Past Event: 2024 NCSBN Scientific Symposium **- Nurse Substance Use: findings from the Nurse Worklife and Wellness Study 2020-2021 Video Transcript**
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Event
2024 NCSBN Scientific Symposium

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Presenter
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- [Alison] You notice that the title has changed, but I felt that it's similar, but this is more specific to what I'm going to be talking about today. And we named it the "Nurse Worklife and Wellness Study" because we were reaching out to nurses for their opinions and information, and that just seemed like a more accessible way of framing the whole issue.

So that's the reason for that. I want to acknowledge my team members and co-authors. It's a mix of faculty colleagues, and also Ph.D. students. And we have a website that has many of the products that we produced over the years. And no doubt, many through NCSBN sponsorship and others.

So I have the QR code and a little link for that if that interests you for later on. Some background on this

this very strong concerning portion for boards of nursing folks, the ones that end up in trouble, and also diversion issues.

More nurses have prescribing privileges, especially APRNs that are allowed to practice full scope of their authority. And then also that we need some evaluation. There's a lot of workplace wellness offerings that are being thrown out there, and some people complain they're Band-Aids for bigger problems, etc. So that's something that we're also thinking about and have some data on. So the aims.

I'm reporting today on aims one and four, which were our basic purpose to estimate prevalence, and substance use, and potential estimates of substance use disorders, relationships between those issues, and some work factors. And to try to get a handle on what do nurses know about this problem? Do they think they could identify a colleague?

And if they did see something potentially concerning, what would they think they should do about it, or do they know what to do? So that's what I'm mostly talking about today. Our framework, we use sort of this model starting for the individual, going out to the community, and state and national. But really aims one and four are in the center. I'm not good with laser pointers, but here focusing more on individual knowledge, and also some things related to the work.

So for our methods, it's a cross-sectional study, and we had mixed modes. We had online contact, and if we didn't hear after a certain amount of reminders from people, then we also sent a paper survey, and got a fair number of paper surveys as well. The data collection was from November to March in that time period.

It does coincide mostly with the Delta wave of COVID in the U.S. If you're interested, and IRB approval, of course. Our sampling method was called balanced stratified sampling. So we selected states representative of the U.S.

RN population by basically ordering them from small to large, and putting them in four chunks or strata. And then used a formula that's supposed to make the smallest standard error to how many to pick from each of the strata. So we had nine states that were selected using this process. And then once we had the states, we did a random sample of the nurses within the states.

We also had access to, thank goodness, much of the states. We had access to the nurses database. And then there were two others that we got through private contacts to get their licensure lists. The substances that we included, illicit drugs, which was mostly marijuana, and some others, and then prescription type medications in these categories.

Alcohol use we defined as three or more drinks per occasion. Usually for men, they use the cutoff of four or more. But since our sample is mostly female, we used three or more cutoff. Energy drinks, caffeinated beverages, we used four or more as the cutoff. Do you often or very often consume four beverages?

And acknowledging that there's obviously some benefit in terms of wakefulness and whatever, but we were trying to think of the more sustained regular user. Nicotine products, including everything, vaping, what have you, and then CBD. So results. Our sample looks like some of the other samples you've heard about today.

And then the medium to high. By the time you're in the high category of exposure, you're about three times more likely to report the substance misuse. Okay, discussion. So our summary is nurse prescription-type misuse still does exceed the general population. Nurse substance use disorder rates are similar to the U.S. population.

7.4% is what we got through SAMHSA, and it's a bit of a gender difference. So it's kind of similar, in the ballpark to our estimate. And then the workplace exposure still is a concern, and I know especially for people in the boards. And even if we show relatively small percentages out of...now we have 5 million nurses.

That's a lot of people potentially with some issues of concern. Nurses weren't always confident that they could identify colleagues with a possible problem, though they did say that they would report it to someone, supervisor or a colleague, I guess. Favorable opinions of a nurse's ability to succeed in treatment and re-enter practice.

That was kind of varied. I think it could use some help. And that's something that people reported they might be more willing to engage and to report if they thought there's something that could be done. And we've seen that in other areas, like patient safety and such. "Is there a solution at hand? And would something happen if I reported?"

Especially with the fear of people getting fired, which is the case in some institutions. And overall, we thought general supportive attitudes toward impaired nurses in terms of what could happen as a result of job stress and all that. And thinking of the COVID situation, and the data showing more stress and more difficulties since COVID, that looks like something that should be on a radar screen.

And then there's availability or accessibility. And also, I wanted to put this AJN paper. I work in the Academy of Nursing with a group on nurse fatigue, and we did this paper for AJN, sort of, I guess, what Linda Aiken was saying to try to put things out there a little more, and about nurses being more exhausted than ever, what should we do about it?

It doesn't have a substance use focus, but it just sort of talks about the whole issue that we've been running into, and review some of the literature. So I thought that might be helpful for people that are interested in the topic. And thank you very much. I have time for questions, so look forward to it.

I know I had to go fast through a bunch of things, so if there's something I missed, or something you wanted to hear more about, I'm happy to fill in.

Oh, hi.

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about the peer model. And I didn't know if you could speak to what states are doing that, because it's been harder to find. And then if you can speak to what you found just from states that have alternative-to-discipline models, and states that don't.

Thanks.

- Dr. Alexander knows probably more about peer assistance models than many of us. And there are a