M.C. is an evening shift nurse on a busy medical surgical oncology nursing unit in a large metropolitan hospital. She is one of seven nurses on the unit with less than two years of nursing experience. Her peer group has developed close relationships, and the group often meets after work for cocktails.

Many of her coworkers notice that M.C. drinks several cocktails per outing and is considered to be the life of the party when she appears intoxicated. Although some of her colleagues note that M.C. is getting close to the edge of what might be considered a problem behavior, no one ever mentions or discusses her drinking with her or considers a planned intervention, even if her drinking behavior could compromise her personal safety (i.e., impaired driving). M.C. is considered fun to be around, and is perceived as an impaired nurse and his or her coworkers may have intervened sooner if they had the support, skills, tools, and training to do so.

Incidence Rate

Eighteen million Americans struggle with alcohol abuse, and more than half of all adults have a family history of alcoholism or problem drinking (Scott, 2010). Because exactly how many nurses abuse alcohol is unknown, providing an exact incidence rate is challenging (Jefferson & Ensor, 1982; O’Dowd, 2006). Prevalence of alcohol abuse in the profession of nursing has been reported at 6%–10% (Scott, 2010; “The Do’s and Don’ts of Helping the Impaired Nurse,” 2008); this mirrors a prevalence of 10% in the general U.S. population. Using these rates, the estimated amount of alcoholic nurses in the United States would be around 40,000 (Dunn, 2005; Lachman, 1986). Allsop (1987) and Grace and Rees (1994) rank nursing as one of the top 10 professions that suffer from alcohol abuse. More than