ATTITUDES OF REGISTERED NURSES TOWARD SUBSTANCE ABUSE AND IMPAIRED NURSES

by

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CHAPTER I

INTRODUCTION

The problem of alcohol and drug abuse among nurses has received increasing attention from the nursing profession. One authority in the field of alcoholism estimates that up to 40,000 nurses in this country suffer from alcohol dependency (Isler, 1978). The National Council of State Boards of Nursing, Inc., began collecting data on disciplinary actions from its member state boards in 1981. Data from participating states indicate that 921 nurses were disciplined for some form of chemical abuse in 1985. Although chemical abuse problems are few, in absolute numbers, they comprise the largest proportion of disciplinary actions by State Boards of Nursing. Nationally, chemical abuse problems accounted for 41% of disciplinary proceedings in 1985 (National Council of State Boards of Nursing, 1985). In fiscal year 1985, the Oregon State Board of Nursing reported that 28% of its disciplinary actions were related to alcohol and drug abuse (OSBN, 1985).

Nurses are considered an "at risk" profession for the development of alcohol and drug dependency (Bissell & Jones, 1981). Along with other health care professionals, they experience high levels of work stress and have access to a wide variety of drugs. Chemical dependency often leads to license revocation and job loss. Either the profession loses an experienced nurse or the impaired nurse poses a risk to the patient while continuing to practice under the influence of drugs and/or alcohol.

Efforts to address the problem of the impaired nurse have come from a variety of sources. In 1981, the Task Force on Addiction and

Psychological Disturbance was created by the American Nurses' Association to formulate guidelines for state nurses' associations. These guidelines are to be used to develop programs for assisting nurses whose practice is impaired by alcoholism and/or drug abuse. It is hoped that increasing the awareness of all nurses regarding both the extent of the problem, and what they can do to help their impaired colleagues, will aid in early recognition and rehabilitation. Most state associations, including Oregon, have active impaired nurse assistance committees, and many offer education as part of their services (Cole, 1985).

The Oregon State Board of Nursing also offers an educational program about the impaired nurse to requesting organizations. These organizations include hospitals, nursing homes, schools of nursing and professional nursing organizations. The primary goal of the program is to increase nurses' knowledge of the problem and of their responsibilities under the Nurse Practice Act. Secondarily, the program attempts to foster a positive attitude toward re-employment of the impaired nurse while on probation. This is based partly on the assumption that lack of professional support from supervisors and co-workers may be a factor in recidivism for impaired nurses.

Nurses' negative attitudes toward substance-abusing patients have been well documented in the literature (Wechsler & Rohman, 1982; Sowa & Cutter, 1974; Wallston, Wallston & DeVellis, 1976). Their attitudes have been described as moralistic, pessimistic, stereotypical, and authoritarian. These attitudes may carry over to the substance-abusing nurse and may be factors in nurses' reluctance to become involved with

the problem of a substance abusing colleague. Other factors include lack of adequate knowledge to recognize the signs and symptoms of substance abuse, lack of confidence in their ability to help, and an attitude of hopelessness regarding chances for successful treatment and eventual rehabilitation. This pessimism may lead nurses to believe that doing nothing is better than the risk of ruining a colleague's life. Pessimism regarding prognosis for recovery may also affect nurses' willingness to accept the recovering nurse when she is able to resume practice. A better understanding of nurses' attitudes toward their impaired colleagues may provide a focus for future educational and rehabilitation efforts.

It is the purpose of this study to describe registered nurses' attitudes toward substance abuse and the chemically impaired nurse. Attitudes toward the alcoholic nurse will be compared with attitudes toward the drug abusing nurse. The relationships between these attitudes and the nurses' age, length of employment, education, and experience in working with substance abusers will be explored.

Review of the Literature

The problem of substance abuse within the nursing profession is the subject of a few studies in the current literature. Descriptive studies of impaired nurses constitute the bulk of the research reported in this area. The literature will be reviewed in the following categories: (a) characteristics of chemically impaired nurses, (b) employer response to impaired nurses, (c) response of the profession to impaired nurses, (d) attitudes of nurses toward substance abuse, and (e) attitudes of nurses and physicians toward impaired colleagues.

Characteristics of Impaired Nurses

The early studies of impaired nurses compared alcoholic or drug abusing nurses with other women with substance abuse problems. Bissell and Jones's (1981) study of 100 recovering alcoholic nurses, found no differences between female alcoholic nurses and other alcoholic women. The subjects were white, urban, and ranged in age from 26 to 69, with a mean age of 44.6 years. Sixty-seven were still employed in nursing full time. Two-thirds were academic high-achievers, graduating in the upper third of their class. Addiction to other drugs occurred in 21% of this group.

When drug addiction is considered, however, a difference is found between addicted nurses and other addicted women. Poplar (1969) found a group of 68 female registered nurses under treatment for drug addiction to be atypical of female addicts at the treatment center. Unlike other female addicts, the nurses had become addicted in adulthood rather than adolescence, and tended to use drugs alone, instead of in a social group. They claimed their ability to work improved while using drugs. Doctors and hospitals were the main source of their drug supply and they rarely resorted to black market sources. Physical illness was cited as the major reason for starting drug use, followed by emotional disturbance and work pressure. Denial was a common trait in this group, i.e., denial of tenseness, depression, unhappiness, boredom, etc. Close family relations, stable backgrounds, and higher levels of education also differentiated them from other female addicts at the center.

In an indepth study of 12 registered nurses at the same center, Levine, Preston and Lipscomb (1974) found that all of the nurses had

intense involvement with medical care as adolescents. All had had surgery at least once and they averaged 18 hospital admissions for various reasons. Only one-third had ever been treated for drug abuse. The nurses generally considered their switch from alcohol to "medicines" as an improvement in their legitimate self-treatment. The small number of this sample precludes generalizing the findings to all nurse addicts.

A small sample (16) of alcoholic nurses were profiled by Jaffe (1982) with an emphasis on problems encountered in recovery. Six of the nurses were patients in treatment and ten were post treatment. The latter ten ranged in age from 30-45 years, and had been sober an average of 4.5 years. Six held masters' degrees in nursing. Only one was currently out of work and none had received professional sanctions in relation to their alcoholism. All agreed that a 4-to-6 week leave of absence would have been helpful during their period of early recovery. In half of the cases, their employers were aware of their alcoholism. Both groups believed a lack of acceptance of alcoholism and alcoholic patients on the part of nursing staff was detrimental to their own recovery. Inadequate education in nursing school regarding alcoholism was perceived to contribute to many of the impaired nurses' lack of understanding of their disease.

During recovery, contact with another recovering nurse helped ease the emotional pain. Job familiarity and decreased stress/stimulation were also helpful. Some of the nurses felt socially isolated on the job and encountered a discomforting lack of knowledge regarding recovery on the part of their co-workers.

Griffin (1984) surveyed 58 nurses who had come to the attention of the Oregon State Board of Nursing for drug or alcohol problems. A "high risk" profile was developed which differentiated the impaired nurse from the general nursing population: (a) single parenthood, (b) lower level of education, (c) high stress score on the Rahe and Holmes Social Readjustment Rating Scale, (d) more accidental injury and mental health problems experienced, and (e) higher consumption rate of beer, liquor, and drugs, especially opiates. The difference in educational levels of this group from those of Bissell and Jones (1981) and of Jaffe (1982) was attributed to sample selection. Nurses in Griffin's sample were not necessarily in treatment, whereas nurses in the other two samples were currently in treatment or had completed treatment. Nurses in treatment may constitute a highly select, better educated group.

In a related study, Kelley (1985) also focused on chemically impaired nurses who had been disciplined by the Michigan State Board of Nursing between 1978 and 1982. Twenty-five recovered nurses, representing a response rate of 42%, were described in this study. An anonymous questionnaire was used which both delineated problems encountered in reentry to practice, and provided a profile of nurse characteristics. The following profile was developed: (a) a white female in late thirties with one or two children, (b) additional education acquired beyond basic nursing degree, but inadequate education received regarding chemical dependency, (c) worked evenings or nights in a critical care/high stress setting and did frequent overtime, (d) after discipline, reentered practice in a low stress, day shift setting with limited access to drugs and little overtime, (e) frequently did not

return to nursing or her former employer, and (f) informed new employer (but not colleagues) of previous dependency.

The nurses in this study viewed employers, the Board of Nursing, and/or colleagues as having had little influence in treatment or rehabilitation. Disciplinary action by the Board, sometimes up to two years after recovery, was punitive. Problems were encountered in reentry to practice. In part, they included, in order of severity: lack of self esteem, fear of handling drugs, colleagues not knowledgeable about recovery from chemical dependency, fear of peer rejection, difficulty in obtaining a job in nursing, and undue scrutiny by the employer. Reentry problems were considered by the nurses as factors in any brief alcohol or drug relapse that did occur.

McAuliffe (1984) presents several case studies describing a new type of impaired health professional, who began using drugs recreationally during the 1960's when the practice became commonplace on college campuses. This cohort differs from earlier cohorts of impaired professionals in that opiates were initially used for euphoria, rather than self-medication for illness or stress.

Although a few studies have compared treatment outcomes of impaired physicians to general patient samples, no such comparisons were found for impaired nurse samples. Physicians were reported by Kliner, Spicer, and Barnett (1980) to fare better than the general patient population; 76% versus 61% achieved favorable outcomes. In a similar study, Morse, Martin, Swenson, and Niven (1984) compared physicians to a matched group of middle class patients. Results were similar, with 60% percent of the physicians and 47% of the general group experiencing favorable

outcomes. Close monitoring, often as part of probationary conditions, may be a factor in the better prognosis for physicians. A review of all treatment outcome studies for impaired physicians for the years 1950-1982 revealed positive treatment results varying from 27% to 92% (Vogstberger, 1984).

Studies of treatment outcomes for impaired nurses are few. The Florida Nurse Assistance Network (NAN) reports a relapse rate of less than 10% for nurses involved in that program (Penny, 1986). The effect of the NAN program in Kentucky on outcomes for impaired nurses is also being evaluated (Hendrix & LaGodna, 1986).

One aspect of chemical impairment which has been noted with concern is the risk for suicide among impaired nurses. Thirty-one percent of the alcoholic nurses in Bissell and Jones's (1981) study reported having made overt suicide attempts. The Bay Area Task Force for the Impaired Nurse reported that 39 nurse deaths in a 43 month period were directly attributable to alcohol or addictive diseases (BRN Report, 1984).

Employer Response to Impaired Nurses

According to Bissell and Jones (1981), "Outcome rates are extremely good for alcoholics and drug abusers whose illness is identified early and who are sent to treatment as a condition for retaining their job or their license to practice" (p. 101). Despite this fact, hospitals and the health care industry have lagged behind industry in general in developing programs to help the employee with a drug or alcohol problem. Although some hospitals have adopted such programs, a policy of automatic dismissal of a nurse with a substance abuse problem continues to be widespread. The predominant attitude, described at a

1982 conference on "Impaired Health Care Professionals", is "Physicians get rehabilitated, nurses get fired" (Rodrick, 1982, p. 3). In a recent study of California impaired nurses who were terminated from their positions, 88% of the women and 100% of the men were not offered treatment at the time of their termination (BRN Report, 1984).

One aspect of rehabilitation of the impaired nurse that has received little attention is return to practice. Bissell & Jones (1981) report that only 3 of the 100 alcoholic nurses in their study lost their licenses to practice and all three later regained them. Sixty-seven were still employed full-time. By contrast, in Poplar's (1969) study, only 20 of 90 drug addicted nurses were described as "doing well" after treatment, but employment in nursing is not reported. A survey of 25 currently licensed, disciplined nurses in Michigan indicated that none of the nurses returned to their former employers, usually because they had no choice. Difficulty in finding jobs was reported by 11 nurses (Kelley, 1985). It is not reported whether successful return to practice is related to the type of substance abused. Possibly the recovering alcoholic nurse is more acceptable to employers than the drug abusing nurse.

More recently, hospitals are being encouraged to focus on rehabilitation. In 1983, the Kansas Hospital Association, in conjunction with the State Nurses' Association, helped launch that state's peer assistance program for impaired nurses (Hospitals, 1984). Professional organizations are emphasizing the employer's role in successful rehabilitation of the impaired nurse. Penny (1986) reports strong cooperation between the Florida Impaired Nurse Program and

employers. Although willingness to rehire is not reported, 70% of referrals to the program have come from nursing administrators.

White (1985), in a report of one hospital's policies regarding return to practice, outlined several issues to be considered by nurse managers in each case. These include timing of return, schedules, work unit, access to narcotics, peer support, and follow-up care. It is evident that employers are beginning to take a more active role in rehabilitation of the impaired nurse.

Response of Nursing Organizations

State nurses' associations have addressed substance abuse within the profession through the development of impaired nurse programs or committees. Although the associations address all forms of impairment, including those attributed to psychiatric problems, the majority of referrals are for drug and alcohol abuse.

In Maryland, the Maryland Nurses' Association created the Committee for Rehabilitation of the Impaired Nurse. The committee aims to return the impaired nurse to an acceptable level of performance of practice. Trained nurse volunteers receive referrals or requests for help through a hotline. Their function is to assist in confronting nurses and/or to guide them through the rehabilitation process (Ensor, 1982).

The Georgia Nurses' Association, drawing from the physicians' experience with the Disabled Doctors' Program, formed an informal support network for impaired nurses. This led to a formal program in 1981 with three components: (a) education, (b) entry into treatment, and (c) rehabilitation. The education component is fully operationalized and provides information on substance abuse and ways in

which nurse colleagues can help their peers (Dilday, 1982). Most states have committees with purposes similar to those in Maryland and Georgia.

In California, the Board of Registered Nursing has established the first voluntary diversion program for chemically dependent or mentally ill nurses. This is offered as an alternative to the established disciplinary process and focuses on the nurse's rehabilitation (BRN Report, 1984).

Beginning in 1980, the Oregon State Board of Nursing has offered educational presentations relating to the impaired nurse. As a nursing practice issue, substance abuse is referred to in the state Nurse Practice Act under Oregon State Statute 678.111. The statute reads: "Causes for denial, revocation, suspension of license or probation, reprimand or censure of license for: ...(e) Use of any controlled substance or intoxicating liquor to an extent or in a manner dangerous or injurious to the licensee or others or to an extent that such use impairs the ability to conduct safely the practice for which the licensee is licensed" (Oregon Statutes, Chapter 678).

In May of 1985, the Oregon Nurses' Association established the Nurse Assistance Network (NAN). NAN provides a 24-hour hotline with volunteers trained to provide confidential assistance to nurses, co-workers, or employers. Educational presentations on the problem of the impaired nurse are also available (Sandy Jackson, personal communication, ONA Nurse Assistance Committee, May 10, 1985).

Attitudes of Nurses Toward Substance Abuse

A review of several studies of health professionals' attitudes toward substance abuse suggests a lack of acceptance of the substance

abusing patient. Most studies have focused on the alcoholic rather than the drug abusing patient, and a few studies have compared nurses' attitudes with attitudes of other professionals and/or nonprofessionals.

Wechsler & Rohman (1982) reported that students in the health professions, including nurses, were likely to agree with statements describing the negative aspects of alcoholic patients. They were less negative toward alcoholics in general than alcoholics as patients. Forty-nine percent of nursing students felt that alcoholics were "harder to relate to than people whose problems were not self-inflicted" (p. 949) and over half the nursing students felt that chances for recovery from alcoholism were poor. A degree of ambivalence was evident concerning etiology of alcoholism, as a large majority of the nursing students agreed that alcoholism is both a disease and the result of underlying emotional problems. In general, the attitudes of nursing students were more positive than the medical students' attitudes regarding alcoholism and the alcoholic.

In an earlier study, Sterne and Pittman (1965) surveyed a nonrandom sample of health and welfare personnel in a metropolitan area. They found that nurses were considerably more moralistic regarding alcoholism than were physicians or social workers. Nurses also regarded the concept of motivation as crucial to recovery from alcoholism, to a greater degree than other professionals. A comparison of the above professional groups versus nonprofessional groups indicated that professional education and subsequent experience influenced attitudes toward motivation and alcoholism to some degree, but not substantially. Negative attitudes toward substance abusers have frequently been

attributed to the perceived discrepancy in occupational and social status between the caregivers and the patients, but this view was not supported by this study.

Mogar, Snedecker, Snedecker, and Wilson (1969) confirmed the finding of an inverse relationship between professionalization and moralism in their alcoholism staff sample. In addition, they found pessimistic attitudes to be significantly lower in professional staff. Nurses, however, were not differentiated from other professionals in this study. Experience in working with alcoholics was found to have a significant effect on positive attitudes toward alcoholism.

Several researchers have investigated the attitudes toward alcoholism of nursing personnel in the hospital setting. Ferneau and Morton (1968) administered the Marcus Alcoholism Questionnaire to 31 registered nurses and 74 nursing assistants in a neuro-psychiatric complex. The higher mean scores of the nurses indicated their attitudes were more positive than those of the nursing assistants, particularly in regard to the illness concept of alcoholism. Two separate studies involving registered nurses contrasted responses to a hypothetical "alcoholic" patient with responses to the same patient without the "alcoholic" label (Cornish & Miller, 1976; Wallston et al., 1976). The response to the alcoholic patient was significantly more negative.

Nurses working in alcohol treatment units were found to have more favorable attitudes toward alcohol treatment and the alcoholic patient than medical-surgical nurses (Svicarovich, 1980). However, the nurses with more favorable attitudes may have held them prior to their employment in the alcohol unit.

Several factors have been shown in previous studies to be related to attitudes toward alcoholism. Greater experience in working with alcoholics was correlated with a more optimistic disease-oriented view of alcoholism (Sterne & Pittman, 1965; Mogar et al., 1969; Svicarovich, 1980). Both Svicarovich (1980) and Caine (1968) found that younger nurses were more favorable toward the alcoholic. Caine also reported that less experienced nurses and nurses with more education were more favorable. Nurses' attitudes toward the alcoholic were more highly related to attitude toward social drinking in Caine's study than to their acceptance of the disease concept of alcoholism.

In an emergency room study, Biener (1983) found a strong dislike for substance abusers on the part of the staff, especially the physicians. The expectation that the substance abuser would be uncooperative was most responsible for the negative attitude. Alcohol and drug abusers were not differentiated in this study.

Only one comparison of nurses' attitudes toward alcoholics versus drug abusers was found in the literature. In a study of addictions center staff, Sowa & Cutter (1974) found that all staff attributed more negative traits to drug addicts than to alcoholics. The psychiatrists, psychologists, social workers and administrators held the least favorable attitudes toward alcoholics and drug addicts. The lower status staff in this study, e.g., nurse aides and clerical staff, held more favorable attitudes than the registered nurses and chaplains toward substance abusers. Social distance of the higher status staff from the substance abusers was suggested as a factor contributing to negative views of the patient.

Efforts to change health professionals' attitudes toward the alcoholic and drug abuser have met with mixed success. Chodorkoff (1969) found that nursing students, just as the medical students previously studied, did not change their negative attitudes after brief clinical experience and alcoholism education. Another study indicated that nursing students were less accepting of alcoholics than disabled persons and their attitudes did not change after clinical exposure to alcoholics (Schmid & Schmid, 1973).

However, a 3-year study of a specialized training program in alcoholism at University of Washington School of Nursing produced more promising results (Gurel, 1976). The majority of the trainees studied in the program for three quarters and were found to be more accepting of alcoholism as a disease after participation in the program. Faculty participants were more inclined to support alcoholism-related courses as part of the nursing curriculum.

Ferneau (1967) was able to identify positive changes in attitudes toward alcoholism in a nursing student sample. This followed twelve weeks of experience with alcoholics in a psychiatric setting. Results were confirmed by Harlow and Goby (1980) who compared a control group of nursing students lacking experience with alcoholics to an experimental group. Most of the positive changes continued to be evident in the experimental group one year later. Clearly, some forms of education are able to improve attitudes toward alcoholism.

Freed (1976) suggests that negative attitudes toward patient substance abusers may have a detrimental effect on the therapeutic effectiveness of the nurse-patient relationship. Heinemann (1974)

emphasizes the role of the nurse's positive attitude in guiding the alcoholic through the recovery process. Belief in alcoholism as a complex illness with a variety of treatment options affects the interactions of the nurse with the alcoholic patient in any setting. Understanding her own feelings toward the alcoholic, possibly of frustration and hopelessness, allows the nurse to work toward changing these feelings.

Attitudes of Nurses and Physicians Toward Impaired Colleagues

Lack of support by colleagues in the nursing profession has been one problem reported by recovering impaired nurses in their attempt to return to practice (Kelley, 1985). Impaired nurses returning to practice in Oregon have encountered distrust from co-workers as well as a reluctance to hire on the part of nursing administrators (M. Amdall-Thompson, Oregon State Board of Nursing, personal communication, August 24, 1985). This negative attitude may be a carry-over from nurses'attitudes toward substance abusers in general. The relationship between nurses' attitudes toward these patients and their attitudes toward impaired colleagues has not been investigated.

Wechsler and Rohman (1982) surveyed future caregivers regarding their attitudes toward alcoholism, including alcohol impaired professionals. Over 80% of the nurses and 72% of the medical students agreed that professionals should not be allowed to practice if they were active alcoholics. In spite of this, almost 30% of the nurses and 47% of the medical students would be reluctant to report a colleague with a drinking problem. According to LeClair Bissell, an authority on impaired health professionals, co-workers are often characterized by a

"love and lynch" attitude toward impaired peers. Conflicting attitudes of resentment and protection may lead to a general cover-up of unsafe practice (Rodrick, 1982).

In a readers' poll, the editors of Nursing Life (1985) presented a hypothetical case of a nurse whose behavior at work indicated she might have a drug problem. Readers were asked if they would assist management in "entrapping" the nurse, and 53% of the 105 respondents said no, citing ethical and legal considerations. Ironically, ethical responsibilities to their patients were also cited by the 44% of the nurses who would assist in entrapping the nurse. Given the opportunity to discuss their concerns with the nurse before reporting her to management, the respondents were evenly divided, 47% for this approach, 49% against. If the nurse were simply fired, without being reported to the state board, 64% would report her themselves. Interestingly, many of the nurses regarded the impaired nurse as strictly a management problem, not a peer concern. Almost all of the nurses, however, agreed that terminating the nurse without treatment would be harmful both to the nurse and her future patients. Thus, even in this small, non-random sample, ambivalent responses to the impaired nurse are evident.

In a physician study, Chappel (1981) asked impaired physicians how their peers had responded to them. Sample size is not reported. Responses interpreted as negative by the impaired physicians included silence, anxiety, ignorance, prognostic pessimism, tentative or incomplete response, judgmental and permissive response. Positive behaviors included confrontation, assistance during treatment, and education and information sharing. In a second survey of physicians

attending alcohol and drug abuse courses, he found that 85% percent were nonpunitive toward their impaired colleagues. This nonpunitive attitude had a significant relationship to the attitudes of treatment optimism and treatment intervention. The interest shown by the respondents' course attendance may preclude generalizing these findings to physicians in general.

In summary, it appears that the problem of substance abuse is being addressed by the nursing profession. Samples from alcoholic and drug addicted nurses have been described and a "high risk" profile developed. Employers in the health field have lagged behind industry in developing job-based assistance programs for the impaired employee. The nursing profession has followed the lead of physicians in attempts to address the problem through education and assistance in rehabilitation. However, nurses' and physicians' negative attitudes toward substance abusing patients are well-documented and not easily changed. Similar attitudes may also hold toward substance abusing colleagues. Educators are attempting to change nurses' attitudes toward their impaired colleagues, but these attitudes have not been well-defined.

Statement of the Problem

The Oregon State Board of Nursing reports that 28% of the 1985 disciplinary proceedings involved chemical (drug or alcohol) abuse. Efforts are being made to help impaired nurses through identification, treatment and return to practice. Nurses' attitudes toward their impaired colleagues are viewed as one roadblock to these efforts. Education in this area has focused on "changing attitudes", but few studies have actually described nurses' attitudes regarding chemically

impaired nurses. Attitudes toward alcoholics and drug abusers in general may affect nurses' behavior in dealing with impaired colleagues.

Purpose of the Study

The purpose of this study was to obtain descriptive data revealing the attitudes of registered nurses toward substance abuse and impaired nurses. It was also the purpose of the study to compare attitudes regarding the nurse whose practice is impaired by alcohol with attitudes regarding the nurse impaired by other drugs. The information obtained should be useful in planning education and rehabilitation in this area.

CHAPTER II

METHOD

Design and Procedure

This ex post facto study was undertaken to describe the attitudes of registered nurses toward substance abuse and chemically impaired nurses. The relationships of these attitudes to age, education, length of employment and experience in working with substance abusers were examined.

A list of all registered nurses in Oregon was obtained from the Oregon State Board of Nursing. A mail survey was used to conduct the study. The mailing included a cover letter, the questionnaire, and a return addressed, stamped envelope. A second survey form was mailed to non-respondents one month after the initial mailing. Return of questionnaire constituted informed consent.

Sample

The setting for this study was the state of Oregon. From a total of 25,500 registered nurses, a random sample of 500 registered nurses living and licensed in Oregon were invited to participate in the study.

Data

Data were gathered through a self administered questionnaire. The questionnaire included an instrument to measure attitudes toward substance abuse, additional items to measure attitudes of registered nurses toward chemically impaired nurses, and several questions on the demographic characteristics of the registered nurses.

Attitudes Toward Substance Abuse

The Substance Abuse Attitude Survey (SAAS) was used in this study to measure nurses' attitudes toward substance abuse (see Appendix B, Items 1-42). It was developed by Chappel, Veach and Krug (1985) to measure physicians' and medical students' attitudes toward various aspects of alcohol and drug use. The authors believed that previous instruments using semantic differential scales, (e.g., Fisher, Mason, Keeley, and Fisher, 1975), were not well-received by health professionals because of a lack of face validity or obvious relevance to the practice of medicine. Medical educators in this area considered the understanding of attitudes to be a priority in improving the curricula on alcohol and drug misuse, but better methods of measuring attitudes were needed.

In the process of developing and testing the SAAS, five stable, coherent subscales emerged through factor analysis: Permissiveness, Treatment Intervention, Nonstereotype, Treatment Optimism, and Nonmoralism. An example of an item from each of the factors follows:

Permissiveness	Marihuana should be legalized.
Treatment Intervention	Physicians who diagnose alcoholism early improve the chance of treatment success.
Nonstereotype	People who use marihuana usually do not respect authority. (Reverse scored item)
Treatment Optimism	Drug addiction is a treatable illness.

Nonmoralism	A physician who has been addicted to narcotics should not be allowed to practice medicine again. (Reverse scored item)

The scoring worksheet for the SAAS and the T-score conversion table are reproduced in Appendix C. Each item is scored 1 (strongly disagree) to 5 (strongly agree). The items which are reverse scored are indicated by a line in the "Reversed" column. The items comprising each factor are indicated by a line in that factor's column.

Permissiveness has ten items, and is scored 10 to 50. The Nonstereotype factor also has ten items and is scored the same. Nonmoralism has 9 items, scored 9 to 45. Treatment Intervention has 8 items with a score ranging from 8 to 40. The last factor, Treatment Optimism, has 5 items, scored 5 to 25. The highest score for each factor indicates the most of that factor, e.g., a score of 50 for Permissiveness indicates the most permissiveness.

A criterion group ($\underline{N}$ = 116) was drawn from clinicians attending continuing medical education programs in the U.S. It included physicians, psychologists, social workers, nurses and counselor-therapists who met the following criteria: "(1) having at least 6 years or more experience in treating patients who misuse alcohol and other drugs; (2) having a patient load of which at least 10% consisted of these patients; (3) experiencing professional satisfaction in treating these patients, as indicated by self-report measures; and (4) reporting some success in treating these patients, as indicated by self-report measures" (Chappel et al., 1985, p. 49). The scores of this

criterion group were normalized and it was assumed that the attitudes of the criterion clinicians would provide direction in setting attitudinal objectives for education. This group scored significantly higher on treatment optimism and treatment intervention than other groups, which indicated the construct validity of the tool. The use of self-report to measure "success in treating these patients" was considered the main weakness in the selection of the criterion group.

The authors of the SAAS report that the tool has face validity and has been well received by health professionals. Reliability coefficients for the five factors were adequate, ranging from .56 to .81.

Attitudes Toward Impaired Nurses

Only two studies of nurses' attitudes toward their impaired colleagues were found in the literature; Wechsler & Rohman's (1982) student survey and the Nursing Life (1985) readers' poll. Items 43-50 were adapted from surveys in the literature which addressed the issue of impairment in health professionals, usually physicians. Wechsler and Rohman (1982) found that almost 30% of nursing students, and 47% of medical students in their sample "would be reluctant to report a colleague with a drinking problem." Item 43 refers to this attitude. Item 44 taps a similar attitude toward drug abusers.

Items 45 and 46 are adaptations of Item 17 from the SAAS, "A physician who has been addicted to narcotics should not be allowed to practice medicine again." A comparison of nurses' attitudes regarding return to practice was sought. The alcoholic nurse is referred to in Item 45 and the drug abusing nurse in Item 46.

Item 47 and 48 were written by the author in order to explore the willingness of nurses to accept the recovering nurse as a co-worker returning to practice. The impaired nurses in Kelley's (1985) study cited fear of peer rejection and lack of support in the workplace as two of the many problems encountered in reentry to practice. Peer support during rehabilitation may be an important factor in recovery. The alcoholic nurse is referred to in Item 47 and the drug addicted nurse in Item 48.

The last two Items (49-50) were developed from Niven's survey (as cited in Chappel, 1981) of attitudes of physicians attending the AMA conference on the Impaired Physician in 1977. Sixty-six percent of the respondents agreed with the following statement in regard to the impaired physician, "I would be uncomfortable but willing to discuss my concerns with him." Items 49 and 50 refer to this attitude in regard to alcohol and drug abusing nurses.

The above eight items were scored from 1 to 5 in the same manner as the SAAS. Items 43, 44, 47, and 48 were reverse scored. The four alcohol items and the four drug items were scored as separate scales and each had a total score range of 4 to 20. A score of 20 indicates the most positive attitude toward the alcohol or drug impaired nurse, i.e. a willingness to intervene and assist the nurse in recovery. The eight items were also scored together, for a total of from 8 to 40, to measure attitude toward impaired nurses.

Items 43-50 were pretested for clarity by a group of nursing students. Content validity is based on similarity to items used in like

surveys and review by two experts in the area of impaired nurses. These items were included in the study to determine if nurses' attitudes toward impaired nurses were related to 1) nurses' attitudes toward substance abuse and 2) the demographic variables.

Demographic Data

The demographic characteristics (Items 51-57, Appendix B) which were included have been claimed in previous studies to be related to nurses' attitudes toward alcoholic patients. These characteristics are age, education, length of employment in nursing, and experience in working with substance abusers (Caine, 1968; Sterne & Pittman, 1965; Svicarovich, 1980).

Analysis of Data

Pearson correlation coefficients were calculated to determine if age and years of employment were related to nurses' scores on the scales of 1) Substance Abuse Attitude Survey (SAAS), and 2) Attitudes Toward Impaired Nurses. Pearson's *r* was also used to determine the relationship between the scores on the scales of the Substance Abuse Attitude Survey, and Attitudes Toward Impaired Nurses. The *t* test was used to determine 1) if attitudes toward drug abusing nurses differed significantly in favorability from attitudes toward alcoholic nurses; 2) if attitudes differed by type of nursing education; and 3) if attitudes differed by extent of experience working with substance abusers.

CHAPTER III

RESULTS AND DISCUSSION

Description of Sample

Initially, a random sample of 500 registered nurses was selected from those licensed by the Oregon State Board of Nursing. Of these, 27 could not be located or had moved out of state. Replacements were then randomly selected from the original population, until 500 registered nurses living and licensed in Oregon had received questionnaires. A total of 397 registered nurses responded but 13 questionnaires were too incomplete or received too late to be included in data analysis. The remaining 384 usable questionnaires represent a response rate of 77%.

Table 1 presents information regarding demographic characteristics of the respondents. The average respondent had been employed over 15 years in nursing but had very little experience working with alcoholics or drug abusers. Males in this study were somewhat underrepresented, comprising 3.6% of the sample, in contrast to the 6% they comprise of all registered nurses licensed in Oregon (Oregon State Board of Nursing, 1985). Nurses in this sample, with a mean age of 41, were slightly older than Oregon registered nurses inasmuch as 65% of Oregon nurses are in the age group 19-39 years, and only 56% of this sample was under 40. Associate degree and diploma graduates predominated in the sample, as they do in the Oregon nurse population (Oregon State Board of Nursing, 1985).

Reliability of Substance Abuse Attitude Survey

The Substance Abuse Attitude Survey (SAAS) developed by Chappel et al. (1985) was used to measure registered nurses' attitudes toward

TABLE 1

Characteristics of Oregon Registered Nurses (N = 384)

Characteristic	Number or Mean Value	
Sex		
Male	14	(3.6%)
Female	370	(96.4%)
Age		
Mean	40.96	
S.D.	11.51	
Range	21-75	
Highest Level of Education		
Associate	87	(22.7%)
Diploma	126	(32.8%)
Baccalaureate	140	(36.5%)
Masters	28	(7.3%)
Doctorate	3	(0.8%)
Employment in Nursing		
Mean Years	15.49	
S.D.	11.17	
Range	0-54	
Experience with Alcoholics		
None - Very Little	237	(61.7%)
Moderate - Considerable	147	(38.3%)
Experience with Drug Abusers		
None - Very Little	284	(74.0%)
Moderate - Considerable	100	(26.0%)

substance abuse. The reliability (alpha) coefficient for the total SAAS was .83 which is of sufficient magnitude for research purposes. Alpha scores for the five factors of the SAAS were somewhat lower. They ranged from .47 to .77, as is to be expected for numerically smaller scales. Table 2 permits a comparison of these alpha scores with those obtained by Chappel's groups. The least reliable factors for the Oregon nurses were Treatment Optimism (alpha = .47) and Treatment Intervention (alpha = .47). The alpha coefficients for Chappel's criterion group were decidedly higher for these factors but more similar for Permissiveness, Nonstereotype and Nonmoralism. Reliability coefficients for the noncriterion group were slightly higher for all factors.

In the Treatment Optimism factor, Item 27 (reverse scored), "Most alcohol and drug dependent persons are unpleasant to work with," correlated only weakly (r = .12) with the other items in the scale. Deletion of this item would raise the alpha to .53. Item 40 (reverse scored), "An alcohol or drug dependent person cannot be helped until he/she has hit rock bottom," also did not correlate highly (r = .15). Deletion of this item raised the alpha to .50.

Nurses' Attitudes Toward Substance Abuse

Mean scores for the five factors (Permissiveness, Nonstereotype, Treatment Intervention, Treatment Optimism, and Nonmoralism) and the total SAAS are presented in Table 3. It can be noted from the table that the nurses obtained positive scores (i.e., above the midpoint), on the total SAAS and all factors except Permissiveness, on which they scored below the midpoint or negatively. These scores indicate the nurses tended to believe in the need for treatment intervention, were

TABLE 2

Reliability Coefficients (Alpha) of SAAS Scale and Factors

Present Study and Study of Chappel et al. (1985)

Scale and Factors	Present Study (N = 384)	Chappel et al. Criterion Clinician Group (N = 108)	Chappel et al. Noncriterion Clinician Group (N = 312)
Permissiveness	.71	.73	.77
Nonstereotype	.77	.76	.81
Treatment Intervention	.47	.56	.63
Treatment Optimism	.47	.64	.67
Nonmoralism	.63	.63	.67
SAAS	.83	---	---

TABLE 3

Mean Scores on Substance Abuse Attitude Survey (SAAS) and Factors

Scale and Factors	Possible Range	Observed Range	Mean Score	S.D.
Permissiveness	10-50	11-43	23.46	5.52
Nonstereotype	10-50	20-48	34.77	5.42
Treatment Intervention	8-40	24-40	32.08	2.68
Treatment Optimism	5-25	12-25	19.45	2.25
Nonmoralism	9-45	17-43	29.85	4.88
SAAS	42-210	102-182	140	14.31

optimistic regarding treatment outcomes and held nonstereotypical, nonmoralistic views regarding substance abuse. The mean score for Permissiveness, 23.46, indicates they were not permissive, e.g., they did not believe in allowing smoking in high schools, legalization of marijuana, or parents' teaching their children how to use alcohol.

A comparison of the scores of this Oregon sample with the scores of Chappel's (1985) groups revealed that the nurses obtained somewhat lower scores (see Table 4). The Permissiveness T-score (37) was markedly lower than the T-scores of the criterion group and also of the noncriterion clinician group (49.2). In both these clinician groups, physicians were well-represented (80% and 60% respectively). Chappel did not compare the attitudes of different professional groups in his samples, e.g. nurses, counselors, social workers, and physicians. However, a previous study by Sterne and Pittman (1965) compared attitudes of physicians, nurses and other health professionals toward substance abuse or mental illness, using a measure of attitudes other than the SAAS. They found that nurses were considerably more moralistic and less optimistic regarding alcoholism than were physicians and social workers. The lower T-scores for Nonmoralism and Treatment Optimism are harmonious with the findings of that study.

The nurses also obtained lower T-scores in general than the third group in Chappel's study, the nonclinicians. That group is described as including physicians, health professionals and others not involved in active provision of patient care, but the breakdown of the group is not given. They were drawn from groups attending continuing education

TABLE 4

Scores on SAAS Scale and Factors of

Oregon Nurses and Chappel et al. (1985) Groups

Factor	Oregon Nurses		Chappel et al. Groups*		
	Raw Mean Score (N = 384)	T-Score	Non-clinicians (N = 268)	Noncriterion Clinicians (N = 312)	Criterion Clinicians (N = 108)
Permissiveness	23.46	37	50.4	49.2	50.1
Nonstereotype	34.77	46	51.5	51	50.0
Treatment Intervention	32.08	47	45.3	47.0	50.0
Treatment Optimism	19.45	43	44.6	45.2	50.1
Nonmoralism	29.85	43	49.6	49.9	49.9

* All T-Scores

courses in substance abuse and, thus, special interest or self-selection may explain their higher scores.

The finding of less favorable attitudes of nurses than other professionals is inconsistent, however, with the findings reported by several other researchers. Sowa and Cutter (1974) used an adjective checklist to determine psychiatric hospital staff's attitudes toward substance abusers. Psychiatrists, psychologists and social workers were found to view alcoholics and drug addicts more negatively than the nurses and chaplains. Beiner (1983), in an emergency room staff study, reported similar findings. Physicians had more negative attitudes toward substance abusers than all other staff members. The patient focus of these two studies however, makes it difficult to draw comparisons with the more general attitudes described in the present investigation.

Less positive attitudes on the part of the nurses than of other professionals are also incongruent with the findings of Wechsler and Rohman (1982). Unlike the Oregon group, however, the "nurses" in their sample were mainly third and fourth year students. Their response rate was also lower (52%). Generally the nursing students tended to have more positive attitudes toward alcoholism than the medical students. Chodorkoff's (1969) study, also involving nursing students, produced similar results. This inconsistency with findings of studies sampling experienced nurses is difficult to explain, but may relate to the substantially greater amount of direct patient contact of experienced nurses.

There were several items in the SAAS with which the nurses consistently agreed or disagreed. An overwhelming majority (83%) did not favor the legalization of marijuana. This issue was before the voters in Oregon in the fall of 1986 and had received considerable media attention in the state. Only 11% of the nurses thought marijuana use among teenagers can be healthy experimentation.

The disease concept of alcoholism and drug abuse has gained growing acceptance among health professionals (Wechsler & Rohman, 1982) and the nurses in this study strongly concurred. Both illnesses were considered treatable, alcoholism by 98% of the nurses and drug abuse by 94%. Ninety-eight percent agreed that family involvement is important in treatment, while only 4% believed angry confrontation is necessary in the treatment of alcoholics and drug addicts. A small minority, less than 4%, agreed with the following statement, "Once an alcohol or drug dependent patient is abstinent and off all medication, no further contact with a physician is necessary." Obviously, they believed the disease, although treatable, is not curable and requires continuous monitoring. Only 10% of the nurses agreed that an alcohol or drug dependent person who has relapsed several times cannot be treated. Sixty-five percent of the nurses supported urine drug screening as part of drug abuse treatment.

Several stereotypical views regarding substance abuse were overwhelmingly rejected by the nurses. Only 6% believed that smoking leads to marijuana use, which in turn leads to hard drugs. Less than 1% agreed with the statement, "Anybody who is clean shaven with short hair probably doesn't use drugs." The statement, "People who dress in

hippie-style clothing usually use psychedelic drugs," was supported by less than 4% of the nurses. Some of these stereotypes are somewhat dated, considering the marked increase in media attention to middle and upper class drug abuse and the relative scarcity of "hippies" today in society.

The nurses were generally accepting of impaired physicians' returning to practice although to a lesser degree than the physicians surveyed by Chappel (1981). Eighty-five percent of those physicians disagreed with the following statement, "A physician who has been addicted to narcotics should not be allowed to practice medicine again." Seventy-one percent of the nurses disagreed with this statement.

The interrelationships of the five SAAS factors were determined by Pearson's product-moment correlation coefficients, with some surprising results (see Table 5). Treatment Intervention correlated negatively, although not strongly, with the Nonstereotype (r = -.18), Permissiveness (r = -.21), and Nonmoralism (r = -.24) factors. That is, the nurses who favored Treatment Intervention held more stereotypical, moralistic and nonpermissive attitudes. Treatment Optimism correlated positively and significantly with the same factors (rs = .35, .13, and .40) but produced the weakest positive correlations. This confirms Wechsler & Rohman's (1982) finding of a close association between prognostic pessimism and negative attitudes toward alcoholic patients. The strongest positive correlations existed between Nonmoralism and Nonstereotype (r = .70) and Permissiveness and Nonstereotype (r = .65). Nurses who do not hold stereotypical views of substance abuse tend to be nonmoralistic and permissive.

TABLE 5

Correlation Matrix of Age, Employment and SAAS Scores

	Age	Emp	Permis	NStype	TxInt	TxOpt	NMor	SAAS
Age		.83	-.28	-.41	.17	-.14	-.37	-.38
Employment			-.27	-.43	.12	-.20	-.36	-.40
Permissiveness				.65	-.21	.13	.52	.79
Nonstereotype					-.18	.35	.70	.89
Treatment Intervention						.15	-.24	-.02[a]
Treatment Optimism							.40	.50
Nonmoralism								.83
SAAS								

[a] Not significant. All other coefficients were significant ($p < .01$).

Nurses' Characteristics and their Attitudes Toward Substance Abuse

As proposed, the relationships of the SAAS scores to the variables of age, length of employment, education and experience with substance abusers were investigated. From Table 5 it can be seen that there were significant negative correlations between the variables of age and years of employment and all attitudinal factors except Treatment Intervention. The Treatment Intervention factor was positively correlated with the two variables but the coefficients were not large. The total SAAS score also correlated negatively with age (r = -.38, p < .001) and years of employment (r = -.40, p < .001). Thus, younger nurses and nurses with less years of experience obtained higher scores on the total SAAS and all factors except Treatment Intervention on which they received significantly lower scores. Similarly, Caine (1968) found that younger nurses held more favorable attitudes than older nurses toward moderate social drinking and also toward alcoholics. Less experienced nurses also had more favorable attitudes toward moderate social drinking. On the other hand, Svicarovich (1980) found that although younger nurses were more favorable toward the alcoholic, other alcohol attitudes were not affected by age.

In order to test for significant differences in scores as related to education, the nurses were divided into two groups, of associate and diploma graduates (n = 213) and nurses with baccalaureate or higher degree (n = 171). The nurses with more education obtained significantly higher SAAS scores than the nurses with less education (Ms = 142.9 versus 136.8, t = 4.25, df = 382, p < .001). This finding is consistent with those of previous studies linking more education with more

favorable attitudes toward alcoholism (Caine, 1968; Mogar et al., 1969). Svicarovich (1980), in contrast, did not find any significant difference in attitudes attributable to education. It should be noted that the educational differences in the nurse samples are small, varying by only a few years, so that the full effect of education on attitudes cannot be estimated from such studies restricted to professionals.

The nurses were also divided into two groups in regard to experience working with substance abusers. Nurses with no experience or very little were compared to nurses with a moderate or considerable amount. The nurses with more experience with drug abusers (n = 100) obtained a significantly higher SAAS score (Ms = 142.26 versus 138.57, t = 2.23, df = 382, $p < .05$) than less experienced nurses (n = 284). Interestingly, greater experience with alcoholics did not result in a significantly higher SAAS score. In contrast, previous studies (Mogar et al., 1969; Sterne & Pittman, 1965; Svicarovich, 1980) have concluded that greater experience in working with alcoholics was associated with a more optimistic, disease-oriented view of alcoholism. The present study supports this conclusion as associated with experience with drug abusers, but not with alcoholics. It is not known if the subjects in the present investigation received their experience in an alcohol and drug treatment setting, as was the case in two of the previous studies. Therefore, the type of experience may be a factor in more favorable attitudes. Also, items 56 and 57 in the demographic section of the questionnaire are somewhat ambiguous. The phrase "working with alcoholics" could be interpreted as alcoholic nurses or alcoholic patients, when, in fact, alcoholic patients was intended.

Nurses' Attitudes Toward Impaired Nurses

The eight items in this section were written by the author or adapted from similar questions used in physician surveys. Table 6 presents the statements regarding nurses' attitudes toward nurses impaired by alcohol (Items 43, 45, 47 and 49) or drug abuse (Items 44, 46, 48 and 50). The reliability coefficient for the alcohol scale was .23, with a mean interitem correlation of .07. Deletion of Item 43, regarding reporting of an alcohol impaired nurse, increased the alpha to .37. The mean score on the alcohol scale was 15.3 (SD = 1.85), with a possible score range of 4-20. This indicates that nurses view alcohol impaired nurses in a moderately positive way; that is, they favor reporting, confrontation, returning to practice after treatment, and accepting the recovering nurse as a coworker.

Attitudes toward the drug-impaired nurse were measured by four similar items. The alpha for the four-item scale was .25, and the mean interitem correlation was .06. Deletion of Item 44 concerning reporting of a drug-impaired nurse increased the alpha to .44. The mean score on the drug scale was 15.0 (SD = 1.99), with a possible range of 4-20. As with the alcohol scale, a positive view of the drug-impaired nurse is indicated. The low reliability scores of the alcohol and drug scales may be partially attributable to the small number of items in the two scales.

The generally favorable attitude of nurses toward their impaired colleagues is indicated by the skewed distribution of responses on the eight items in the scale. Only 9% of the nurses would be reluctant to report an alcohol impaired nurse (6% for drug impairment). Wechsler and

TABLE 6

Oregon Nurses' Attitudes Toward Impaired Nurses

Mean Scores and Standard Deviations

Questionnaire Item Number	Statement	Mean	SD
43.*	I would be reluctant to report a nurse colleague with an alcohol problem.	3.88	0.87
44.*	I would be reluctant to report a nurse colleague with a drug problem.	4.08	0.82
45.	Nurses should be allowed to return to practice after initial treatment for alcoholism.	3.59	0.87
46.	Nurses should be allowed to return to practice after initial treatment for drug abuse.	3.34	0.94
47.*	I would be reluctant to work with a nurse who is a recovering alcoholic.	4.05	0.79
48.*	I would be reluctant to work with a nurse who is a recovering drug addict.	3.82	0.99
49.	I would be uncomfortable but willing to discuss my concerns with a nurse with an alcohol problem.	3.75	0.84
50.	I would be uncomfortable but willing to discuss my concerns with a nurse with a drug problem.	3.75	0.84

* Indicates reverse scored items.

Rohman (1982) found greater reluctance on the part of students in reporting a colleague with a drinking problem. Thirty percent of the nursing students and 47% of the medical students were reluctant to report. Also, only 6% of the Oregon nurses would be reluctant to work with the recovering alcoholic nurse, and 13% with the recovering addict. Over 76% of the nurses would discuss their concerns with an alcoholic or drug abusing colleague, as compared to 66% of physicians as reported by Chappel (1981). More uncertainty is evident regarding recovering nurses' practicing after treatment. Sixty-six percent of the nurses favored this for the alcoholic nurse, but only 54% for the drug abusing nurse.

Analysis of the mean scores on the two scales by t-test revealed that the attitudes toward the alcoholic nurse differed slightly but significantly from attitudes toward the drug abusing nurse (mean scores of 15.3 vs. 15.0), with the latter being viewed less favorably (t = 4.64, df = 383, $p < .001$). In Sowa and Cutter's (1974) study, nurses attributed more negative traits to drug addicts than to alcoholics, so this finding was not surprising. However, overall favorability toward substance abusing nurses was an unexpected finding. Both Caine (1968) and Svicarovich (1980) found nurses more accepting of alcoholism than the alcoholic patient per se. Other studies that have focused on attitudes toward the alcoholic patient, rather than alcoholism attitudes in general, have shown that nurses hold moralistic, stereotypical and nonaccepting attitudes toward these patients. It appears that, within the limitations of the scale used in this study, if these nurses had

negative attitudes toward alcoholic patients, they did not carry over to the alcoholic or drug abusing nurse.

Favorability toward impaired nurses was also unexpected in view of several commentaries on the subject in the current literature. The need for a "change in attitude" and references to the impaired nurse as isolated, punished or stigmatized would lead one to expect negative attitudes. Several explanations can be surmised. Current educational efforts regarding impaired nurses, increased attention to substance abuse in the media, the desire to give socially acceptable answers, or intellectual acceptance of the humanistic approach as opposed to discrimination in practice may all have moderated attitudes and influenced the above findings. However, it is quite possible that attitudes are not reflected in behavior. No research has reported systematic observations of interactions of nurses with impaired colleagues.

As noted in Table 7, three interesting, significant correlations were found among individual items in both the alcohol and the drug scale. If a nurse was willing to discuss her concerns with an impaired nurse, she also tended to be willing to work with the recovering nurse (*rs* = .09, .09, .12, and .14). The strongest correlations existed between nurses favoring an impaired nurse's return to practice and willingness to accept the nurse as a co-worker (*rs* = .37, .24, .30 and .38). Nurses who were willing to report an impaired nurse tended not to think the recovering nurse should be allowed to return to practice (*rs* = -.13 and -.19). Reporting an impaired nurse appears not to fit with the humanistic, optimistic viewpoint. Likewise, in Nursing Life (1985),

TABLE 7

Correlation Matrix of Scores on Individual Items of

Attitudes Toward Impaired Nurses Scale

Item	Q43	Q44	Q45	Q46	Q47	Q48	Q49	Q50
[b]Q43 Report alcoholic		.80	-.13	-.13	-.01[a]	.00[a]	.07[a]	.02[a]
[b]Q44 Report drug abuser			-.07[a]	-.19	.04[a]	-.04[a]	.04[a]	.04[a]
Q45 Return alcoholic to practice				.80	.37	.24	.04[a]	.06[a]
Q46 Return drug abuser to practice					.30	.38	.06[a]	.07[a]
[b]Q47 Work with recovering alcoholic						.75	.09	.12
[b]Q48 Work with recovering drug addict							.09	.14
Q49 Discuss with alcoholic								.85
Q50 Discuss with drug abuser								

[a] Not significant. All other coefficients are statistically significant ($p < .05$).
[b] Reverse scored items

a report of a readers' poll indicated that some of the nurses believed that reporting a nurse to the state board was a management responsibility and not a responsibility of the nurse's peers. Ambivalence regarding reporting an alcoholic colleague was also found by Wechsler & Rohman (1982) in their student sample. Despite overall support of professional control of members, two-fifths of the students would be reluctant to report a colleague. These two items, 43 and 44, perhaps need to be more specific in regards to reporting. If reporting is viewed as an intervention and the initial step in the rehabilitation process, then reporting is positive and therapeutic.

Nurse assistance programs, employee assistance programs and some state boards of nursing are promoting this approach. However, many nurses may continue to view reporting, either to management or the state board, as punitive and career-ending for the impaired nurse. Therefore, these two items, as stated, are not reliable indicators of favorability toward the impaired nurse.

As proposed, the relationship between Attitudes toward Impaired Nurses (the combined scale score) and attitudes toward substance abuse (SAAS score) was examined. As noted in Table 8, analysis revealed a significant positive correlation between these two attitudes ($r = .28$, $p < .001$). That is, nurses who obtained higher scores on the SAAS also tended to hold favorable attitudes toward impaired nurses.

When the two scales, alcohol and drug, were scored separately, some interesting results were noted. None of the correlations were strong, but nearly all attained significance. Nurses with more favorable scores on the alcohol scale also obtained significantly higher scores on all

TABLE 8

Correlations of Scores on SAAS Scale and Factors

with Scores on Attitudes Toward Impaired Nurse Scale

SAAS Scale and Factors	Alcohol Impaired Nurse Scale	Drug Impaired Nurse Scale	Combined Scale
Permissiveness	.03[a]	.11	.08[a]
Nonstereotype	.18	.26	.23
Treatment Intervention	.12	.08[a]	.10
Treatment Optimism	.29	.32	.32
Nonmoralism	.22	.29	.27
SAAS	.22	.31	.28

[a] These correlations were not statistically significant. All others were significant ($p < .05$).

factors of the SAAS except Permissiveness. That is, Permissiveness was less a factor in attitudes toward the alcoholic nurse than were Treatment Optimism, Nonmoralism, Nonstereotype, and Treatment Intervention. Similar but stronger correlations were found between respondents' attitudes toward drug impaired nurses and all SAAS factors except Treatment Intervention. In other words, more favorable attitudes toward drug impaired nurses were related to greater Treatment Optimism, Nonmoralism, Nonstereotype and Permissiveness, but not to Treatment Intervention. Overall, Treatment Optimism was more closely related to attitudes toward impaired nurses (whether alcohol or drug) than any other SAAS factor.

Nurses' Characteristics and their Attitudes Toward Impaired Nurses

When Attitude toward Impaired Nurses (the combined scale) was correlated with age and years of employment, significant negative correlations were found in both instances (rs = -.12 and -.12, respectively). No previous studies have examined these associations. The findings were consistent with the correlations found between SAAS scores and the variables of age and years of employment. Younger nurses and nurses with fewer years of employment had more favorable views toward impaired nurses, just as they had toward substance abuse generally.

Differences in 1) education and 2) experience working with substance abusers as related to Attitude toward Impaired Nurses were again tested by t-test. Nurses with more education were found to have significantly more favorable Attitudes toward Impaired Nurses (t = 2.56, df = 382, $p < .05$). However, no significant differences were noted in

Attitudes toward Impaired Nurses as related to experience in working with substance abusers. Type of experience with substance abusers may be a factor here, as with general attitudes toward substance abuse. Also, in items 56 and 57, the ambiguity of the phrases "working with alcoholics" and "working with drug abusers" may also have influenced the results. Presumably, nurses have had more experience working with substance abusing patients than co-workers but they may have interpreted this to mean alcoholic or drug abusing nurses.

CHAPTER IV

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

The purpose of this study was to obtain descriptive data regarding nurses' attitudes toward substance abuse and toward impaired nurses. The relation between these two sets of attitudes was explored, as was their relation to the nurse's age, length of employment, education, and experience with substance abusers.

The sample consisted of 384 registered nurses randomly selected from nurses living and licensed to practice in Oregon. Data were collected via a mailed questionnaire which included: 1) the Substance Abuse Attitude Survey (Chappel et al., 1985), 2) an Attitude Toward Impaired Nurses Scale, and 3) demographic information. The second scale was constructed by the investigator on the basis of the literature review. All data gathering occurred during April, May and June, 1986, and the response rate was 77%.

On the basis of the data obtained, it appeared that the nurses had slightly positive attitudes toward substance abuse. They tended to favor treatment intervention, were optimistic about treatment, and had nonstereotypical and nonmoralistic views. They were, however, nonpermissive in regard to substance abuse. T-scores for this group were markedly lower on the Permissiveness factor and somewhat lower on the other SAAS factors than the scores of the groups surveyed by Chappel et al. (1985) in developing the SAAS. Age and years of employment were significantly and negatively correlated with all factors except Treatment Intervention. Nurses with more education and more experience with drug abusers scored significantly higher on the SAAS. However,

greater experience with alcoholics did not result in a significantly higher SAAS score.

Analysis of the data on Attitudes toward Impaired Nurses revealed that nurses viewed alcohol impaired colleagues in a moderately positive way, favoring reporting, peer confrontation, returning to practice after treatment and accepting the recovering nurse as a co-worker. Similarly, attitudes toward the drug impaired colleague were positive, although significantly less so than in the case of the alcoholic nurse. Younger nurses, nurses with fewer years of employment, and nurses with more years of education had significantly more positive Attitudes toward Impaired Nurses, just as they had toward substance abuse generally. However, no significant differences in attitude were noted between individuals with differing amounts of experience in working with substance abusers.

Lastly, nurses' attitudes toward substance abuse were significantly correlated with their Attitudes toward Impaired Nurses. Nurses who obtained higher SAAS scores also tended to hold more positive attitudes toward impaired nurses. Treatment Optimism was more closely related to Attitude toward Impaired Nurses than any other factor.

In summary then, it can be concluded that Oregon nurses have somewhat positive attitudes toward substance abuse and substance abusers generally, and toward impaired nurses in particular. The alcohol impaired nurse is viewed more positively than the drug impaired nurse. Furthermore, attitudes toward substance abuse, especially treatment optimism, are significantly related to attitudes toward impaired nurses.

Recommendations for Research

Although the results of this study indicate that nurses profess positive attitudes toward their impaired colleagues, it is uncertain whether these attitudes are reflected in actual behavior. Factors such as a social desirability bias or an intellectual acceptance of the humanistic approach may have influenced the responses. Systematic observations of nurses' interactions with their impaired colleagues would help determine to what extent these attitudes predispose positive behaviors.

Second, further statistical analysis of the data may reveal helpful information. Multiple regression analysis could be employed to determine the relative influence of the selected nurse characteristics on the described attitudes.

Third, further studies might explore other salient factors influencing nurses' attitudes toward substance abuse and impaired nurses. The findings in this and other studies regarding the effect of experience in working with substance abusers are contradictory. It is possible that the amount of experience is not as relevant as type or setting of experience. Several other factors bear examination: personal characteristics such as authoritarianism and religiosity; presence of substance abusers among family members or friends; personal practices regarding drinking and recreational use of drugs; amount and type of drug and alcohol education; confidence in one's knowledge and skills to deal with substance abusers; and view of the prognosis for recovery of substance abusers.

Further studies of nurses' attitudes toward substance abuse may also wish to explore the controversial issue of urine drug testing for all employees, not just those suspected of impairment.

Finally, the two scales measuring Attitudes toward Impaired Nurses need refinement in order to improve their reliability and validity. Improved construction of some of the statements may produce less overall agreement and be more reflective of nurses' varying attitudes regarding this subject. Larger numbers of items in these two scales would be desirable in order to improve their reliability. Also, the ambiguity existing in items 56 and 57 in the demographic section needs correction.

Implications for Practice

This study has implications for nursing practice, in particular for nursing administrators concerned with the identification and rehabilitation of the impaired nurse. Clear, non-punitive policies which encourage early intervention for a troubled colleague provide a structure for a humanistic response by the nurse's peers. Staff education regarding clues to identification and regarding the intervention process may be more effective than attempts to directly influence attitudes. An informed nursing staff, aware of therapeutic options for an impaired colleague, would appear to be more likely to intervene. On the other hand, knowledge of nurses' past reluctance to report or confront a peer may lead administrators to focus on a more active role for management in this regard.

Awareness of the general willingness of nurses to work with a recovering impaired nurse may lead nursing administrators to be more inclined to hire them. In assisting the impaired nurse to return to

practice, selection of the practice area is an issue. Peer group characteristics may be as important a consideration as stress levels, access to narcotics, etc. Younger nurses with more education appear to have more positive attitudes toward the substance abusing nurse and therefore may provide a more supportive environment.

Existing attitudes are encouraging to the efforts of state nurses' associations. Wide advertisement of nurse assistance networks offers nurses a nonmanagement option for intervention at the peer level. Nurses who believe they lack the skills necessary for confrontation of an impaired nurse may take advantage of the confidentiality and expertise provided by peer association. Employee assistance programs offer many of the same advantages, although they are not available in all organizations.

Educators in undergraduate and continuing education fields should find the results of this study useful in defining objectives for substance abuse education. Although the disease concept of substance abuse has gained wide acceptance, moralistic and stereotypical attitudes continue to some degree. The relationship between these attitudes and nurses' behavior toward patients and impaired colleagues is not clear, but instilling prognostic optimism might do much to enhance the supportiveness and therapeutic effectiveness of nurses. Whether or not performance will accord with these positive attitudes will depend on ability to interpret clues of deviance, the availability of effective treatment resources and the place and visibility of the impaired nurse in the interpersonal networks within the work situation. To enable nurses to act on their therapeutic inclinations, inservice educational

campaigns might alert nurses to the human tendency to normalize deviance and teach nurses how to detect impairment in an early stage but still avoid the dangers of prematurely labeling a colleague as impaired. Such programs should provide information about prognosis and the process of recovery from substance abuse; and should incorporate practice in the art of confronting the alcoholic dependent or drug dependent colleagues in a nonjudgmental way.

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APPENDIX A

COVER LETTERS

THE OREGON HEALTH SCIENCES UNIVERSITY

School of Nursing
Community Health Care Systems

3181 S.W. Sam Jackson Park Road Portland, Oregon 97201 (503) 225-7709

April 16, 1986

We in the nursing profession have become increasingly aware of drug and alcohol impairment in nurses. Efforts to address this problem have included education, peer assistance, and an increased focus on rehabilitation of the impaired nurse. At present, very little information is available on attitudes of nurses toward their impaired colleagues in general. Therefore, I am undertaking this study to learn more about this topic. It is hoped that the results will help nursing professionals improve educational efforts in this area.

You are part of a randomly selected sample of registered nurses licensed and residing in Oregon. Enclosed is a questionnaire that will take roughly twenty minutes to complete. Your response to this questionnaire will be greatly appreciated. If this study is to be truly representative of Oregon nurses, your response is crucial.

You may be assured of complete confidentiality. The code numbers are used for my own remailing purposes only and your name will never be placed on the questionnaire. Therefore, the information obtained cannot be tied to your place of employment or the State Board of Nursing.

I would be happy to answer any questions you might have. Please write to me or my thesis advisor, Julia Brown, Ph.D. You may also call me at (503) 775-0398.

Thank you for your assistance.

Sincerely,

Barbara Cannon, R.N.
Graduate Student
School of Nursing

Julia Brown, Ph.D.
Professor of Sociology
Community Health Care Systems

THE OREGON HEALTH SCIENCES UNIVERSITY

School of Nursing
Community Health Care Systems

3181 S.W. Sam Jackson Park Road Portland, Oregon 97201 (503) 225-7709

May 23, 1986

A few weeks ago I wrote to you seeking your perceptions regarding the problem of substance abuse in the nursing profession. As of today, I have not received your completed questionnaire.

My purpose in undertaking this study is to develop a better understanding of nurses' attitudes toward their impaired colleagues and substance abuse in general. I am writing to you again because your response is crucial to the success of the study. Your name was drawn through a random sampling process which included all registered nurses licensed and residing in Oregon. If the results are to be truly representative of this group, each response is significant.

I would be happy to answer any questions you might have. Please write to me or my thesis advisor, Julia Brown, Ph.D. You may also call me at (503) 775-0398. In the event your questionnaire was misplaced, a replacement is enclosed. Your cooperation is greatly appreciated.

Sincerely,

Barbara Cannon, R.N.
Graduate Student
School of Nursing

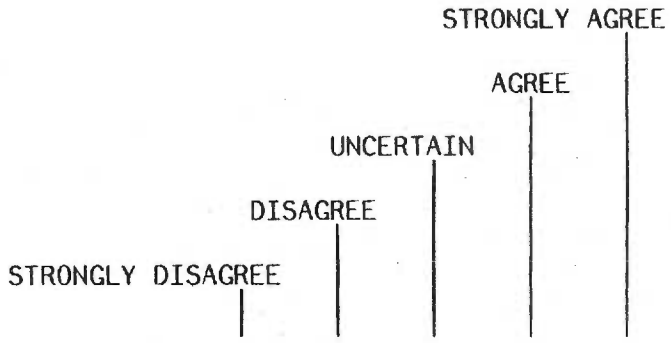
Julia Brown, Ph.D.
Professor of Sociology
Community Health Care Systems

APPENDIX B

QUESTIONNAIRE

Questionnaire

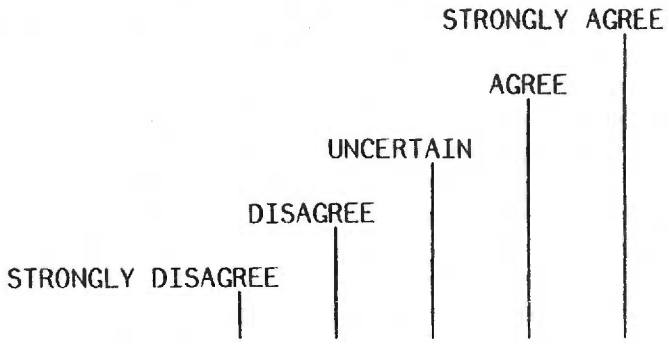
The following questionnaire addresses attitudes regarding the problem of substance abuse and impaired nurses. There are no right or wrong answers, as we are only interested in your opinion. Please check the space on each scale which most closely agrees with your feelings about the statement. The term "drug" refers to drugs other than alcohol.



1. Marijuana should be legalized.

2. Marijuana use leads to mental illness.

3. Heroin is so addicting that no one can really recover once he/she becomes an addict.



4. Smoking leads to marijuana use, which in turn leads to hard drugs.

5. Clergymen should not drink in public.

6. Alcoholism is associated with a weak will.

7. All heroin use leads to addiction.

8. Daily use of one marijuana cigarette is not necessarily harmful.

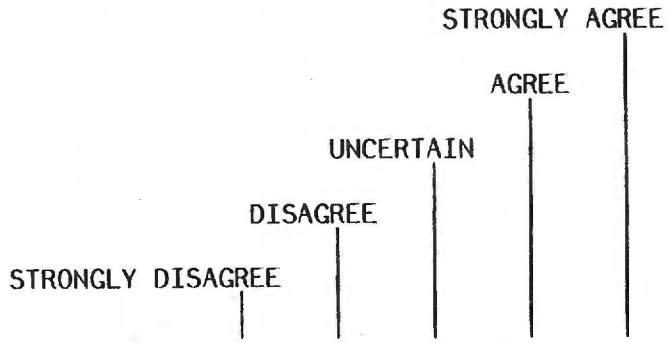
9. People who use marijuana usually do not respect authority.

10. The laws governing the use of marijuana and heroin should be the same.

11. Angry confrontation is necessary in the treatment of alcoholics or drug addicts.

12. Weekend users of drugs will progress to drug abuse.

13. Tobacco smoking should be allowed in high schools.



14. Anybody who is clean shaven with short hair probably doesn't use illegal drugs.

15. Family involvement is a very important part of the treatment of alcoholism or drug addiction.

16. Alcohol is so dangerous that it could destroy the youth of our country if it wasn't controlled by law.

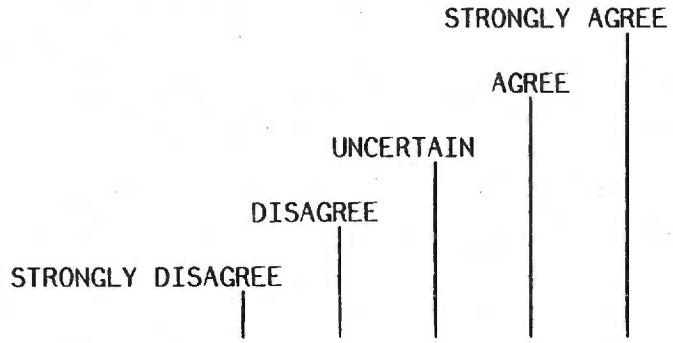
17. A physician who has been addicted to narcotics should not be allowed to practice medicine again.

18. Recreational drug use precedes drugabuse.

19. Lifelong abstinence is a necessary goal in the treatment of alcoholism.

20. Drug addiction is a treatable illness.

21. Alcoholism is a treatable illness.



22. Street pushers are the initial source of drugs for young people.

23. Personal use of drugs should be legal in the confines of one's own home.

24. People who dress in hippie-style clothing usually use psychedelic drugs.

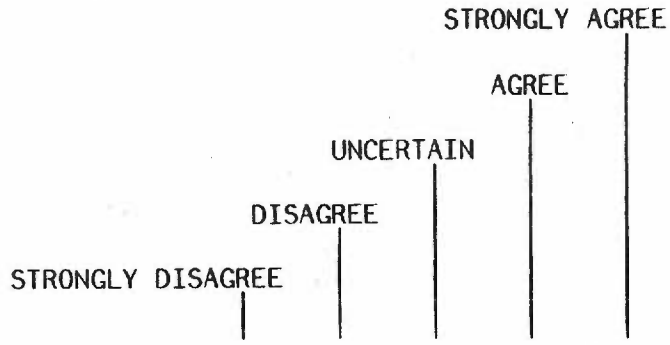
25. A hospital is the best place to treat an alcoholic or drug addict.

26. Group therapy is very important in the treatment of alcoholism or drug addiction.

27. Most alcohol and drug dependent persons are unpleasant to work with as patients.

28. It can be normal for a teenager to experiment with drugs.

29. Once a person becomes drug-free through treatment, he can never become a social user.



30. Paraprofessional counselors can provide effective treatment for alcohol or drug abusers.

31. Long-term outpatient treatment is necessary for the treatment of drug addiction.

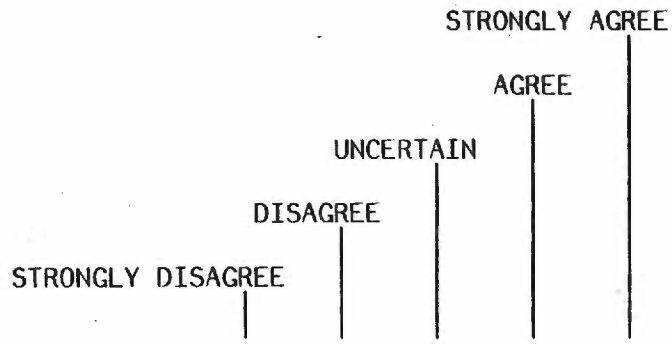
32. An alcohol or drug dependent person who has relapsed several times probably cannot be treated.

33. Marijuana use among teenagers can be healthy experimentation.

34. Urine drug screening can be an important part of drug abuse treatment.

35. Physicians who diagnose alcoholism early improve the chance of treatment success.

36. Alcohol and drug abusers should only be treated by specialists in that field.



37. The best way for a physician to treat an alcohol or drug dependent patient is to refer them to a good treatment program.

38. Persons convicted of sale of illicit drugs should not be eligible for parole.

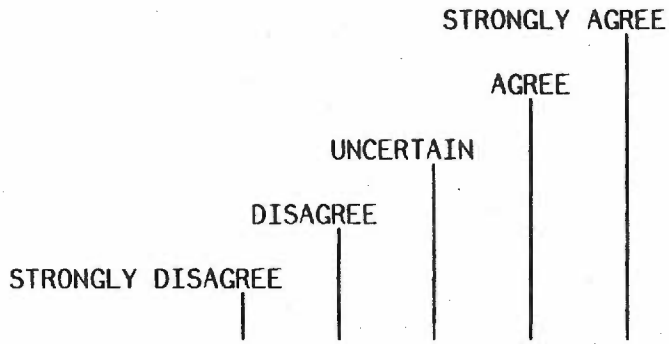
39. Chronic alcoholics who refuse treatment should be legally committed to long-term treatment.

40. An alcohol or drug dependent person cannot be helped until he/she has hit "rock bottom."

41. Once an alcohol or drug dependent patient is abstinent and off all medication, no futher contact with a physician is necessary.

42. Parents should teach their children how to use alcohol.

43. I would be reluctant to report a nurse colleague with an alcohol problem.



44. I would be reluctant to report a nurse colleague with a drug problem.

45. Nurses should be allowed to return to practice after initial treatment for alcoholism.

46. Nurses should be allowed to return to practice after initial treatment for drug abuse.

47. I would be reluctant to work with a nurse who is a recovering alcoholic.

48. I would be reluctant to work with a nurse who is a recovering drug addict.

49. I would be uncomfortable but willing to discuss my concerns with a nurse with an alcohol problem.

50. I would be uncomfortable but willing to discuss my concerns with a nurse with a drug problem.

DEMOGRAPHIC INFORMATION

51. What is the number of years you have been employed in nursing?

_____ Years

52. What is your sex? _____ Female _____ Male

53. What is your basic nursing education preparation? (Please circle)

A.D. Diploma B.S. Master's Doctorate

54. What is your highest degree held? (Please circle)

A.D. Diploma B.S. Master's Doctorate

55. What was your age at your last birthday? _____

56. Please indicate how much experience you have had in working with alcoholics. (Check one)

_____ None at all _____ A moderate amount

_____ Very little _____ A considerable amount

57. Please indicate how much experience you have had in working with drug abusers. (Check one)

_____ None at all _____ A moderate amount

_____ Very little _____ A considerable amount

APPENDIX C

SCORING WORKSHEETS

Substance Abuse Attitudes T-Score Conversion Table

Raw Scores	T-Scores				
	Permiss	N Stypes	Tx Int	Tx Opt	N Mor
13	--	--	--	--	--
14	21	--	--	20	--
15	23	--	--	24	--
16	24	--	--	28	--
17	26	--	--	33	--
18	27	--	--	37	--
19	29	--	--	41	21
20	31	--	--	46	23
21	33	20	--	50	25
22	34	22	--	55	27
23	36	23	--	59	29
24	38	25	22	63	31
25	40	27	25	68	33
26	41	29	28	--	35
27	43	31	31	--	37
28	45	33	35	--	39
29	47	35	38	--	41
30	48	37	41	--	43
31	50	39	44	--	45
32	52	40	47	--	47
33	53	42	50	--	50
34	55	44	54	--	52
35	57	46	57	--	54
36	59	48	60	--	56
37	60	50	63	--	58
38	62	52	66	--	60
39	64	53	69	--	62
40	65	55	73	--	64
41	67	57	--	--	66
42	69	59	--	--	68
43	71	61	--	--	70
44	72	63	--	--	72
45	74	65	--	--	74
46	76	66	--	--	--
47	78	68	--	--	--
48	79	70	--	--	--
49	--	72	--	--	--
50	--	74	--	--	--
51	--	--	--	--	--
52	--	--	--	--	--
53	--	--	--	--	--
54	--	--	--	--	--

Substance Abuse Attitudes

Scoring Worksheet

Item	Score	Reversed*	Permiss	N Stypes	Tx Int	Tx Opt	N Mor
1	____		____				
2	____	____		____			
3	____	____		____			
4	____	____		____			
5	____	____					____
6	____	____					____
7	____	____		____			
8	____		____				
9	____	____		____			
10	____	____					____
11	____	____					____
12	____	____		____			
13	____		____				
14	____	____		____			
15	____				____		
16	____	____					____
17	____	____					____
18	____	____		____			
19	____	____	____				
20	____					____	
21	____					____	
22	____	____					____
23	____		____				
24	____	____		____			

Item	Score	Reversed*	Permiss	N Stypes	Tx Int	Tx Opt	N Mor
25	____	____		____			
26	____				____		
27	____	____				____	
28	____		____				
29	____	____	____				
30	____				____		
31	____				____		
32	____	____				____	
33	____		____				
34	____				____		
35	____				____		
36	____	____					____
37	____				____		
38	____	____	____				
39	____	____					____
40	____	____				____	
41	____	____			____		
42	____		____				
Raw Score			☐	☐	☐	☐	☐
T - Score			☐	☐	☐	☐	☐

*Subtract score from 6

Attitudes Toward Impaired Nurse Scale

Scoring Worksheet

Item	Score	Reversed*	Alcohol	Drug
43	____	____	____	
44	____	____		____
45	____		____	
46	____			____
47	____	____	____	
48	____	____		____
49	____		____	
50	____			____
Raw Score			☐	☐

*Subtract score from 6

AN ABSTRACT OF THE THESIS OF

BARBARA CANNON

For the MASTER OF NURSING

Date of Receiving this Degree: June 12, 1987

Title: ATTITUDES OF REGISTERED NURSES
TOWARD SUBSTANCE ABUSE AND IMPAIRED NURSES

Approved: [redacted]

Julia Brown, Ph.D., Professor, Thesis Advisor

The purpose of this study was to obtain descriptive data regarding nurses' attitudes toward substance abuse and toward impaired nurses. The relation between these two sets of attitudes was explored, as was their relation to the nurse's age, length of employment, education, and experience with substance abusers.

The sample consisted of 384 registered nurses randomly selected from nurses living and licensed to practice in Oregon. The mean age of the nurses was 41. The average respondent had been employed over 15 years in nursing and had very little experience working with alcoholics or drug abusers. Associate degree and diploma graduates predominated in the sample.

Data were collected via a mailed questionnaire which included: 1) the Substance Abuse Attitude Survey (Chappel et al. 1985), 2) an Attitude Toward Impaired Nurses Scale, and 3) demographic information.

The second scale was constructed by the investigator on the basis of the literature review. All data gathering occurred during April, May and June, 1986, and the response rate was 77%.

On the basis of the data obtained, it appeared that the nurses had slightly positive attitudes toward substance abuse. They tended to favor treatment intervention, were optimistic about treatment, and had nonstereotypical and nonmoralistic views. They were, however, nonpermissive in regard to substance abuse. T-scores for this group were remarkedly lower on the Permissiveness factor and somewhat lower on the other SAAS factors than the scores of the professional groups surveyed by Chappel et al. (1985) in developing the SAAS. Age and years of employment were significantly and negatively correlated with all factors except Treatment Intervention. Nurses with more education and more experience with drug abusers scored significantly higher on the SAAS. However, greater experience with alcoholics did not result in a significantly higher SAAS score.

Analysis of the data on attitudes toward impaired nurses revealed that nurses viewed alcohol impaired colleagues in a moderately positive way, favoring reporting, peer confrontation, returning to practice after treatment and accepting the recovering nurse as a co-worker. Similarly attitudes toward the drug impaired colleague were positive, although significantly less so than in the case of the alcoholic nurse. Younger nurses, nurses with fewer years of employment and nurses with more years of education had significantly more positive attitudes toward impaired nurses, just as they had toward substance abuse generally.

However, no significant differences in attitude were noted between individuals with differing amounts of experience in working with substance abusers.

Lastly, nurses' attitudes toward substance abuse were significantly correlated with their attitudes toward impaired nurses. Nurses who obtained higher SAAS scores also tended to hold more positive attitudes toward impaired nurses. Treatment Optimism was more closely related to attitude toward impaired nurses than any other factor.

In summary then, it can be concluded that Oregon nurses have somewhat positive attitudes toward substance abuse and substance abusers generally, and toward impaired nurses in particular. The alcohol impaired nurse is viewed more positively than the drug impaired nurse. Furthermore, attitudes toward substance abuse, especially treatment optimism, are significantly related to attitudes toward impaired nurses. Implications for nursing administrators and educators are outlined.