**Legal and Regulatory Issues in Dealing with Chemically-Impaired Nurses**

**Introduction**

The purpose of this paper is to address an issue involving a chemically impaired nurse. In brief, this case involves a practicing nurse who have had medical errors in the past and has allegedly been taking drugs from the health care unit. Therefore, this practitioner has caused a bridge in state, federal and professional rules and regulations. First, the professional nurse is risking the life of patients admitted in the hospital. This act can be regarded as ignorance and an action of irresponsibility. That is, the nurse knows that medication errors can result to lose of life and other external costs to the organization and the patient. However, he/she decides to continue taking drugs, which increase the risk of medication errors, without seeking assistance, counseling or any form of guidance. Taking drugs from the health care unit without consent from supervisors or other relevant bodies is an act of stealing. These actions can amount to gross misconduct in professionalism and illegal possession of other people’s property/belongings. This type of conduct shows lack of integrity, transparency and truth in the nursing field (Davis, Powers, Vuk & Kennedy, 2014). These elements are crucial pillars in the Arkansas board of nursing requirements and competencies.

**Steps in Addressing the Allegations**

In this case, the first step will be to conduct investigations aimed at gathering evidence against the allegations. According to Arkansas nursing board checklist, it is possible to know the symptoms, behavioural changes and physical indications of a drug impaired nurse. These include brief and unexplained intra-shift breaks, unsteady gait, change in personal grooming, excessive weight gain/loss, insomnia, hyperactivity, outbursts of anger, decreased performance, increased medication errors and discrepancies with narcotic records (Monroe & Kenaga, 2011). After confirming that the nurse shows these indications, it will be time to ask the witness (the colleague) who reported the issue to come forward and present the claims in writing. This action will ensure that there will be enough evidence to present to the Arkansas State Board of Nursing (ASBN). The third step will involve writing a comprehensive letter of statement to the Board director, requesting them to conduct in-depth investigations against the nurse. If the allegations are found to be true, there should be an offer to the nurse, to either face lawsuit, lose operation license or join a board-supervised intervention program (L’Ecuyer, Malloy, Meyer & Hyde, 2018). The nurse should understand that the intervention program will help him/her deal with the addiction problem and upon successful completion, the board will find them a job in the same capacity. In this way, the nursing personnel will feel that the institution and the board is caring and true to its workforce. This kind action can change the nurse’s psychological orientation and he/she will change completely.

**Recovery Programs for Nurses with Chemical Impairment**

Arkansas lacks a well-established recovery program for the chemically impaired nurses. However, it has a board of nursing practitioners which has a prescription drug monitor. The program ensures that it tracks records or under/over prescriptions among all registered nurses as well as cases of doctor shopping in the state. In this way, the program is able to regulate and lower the number of nurses accessing higher amounts of drugs, either from the place of work or over the counter. Therefore, we can say that this program is more of a preventative measure than a rehabilitative one. Thus, it is necessary to suggest a better program for recovery among chemically impaired nurses. This proposed alternative is borrowed from the State of Nevada. This program allows the addicted nurse to self-report him/herself and request assistance. The second step involves the nurse surrendering the license temporarily (Nevada State Board of Nursing, 2017). During this period, the nurse is subjected to 180 hours of treatment under the board-supervised chemical intervention program. The third step involves monitoring. After training, the individual is given an unmarked and conditional license (Nevada State Board of Nursing, 2017). This document allows him/her to operate while fully complying to the set non-public agreement to the latter. When the nurse passes this test, he/she is enrolled back in practice and expected to perform as per the training. The program is highly effective (Nevada State Board of Nursing, 2017).

**Reducing Costs and Improving Quality**

The legal/regulatory issues arising from this case come along with large negative costs and decrease in quality of healthcare. Therefore, there is need to embark on strategies aimed at reducing the cost and improving the quality of health services at the institution. Carayon, et al. (2014) suggests that a human resource and technology-focused strategy is necessary for improving the quality of health services and improving patient safety. In this case, the nurse (who is a member of the workforce) is endangering the safety of the patients. Therefore, this strategy will be effective in improving quality, enhancing technology to reduce medication errors. The strategy will educate the nursing staff on the need to openly report medication errors and other personal problems that need employer intervention.

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