



Help seeking by health professionals for addiction: A mixed studies review[☆]



Diane Kunyk^{a,*}, Michelle Inness^b, Emilene Reisdorfer^a, Heather Morris^a,
Thane Chambers^c

^a Faculty of Nursing, University of Alberta, Level 3, Edmonton Clinic Health Academy, 11405 – 87 Avenue, Edmonton, Alberta, Canada T6G 1C9

^b Alberta School of Business, University of Alberta, 3-23 Business Building, Edmonton, Alberta, Canada T6G 2R6

^c Libraries, University of Alberta, Walter MacKenzie Health Sciences Centre, Edmonton, Alberta, Canada T6G 1C9

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ABSTRACT

Background: When health professionals practice with active and untreated addiction, it is a complex occupational and professional issue impacting numerous stakeholders. Health professionals are responsive to evidence-based addiction interventions and their return-to-work has been demonstrated to be achievable, sustainable and safe. Facilitating help seeking in health professionals with addiction is a priority for reducing associated risks to their health and to patient safety.

Aim: The purpose of this study was to identify the process by which health professionals seek help for addiction, and factors that facilitate and deter help seeking, through a review of the qualitative and quantitative literature.

Methods: Both phases of this sequential mixed studies review followed the standard systematic review steps of: (1) identifying the review question, (2) defining eligibility criteria, (3) applying an extensive search strategy, (4) independent screening of titles and abstracts, (5) selecting relevant studies based on reviewing the full text, (6) appraising the quality of included studies, and (7) synthesizing the study findings. Our two searches of five databases from 1995 to 2015 resulted in the inclusion of eight qualitative and twenty-three quantitative studies. We first conducted a meta-synthesis of the qualitative literature to garner an understanding of the help seeking process for health professionals for addiction. We then conducted a narrative synthesis of the quantitative studies to generalize these findings through examining the data for convergent, complementary or divergent results.

Results: Synthesis of the included qualitative studies revealed that the professional and experiential context of healthcare compromised the health professional's readiness to seek help for addiction. Typically, a pivotal event initiated the help seeking process. The studies in the quantitative review identified that help seeking most often resulted from reports of adverse events to formal organizations such as their employer and regulatory bodies. This process does not adequately address the scope of health professionals requiring help for addiction. Informal sources such as colleagues and family, often aware of the addiction earlier, preferred referral to voluntary, confidential treatment programs.

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* Corresponding author. Tel.: +1 780 492 9264.

E-mail address: diane.kunyk@ualberta.ca (D. Kunyk).

Conclusions: Facilitating the help seeking process for health professionals with addiction in as effective strategy to reduce the associated risks to the health professional, their families and colleagues, their employers and regulatory bodies, and to the general public. Our findings suggest that intervention is possible at multiple points in the help seeking process for health professionals with addiction. Confidential, compassionate and supportive alternatives offer potential for closing this gap.

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What is already known about the topic?

- Addiction occurs amongst health professionals at rates similar to the general population.
- When addiction amongst health professionals is active and untreated, it is a serious occupational and professional practice issue impacting numerous stakeholders.
- Health professionals have been shown to be responsive to evidence-based interventions and their return-to-work has been demonstrated to be achievable, sustainable and safe.

What this study adds

- A pivotal event, such as being caught using drugs in the workplace, typically moves the health professional into seeking help for addiction.
- The healthcare employer, regulatory body or other formal agency most often refers the health professional for treatment following reports of an adverse event. This process does not adequately address the scope of health professionals requiring help for addiction.
- Those closest to the health professional, such as colleagues and family members, are aware of the addiction earlier than formal agencies, and prefer referrals to confidential and voluntary treatment. Increasing awareness and access to these sources of treatment has the potential to increase the scope of help seeking for addiction amongst health professionals.

1. Introduction

Drug and/or alcohol addiction occurs amongst some individuals from most age, educational, economic, cultural, gender, and occupational groupings—including health professionals. Research suggests that addiction occurs amongst health professionals at rates similar to the general population (e.g., Balissieri, 2007; Kunyk, 2015; Oreskovich et al., 2015; Warner et al., 2013). When addiction is active and untreated amongst health professionals, it is a serious and complex occupational and professional issue impacting numerous stakeholders including: the health professional with the disorder; their families, patients and colleagues; their employers and professional regulators; and the broader health community. Amongst other concerns, risks are introduced to patient safety, the health of the health professional, and the image of the health professions. The actual number of health professionals impaired by addictions that are undetected and providing healthcare is unknown, as is the cost of their impairment as defined by substandard care and/or malpractice settlements and

awards (Avery et al., 2000). However, when addiction is detected losses related to declines in staff morale, turnover, management time, health, disability, and treatment benefits, and regulatory and legal costs can be mitigated (LaGodna and Hendrix, 1989; McLellan et al., 2008). Given the expenditures involved with their extension training, ongoing struggles with recruitment and retention, and the importance of their contributions to the health of society, it seems reasonable to conclude that early detection and treatment of health professionals with addiction is an ideal aspiration for all stakeholders.

Addiction need not translate into the end of a health professional's career. Evidence-based treatments exist, and their outcomes are similar to other chronic and relapsing diseases including hypertension, asthma, and type 2 diabetes (McLellan et al., 2007). Furthermore, return to professional practice amongst health professionals has been demonstrated to be achievable, sustainable and safe when following evidence-based interventions which include long-term aftercare programs (e.g., Brewster et al., 2008; DuPont et al., 2009a; McLellan et al., 2008). The goal for managing this issue well must therefore be to better understand and facilitate the conditions that will encourage health professionals into seeking help at the earliest point possible to achieve the most optimum health and risk-reducing outcomes.

Several theories of help seeking have been advanced each explicating the processes related to different diseases or life challenges. These theories suggest that help seeking occurs when individuals recognize that a problem exists and needs to change (Saunders et al., 2006), but is unlikely to be resolved without external help (Cauce et al., 2002). Oftentimes, this recognition does not come easily as many individuals deny or minimize addiction and help seeking occurs only when the immediate costs of addiction become untenable (Becker and Murphy, 1988). With stigmatized problems, including addiction, the person's context and culture may influence the interpretation of their behavior, such as drug or alcohol use, as problematic (Liang et al., 2005). When acknowledged, individuals may attempt to resolve the addiction on their own before considering seeking formal help (King and Tucker, 1998). The presence of barriers, whether real or perceived, may halt this process (Fox et al., 2001; Tucker, 1995). Given this, finding ways to reduce the barriers and to facilitate help seeking are paramount.

Overall, the role of barriers and the impact of cultural meaning are recurring themes central to help seeking for stigmatized problems (Hui et al., 2014). To date, research appears to be focused on ethnic culture as the context in which meanings are embedded. We extend these extant

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