

A Guide to Handling Concerns about the Health of a Nurse

Acknowledgements:

- South Island Directors of Nursing Sustaining the Workforce Group has developed this guide for the South Island District Health Boards.

This guide was based on the following document:

- National Clinical Assessment Service United Kingdom – Handling concerns about practitioner’s health: A guide for managers

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1. Introduction

1.1 Purpose and Audience

This guide has been developed by the Sustaining the Nursing Workforce group for the South Island Workforce Development Hub (SIWDH). It aims to be a practical guide for South Island nurse/line managers in managing health concerns that may be impacting on practice. It is designed to complement but not replace local guidelines and advice from occupational health and human resource departments. It encompasses the management of health concerns in the workplace whether or not they are impacting on the performance of the nurse.

This guide includes illustrative case studies from a variety of practice settings. Whilst these are based on the experience of the group that compiled the guide they are fictional and as such have been given fictional names based on local South Island towns.

1.2 Health Practitioners Competence Assurance Act 2003

Under Section 45 of the Health Practitioners Competence Assurance Act 2003 (HPCA Act) it is mandatory to report to the Nursing Council if it is believed that a nurse is unable to perform their required functions as a registered health professional due to a mental or physical condition. This includes a condition or impairment caused by alcohol or drug abuse. Te Kaunihera Tapuhi o Aotearoa Nursing Council of New Zealand Guide to Health notifications is included in this guide as Resource A.

1.3 Resources

This guide is supported by the following resources:

Resource A – Health Practitioners Competence Assurance Act 2003 The Health Process (Nursing Council of New Zealand)

Refer to the health notification process booklet which can be found following the link below.
www.nursingcouncil.org.nz/.../Complaints%20and%20Discipline%20process.pdf

Resource B – Checklist for referral to occupational health physician

Resource C – Ongoing relapse management plan

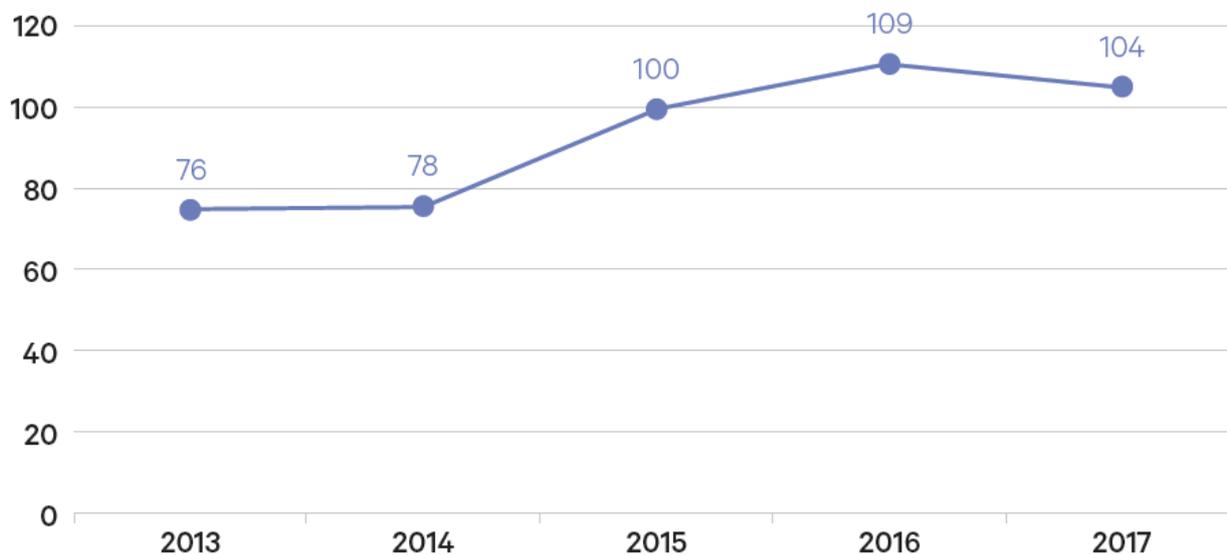
2. Nurse Health Issues – Review of the evidence and experience

There are a variety of reasons why a nurse may be reluctant to seek assistance for health problems, including concerns about confidentiality, stigma, access to the most appropriate service, or fear of letting their colleagues and/or their patients down. This can result in nurses self-treating or seeking the assistance of colleagues while at work rather than being appropriately seen or referred. It may also result in no assistance being sought until the condition has become more serious.

An evaluation of health programs for managing impaired nurses and midwives for the Nursing and Midwifery Board of Australia¹ found that only a very small proportion of nurses and midwives who are unable to work, had left the profession or perform below the required level due to health issues come to the notice of regulatory authorities. Health notifications across states varied from 0.004 to 0.17% of the register in 2010/11. Notifications to the New Zealand Nursing Council have been trending upwards over time, with relative stability over the last two years (see Table 1 below).

Table 1: Health Notification to New Zealand Nursing Council		
Year	Number of new health notifications	Percentage total number of practising nurses
2009/10	62	0.13%
2010/11	43	0.09%
2011/12	76	0.15%
2012/13	72	0.14%
2013/14	78	0.15%
2014/15	100	0.18%
2015/16	109	0.20%
2016/17	104	0.19%

Number of nurses notified for health concerns



Nursing Council of New Zealand. (2017) 2017 Annual Report; for the year ended 31 March. Wellington, New Zealand. Nursing Council of New Zealand. p.48.

It is preferable for health concerns to be recognised and handled effectively in the workplace without the need for a notification to the Nursing Council. If nurses are managing their health issues with the employer then a notification may not be necessary.

2.1 Early Identification and Intervention

Nurse/Line managers, in particular those charged with monitoring performance, are in a good position to identify early signs of possible ill-health and refer on for assessment and treatment.

Resource B Handling Health Concerns – Checklist

Identification

Does the nurse have a health problem?

- Have concerns been raised that indicate there may be a problem?
- Have concerns been raised regarding the nurse's practice – could these issues be attributed to a health concern?

Need advice?

- Consider seeking advice from your professional advisor – Director of Nursing, occupational health and human resources
- Specialist assessment may be required especially where the impact on practice is unclear

Recognition

Discuss with the nurse

- Discuss any concerns raised with the nurse, seek input and ensure they are kept informed of any investigation
- Ensure they have access to support e.g. Employee Assistance Programme

Management

Clarify roles and responsibilities

- If an issue or health problem is confirmed; who is the manager responsible for managing the impact of any health issue on the quality of care or safety of patients and staff?
- Confidentiality is essential and consent issues need to be clarified and managed

Determine if there are any risks in terms of patient safety and service continuity – how will these be managed?

- The responsible manager should take advice from their professional advisor Director of Nursing and occupational health regarding managing any potential risk to patient and/or staff
- This may involve the nurse taking leave while the risk is assessed and managed

How will the practitioner's return to work be managed?

- If a nurse is off work planning for their return to work should commence as soon as possible. This may require monitoring strategies to be put in place for health and competency/performance and support for rehabilitation.

3. Identification and Recognition

3.1 Is there a health problem?

Upon considering whether there is a health problem, it will be useful for the nurse/line managers to review the information available from the practitioner and (if appropriate) colleagues. The following questions may be useful prompts:

- Does the practitioner have any known health concerns (including addiction)?
- Have they taken sick leave which may be considered excessive? Is there any pattern?
- How are any health concerns being addressed?
- To what extent may any health concerns impact on the behaviour or performance of the practitioner?
- Could the practitioner's work be affecting their health?
- Who has spoken about the concern with the practitioner and what was their response?
- Are there any additional contributing factors (e.g. difficult relationships at work, family stressors)?
- Has there been a change in team dynamics/function?
- Is there substantiated evidence of significant risk to patient safety?

3.2 Could Occupational Health Help?

Managing the impact of health problems in the workplace and deciding whether concerns about a practitioner's performance or behaviour are a result of ill-health will likely require input from an occupational physician who may, in turn, refer on for relevant specialist opinion. It is helpful if advice is given by specialists with experience of managing ill-health of health professionals.

Nurse/Line managers should have a low threshold for referral to occupational health knowledge because significant health problems in practitioners may be concealed and difficult to diagnose by non-specialists.

The referring nurse/line manager should give the occupational health physician clear background information about the case and stating the concerns make clear the expectations from the referral. It may be helpful for the referring nurse/line manager to have a preliminary phone call with the occupational physician (keeping a note of the conversation) before making a referral.

The practitioner's consent should be obtained for a referral to occupational health and it is good practice for the referral letter to be copied to the practitioner. Where an employer has concerns about the health of a practitioner, it may be reasonable for them to request that the practitioner attends for a medical examination. While

the practitioner cannot be forced to undergo an examination, a failure to agree to the request could warrant further action.

3.3 Specialist Assessment of Health Conditions – Fit for Work

Where a specialist medical opinion is required to inform fitness for work the specialist referral may be made by occupational health. The referral should identify an appropriate specialist and define the areas to be covered by the report, ensuring that the report covers the concerns raised by the nurse/line manager. A specialist health assessment will normally need to cover:

- Diagnosis
- Severity and prognosis of the condition
- Likely impact of the condition on the practitioner's work
- Recommendations on how the problem should be managed and monitored.

The occupational physician will discuss the choice of specialist with the practitioner, including whether a specialist might have a therapeutic role following the initial assessment. The referral will need to cover consent arrangements for disclosure of the report to the doctor making the referral.

Box 4 – Occupational physicians' clinical consultations with health professionals-as described by occupational physicians.

- Review concerns raised by responsible manager
- Set out role of occupational physician – to support the doctor and signpost to other sources of support; to write a report for the responsible manager.
- Describe how this will be done – independent, impartial
- Establish consent and understanding of purpose of interview and ground rules.
- Explain lines of communication and how information will be shared with referring manager (information disclosed only with the practitioner's consent, except in cases of public interest).
- Engage the practitioner and build trust to establish confidence.
- Take good history including, where appropriate, psychiatric assessment.
- Provide an objective view of the practitioner's self-diagnosis/level of insight.
- Offer investigations/tests where appropriate.
- Be aware of the limits of occupational physician's own knowledge and competence (i.e. when specialist referral might be required).
- Interpret/clarify healthcare organisation policies and assessment procedures.
- Put in place ongoing monitoring and support where needed.
- Establish nature of risk and how this will be handled – may need tests and further information from third parties.
- Consider how health and performance might interact
- Discussion of next steps and secure agreement to proceed.

3.4 Taking HR Advice

HR Professionals often have much experience in handling employees who are sick and their advice can be invaluable. Where available, HR can provide advice at an early stage to ensure the approach to managing the health problems is consistent with the requirements of local policies such as managing attendance, disability, redeployment, alcohol and substance misuse. HR will also advise on how any ongoing health issue may impact on the continued employment of the individual and at what stage options such as changes to working patterns or adjustment to the normal working environment may need to be considered, or phased retirement, ill health retirement or (having exhausted all other possibilities) termination on the grounds of incapacity.

3.5 Gaining Recognition of the Problem

It is helpful for the nurse/line manager to discuss with the practitioner their perspective on the concerns and to explore the practitioner's willingness to see occupational health and take certified time off sick, if necessary. The plan for managing the impact of the health concerns on work and the responsibilities of different individuals should normally be discussed with and clearly communicated to the practitioner. The nurse/line manager may advise on access to personal support (normally through HR or occupational health who may provide access to counselling). If so, this advice should be confirmed in writing after discussion.

4. Management Planning

4.1 Roles and Responsibilities

Nurse/Line managers should not utilise their nursing knowledge to attempt to diagnose or provide health advice but instead should focus on their managerial role. The responsible nurse/line manager should not be expected to seek details regarding the health matter or to assess the impact of the health matter on the nurse's ability to practice as that is the role of responsible medical practitioner/occupational physician.

The nurse/line manager needs to firstly identify who has overall responsibility for the nurse's clinical practice. In most cases this will be themselves as responsible manager. This role will include:

- Seeking medical advice regarding the impact or potential impact of the nurse's health on their work as appropriate to health condition (as per section 46 of the HPCA Act.
- Managing the nurse in his/her role and ensuring they maintain safe practice
- Managing the impact of potential absence or reduced duties on the workload of the wider team

The distinct responsibilities for managing the health concerns and their effect can be summarised as:

- Responsibility for **managing the health issues/illness and any treatment** lies with the nurse with the health concern/illness, their general practitioner/nurse practitioner and if applicable their treating specialist.
- Responsibility for **managing the effects of the illness on the practitioner's work** lies with the practitioner, their nurse/line manager and where agreed their colleagues
- The relevant medical practitioner e.g. occupational health physician role is to **advise on the individual nurse's fitness for work/practise**. It is not their role to manage the impact of the health condition on their work (which is the role of the nurse/line manager).

A meeting can be the most effective way of bringing together all those who are involved to clarify roles, agree communication modalities and agree on a management plan. The nurse/line manager is the best position to convene this meeting.

The management of even short-term absence from work can place pressure on nurse/line managers; however it is essential that they remain objective and professional in the management of staff sickness/injury.

5. Return to Work

5.1 Return to Work Programme

After a prolonged period of sick leave, a practitioner will need help to get back to work.

A return to work (RTW) programme may cover the following as required:

- Re-skilling and re-establishing
- Reintegration into the workplace
- Alternative working arrangements
- Risk Management

5.2 Re-skilling and re-establishing

As part of the RTW programme, practitioners may need help to re-establish a planned programme of continuing professional development, especially to cover any recent developments in their speciality and to address any deficiencies that they or colleagues identify in their practice following a period of sickness absence.

The practitioner may need support from a professional mentor to help rebuild confidence to take on a full range of responsibilities, particularly after a prolonged period away from work.

5.3 Reintegration into the Workplace

Consider the option of phased return to work, with gradually increasing hours and with responsibilities depending on satisfactory health and performance against milestones. This may need a strict timetable with cover arrangements so that the practitioner does not work beyond what is agreed in order to 'help out' or in response to pressure from colleagues. Doing so may put the practitioner's health and longer term recovery at risk.

The team the practitioner returns to may need support to achieve successful reintegration, especially if the individual has been off on long term sick leave.

5.4 Work Related Injury

District Health Boards have contracted with ACC through the Partnership Programme to manage work-related injury claims and the back to work rehabilitation process. This is either by contracting with a Third Party Administrator or using resources within the Board.

The objectives are to:

- Minimize the incidence of work related injuries
- Minimize work injury costs through early intervention and managed return to work
- Have a positive impact on employee relations, morale and self-esteem of injured individuals by supporting them in an early return to work.

The benefits of participating in the Partnership Programme are:

- Decisions on claims will be made quickly and effectively
- Employees will be informed of, and receive their entitlements promptly
- Staff and management who are familiar with the workplace will be fully involved in the process.
- All claims will immediately be brought to the attention of the manager so that preventative action can take place to avoid further accidents.
- Effective communication can take place between injured employees, manager, their treatment providers and doctors, and arrangements in relation to timing and circumstances of return to work.

Note: For primary, ARRC, NGO settings who do not have partnership contracts, they would have the ACC claim managed directly by ACC.

5.5 Alternative Working Arrangements

There may be particular components of the practitioner's role which increase the risk of relapse and suggestions as to how these might be modified. Part-time working or a change of responsibilities may need to be considered.

6. Protecting Patients

Patient safety is paramount in the management of health concerns of nurses. This section of the document provides guidance around situations where the nurse is unable or unwilling to acknowledge they have a health concern and/or take appropriate steps to manage their health issues to ensure the safety of patients.

6.1 Risk assessment and management

The nurse/line manager must assess and manage any risk to patients, colleagues and the service and where necessary take appropriate advice. The nurse/line manager should consider seeking advice from the following:

- Director of Nursing
- Occupational physician
- Human Resources

Based on the appropriate advice the nurse/line manager should offer the nurse sick leave (if they have sick leave or discretionary leave may be considered but this should occur on a case by case basis as per the relevant MECA) until the condition is fully assessed and a management plan formed. If the nurse is unwilling to take sick leave and on assessment there appears to be a potential risk to patient/staff safety, the nurse/line manager should seek further advice from the Director of Nursing and Human Resources in terms of following their organisational policy in terms of restricting the nurse's practice or suspending them.

Consideration in terms of each individual case should also be given to the legal requirements of the HPCA Act - section 45 Notification of inability to perform required functions due to mental or physical condition.

If a notification is made to the Nursing Council under the HPCA Act the Council is responsible for organising a medical assessment. Where the Council considers the nurse may be unable to perform the functions required for the practice of nursing because of a mental or physical condition (and the nurse intends practising) it may order interim suspension of the nurse's annual practising certificate or include conditions in their scope of practice pending the medical report and meeting with a health committee.

The nurse should be fully informed throughout of the requirements of the HPCA Act.

In cases where the nurse's condition is managed and they successfully return to work the nurse/line manager should consider the need for ongoing monitoring of the nurse's practice. This is best done in consultation and supportive way with the nurse and takes into consideration the potential for any further ongoing risk. In some cases it may be beneficial to include formal arrangements as part of the return to work programme and in extreme cases could include a security plan (see resource C) which specifies actions that should occur if there is any sign of relapse e.g. advice to take sick leave etc.

Resource C Example Security – Relapse Plan

Relapse Prevention - Security Plan made with	
<i>Insert Nurse's name</i>	
When I am well:	
Triggers that may lead to me becoming unwell:	
Warning signs for when I may become unwell:	
Actions to take when things are difficult:	
For myself	For my family/whanau
Risk Management Strategies	
If Relapse/Illness	
I will:	
Nurse's Signature:	Nurse/Line Manager's Signature