practice is heavily oriented around pharmacologic agents. (Trinkoff) These nurses tend to self-medicate more because they are exposed to a culture that accepts using psychotropic medications to cope with life. Psychiatric nurses tend to be more willing to report their substance abuse than other specialties because they tend to believe this is an acceptable form of treatment.

(Trinkoff)

The lowest nurses to report use of addictive substances are pediatric and women's health nurses. (Trinkoff) This is most likely due to the lack of availability of these substances, or these types of nurses are emotionally expressive. Most people that express their feelings may have less need for substance use. (Trinkoff)

Some nurses may be successful at disguising or hiding a drinking or drug problem, other peers that are familiar with substance abuse are more likely to detect it. (Bennett) Many of the symptoms are general, but when the nurse's behavior is scrutinized over a period of time, the outcome becomes

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conclusive. Symptoms such as poor job performance, such as excessive time off, isolation, fatigue, mood swings, and impaired cognition. (Bennett)

Nurses who abuse drugs may support their addiction with prescription medications. They may forge prescriptions, or divert medications directly from patients or the unit's supply. (Ponech) Nurses may use saline to substitute for a patient's dose, and save the medication for their personal use. Another way to distract medications would be to sign them out for patients who are discharged, or needed medication for patients that have not requested it. (Ponech)

Recognizing that substance abuse is a medical illness that requires treatment is start in helping addicted nurses get the help and support needed to become productive members of society and nurses again. Nurses that are suspected of abusing substances need to be reported. Even though it is an emotional issue that follows reporting a colleague, it would be less hampered if the patient being treated by a nurse that was impaired was a loved one. This is a higher level of nursing that every nurse should practice.