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THE NEW YORK STATE NURSES ASSOCIATION
Task Force on Alcohol and Substance Abuse
in the Profession of Nursing

13A

CONCEPTS OF PEER ASSISTANCE

INTRODUCTION

Peer assistance describes those activities of professional colleagues which are directed toward providing help to chemically dependent colleagues through personal relationships or within formal structures. Formal structures include organized programs, peer support groups, and professional networks. Both informal and professional contacts or networking channels within institutions also provide avenues for peer assistance.

Peer assistance activities demonstrate accountability within the nursing profession for the maintenance of high levels of standards of professional practice. Activities within districts and the state association serve to uphold the responsibilities of the profession to ensure quality care to the consumer. Professional self-regulation includes accountability for the well-being and practice of one's colleagues. The ANA code states that the nurse acts to safeguard the consumer from unsafe or incompetent practice by self or others. The origins of such practice include substance abuse as well as many other problems. In providing peer assistance two elements must be considered; either or both may provide the basis for action:

- a) voluntary response of the practitioner to efforts of assistance by a peer;
- b) alternative efforts wherein disciplinary action is initiated in compliance with legal regulations.

While the term peer assistance is frequently associated with district or state association action which may parallel or precede action by regulatory agencies, peer assistance does not necessarily eliminate the possibility of action by a colleague to report a practicing nurse to appropriate legal authorities. When colleagues have implemented outreach efforts which have brought no response, the stated intention to take action which threatens licensure may be a necessary step toward motivating the individual to seek treatment and may be the only means to protect clients. Because the nurse's license represents a primary source of income as well as legal permission to practice as a professional nurse, its importance may represent a reality of greater weight than the other losses associated with alcohol and substance abuse. Nurses who are recovering have identified intentions stated by supervisors or colleagues to act on licensure as the final event which motivated them to seek treatment.

- b) accessibility of individuals who can assess the origins and ramifications of the practice problems. Individuals who are part of the system in which the nurse works may be best able to communicate a combination of caring concern and a firm imperative for action. If peer assistance activities are available these should be widely publicized.
- c) visibility and recognition of the intervener as a resource person. The knowledgeable and experienced peer who initiates steps toward assistance must be committed and capable of beginning and completing, or helping others to complete, the intervention process.
- d) knowledge. The peer participating in intervention must be able to recognize and assess a colleague with this illness, be knowledgeable about nurses' and consumer's rights and able to use techniques to motivate individuals toward treatment resources which are timely and appropriate to the problem.
- e) established guidelines for intervention. Who intervenes and how interventions take place must be established early. Experiences of others suggest that two concerned individuals intervening with the nurse in difficulty are most effective in confronting the denial and illuminating enabling attitudes and behaviors which impede action to correct the situation. The complexities of interacting with the ill nurse require skill and objectivity which may be compromised in highly emotional and upsetting circumstances. Interventions by two individuals and/or including concerned colleagues or family often clarify the problem and its implications.
- f) referral and follow-up mechanisms. Efforts to assist the nurse will not always result in action to correct the problem. Mechanisms need to be developed to feedback outcomes to concerned individuals who have sought assistance or expressed worry about the nurse. Continued outreach activities may be necessary to help the nurse acknowledge the illness. The peer participating in intervention must be knowledgeable about nurses' and consumer's rights, able to recognize and assess a colleague with this illness and able to use techniques to motivate individuals toward treatment resources which are timely and appropriate to the problem.
- g) confidentiality. A method must be devised to ensure confidentiality and to protect the rights of the nurse in regard to health care and licensure. Confidentiality should be a central component of the development of employee assistance and peer assistance protocols.

Peer assistance may mean that a co-worker or colleague acts as an advocate for the nurse in a variety of ways. The nurse may intercede in situations involving impaired practice by nurses as an advocate for the practitioner, the patient/consumer or as an advocate for professional standards. In each situation the nurse assumes a position in support of another or of professional standards. The willingness to assume that position is an essential aspect of peer assistance.

GUIDELINES

Peer assistance takes a variety of forms.

Education as peer assistance ranges in scope from informal teaching to formally organized educational efforts. By identifying alcohol and substance abuse as "cause for concern" the nurse raises the level of awareness about these illnesses, their recognition and what constitutes appropriate treatment. This type of information sharing may take place in small groups and informal work relationships or may be incorporated as formal educational offerings. Peers are responsible to disseminate knowledge and share expertise in this area.

Consultation is also a form of peer assistance. In the area of alcohol and substance abuse, consultation provides information and support directly to the individual who must deal with the addicted nurse or co-workers, families or friends who assist the nurse. The consultant who is knowledgeable about these illnesses, forms of intervention, and methods of treatment, confers directly with the concerned individual. In two tiered intervention, the consultant confers with co-workers, family, or friends, who then intervene with the impaired nurse. This has the advantage of providing consultation on direct intervention techniques, as well as assistance to the individual who seeks consultation. The consultant can assist in identifying actions of colleagues and/or family which support the continuing use/abuse of alcohol or drugs. This behavior is known as enabling. These activities are generally not perceived by those demonstrating them as related to the ongoing problem. Because of knowledge and perspective, the consultant is able to work with others in the system in order to identify actions which impede constructive change.

Intervention is frequently utilized as a basic form of peer assistance. It may consist of outreach to individuals in early stages of illness or efforts by peers in collaboration with supervisors or other concerned persons to move the individual toward treatment. The concerned persons may be changing their behavior in response to the addicted individual. Such behavior is called "co-behavior." A primary advantage of peer assistance interventions is the capability of quick mobilization in response to a request for help from the nurse or whenever there is cause for concern by others. This concern may originate when the individual demonstrates signs of illness or when there is evidence that the nurse is practicing while judgement is impaired.

When peer assistance is implemented as intervention, the following components must be present:

- a) goals and intentions to act on behalf of the nurse toward restoration of health, to protect the consumer and to maintain professional standards.

- b) accessibility of individuals who can assess the origins and ramifications of the practice problems. Individuals who are part of the system in which the nurse works may be best able to communicate a combination of caring concern and a firm imperative for action. If peer assistance activities are available these should be widely publicized.
- c) visibility and recognition of the intervener as a resource person. The knowledgeable and experienced peer who initiates steps toward assistance must be committed and capable of beginning and completing, or helping others to complete, the intervention process.
- d) knowledge. The peer participating in intervention must be able to recognize and assess a colleague with this illness, be knowledgeable about nurses' and consumer's rights and able to use techniques to motivate individuals toward treatment resources which are timely and appropriate to the problem.
- e) established guidelines for intervention. Who intervenes and how interventions take place must be established early. Experiences of others suggest that two concerned individuals intervening with the nurse in difficulty are most effective in confronting the denial and illuminating enabling attitudes and behaviors which impede action to correct the situation. The complexities of interacting with the ill nurse require skill and objectivity which may be compromised in highly emotional and upsetting circumstances. Interventions by two individuals and/or including concerned colleagues or family often clarify the problem and its implications.
- f) referral and follow-up mechanisms. Efforts to assist the nurse will not always result in action to correct the problem. Mechanisms need to be developed to feedback outcomes to concerned individuals who have sought assistance or expressed worry about the nurse. Continued outreach activities may be necessary to help the nurse acknowledge the illness. The peer participating in intervention must be knowledgeable about nurses' and consumer's rights, able to recognize and assess a colleague with this illness and able to use techniques to motivate individuals toward treatment resources which are timely and appropriate to the problem.
- g) confidentiality. A method must be devised to ensure confidentiality and to protect the rights of the nurse in regard to health care and licensure. Confidentiality should be a central component of the development of employee assistance and peer assistance protocols.