The Impaired Anesthetist—It’s a Family Affair
Addiction in the Workplace

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Addiction affects everyone. Families often enable the addicted individual to maintain balance. The same thing occurs in the workplace. When the addiction finally reveals itself in the workplace it is often asked: “Why didn’t anyone say something sooner?” After looking more closely it is apparent that the talons of addiction are not only embedded in the addict, but also in the families and coworkers that unknowingly enable their behavior.

Family Systems
A traditional family can be defined as a “Social unit of two or more persons often related by blood, marriage, or adoption and having a shared commitment to a mutual relationship.” This relationship consists of people who, at some level, care for other members while working together to achieve a common goal. Another important characteristic is members often spend considerable amount of time physically in close proximity of each other. Within the family social system, hierarchal and support roles are consciously and subconsciously assumed by the member of the group to maintain balance and a sense of homeostasis. A healthy example is when one family member falls ill, and other family members assume roles outside of their normal capacity to ensure the family remains in balance. A conscious example may be assisting in alleviating increasing financial burdens or child care considerations. Subconsciously, family members may be more empathetic, patient, and less argumentative to not increase the stress level. While these attempts will likely result in positive outcomes and return the family system to health, maladaptive responses are also likely to surface. Without recognition of and corrective response to these actions, the family system will continue to suffer. In the example above where a family member falls ill, if the family members providing financial relief or child care support are doing so at the expense and the health of themselves, it will throw the system into further disarray. Another example is that of care and concessions given to the ill family member long after they recovered will continue to place strain and imbalance within the family.

The healthcare field has often been equated to a traditional family system. Many hours of study, training, working, and educating are shared within this specialized “social unit that shares a commitment or mutual relationship.” A “work family” is often the result of increased time spent together, a vested interest, and a developed level of care and compassion between group members. As with the traditional family, healthcare providers continually assume both subconscious and conscious roles in order to maintain homeostasis within the system. When a threat is introduced into to the system or a member unexpectedly changes roles, the other members of the family (coworkers) will attempt to accommodate the change. This is done in both healthy and unhealthy ways.

The Impaired Provider
According to the American Society of Addiction Medicine,3 substance use disorder is characterized by the inability to consistently abstain from controlled substances, impairment in behavioral control, continued cravings, diminished recognition of significant problems with one’s behaviors and interpersonal relationships, and a dysfunctional emotional response. Conservative estimates are that nearly 10 percent of the general public and as high as 15 percent of healthcare professionals are currently or will be addicted to drugs or alcohol in their lifetime.3 There are a number of contributing factors leading to the high incidence of substance use disorder among CRNAs. These factors include biological, psychological, and occupational risk factors, more specifically increased stress, accessibility to the medications, and an expert knowledge in how to use them.4 Despite impaired providers being a direct threat to public health and self-preservation, less than 5 percent of those afflicted with substance use disorder will seek assistance voluntarily. More than 95 percent of those who will end up in a treatment center will do as a result of an external consequence such as a legal, social, professional, or familial.5 This begs to ask the question, “Why aren’t impaired professionals getting help before they get caught?” The answer not only presents in the often maladaptive and codependent responses of the biological family but also embedded deep within the close interpersonal relationships that surround the impaired provider, including coworkers and colleagues.

Coworker’s Response
Maladaptive changes in work family roles are the direct result of a “sick” family member infiltrating the system. In this case it is the impaired anesthesia coworker or colleague (www.AANA.com/SignsandBehaviors). When a CRNA or SRNA develops a substance use disorder, others around him/her attempt to maintain balance within the system. These “sick” coworkers are referred to as the VICTIM due to their general disposition of denial, blaming,
aggression, and hostility. They will often utilize these behaviors (and more) to convince others that they are fine, despite the sometimes-overwhelming evidence indicating otherwise. When confronted with suspected diversion, for example, these providers will often create chaos to distract from the situation. Over time, the general sense of wellbeing within the group is lost, and the group often feels threatened. Those around the impaired provider will try to maintain a healthy work family environment. In most cases, the coworker emotionally closest to the impaired provider assumes the role as the CHIEF ENABLER. Characterized as codependent, enabling, and overly protective, these coworkers will cover for the impaired provider, make excuses, or turn a blind eye. They become so invested in the situation that they often are not able to objectively and honestly assess it. While they intend to maintain balance within the department, they often worsen the situation. Other coworkers will assume a HERO role. They are described as responsible and generally follow the rules. These anesthesia coworkers will cover for the impaired colleague by picking up missed cases, taking on extra call, going above and beyond, and over achieving in every aspect. The subconscious thought is to deflect the investigation off the impaired provider by over achieving and drawing attention to self, thus maintaining balance. The SCAPEGOAT coworker will draw attention away from the impaired provider by acting out in small amounts. They often resent the impaired provider and become the “squeaky wheel” to garner the attention of those in charge while allowing time for the impaired coworker to heal. The LOST CHILD coworker makes a subconscious decision not to add dysfunction to the family system. They will often withdraw from the spotlight to avoid making the situation worse. They eventually harbor resentments as they feel they are not being recognized or appreciated. Finally, a coworker may assume the MASCOT role. These coworkers attempt to maintain balance by being overly dramatic. They are described as extrovert, humorous, and jovial. They attempt to displace focus on the impaired provider by being the “class clown.”

The roles assumed in the workplace are akin to the roles assumed within the traditional family system. While their intentions may be altruistic, the results are not only ineffective but often worsen the situation. Codependent behavior is common trait among coworkers due the desire to have an amicable result of the situation. Coworkers will often develop codependency and enabling traits to soften the embarrassment of social stigma associated with addiction. Fear of punitive reactions, societal judgment, and shame are often reported as reasons for not seeking help. Support systems and loved ones often fall under the spell of codependency and become affected by the disease of addiction by proxy. Codependency is more than enabling bad behavior; it has been defined “as a psychological condition or a relationship in which a person is controlled or manipulated by another who is affected with a pathological condition, most commonly addiction.”

Healthy Awareness

Family members of CRNAs are often the first to notice subtle changes in behavior and disposition that may indicate impending trouble. While these behavioral changes are often dismissed as the result of long hours, stress, and challenging jobs, they should be addressed nonetheless (www.aana.com/gettinghelp). To protect their loved one, their careers, and preserve their own livelihood, family members may fall into a pattern of codependency and enabling. By ignoring these behavioral changes, making excuses for their loved one, or continually giving them the benefit of the doubt, family members inadvertently help the addiction to grow stronger and take over completely.

A second line of defense is in the workplace. As dedicated healthcare providers, we need to care for each other as well as our patients. Often it is our colleagues who need help the most but no longer can help themselves (www.aana.com/gettinghelp). By educating ourselves of the often-deadly worksite hazard of addiction, we can better position ourselves to remain vigilant and intervene with others who cannot help themselves (www.AANA.com/SUDWorkplaceResources). As the addiction epidemic continues to spread, it is imperative CRNAs and SRNAs and all nurses on the frontline of healthcare remain vigilant, educated, and proactive. As we continue to remain successful and effective in our response to this epidemic, others will likely take notice and emulate our action so that lives will be saved.

References