

The Nurse's Nurse

Peer Advocacy in an Alternative Program for Nurses

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KEYWORDS

- Peer assistance • Nurse advocacy • Colleagues • Alternative programs
- Substance use disorder

KEY POINTS

- Alternative programs for nurses, sometimes known as peer assistance programs, are designed to promote identification of nurses whose practice may be impaired by substance use disorders (SUS: ie, abuse or dependency on drugs or alcohol) and possibly psychiatric disorders.
- Alternative programs for nurses facilitate preservation of a nursing license and return to work for nurses with SUD who are in recovery.
- A peer assistance advocate is a trained and approved nurse who volunteers to provide one-to-one support for nurses participating in a program.
- Peer assistance advocates provide education to nursing colleagues and employers of program participants.

INTRODUCTION

... sometimes our ordinary labor, administered in the right dose at the right time, can provide extraordinary mercy. And in our world, our colleagues never have to fear facing their darkest hours alone.¹

Although nurse advocacy is most often associated with stepping up to protect the welfare of a patient or patient population, nurses can also advocate for nurses. Some of our nursing colleagues may have, or may be suspected of having, a substance use disorder (SUD) or psychiatric problem that could impair their ability to provide appropriate patient care. Often these nurses are ignored until there is patient safety incident or near miss that could result in loss of their license to practice and all of the miseries associated with such a traumatic experience.

Provision 3.6 of the American Nurses Association (ANA) Code of Ethics² and the ANA's position paper of 2002, "The Profession's Response to the Problem of Addictions and Psychiatric Disorders in Nursing,"³ address this issue, at least on an ethical and policy level. Well-administered state peer assistance programs can address this

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situation and facilitate positive outcomes if the nursing professionals are willing to be accountable and participate responsibly in their recovery process.

For more than 25 years, the Texas Peer Assistance Program for Nurses (TPAPN) has operated as the approved peer assistance program for the Texas Board of Nursing. Over the years, TPAPN has grown steadily, saving 1 nurse at a time from what, for many nurses with active SUD or psychiatric disorder, had become a world of despair, darkness, and isolation. Often their peers were not aware of the problem and may have seen nothing untoward with their practice as professional nurses. A cadre of volunteer nurse advocates provides the grace and humanity necessary to advocate for these colleagues. This article provides a general, as well as a detailed, discussion of the advocacy that TPAPN and other alternative programs can provide.

The National Council of State Boards of Nursing (NCSBN) defines an alternative program as “a voluntary, non-public and non-disciplinary program, which offers nurses who meet specified criteria an opportunity to maintain licensure and practice as an alternative to traditional discipline authorized in statute and rule by nursing or other regulatory boards.”⁴ TPAPN is an alternative peer assistance program of a professional association that collaborates with the Board of Nursing. It is one of the 6 types of alternative programs identified by the NCSBN (2011) that promote the identification, treatment, and monitored reentry to practice of nurses with SUDs.

Alternative programs for nurses in the United States began to proliferate in the late 1970s; currently there are only 9 states without such programs. TPAPN is administered by the Texas Nurses Foundation, the 501(c)(3) charitable, educational, and research arm of the Texas Nurses Association. Since its inception in 1985, TPAPN has distinguished itself among alternative programs for its commitment to and success with advocacy for nurses with active SUD. Participation requirements are stringent, but the success rate for participants is high; TPAPN’s internal data reveals that at least 75% of all RNs who return to nursing practice complete the programs successfully (Box 1). However, it is TPAPN’s volunteer peer advocacy component that distinguishes the program from most alternative programs. TPAPN now has more than 230 active advocates from all levels of nursing and from every part of Texas.

Box 1

Standard requirements of participants in alternative programs

1. Obtain assessment to further ensure their eligibility
2. Sign required program paperwork, including consents
3. Complete recommended treatment
4. Register for and determine random drug testing status, as appropriate, on a daily basis
5. Obtain approval for reentry to nursing practice
6. Adhere to practice restrictions
7. Show safe nursing practice for a minimum of 1 year
8. Document ongoing attendance at self-help meetings (eg, Alcoholics Anonymous and Narcotics Anonymous), along with attendance at facilitated support groups and individual (psychiatric) therapy as warranted
9. Document all prescribed and over-the-counter medications (ongoing)
10. Submit routine self-reports (ongoing)
11. Adhere to program requirements for the period necessary for successful completion (for most alternative programs, this is a minimum of 3 years)

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