Evaluation of a Training Program for Nurse Supervisors Who Monitor Nurses in an Alternative-to-Discipline Program

David Cadiz, PhD; Donald Truxillo, PhD; Chris O’Neill, DMin, RN

Nurse alternative-to-discipline programs aim to protect the public from the harm of impaired practice and to support nurses in early recovery from substance use disorders. Supervisor observation of work behavior is one key monitoring activity that protects the public. We evaluate a supervisory training called “Fit to Perform” for nurse managers to help them monitor and manage nurses enrolled in an alternative-to-discipline program. We observed significant mean changes in knowledge, training utility, self-efficacy, and substance abuse stigma. The results suggest that the training positively affects knowledge about substance use disorders, confidence to supervise nurses enrolled in an alternative-to-discipline program, and reduces stigma, which may create a supportive workplace for nurses in recovery.

Key words: alternative-to-discipline, evidence-based practice, nurse supervisor, stigma, substance use disorder, training evaluation

SUBSTANCE use disorders continue to be a serious health care concern in the United States. In fact, it is estimated that more than 22 million people in the United States misuse drugs or alcohol.1 The negative effect of substance misuse (alcohol or drugs) is not limited to the individual with the disorder, but also affects family, friends, organizations, and society.2 For instance, substance misuse is associated with increased health care costs, lost productivity, premature deaths, and crime.3 The majority of people who report illicit drugs or heavy alcohol use in the past month are currently employed.1 Thus, a significant number of employed adults may have a substance use disorder that could manifest in the workplace as impaired performance.

Prevalence for substance use disorders has been estimated at 6% to 8% of nurses, about the same as the general public.4 However, there are occupational risk factors (ie, access to medications, high stress environment, and lack of addiction education) that may make health care professionals potentially more susceptible to substance use disorders.5 Within the nursing profession, the response to substance use and mental disorders has been specific and consistent. The American Nurses Association has declared its commitment to increasing nurse awareness of the potential health and patient safety risks associated with untreated substance use and mental disorders.6 Accordingly, the majority

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of state boards of nursing created alternative-to-discipline programs—hereafter called “alternative programs”—that allow nurses who seek treatment for substance use and mental disorders to continue to work while ensuring safe practice.

BACKGROUND

In this context, we developed a nurse supervisor training entitled “Fit to Perform” targeted to supervisors of nurses recovering from substance use disorders. There are several reasons to offer this sort of specialized training for nurse supervisors. First, the training is designed to fulfill a provision of an Oregon law to incorporate supervisor training into a newly created alternative program. The law requires training for direct supervisors who agree to monitor a nurse who enrolls in the alternative program, which is the first legal requirement for supervisor training related to an alternative program that we were able to identify. Therefore, establishing an evidence base for this type of supervisor training is necessary.

Second, the primary objective of an alternative program is to protect the public from the harm of impaired practice and support the nurse in early recovery. The supervisor is responsible for ensuring patient safety through close performance monitoring. However, those in the health care profession are generally ill equipped to recognize or assist a colleague with a substance abuse problem. Specifically, nurse supervisors may lack the knowledge to recognize the early signs of impaired practice, the skills to intervene with a nurse whose performance is unsafe or unprofessional, and the confidence to implement policies of the employer and the alternative program. Thus, supervisor education is a priority to protect the public.

Finally, lack of education about substance use disorders contributes to the stigmatization of the disease. Stigma refers to an attribute that is deeply discrediting to an individual or group and generally leads to prejudice, bias, and discriminatory behavior. In particular, it could lead to prejudice and discrimination against nurses who return to work after seeking treatment for a substance use disorder. Education may not only reduce nurse supervisors’ stigmatizing attitudes, but supervisors could also influence the team’s attitudes by emphasizing that addiction is not a personal failure, but a medical condition where proper treatment and support can lead to long-term recovery.

Therefore, the aim of this article is to report on the evaluation of a supervisor training called Fit to Perform, which was developed, implemented, and evaluated in Oregon. We describe the training content, training approach, and research evaluation method. We conclude by discussing the implications of our findings.

TRAINING APPROACH AND DEVELOPMENT

The Fit to Perform training program provides knowledge and skills to properly manage nurses enrolled in the alternative program to ensure patient safety while also trying to reduce stigmatization of a nurse with a substance use disorder to aid in the nurse’s long-term recovery. There is evidence that training can develop skills to identify and assist people with a substance use disorder, increase confidence to intervene when impairment is present, and foster a more positive and nonjudgmental attitude toward people diagnosed with substance use disorders.

Therefore, we sought to increase supervisor’s knowledge, ability, and confidence, and to reduce stigma toward nurses recovering from substance use disorders. As stated in recent guidelines released by the National Council of State Boards of Nursing, an alternative program should provide nurses with the “... competencies and best practices needed to effectively care for and manage the nurses who have a substance abuse disorder.” A list of the main training objectives is displayed in Table 1.
Table 1. Aligning Objectives With Items From the Knowledge Test and the Training Utility Measure

<table>
<thead>
<tr>
<th>Training Objective</th>
<th>Corresponding Knowledge Test Item(^a)</th>
<th>Corresponding Training Utility Item</th>
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<tbody>
<tr>
<td>Prevalence of substance abuse in the health care profession and its effects on nurses outside of the workplace</td>
<td>What is a common life problem that persists after a person experiences even after successful treatment for a substance use disorder?</td>
<td>My legal responsibilities as a nurse supervisor regarding nurses enrolled in monitoring</td>
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<td>Legal and ethical responsibilities of a nurse supervisor</td>
<td>Which of the following is a way to reduce your risk of being considered negligent in handling an employee substance abuse problem?</td>
<td>In dealing with an employee you suspect of having a substance abuse problem, what is your responsibility as a supervisor?</td>
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<tr>
<td>How to prepare for a meeting with an employee about performance problems, what to focus on, and what reactions to expect</td>
<td>In discussing performance problems with employees, which of the following is a sidetracking behavior on the part of the employee?</td>
<td>How to prepare for a meeting with a subordinate about his/her impairment problems</td>
</tr>
<tr>
<td>How to observe and objectively document employee behavior</td>
<td></td>
<td>What issues to focus on during a meeting with a subordinate about his/her impairment problems</td>
</tr>
<tr>
<td>The concept of “fitness to perform”</td>
<td>What does “fitness to perform” mean?</td>
<td>What reactions to prepare for when I discuss performance problems with a licensee in monitoring</td>
</tr>
<tr>
<td>The elements of effective communication with employees</td>
<td>Which of the following is an example of productive supervisory behavior when discussing performance problems with a problem employee?</td>
<td>What is meant by “objective observations” of nurse performance</td>
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<tr>
<td>How to deal with an employee demonstrating risky behavior and suspected of being under the influence of substances</td>
<td>What should you do if you have reasonable suspicion of employee impairment?</td>
<td>How to give feedback to nurses who exhibit signs of substance abuse</td>
</tr>
<tr>
<td>Overcoming tolerance and/or fear of intervening in situations where substance use is suspected (^b)</td>
<td>Reasonable suspicion of substance abuse can be based on which of the following?</td>
<td>The steps to take during a meeting with a subordinate about his/her impairment problems</td>
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<td></td>
<td></td>
<td>How to best deal with a subordinate that I suspect of having a substance abuse problem</td>
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</table>

\(^a\) All knowledge test items have multiple-choice responses that are not displayed.

\(^b\) The measurement of this objective is addressed in the self-efficacy scale.
To effectively meet the objectives of the training, the Fit to Perform program carefully integrated an evidence-based theory and training approach. We focused on affecting the knowledge of the participants by introducing and discussing the regulatory framework associated with the alternative program, reviewing the prevalence statistics associated with substance use and mental disorders in the nurses, and reviewing legal and ethical responsibilities of a nurse supervisor.

We also developed the training content to increase a supervisor's skills and self-efficacy to manage a nurse enrolled in the alternative program. We provided performance management and communication skills specifically focused on employees suspected of not being fit to perform in order to overcome supervisor tolerance of performance problems and fear of intervening. We grounded the information and skills in constructive confrontation, which utilizes a series of steps from informal conversations to firmer actions to build pressure for behavior change by an employee and to create readiness in the worker to seek or accept help, rather than to terminate the employee. Previous research provides evidence that the constructive confrontation approach by supervisors can lead to relevant and desirable outcomes including improved workplace performance and enhanced supervisor ability to detect employee impairment on the job. However, to our knowledge, this technique has not been evaluated for supervisors monitoring subordinates in a health care setting, which heightens the importance of evaluating the effectiveness of the Fit to Perform training.

Finally, the training content also integrated theory about stigma to reduce stigmatization of employees returning to the workforce after they sought treatment for substance use, mental disorders, or both. As noted earlier, stigma refers to an attribute that is deeply discrediting to an individual or group, which leads to prejudice, bias, and discriminatory behavior. In nursing, the stigma toward substance use disorders is well documented. Furthermore, the fear of being stigmatized is identified as a reason why nurses conceal their problem from their colleagues; this reason may also prevent them from seeking treatment. Thus, the training content focused on decreasing the prejudice against those who have sought treatment by improving the understanding of the effectiveness of treatment and an individual's potential for recovery. In addition, the training emphasized objective ways to monitor and assess fitness to perform, which can be adopted as a standard performance management technique to be used with all employees, and thus make the process fairer through equal treatment. Indeed, stigma reduction education intervention programs have had some success in changing stigmatizing beliefs and attitudes toward mental and substance abuse problems.

In a quantitative review assessing the effectiveness of training programs in organizations, Arthur and colleagues observed that multi-method training approaches are effective in producing changes in knowledge, attitudinal, and training transfer outcomes. Therefore, to increase the likelihood that the training will effectively impact our training outcomes, we utilized multiple training approaches including lecture, discussion and reflection, role-play, and behavioral role modeling. For example, to facilitate building the constructive confrontation skills, we utilized behavioral modeling training (ie, learning through observing someone else performing the task) and role-play activities. The effectiveness of behavioral modeling training as a method for learning skills is supported meta-analytically. Thus, we felt that the training program’s effectiveness was enhanced through the use of multiple, diverse training methods.

**METHODS**

We used a pretest-posttest evaluation methodology focused on assessing changes in knowledge and attitudinal outcomes related to learning and training transfer. Knowledge outcomes were measured with multiple-choice knowledge tests, and attitudinal
outcomes were measured via self-ratings of self-efficacy and training utility, key predictors of learning and transfer.22,23 We also assessed substance abuse stigma, an identified risk factor that may cause nurses not to seek help or treatment.12 Institutional review board approval of our research project was successfully obtained at the second author’s research institution.

Data collection

Data were collected between November 2010 and February 2011 at 4 separate training events offered in different regions within the same state. Participants completed time 1 (pretest) surveys just before training and time 2 (posttest) surveys just after training. Each training event lasted 4½ hours and was conducted by the same 2 experienced trainers (both have more than 15 years of training experience) who are also experts in the field of substance abuse and recovery, and practical and legal ramifications for the workplace. The first author was responsible for distributing and collecting the surveys, which were kept confidential.

Participants

The training events were coordinated by the third author, who collaborated with the Oregon Association of Hospitals and Health Systems and local hospital officials to invite all known nurse supervisors in the local health care facilities to attend the training. Four training events were conducted in 4 separate locations, including a large metropolitan area and 3 smaller cities, including 1 rural hospital. There were a total of 136 training participants. Matched data were collected for 97 trainees, which is a combined response rate of 71%. A significant majority of the participants were women (83%) and white (97%). The other ethnicities represented were Asian (1%) and African American (2%). The mean age of the trainees was 50 years (SD = 9.34). Eighty-four percent of the participants indicated that they were health care supervisors. Please note that although there were 4 different training events, we aggregated the data because no statistically significant differences were indicated for any of the variables using analyses of variance and grouping by training event (for age, F3,93 = 0.86, not significant [NS]; for gender, F3,91 = 1.34, NS; for time 1 knowledge, F3,93 = 2.42, NS; time 1 self-efficacy, F3,93 = 1.32, NS; and time 1 stigma, F3,92 = 1.52, NS).

Measures

Knowledge test

The 8 knowledge test items were developed to reflect training content and were adapted from previous evaluations of a similar training program.24 All knowledge test items were developed using a multiple-choice format with 3 or 4 response alternatives each and aligned with the key objectives of the training (Table 1).

Training utility

Self-rated training utility items (11 items) were developed to measure trainees’ perceptions of the program’s effectiveness in affecting their level of knowledge, understanding of the training objectives, and skills. The self-rated training utility items were adapted from previous training evaluations.24 After the training (time 2), trainees retrospectively rated their perceived facility with the training content before the training and after the training. A sample training content item is, “How to prepare for a meeting with a subordinate about his/her impairment problems.” Trainees responded to these items using a 5-point Likert scale. The Cronbach α reliabilities for pre- and posttraining utility were 0.92 and 0.93, respectively.

Self-efficacy

We measured self-efficacy because it has been shown to be a consistent predictor of training success.23,25 Self-efficacy was assessed using 3 items on the basis of an extant self-efficacy scale.26 These items assessed trainees’ evaluation of their confidence to
manage subordinates enrolled in an alternative program. A sample item from the scale is, “I am confident in my ability to give feedback to a nurse enrolled in the monitoring program.” Trainees responded to these items using a 5-point Likert scale. Self-efficacy was collected at both time 1 and time 2. The Cronbach’s reliabilities for time 1 and time 2 were 0.77 and 0.75, respectively.

**Substance abuse stigma**

Substance abuse stigma was assessed with 7 items on the basis of an extant perceived substance abuse stigma scale.27 We used these items to assess the trainee’s perceptions about the amount of stigma that they felt a recovering person would face in the workplace. Therefore, the focus of this measure was on the stigmatization of people recovering from a substance use disorder. A sample item from the scale is, “Most people think less of a person who has been in substance abuse treatment.” Trainees responded to these items using a 5-point Likert scale. Stigma was measured at both time 1 and time 2. The Cronbach’s reliabilities for time 1 and time 2 were 0.78 and 0.80, respectively.

**RESULTS**

We report means and statistical test results for each measure (Table 2). We expected that there would be significant increases for knowledge, training utility, and self-efficacy and a significant decrease for stigma.

**Knowledge test**

Participants scored significantly higher on the knowledge test items after \( M = 7.10 \) than before \( M = 6.54 \) \( t = 4.49, P < .01 \). The Cohen \( d \) associated with the change before and after the training was 0.52, which is considered a moderate effect.

**Training utility**

Participants’ self-assessed training utility was higher after the training \( M = 4.35 \) than before \( M = 3.40 \) \( t = 4.41, P < .01 \). Moreover, the Cohen \( d \) associated with the change before and after the training was 1.62, which is considered a large effect.

**Self-efficacy**

Participants’ confidence to manage behavioral problems was significantly higher after the training \( M = 4.20 \) than before \( M = 3.97 \) \( t = 17.04, P < .01 \). Moreover, the Cohen \( d \) associated with the change before and after the training was 0.48, which is considered a relatively moderate effect.

**Workplace substance abuse stigma**

Participants’ workplace substance abuse stigma was significantly lower after \( M = 2.86 \) than before \( M = 2.95 \) \( t = 2.43, P < .05 \). The Cohen \( d \) associated with the change before and after the training was 0.20, which is considered a small effect.

<table>
<thead>
<tr>
<th>Table 2. Mean Comparisons Across Training Outcomes</th>
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<tbody>
<tr>
<td><strong>Time 1</strong></td>
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<tr>
<td>----------------</td>
</tr>
<tr>
<td>Knowledge</td>
</tr>
<tr>
<td>Training utility</td>
</tr>
<tr>
<td>Self-efficacy</td>
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<td>Stigma</td>
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\( a \) Number of matched cases used in the analysis.

\( b \) Reflects the percent of variance accounted for by the training for that variable.

\( c \) Reflects the standardized difference between two means, that is the difference between two means in terms of standard deviation units. A Cohen \( d \) value of 0.20 is considered small, 0.50 is considered moderate, and 0.80 is considered large.

\( d \) \( P < .01 \).

\( e \) \( P < .05 \).
2.71) the training than before (M = 2.87) the training (t = −2.43, P < .05). The Cohen d associated with the change before and after the training was 0.20, which is considered a relatively small effect.

DISCUSSION

On the basis of the results, the Fit to Perform supervisor training appears to positively affect learning and training outcomes related to transfer such as knowledge of the course material, self-rated training utility, and self-efficacy. Improving knowledge about substance use disorders and how to supervise nurses in recovery not only will help the long-term recovery of nurses with substance use disorders, but also can contribute to a more supportive work environment focused on early intervention for nurses who are at the beginning stages of the disease. Moreover, training research supports that improved self-efficacy results in greater application of knowledge and skills from the training into the workplace and thus increases the likelihood that the nurse supervisor will implement the new knowledge and skills to manage and monitor the nurse in recovery. We also know that positive perceptions of training utility result in greater training transfer.

Finally, the training appears to reduce substance abuse stigma. Reducing the stigma associated with substance use disorders may result in a work culture more willing to intervene if a problem is suspected and a more supportive culture for those returning to work after treatment. Overall, our results support the efficacy of the training to improve knowledge, confidence, and attitudes in the context of supervising employees with identified substance use disorders enrolled in an alternative program. The training and the positive findings contribute to the nursing profession by providing one way to address the existing gap in the knowledge and skills to supervise a colleague in recovery who is returning to work.

IMPLICATIONS FOR POLICY AND PRACTICE

Given the lack of best practice training standards for worksite monitors in alternative programs, the Fit to Perform supervisor training could serve as an initial evidence-based training standard for supervisors of nurses who return to work and are being monitored. To ensure patient safety, nurse supervisors are required to recognize performance problems, intervene effectively, and manage the routine issues of a nurse enrolled in an alternative program. Thus, supervisor training is a priority to reduce patient safety risks. Indeed, the National Council of State Boards of Nursing states, “more education and direction is needed for workplace supervisors to assist them in learning to intervene with workplace substance use issues or to utilize support personnel to assist them in addressing these issues.”

There are 3 ways in which Fit to Perform addresses nurse supervisor training needs for managing substance use issues in the workplace. First, it increases supervisors’ knowledge about substance use and mental disorders, increases their confidence and skills to intervene in performance problems, and reduces stigma associated with substance use disorders. Second, the program is rooted in an evidence-based technique, constructive confrontation, which is useful for intervening with performance problems in a substance misuse context. In fact, it has been previously suggested that constructive confrontation could be an effective technique for supervisors monitoring safe practice of a nurse enrolled in an alternative program. Constructive confrontation may lead to increased employee acceptance of treatment and subsequent improvement in overall job performance. The technique can also be broadly applied to manage the performance of all subordinates. In other words, the skills taught in the training can not only be used to objectively (ie, without judgment) identify employee job performance problems...
potentially related to substance use, but can also be generally applied to manage the performance and conduct of all employees who report to a supervisor. Thus, constructive confrontation can become the work team norm and thus reduce the potential stigma that may exist when it applies to a single employee. Third, the newly trained supervisor is in a key position to positively affect their work team’s culture. The consistent use of constructive confrontation as a performance management technique projects the message that people are treated fairly whether or not they are enrolled in an alternative program. Potentially, the establishment of this norm in the team’s culture could reduce the stigma among the team members, resulting in a greater willingness of individuals to seek help. Furthermore, such a work culture could promote a norm of proactive intervention and empower coworkers to encourage colleagues to utilize workplace resources that could prevent performance problems from worsening. In fact, research has found that nurse attitudes toward the efficacy of substance use disorder treatment have a positive relationship with intention to speak up.

POTENTIAL LIMITATIONS AND FUTURE RESEARCH

This study is not without its limitations and suggests several areas for future research. We used a research design (ie, nonexperimental and no control group) that may be susceptible to a number of threats to validity. For example, the improvement on the knowledge test could be attributed to being exposed to the same test questions twice (ie, testing effect). Moreover, training participants volunteered to participate, and therefore, they could be more motivated to learn than those that chose not to volunteer (ie, selection bias). However, we think it is unlikely that certain threats (eg, maturation) could have occurred because of the short time between the pretest and posttest. Future studies should utilize an experimental design with a control group to address many of these threats. More importantly, longitudinal follow-up of a large sample of trainees is necessary to see whether trainees applied their skills on the job. Second, participating organizations should consider the training transfer climate in their organizations in terms of support provided by supervisors, coworkers, policies, and workload. We recommend that extending the training to the subordinate level could also improve the constructive confrontation climate within a team. Third, future research should measure effects on behavioral outcomes including tracking program self-referrals, the performance of the monitored employee, the employee’s compliance in the monitoring program, and the successful completion of the program.

CONCLUSION

Our findings suggest that the Fit to Perform training improves nurse supervisors’ knowledge about substance use disorders and their confidence to supervise nurses enrolled in an alternative program. Moreover, the training reduces stigma toward people with substance use disorders, which may result in a more supportive work environment for those in recovery. This supervisor training could serve as an initial evidence-based training standard for supervisors of nurses who return to work and are being monitored.

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