

KBN CONNECTION

Spring 2014
Edition 39

Governor Beshear's Official Proclamation Of KBN's Centennial Year

Proclamation
by
Steven L. Beshear
Governor
of the
Commonwealth of Kentucky



To All To Whom These Presents Shall Come:

WHEREAS, Nurses play a vital role in Kentucky's health care systems; and

WHEREAS, The Kentucky Board of Nursing (KBN) is the agency empowered by the legislature to license registered nurses, licensed practical nurses and advanced-practice registered nurses in the interest of protecting the public's health care consumers; and

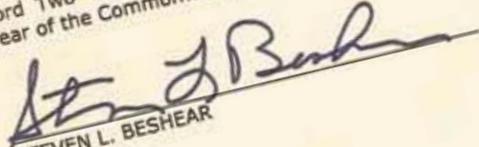
WHEREAS, The law establishing the KBN was enacted by the 1914 Kentucky General Assembly, making 2014 the centennial of both the Kentucky Board of Nursing and nursing licensure in our state;

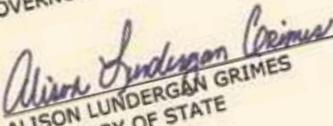
NOW, THEREFORE, I, STEVEN L. BESHEAR, Governor of the Commonwealth of Kentucky, do hereby proclaim 2014 as

**KENTUCKY BOARD OF NURSING'S
CENTENNIAL YEAR**

in Kentucky and encourage its observance.

DONE AT THE CAPITOL, in the City of Frankfort
the 19th day of December, in the year of Our
Lord Two Thousand Thirteen and in the 222nd
year of the Commonwealth.


STEVEN L. BESHEAR
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ALISON LUNDERGAN GRIMES
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Official Publication of the Kentucky Board of Nursing



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KBN MISSION

The Kentucky Board of Nursing protects the well-being of the public by development and enforcement of state laws governing the safe practice of nursing, nursing education, and credentialing.

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Statistics Corner

As of April 15, 2014 KBN records show:

RN Active: 63,595

LPN Active: 15,233

Advanced Practice

Registered Nurses: 5,302

Dialysis Technicians Active: 516

SANE Active: 240



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PRESIDENT'S MESSAGE

This year is KBN's founding Centennial as well as the establishment of nursing licensure in our state. April 9th is the specific date on which the Board will hold its official celebration (see below for more details), but Governor Beshear has proclaimed the entirety of 2014 as Kentucky Board of Nursing's Centennial Year.

As KBN approaches this significant milestone, we hold dear our mission to protect the public's health and welfare by developing and enforcing state laws governing the safe practice of nursing, nursing education and credentialing, fulfilled through continued regulation of the practice of nursing and approval of and follow-up for education programs.

The Board further protects the public by defining firmly the scopes of practice of nurses in various care situations. Scopes of practice hold nurses of similar training and education to accordingly similar standards for the care they provide. The Kentucky Revised Statutes Chapter 314 (KRS 314) include several provisions relating to nursing practice, but a reader should not expect to find a specific list of actions there that a licensee may or may not perform. KRS 314 emphasizes that scopes of practice should not simply be defined by licensure, but by education, experience and competency. Each nurse is required to make decisions based on his or her own educational preparedness and competency as it relates to the Nurse Practice Act and KBN's Advisory Opinion Statements. While Advisory Opinion Statements are not laws, they do represent official interpre-

tations of or opinions on specific nursing tasks. The Kentucky Board of Nursing also employs two Practice Consultants who are available for help interpreting these regulations and Advisory Opinion Statements. Many Advisory Opinion Statements are direct results of inquiries to the KBN Practice Consultant and are reviewed regularly by the Practice Committee and the entire Board.

Furthermore, KBN has developed Scope of Practice Guidelines (<http://kbn.ky.gov/practice>) in order to assist nurses and administrators in determining whether a selected function is within a nurse's scope of practice now or in the future as well as which acts can and cannot be delegated to unlicensed assistive personnel. The Board has adopted a Decision Tree for Delegation to Unlicensed Assistive Personnel, which is also available at <http://kbn.ky.gov/practice>.

I encourage all Kentucky nurses to take this opportunity, the Board's Centennial year, to reflect upon and be proud of their efforts in providing safe and competent nursing care to the citizens of the Commonwealth.

A handwritten signature in black ink that reads "Sally Baxter RN". The signature is written in a cursive, flowing style.

Sally Baxter, RN
President, Kentucky Board of Nursing



EXECUTIVE DIRECTOR'S MESSAGE

Dear Colleagues in Nursing:

I recently attended a legislative committee where I was testifying on proposed changes to the Board's pre-licensure nursing education regulations. During the hearing, one legislator posed the following question ... "When will the Board of Nursing be bringing forth changes to its regulation reducing fees?"

Since that meeting, I have spent quite a bit of time reflecting on this question and suppose that most nurse licensees in the Commonwealth wonder about this as well. For a fuller picture of the Board's revenue stream, financial history and future outlook, I will take this opportunity to share this information with you.

In 2006, 201 Kentucky Administrative Regulation 20:240 Fees for applications and for services was revised to reduce licensure renewal and other fees.

The Kentucky Board of Nursing (KBN), a part of the Executive Branch of state government, relies solely upon fees charged for applications and services for its operation over a two (2) year or biennial budget cycle. The Board of Nursing does not receive any General Fund monies collected by the Commonwealth.

KBN must prepare a budget proposal to the Office of State Budget Director (OSBD) in preparation for the Governor to submit his/her biennial budget bill to the General Assembly in even numbered years. KBN's budget proposal is a projection of income and expenses for the following two (2) fiscal years of operation. The fiscal year begins July 1 and runs through June 30 of the following year. This work is required to be completed and submitted to OSBD in October preceding the General Assembly convening in January. Therefore, these projections can be made approximately one (1) year prior to the new fiscal year. Many changes can occur from the point of KBN submission to OSBD until the budget bill is enacted. For example, the budget proposal KBN submits to OSBD is subject to revision including mandatory budget reductions, the General Assembly can make further cuts, and other legislative mandates effecting nursing regulation can be enacted thus increasing costs for KBN.

As you may be aware, over the past six (6) years, KBN has had funds (total = \$3,616,900) "swept" into the General Fund to assist the state's mandate to have a balanced budget. As reported in past issues of the KBN Annual Report, the following is a fiscal year breakdown of fund transfers:

FY 07-08	\$1,700,000
FY 08-09	\$ 343,700
FY 10-11	\$ 188,900
FY 11-12	\$ 384,300
FY 12-13	\$ 500,000
FY 13-14	\$ 500,000 (scheduled before end of this current fiscal year)

All monies within state government are fully budgeted and accounted for each fiscal year. The monies that were swept from KBN were as a result of mandated statewide budget cuts, mandated furloughs and other means as directed by the enacted Budget Bills for the specific biennium. This placed KBN in a position of being required to save money in order to meet the requirements for the fund transfers. Over the past six (6) years, many KBN initiatives have resulted in streamlining processes and enhancing efficiencies, thus resulting in cost savings and improved customer service. Other actions taken include online licensure application processing, use of the KBN website to disseminate information to the public and stakeholders, conducting paperless Board and Committee meetings, reducing the length of Board meetings from two (2) days to one (1) day, reduction in travel for Board members and staff, reduction in printing costs, delaying filling position vacancies, delaying acquisition of needed equipment and technology to facilitate operations, etc., are just a few of the examples.

Over this same period of time, there were legislative mandates impacting KBN thus effecting utilization of its resources and increasing costs: required licensure action because of KHEAA loan defaults, delinquent Kentucky taxes, failure to pay child support. Also, HB 1 on prescription drug abuse was implemented in 2012. Each year KBN has seen an increase in the

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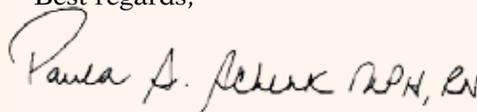
number of complaints received requiring investigation. These complaints are complex and challenging to investigate requiring multiple KBN staff to participate in the investigative process. KBN has seen an increase in the frequency of disciplinary administrative hearings in the last year and has absorbed costs associated with processing online payment of fees. Further, the 2013 General Assembly enacted legislation to fully fund the KY Retirement System. The regular retirement contribution paid by this agency in FY 2012-2013 was approximately \$500,000. This action requires KBN to pay an additional \$520,000 over the next biennium. This will have profound and significant impact upon KBN's budget.

Last October, as required, KBN submitted its budget proposal for FY 2015 – 2016 to OSBD and has subsequently been included in the Governor's Budget Bill (HB 235). Despite the many mandated cost savings and efficiencies implemented by KBN, it is apparent that KBN will need to consider a proposed licensure fee increase to take effect sometime within

the next biennium in order to meet our operational costs.

Careful scrutiny and attention will be paid to determine the minimal fee increase. It is the intention to not increase fees any more than is necessary for continued operation into the 2017 - 2018 biennium. When available, specific information about fee increase proposals will be made available on the Board website. As I close this message, please be aware that KBN Board members and staff are committed to prudent, sound fiscal management and strive to be responsible stewards of the monies generated by licensure fees. Should you have questions about this matter, please feel free to contact me at the Board office.

Best regards,



Paula S. Schenk MPH, RN

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KBN CONGRATULATES SCHOOLS WITH 100% NCLEX PASS RATE

The Kentucky Board of Nursing congratulates seventeen Kentucky programs of nursing on achieving a 2013 100% NCLEX pass rate. The programs are listed below by degree type. Several schools have consecutive years of 100% pass rate, and these years are also listed below. Congratulations to these programs and their graduates!

BACCALAUREATE PROGRAMS

Eastern Kentucky University
– 2012 and 2013

ASSOCIATE DEGREE PROGRAMS

Hazard Community & Technical College – Jackson/
Lees Campus
Spencerian College
Western Kentucky University
– Glasgow

PRACTICAL NURSING

Bluegrass Community & Technical College – Lexington/Leestown
Bluegrass Community & Technical College – Danville
Elizabethtown Community & Technical College – 2009-2013
Hazard Community & Technical College
Jefferson Community & Technical College – Shelbyville
Madisonville Community College
Maysville Community & Technical College – Rowan Campus/Morehead
Maysville Community & Technical College – Montgomery/Mt. Sterling
Owensboro Community & Technical College – 2009-2013
Somerset Community College – 2009-2013
Southcentral Kentucky Community & Technical College – 2012-2013
Southcentral Kentucky Community & Technical College – Bowling Green – 2009-2013
West Kentucky Community & Technical College – Murray – 2009-2013

The pass rates listed above are calculated on a calendar year basis for graduates taking the NCLEX for the first time within twelve months of graduation (201 KAR 20:360) For a complete listing of NCLEX pass rates of all Kentucky programs of nursing, please visit the KBN website at <http://kbn.ky.gov/education/pon/school/nclex.htm> and click on the NCLEX Pass Rates link.

Update on Prescriptive Authority for APRNs

by **Pamela Hagan, MSN, RN,**
APRN/Education & Practice Consultant

As many Advanced Practice Registered Nurses (APRNs) are aware, Sen. Paul Hornback (R), Shelbyville filed a bill (Senate Bill 7) with the 2014 General Assembly which passed through the Kentucky Senate and Kentucky House almost unanimously. Governor Steven Beshear signed the bill at a ceremony on February 26, 2014. Once in effect, the essence of this law will be to remove the requirement for an APRN to have a Collaborative

Agreement for Prescriptive Authority for Nonscheduled Drugs (CAPA-NS) after four (4) years of prescribing with a collaborative agreement with a physician. The law also established a committee of 3 APRNs and 3 physicians to assist APRNs in identifying and securing a collaborating physician in a variety of situations. The Board is currently developing an updated regulation and agency processes necessary to implement the provisions of the law.

APRNs in Kentucky will be notified of the requirements through various methods to ensure compliance with the law and regulation when they become effective. Please read upcoming issues of the KBN Connection for future updates. **THE LAW WILL NOT GO INTO EFFECT UNTIL JULY 15, 2014.** For more information, contact Pamela Hagan, APRN Practice & Education Consultant (502-429-7181 or PamelaC.Hagan@ky.gov).



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CONTACT

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KBN Contact List

The KBN website at www.kbn.ky.gov provides extensive information on our licensure process, programs and organization. The website is organized with the menu list of topics down the left side of the screen. Click on the menu topic of your interest for more information. The left side-menu will expand with additional topic information to assist you.

In addition to the KBN website, the KBN staff are available to answer your questions Monday-Friday, excluding state holidays, from 8:30am to 4:30pm ET. Please use the subject list below to identify the appropriate contact for your question.

NURSES

Renewal of Kentucky Nursing License

Annual Renewal Period is September 15 - October 31	
RN/LPN Renewal	502-429-3332
APRN Renewal	502-429-3329
Military Renewal	502-429-3329
SANE Renewal	502-429-3330

Licensure

RN/LPN Examination Applications (New Grads, NCLEX, ATT, Provisional License)	502-429-3334
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RN/LPN Endorsement Applications (prior licensure in another state)	502-429-3332
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RN/LPN Reinstatement Applications (Lapsed KY RN/LPN License)	502-429-3330
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APRN Applications (Including Collaborative Agreements and Verifications)	502-429-3329
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Sexual Assault Nurse Examiner (SANE) Credential Applications	502-429-3330
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Foreign Educated Nurse Licensure	502-429-3329
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Other Licensing Questions

APRN/RN/LPN Name and Address Change	502-429-7170
NLCA Compact License Questions	502-429-3329
Transcript Requests	502-429-3332
Reporting a Deceased Nurse	502-429-3332
Retiring a RN/LPN License	502-429-3330

Verifications of Licensure to another State Board:

RN/LPN Verifications (visit www.nursys.com to request verification)	502-429-7170
APRN License Verifications	502-429-3329

Consumer Protection

Complaint Against a Nurse (or submit online at www.kbn.ky.gov)	502-429-3314 or 502-429-3325
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Reporting Criminal Convictions Investigations	502-429-3314 502-429-3314 or 502-429-3325
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Kentucky Alternative Recovery Effort for Nurses (KARE) Probation Compliance and KARE Program	502-429-3313 or 502-429-7190
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Complaints Against a Healthcare Facility - contact the Cabinet for Health and Family Services, Office of the Inspector General, at 502-564-2888.

Nursing Education

Kentucky Programs of Nursing APRN Practice and Education	502-429-7231 502-429-7181
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Nursing Incentive Scholarship Fund (Application Period is January 1 - June 1)	502-429-7180
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Other

Continuing Education Competency/CE Audit DT Practice	502-429-7191 502-429-3307
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RN/LPN Education and Practice Scope	502-429-3307
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NURSE AIDES:

KY Nurse Aide Registry (all CNA and SRNA questions)	502-429-3346
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DIALYSIS TECHNICIANS

Credential/Education/Renewal/Other DT Practice Scope Reporting Criminal Convictions	502-429-7180 502-429-3307 502-429-3314
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GENERAL

Main KBN Office Phone	502-429-3300
Main KBN Office Fax	502-429-3311
KBN Executive Office	502-429-3310
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Open Records Request	502-429-7192
KBN Connection Magazine	502-429-3343
Website Technical Difficulties	502-429-3343
Human Resources	502-429-7171



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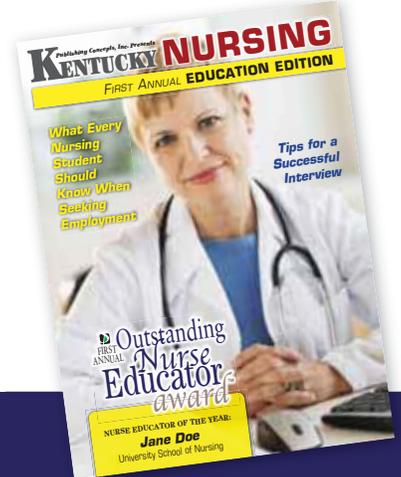
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Recent Advisory Opinions on Scope of Practice for Advanced Practice Registered Nurses (APRNs)

KRS 314.011(8) defines “advanced practice registered nursing practice” as:

“Advanced practice registered nursing” means the performance of additional acts by registered nurses who have gained added knowledge and skills through an approved organized post-basic program of study and clinical experience; who are certified by the American Nurses’ Association or other nationally established organizations or agencies recognized by the board to certify registered nurses for advanced practice registered nursing as a certified nurse practitioner, certified nurse anesthetist, certified nurse midwife, or clinical nurse specialist; and who certified in at least one (1) population focus. The additional acts shall, subject to approval of the board, include but not be limited to prescribing treatment, drugs, devices, and ordering diagnostic tests. Advanced practice registered nurses who engage in these additional acts shall be authorized to issue prescriptions for and dispense nonscheduled legend drugs as defined in KRS 217.905 and to issue prescriptions for but not to dispense Schedules II through V controlled substances as classified in KRS 218A.060, 218A.070, 218A.080, 218A.090, 218A.100, 218A.110, 218A.120, and 218A.130, under the conditions set forth in KRS 314.042 and regulations promulgated by the Kentucky Board of Nursing on or before August 15, 2006.....(c) The performance of these additional acts shall be consistent with the certifying organization or agencies’ scopes and standards of practice recognized by the board by administrative regulation....

APRN Neonatal Nurse Practitioner – Circumcision

In response to an inquiry, KBN amended its previously issued advisory opinion on the Role of the APRN in the Performance of Infant Circumcisions (9/23/2008) to read as follows: It was the advisory opinion of the Board that the performance of infant male circumcision is within the scope of practice of the advanced practice registered nurse (APRN), certified Nurse Midwife and the certified Neonatal Nurse Practitioner who is educationally prepared and has demonstrated clinical competence, to perform in a safe manner.

APRN Family Nurse Practitioner – Central Line Placement

Following formal requests for an opinion, the Board advised that the insertion of central lines is not within the scope of practice of the advanced practice registered nurse (APRN) designated Family Nurse Practitioner.

APRN Family Nurse Practitioner – Insertion of Catheters Under Fluoroscopy for Pain Management

Upon receipt of a request for an opinion, the Board reaffirmed its previous opinions that the insertion, advancement, or repositioning of a percutaneous epidural, intrathecal,

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or caudal catheter as well as the use of fluoroscopy in the performance of pain management procedures, are within the scope of advanced practice registered nursing practice, designated nurse anesthetist, and are not within the scope of practice of the advanced practice registered nurse (APRN) designated Family Nurse Practitioner.

Certified Nurse Practitioners are accountable to patients, employers, the nursing profession and the state for the following:

- rendering competent advanced nursing care,
- practicing within limits of knowledge and experience,
- planning for the management of situations beyond his or her own expertise,
- consulting with or referring patients to other health care providers as appropriate, and for
- complying with the requirements of all state laws and regulations that impact their scope of practice.

(excerpt from 2013 Primary Care and Acute Care Certified Nurse Practitioners, Multi-organizational work group, facilitated by The National Organization of Nurse Practitioner Faculties <http://www.nonpf.org/search/all.asp?bst=2013+Primary+Care+>) For more information, contact Pamela Hagan, APRN Practice & Education Consultant (502-429-7181 or PamelaC.Hagan@ky.gov).

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What is the KARE for Nurses Program?

by **Patricia Smith, RN**, KARE Program Manager and Compliance Section Supervisor

The Kentucky Alternative Recovery Effort (KARE) for Nurses is a program developed and offered by the Kentucky Board of Nursing (KBN). The purpose of KARE is to identify and assist nurses whose abilities to provide nursing care are compromised by a substance use disorder so that they may eventually return to competent and safe practice. The program recognizes that nurses are individuals who have dedicated their lives to helping others and are now in need of help. KARE's foundation is that substance use disorders are treatable and that the recovery and return of competent nursing practice is in the best interest of both the nurse and public health. KARE believes that a nurse should not lose a job or license due to substance use disorder and offers an opportunity for treatment and monitoring. The program is administered with compassion, concern and dignity for the nurse as well as what is in the best interest for the citizens of the Commonwealth.

The Disease . . .

Many people believe that nurses are immune from addiction by essence of their intelligence and education. In reality, exposure, easy availability, and familiarity with medications often lead predisposed health professionals to develop a substance use disorder. Substance use disorder is one of the major factors threatening safe nursing practice. Substance use disorder is a chronic, progressive illness characterized by the use of chemicals in spite of adverse consequences. This compulsive-use cycle may have periods where use is controlled, but it is normally followed by at least one episode of out-of-control use causing adverse consequences in one's life. Not recognizing or dealing with a substance use disorder will exacerbate the problem. Often we are too engrossed in our own problems to be objective, and our individual efforts result in more stress that increases the severity of the situation. Left untreated, substance use disorder will not only risk your life, but the life and safety of patients.

There is a place to turn for help . . .

Nurses often buy into the myth that they should be able to handle their substance use disorder because they are health care providers. What may seem a tremendous burden to one person can become a lighter load when shared with someone else. The first step is to admit there is a problem. It isn't easy to admit to another person that we are having trouble handling our problems alone. It is a subject that we avoid discussing or con-

fronting. Yet once we reach that first step, we can begin the process of regaining our life.

Services . . .

KARE develops individualized Program Agreements based upon the unique circumstances of the nurse. Monitoring can be facilitated in many ways, some of which are listed here:

- Assisting with identification, assessment and referral to approved treatment providers.
- Monitoring participants' for a period of at least five (5) years during early recovery.
- Providing education to nurses, employers and other groups about KARE.
- Providing encouragement and support to help ensure the participants are able to practice nursing in accordance with acceptable and prevailing standards of safe nursing care.

Eligibility . . .

A nurse may access KARE by self-referral, board referral, or referral from another entity (such as an employer). Admission to KARE is available to individuals who, at the time of application, meet the requirements listed below:

- RN, LPN or APRN licensed in Kentucky or an applicant for a credential issued by the Board;
- Submit a written request for participation in the program;
- Admit in writing to abusing or being dependent upon alcohol and/or drugs;
- Have not been terminated from a similar program in this or any other state for noncompliance;
- Obtain a chemical dependency assessment, performed by a Board approved evaluator, which conforms to Board guidelines;
- Agree to the terms set forth in the agreement; and
- Agree not to be employed in any capacity in a patient care setting or one that requires licensure until approved to do so by the program staff.

Questions? KARE compliance forms are located on the KBN website (www.kbn.ky.gov/kare.htm). To obtain further information or to make a confidential referral, call 800-305-2042 and speak with Patricia Smith, KARE Program Manager (Ext. 3328 or PatriciaY.Smith@ky.gov), or Jill Cambron, Compliance Program Coordinator (Ext. 3313 or JillM.Cambron@ky.gov).

What Nurses Don't Know Could Kill Them

Nursing as a profession has only just recently begun to recognize chemically dependent nurses as individuals with an illness in need of treatment. Most nurses are unaware of available treatment modalities and alternative to discipline programs available to them or their coworkers who may be dealing with issues of chemical dependency. Because of this, many nurses continue to suffer in silence while not only putting their own lives in danger, but also endangering the patients for which they provide care.

In general, the healthcare profession views addiction, and therefore addicts, very negatively (Darbro, 2005). The opinion abounds that addiction is a sign of emotional weakness and addicts are considered to be lacking in willpower and self-control, as well as being devoid of basic desirable personal attributes such as integrity and morality (Kunyk, 2011). The truth is, addiction is a disease that can be treated and recovery can be achieved. Those who suffer from addiction should be considered individuals in need of appropriate treatment, not seen as people who are somehow less than human or deserving of negative, stigmatizing and stereotypical classifications.

Until the 1980s, nurses who had problems of addiction were exclusively dealt with in a punitive fashion (Darbro, 2005). Consequently, troubled nurses avoided detection at all costs and denied the existence of their problem. This merely prolonged their illness and placed the public at large in danger while they continued to practice impaired.

The American Nurses Association, (ANA), recognized that the profession of nursing was based on compassion and that the problem of ad-

diction among nurses was not being dealt with appropriately. They issued a statement supporting the development of alternative to discipline programs by state boards of nursing that would not only deal with the illness of addiction, but also assure the continued safety of the public (Wieck, 2002). Their suggestion was that chemically dependent nurses be given the treatment they need while being monitored by their respective state board of nursing and eventually return to safe practice. Due to the strict requirements of the programs as well as the random drug screening procedures to which they are subjected, it is safe to say that these nurses "could be considered safer practitioners than those who are not" (Darbro, 2005).

The prevalence of addiction among nurses is at least equal to that of the general population (Tanga, 2011) (Van Doren, 2012) (Monroe, 2013). Nurses, in general, lack appropriate education regarding their risk factors for addiction as well as the resources available to them. This places members of the nursing profession at risk of becoming chemically dependent sometime in their career at a rate of one in ten (Van Doren, 2012). Not only are nurses susceptible to the general risk factors of addiction, but they also have significant risk factors unique to their particular career choice (Nordqvist, 2009).

Literature Review

The benefit of a non-punitive approach to removing impaired nurses from practice assures the safety of the public as well as retaining experienced nurses in the healthcare arena (Monroe, 2013). One study utilized a researcher-designed quantitative survey developed with the intent to

measure the perceived level of trust nurses had toward their recovering colleagues in the workplace. The majority, 80% of nurses surveyed, felt they could depend on a nurse in recovery and 81% agreed that nurses in recovery should be allowed to return to nursing practice. Additionally, 78% agreed that nurses who voluntarily sought treatment and recovery should not be subject to revocation of their nursing license. These results show a positive change among the attitudes of healthcare professionals with regard to the problem of addiction and shows promise for the future of alternative to discipline programs (Cook, 2013).

An additional significant finding in this study related to the knowledge of nurses with regard to resources for substance abuse issues. Only 35% of nurses surveyed expressed confidence in being familiar with the resources available to them or their coworkers who may be suffering from addiction or exhibiting potentially problematic behaviors (Cook, 2013). Corresponding evidence of this lack of awareness regarding the availability of resources among nurses was found in a 2008 study done in Ft. Lauderdale, Florida (Dittman, 2008). An incidental finding of this study was that these nurses were able to avoid detection due to their coworkers not recognizing any of their behaviors as being that of an addicted professional. These findings support the need for further efforts to educate nurses regarding the risk factors of addiction, their ethical and legal responsibilities in regard to reporting impaired nurses, as well as the availability of treatment and/or alternative to discipline programs.

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Conclusion

As a result of my own problems with addiction, I have been a participant in the Kentucky Alternative Recovery Effort, (KARE), since 2010. In order to help give back to the profession of Nursing, I feel that it is my responsibility to raise awareness of this issue. Addiction among nurses is a real phenomenon that warrants the attention of healthcare professionals as a matter of public safety as well as a genuine concern for the well-being of the addicted nurse. My hope is that this increased awareness and education will also result in better acceptance and increased compassion for nurses who are in recovery and have returned to the workforce.

As nurses, we are responsible for assuring the safety of our patients, but we also owe it to ourselves to be aware of our own vulnerabilities and risk factors with regard to addiction and substance abuse disorders. Our ultimate goal is to maintain a high level of care for our patients and to provide for their safety. Just as importantly, we must also remember to care for ourselves and our coworkers by being more aware of the problem of addiction among nurses.

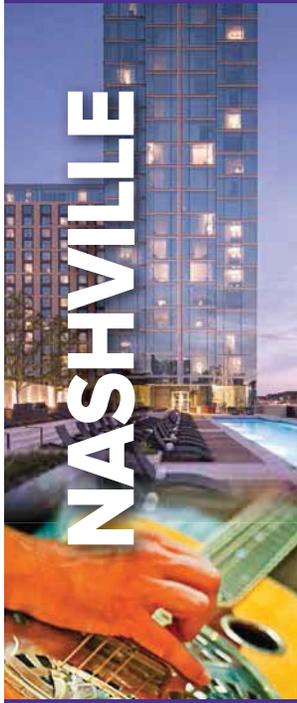
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