

Program for Recovering Nurses: An Evaluation

This study was conducted at the invitation of the State of Idaho Board of Nursing to develop a composite description of addicted nurses enrolled in Idaho's Program for Recovering Nurses (PRN). Data included demographics, referral and employment information, history of drug abuse, and treatment and monitoring experience during enrollment in the PRN. The composite will be used to gain a better understanding of the impaired nurse, and to evaluate the effectiveness of the current program for treatment and monitoring.

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Allison: A Reality-Based Vignette

Allison has worked as a valued nurse on an acute care unit for nearly 20 years. Lately, she has felt overwhelmed with personal crises. Allison's teenage children have had behavior problems and her husband keeps hinting that he wants a divorce. Her work performance has been deteriorating. Allison comes to work disheveled and weary, and demonstrates obvious difficulty in concentrating. She seems moody and irritable. Last week she made a serious medication error. Her worried colleagues asked if she needs help. In response, Allison grew more evasive and isolative.

What her colleagues don't know, but may suspect, is that Allison is keeping a deeply held secret. After back surgery several years ago, she began using prescription analgesics to deal with stress at home and on the job. Since that time, she started diverting opioid analgesics from patients, stealing from the medication cabinet, and writing illegal prescriptions. Allison feels the weight of burdens in every aspect of her life piling up on her. She clearly demonstrates behaviors associated with chemical impairment.

Substance Abuse Recovery Programs

Substance abuse and addiction are serious concerns for the nursing profession; however, these concerns are not new. Since the early 1980s, impaired nursing practice has been recognized as a significant problem (Smith, 2001), and a good deal of public attention has been devoted to the issue (Blazer & Mansfield, 1995). Von Burg and Forman (1992) suggested that one in seven nurses will experience a problem with drugs and/or alcohol over the course of his or her career. Studies show that nurses are at similar risk for substance abuse disorders as the general public (Blazer & Mansfield, 1995; Trinkoff & Storr, 1998; West, 2003), but patterns of use among nurses are unique. Nurses tend to use prescription drugs (especially opioid analgesics) more often than the general public, and are more likely to access drugs at their place of employment (Dunn, 2005; Shaw, McGovern, Angres, & Rawal, 2004; Trinkoff & Storr, 1998). For each nurse who admits to a substance abuse problem, many other impaired nurses remain unidentified and continue to practice (Pavlovich-Danis, 2000). Although chemical dependency can undermine a nurse's physical, psychological, social, and professional functioning, the problem of impaired practice was largely ignored until the late 1970s when the American Nurses Association (ANA) began efforts to assist affected professionals (Torkelson, Anderson, & McDaniel, 1996). While the precise number of chemically dependent nurses in the United States remains unknown, the ANA estimates that 6%-8% of nurses are affected currently by a drug or alcohol-related problem to the extent that job performance is impaired (Smith, 2001).

Left unchecked, substance abuse can exert profound effects on patient care and public safety. West (2002) reported that many impaired nurses are not identified until patient safety is compromised. Boards of nursing are mandated to protect the public from unsafe practice and as a result, many states have developed alternative treatment

Table 1.
Nondisciplinary Programs by State

The following states offer nondisciplinary programs for nurses with chemical dependency:

State	Web-Site Address
Alabama	http://www.abn.state.al.us/
Arizona	http://www.azboardofnursing.org/
California	http://www.bvnpt.ca.gov/
Colorado	http://www.dora.state.co.us/nursing/
Delaware	http://www.professionallicensing.state.de.us/boards/nursing/index.shtml
District of Columbia	http://www.dchealth.dc.gov/
Florida	http://www.doh.state.fl.us/mqa/
Hawaii	http://www.hawaii.gov/dcca/areas/pvl/boards/nursing
Idaho	http://www2.state.id.us/ibn
Indiana	http://www.state.in.us/hpb/boards/isbn/
Iowa	http://www.state.ia.us/government/nursing/
Kansas	http://www.ksbn.org/
Kentucky	http://www.kbn.ky.gov/
Louisiana	http://www.lsbm.state.la.us/
Maryland	http://www.mbon.org/
Massachusetts	http://www.state.ma.us/reg/boards/rn/
Michigan	http://www.michigan.gov/healthlicense
Minnesota	http://www.nursingboard.state.mn.us/
Montana	http://www.discoveringmontana.com/dli/bsd/license/bsd_boards/nur_board/board_page.htm
Nevada	http://www.nursingboard.state.nv.us/
New Mexico	http://www.state.nm.us/clients/nursing
New York	http://www.nysed.gov/prof/nurse.htm
North Carolina	http://www.ncbon.com/
North Dakota	http://www.ndbon.org/
Ohio	http://www.nursing.ohio.gov/
Oklahoma	http://www.youroklahoma.com/nursing
Oregon	http://www.osbn.state.or.us/
Pennsylvania	http://www.dos.state.pa.us/bpoa/cwp/view.asp?a=1104&q=432869
Rhode Island	http://www.health.ri.gov/
South Carolina	http://www.llr.state.sc.us/pol/nursing
South Dakota	http://www.state.sd.us/doh/nursing/
Tennessee	http://www.tennessee.gov/health
Texas	http://www.bne.state.tx.us/
Utah	http://www.commerce.state.ut.us/
Virginia	http://www.dhp.virginia.gov/
Washington	https://www2.wa.gov/doh/hpqa-licensing/HPS6/Nursing/default.htm
West Virginia	http://www.wvrnboard.com/
Wisconsin	http://www.drl.state.wi.us/
Wyoming	http://nursing.state.wy.us/

Source: National Council of State Boards of Nursing, 2001

programs for impaired nurses rather than taking immediate disciplinary action against the nurses' license to practice (National Council of State Boards of Nursing, 2001). Thirty-nine states have developed programs to channel impaired nurses into

treatment and recovery programs, monitor their return to work, and prevent their licenses from being revoked or suspended (see Table 1). The Idaho State Board of Nursing (SBON) has provided such a program for nearly 20 years.

Background of Program for Recovering Nurses

In 1985, the SBON initiated the Program for Recovering Nurses (PRN) as a comprehensive education, treatment, and monitoring system to advocate for nurses struggling with addiction disor-

**Figure 1.
Program for Recovering Nurses (PRN) Data Collection Form**

Client # _____

Gender Female Male

Ethnicity Caucasian Hispanic African American Pacific Island
 Native American Other No data

DOB _____ **Town** _____

Date of referral to PRN _____

License Type RN LPN APPN

Original date of licensure _____

Field of Employment at time of referral
Hospital (If employed in a hospital setting, which specialty area?)
 ICU M/S OB/GYN Surgery Oncology Mental Health ER
 Pediatrics Other_____

Comm Hlth Occup Hlth Office Nurse LTC School Nurse Hospice
 Educator Self Empl Home Health Other_____

Referred by:
 Self Employer Law Enforcement Board of Pharmacy Coworker
 Other_____

Reason for Referral:
 Diverting Drugs Writing Illegal Prescriptions Unsafe Practice
 Intoxicated on the Job Inappropriate Behavior Doctor Shopping
 Pharmacy Shopping Arrest/Conviction Other_____

Summary of Evaluation Findings (check all that apply):
 Substance Abuse Mental Illness Childhood Abuse Spousal Abuse
 Family Hx of Substance Abuse Family Hx of Mental Illness
 Dependence after Surgery Chronic Pain Hx of Migraines Arrests
 Other_____

History of Drug (if applicable) Check all that apply
 Alcohol Marijuana Stimulants Depressants Opiates Hallucinogens
 Inhalants OTC drugs (specify)_____

Prescription drugs (specify) _____

Other_____

Type of Mental Illness (if applicable) Check all that apply
 Affective Disorder Psychotic Disorder ADHD Eating Disorder
 Anxiety Disorder Personality Disorder No Data Other_____

Comments _____

**Figure 1. (continued)
Program for Recovering Nurses (PRN) Data Collection Form**

Age of first use _____

Type of Treatment
 Inpatient Outpatient IOP Education Only Self Help Group
 Urine Screens Work Monitor None Other _____

Experience in Treatment
 First treatment experience Multiple treatment experiences N/A

Reason for leaving PRN Program
 Successfully completed Voluntary Revocation Disciplinary Revocation
 Other _____

If revocation occurred, what were that circumstances?
 Unable to meet financial responsibilities for urine testing
 Unable to meet financial responsibilities for treatment
 Continued use of chemicals Noncompliance with monitoring conditions
 Other _____

Length of time in PRN Program _____

Employed in nursing at the completion of the PRN Program
 Yes No

Employed during Limited License Period
 Yes No

If yes, where employed
 Nursing Outside of Nursing

Changed place of employment during PRN Program
 Yes No

Additional Comments

ders and mental illnesses. Members of the SBON believed that chemical addiction is a primary illness and should be treated appropriately to minimize the personal, legal, and health problems that may compromise an affected nurse's ability to practice safely. They believed that nonpunitive approaches to assistance that treat and monitor nurses offer an effective alternative to licensure suspension or revocation while simultaneously protecting the public. Since PRN was established, approximately 250 nurses have

been enrolled (Sandra Evans, personal communication, April 24, 2006). Nurses who participate in the program are allowed to avoid disciplinary action, provided they cooperate fully with the recommended treatment plan and comply with conditions for monitoring (SBON, 2005).

The PRN provides a network of trained health care professionals who assist in the confidential investigation of the alleged impairment. When indicated, these professionals also provide interventions and coordinate placement in

treatment programs. Upon completion of the treatment program, the nurse remains under contract with the PRN for an extended period of time. Terms of the contract require, but are not limited to, aftercare counseling, attendance at recovery nursing support groups, and random urine testing. Each nurse is monitored closely to ensure compliance with the terms of his or her contract. Financial support and staff assistance are provided to PRN by the SBON. However, the nurses enrolled in the program take full responsibili-

ty for most of the costs of treatment and recovery, including those related to assessment, hospitalization, counseling, aftercare, random testing, and continuing treatment.

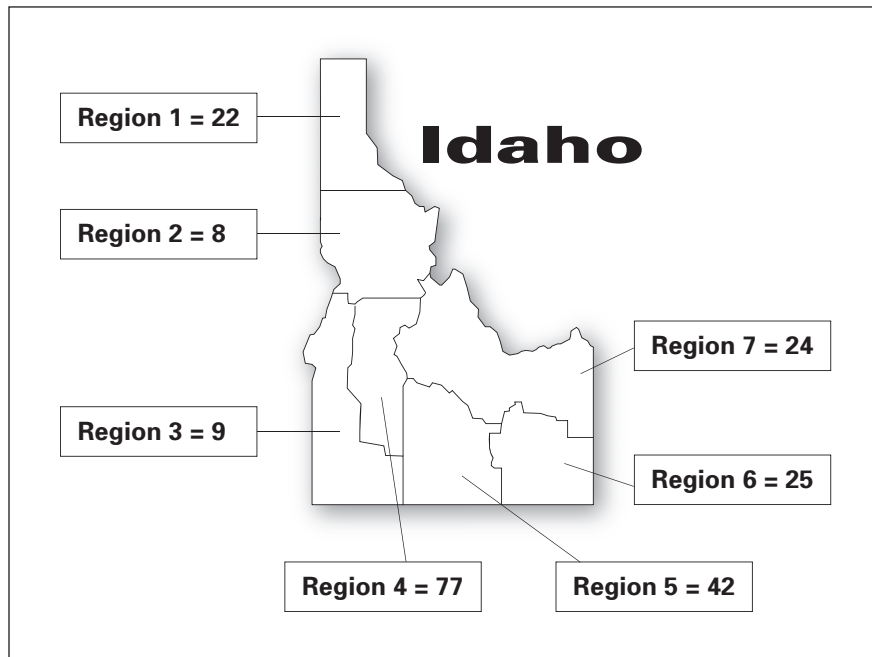
Nurses can access the PRN through two primary paths: self-referral or referral by the SBON. The former occurs when a nurse contacts the PRN directly and asks for admission. The nurse voluntarily agrees to enter treatment for substance abuse and/or mental illness, and signs a contract agreeing to compliance monitoring. The SBON need not be notified of this action. If the nurse stays compliant with the conditions of the contract, he or she may continue to practice with approval of the PRN Treatment Director. Upon successful completion of the treatment program, the nurse is released from the PRN; the SBON receives no information about the individual (SBON, 2005).

Referral by the SBON occurs when a complaint of unsafe practice has been filed with the SBON, or when a nurse admits to substance abuse or mental illness and voluntarily surrenders her or his nursing license. The nurse then waives the right to a formal hearing and is required to discontinue practice. Upon referral to the PRN, the nurse signs a contract agreeing to treatment and monitoring. If a nurse makes substantial progress in recovery, a conditional license may be issued by the SBON and nursing practice can resume. However, to be released from PRN, the nurse must complete the program successfully and agree to be monitored continually for a period of 5 years. At that point, a nurse will be reissued an unrestricted license with no record of disciplinary action.

Purpose and Scope of the Study

The PRN began as a monitoring program in 1985. It was expanded in 1996 to include intervention, recommendations for treatment, and aftercare options. The present study was conducted at the invitation of the SBON to develop a composite description of addicted nurses enrolled in the

Figure 2.
Regional Distribution by Idaho Health Care Regions of Nurses Enrolled in the PRN



PRN. The composite will be used by the SBON to gain a better understanding of the impaired nurse, and to evaluate the effectiveness of the current program for treatment and monitoring.

Method. Approval to conduct the research was obtained from the University Institutional Review Board at Boise State University. In addition, the members of the research team signed confidentiality statements at the SBON to protect the identities of individual subjects. A retrospective review of 207 records of nurses (both LPNs and RNs) enrolled in the PRN between 1985 and January 2000 was undertaken. Data from the records were recorded on two-page collection sheets (see Figure 1). Information collected included demographics, referral and employment, history of drug abuse, and treatment and monitoring experience during enrollment in the PRN. Because data concerning ethnicity and gender were not recorded until 2002, they could not be included in this study. Identifiers such as name, address, and license number were not recorded. The information on the data collection sheets was coded and transferred to Microsoft Excel

for analysis. Because of missing data, percents do not always equal 100.

Results. Of the 207 records evaluated, 70 nurses completed the PRN successfully while 55 were still enrolled. Forty-eight nurses quit the program and voluntarily surrendered their licenses. Twenty-nine were disciplined formally and their licenses were administratively revoked. Outcome data were missing for five nurses.

Description of enrollees. Of the nurses enrolled in the Idaho PRN, 168 (81%) were female and 38 (18%) were male. The percentage of male nurses enrolled in the Idaho PRN represents more than three times the overall percentage (5.4%) of male nurses licensed to practice in the United States (Dombrose, 2003), and nearly twice the number (10.1%) of males licensed to practice in Idaho (SBON, personal communication, April 21, 2006). Only two (1%) were Hispanic while 145 (70%) of the nurses were Caucasian; there were no data on 60 (29%) of enrollees. The majority of nurses in the Idaho PRN came from regions in which the state's major cities are found, with 77 (37%)

Table 2.
Evaluative Findings

Evaluative Data	Number	Percentage
Personal history of substance abuse	183	88
Family history of substance abuse	84	40
Mean age of first use (16.8 years, SD=5.3 years); Used substances as adolescents (<18 years)	67 of 109	61.4
Personal history of mental illness	38	18
Family history of mental illness	17	8
Experienced physical abuse	38	18

Table 3.
PRN Referral Reasons

Reason for Referral	Number	Percentage
Diverting drugs	99	48
Inappropriate behavior	17	8
Passing fraudulent prescriptions	35	17
Positive urine screens	23	11
"Doctor shopping"	18	9
"Pharmacy shopping"	18	9
Intoxication on the job	15	7
Reported for unsafe practice	11	5
Drug-related arrest and/or conviction	9	4

Table 4.
Summary of Abused Substances

Abused Substance	Number (%) of Nursing Abusing Substance
Alcohol	149 (72)
Legal oral opioids	93 (45)
<ul style="list-style-type: none"> • Meperidine hydrochloride (Demerol®) • Oxycodone and aspirin (Percodan®) • Hydrocodone and acetaminophen (Vicodin®) • Codeine 	
Inhalants	17 (8)
Stimulants	48 (23)
<ul style="list-style-type: none"> • Crack-cocaine • Methamphetamine • Cocaine 	
Marijuana	44 (21)
Legal injected narcotics	65 (31)
<ul style="list-style-type: none"> • Morphine sulfate • Meperidine (Demerol®) 	
Illegal injected opioids	68 (33)
<ul style="list-style-type: none"> • Heroin • Other opiates 	
Prescription drugs	41 (20)
<ul style="list-style-type: none"> • Benzodiazapines • Muscle relaxants • Sleeping pills • Antidepressants 	

from Region 4 (location of Boise, the state capital and largest population center) (see Figure 2). Registered nurses (RNs) composed 119 (57%) of the enrollees, compared to 78 (38%) licensed practical nurses (LPNs). Six (3%) nurses were advanced practice registered nurses (APRNs). This is similar to the overall percentage of APRNs in Idaho (4%). The overall percentage of LPNs in the PRN is nearly twice the percentage of LPNs holding licenses in the state of Idaho (SBON, personal communication, October 1, 2001).

Age and employment of PRN participants. The mean age of nurses at the time of the referral was 38.8 years (SD=7.6 years). On average, they had obtained their initial RN or LPN licenses during their late 20s (men=29.4 years; SD=7.3 years) and had been practicing nursing for 9.5 years (SD=8.1 years). The average age at time of referral was similar to those reported by Haack and Yocom (2002) in their longitudinal study comparing nurses who received disciplinary action (mean=40 years) and nurses who were in alternative treatment programs (mean=42 years). However, the time since licensure in their sample was longer for the discipline (mean=4 years) and alternative (mean=16 years) groups.

Evaluative findings. Records were reviewed for evidence of evaluative data. Several evaluative items were recovered and are illustrated in Table 2.

PRN referral sources and reasons. Nurses suspected of impairment were referred to PRN through various sources and for different reasons. Of the enrollees, 50% (104) of the nurses were reported by their employers. The Board of Pharmacy referred 29 (14%) of the nurses to PRN, co-workers referred 12 (6%), treatment providers referred 12 (6%), and 30 nurses (14%) self-referred to PRN. Reasons for referral are described in Table 3.

Prevalence of substance abuse. Nurses enrolled in PRN abused a variety of substances. The most frequently abused substances, including the overall total for each substance and its corresponding per-

Table 5.
Employment at the Time of Referral to the PRN and During Treatment in the PRN

Place of Employment	Referral to PRN n (%)	During PRN n (%)
Hospital (Medical-Surgical)	60 (29)	116 (56)
ICU/CCU/NICU/OR/ER	22 (11)	13 (6)
LTC	49 (24)	18 (9)
Mental health	7 (3)	34 (16)
Unemployed	32 (15)	Not available

centage, are summarized in Table 4.

Progression through the PRN program. The nurses spent an average of 45 months (SD=35.6 months) in the PRN, with 142 (69%) of them participating in outpatient or intensive outpatient treatment programs. The nurses were required to participate in a 12-step program (n=205), submitted to work monitoring (n=204), and met random urine screening requirements (n=203).

At the time of their admission to the PRN, 173 (84%) nurses were employed in nursing. The majority worked in hospitals on either medical-surgical or intensive care units, or in long-term care facilities (Table 5). Thirty-two (15%) nurses remained unemployed upon their referral to PRN. Thirteen of these were terminated from their nursing positions prior to entering the PRN. It was unclear from the records whether the other 19 unemployed nurses were unemployed by choice or had quit their positions to avoid termination.

During their tenure in the PRN, 176 (85%) nurses had practice restrictions on their licenses. Of those for whom data were available, 104 (51%) changed employment while 65 (32%) did not. The nurses' employment settings at the time of referral to the PRN and during treatment in the program are summarized in Table 5.

What Happened After PRN?

Of the 147 nurses who left the PRN, available data indicated 70 nurses graduated after successfully completing the program; 63 of the 70 nurses were employed actively in nursing. Conversely, 48

nurses who left the program voluntarily surrendered their licenses, and 29 were formally disciplined to the extent of having their licenses administratively revoked. Nurses were more likely to have their licenses suspended or revoked if they had a history of drug abuse before age 18 (n=27, $p=0.002$), or if they used illegal drugs or mixed substances such as alcohol and legal or illegal drugs (n=57, $p=0.001$). LPNs were more likely to have their licenses revoked (n=78, $p=0.003$). Age or gender did not account for any differences in the nurses who successfully completed the PRN and those who did not, the type of drugs that were used, or the reason a license was revoked.

Noncompliance with the conditions of their monitoring programs was the reason most nurses (n=65) were unsuccessful in completing the PRN. The data do not indicate why the nurses failed to comply, although a lack of money may be a factor. Eighteen of the noncompliant reported they did not have money for their urine screens, while 23 stated they lacked the funds to pay for their treatment programs.

Allison: An Evidence-Based Vignette

If Allison, the nurse described in the vignette at the beginning of this article, served as a composite of the typical nurse in the PRN, the following profile might highlight her story based on the findings of this study.

Allison would have first used a chemical substance, probably alcohol, as early as age 16 or 17.

During her 20s, she continued to use alcohol and occasionally smoked marijuana as well. While enrolled in her nursing education, she began to use methamphetamines when studying late. She graduated from the nursing program and received a license to practice as a RN when she was nearly 30, starting to work on a medical-surgical unit in one of the hospitals in Boise, Idaho. At work, she started diverting oral and intravenous narcotics for her own use. An investigation was mounted when her colleagues became suspicious about inaccurate narcotic counts and patient reports of ineffective pain management. When Allison eventually was identified as the person diverting drugs, her supervisor referred her to the PRN.

Allison enrolled in the PRN and received treatment in an outpatient program. Requirements included participation in a 12-step program. She met monitoring requirements and provided urine samples whenever directed to do so during the 5 years she was in the program. During that time, Allison continued to practice in a nursing setting with a limited license. With hard work, and a supportive family and employer, Allison successfully completed the program and all the privileges of her license were reinstated.

Discussion

Allison's case is a suggestive rather than a representative profile of the impaired nurse in Idaho. Empirical claims for the statistical accuracy of this profile are necessarily compromised by the study's small population base; the 207 files reviewed signify only 1.2% of the 16,291 total number of RNs (12,661) and LPNs (3,630) licensed in Idaho in the year 2000. Nationwide, an estimated 1%-1.5% of licensed nurses are now enrolled in a substance abuse recovery program at any given point in time (J. Southworth, personal communication, April 16, 2004). Comparisons with other impaired professionals in Idaho, and with impaired nurses in other states, would increase the reliability of the study's data and conclusions.

This study does raise evaluation issues concerning the PRN. It is difficult to obtain accurate data concerning the effectiveness of specific alcohol and/or other substance abuse recovery programs because even experts argue the validity of disease-based versus behavioral perspectives on the problem. Older evidence (Vaillant, 1983) suggests that high recovery rates depend upon a minimum of 5 years' participation, with a 40% relapse rate for those who participate in treatment programs for only 2 years. The PRN recovery rate is fairly consistent (47.6%) with the national recovery rate for nurses, which is approximately 50% (J. Southworth, personal communication, April 16, 2004).

Results of the study and recommendations for early and/or

regular screening for nurses, more financial assistance, and greater publicity concerning the availability of the PRN for impaired nurses were presented to the PRN Advisory Committee in April 2001 and to the SBON in October 2001. The findings supported the need to extend the monitoring period from 3 to 5 years and underscored the need for an exit survey. The information was used to secure funding for the increased cost of the program. Most importantly, the findings have increased the concern and the diligence in short-term monitoring of new graduate applicants for licensure who indicate a history of DUI conviction or other drug-related arrests on their initial licensure application (Sandra Evans, personal communication, April 18, 2006). ■

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