CNA Position Statement
Breaking Barriers to Nurse Workforce Well-Being: A Call for Licensure and Employment Policy Reform to Combat Stigma

Submitted by:
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Recommendations:

1. Reduce mental health–related stigma in health care settings at all levels (American Nurses Association [ANA], 2020; Naegle et al., 2023).
    a. Support education and awareness campaigns on burnout, moral distress, and well-being (Murthy, 2022).
2. Accelerate changes to mental health reporting requirements and normalize the process for nurses to seek help for workplace-related stresses (NAM, 2022).
    a. Advocate for changes to state licensing statutes and regulations to support nurses' health and wellness and ensure that they are not deterred from seeking mental health and substance use care. (AMA, 2023a; Dr. Lorna Breen Heroes' Foundation, 2020; Murthy, 2022).
    b. Advocate for the Colorado State Nursing Board to abstain from using stigmatizing and punitive language on applications and establish a requirement to adhere to the Americans with Disabilities Act [ADA] guidelines for questions about personal health information, inquiring only about conditions that currently impair the nurse's ability to perform their job (AMA, 2023a; Murthy, 2022; Naegle et al., 2023; NAM, 2022).
    c. Advocate for changes to statutes and regulations to ensure the confidentiality of information collected by the Colorado State Nursing Board, including refraining from publicly disclosing a nurse's diagnosis as part of any board process and restricting access to mental health-related disciplinary records (AMA, 2018, 2023b; Henry, 2023; Legal Action Center [LAC], 2004; Murthy, 2022).
3. Encourage employers to foster an organizational culture that prioritizes health worker well-being, normalizes open communication about mental health challenges, supports prevention, and promotes care-seeking as a sign of strength (Murthy, 2022; United States Substance Abuse and Mental Health Services Administration [SAMHSA], 2021).
    a. Encourage the Colorado State Nursing Board to develop partnerships with employers to facilitate the successful return to practice of nurses participating in ATD programs (Choflet et al., 2023).
    b. Encourage state governments and regulatory agencies to incentivize employers to hire individuals in recovery and adopt recovery-oriented employment standards and policies (SAMHSA, 2021).
    c. Encourage employers to review and revise policies and questions on applications and renewal forms for jobs and hospital credentialing to adhere to ADA guidelines and ensure nurses are not discriminated against or deterred from seeking care for their physical health, mental health and/or substance use challenges (Murthy, 2022; Naegle et al., 2023; NAM, 202

Report:

For years, nurses have struggled with mental and emotional well-being due to the inherent obligations and stressors of their profession. Nurses encounter higher rates of mental health issues, substance abuse, and even suicide compared to the general population (Choflet et al., 2023). Tragically, the stigma surrounding seeking support perpetuates a culture of silence, where nurses suffer in solitude, fearing repercussions such as losing their license or enduring professional setbacks (Murthy, 2022). Because these realities have not been adequately addressed, they have resulted in a nursing workforce mental health crisis, which has been compounded by the COVID-19 pandemic. A fundamental shift in culture and a united organizational response are imperative to dismantle the systemic barriers obstructing personal and professional well-being. Well-being is an essential precursor to professional aptitude, a thriving nursing workforce, and high-quality care. Neglecting the well-being of nurses compromises health care delivery and patient safety, endangering the health of all (National Academy of Medicine [NAM], 2022).

The Colorado Nurses Association [CNA] has an opportunity to lead by engaging with state policy and regulatory leaders to "accelerate appropriate changes to mental health reporting requirements, reduce stigma, and normalize the process for health care workers to seek help for work-related stresses" (NAM, 2022, p. 30). Specifically, CNA should advocate for the removal of any barriers that inhibit nurses from accessing care, including "eliminating policies that reinforce stigma and fear about the professional consequences of seeking mental health treatment" (The Joint Commission [JC], 2020). Nurses must be able to access care without compromising licensure, confidentiality, or employment.

Addressing this issue will advance inclusion by supporting marginalized licensed registered nurses who are currently disregarded by human resources departments, nursing administrators, and regulatory bodies due to false, historically held beliefs about mental health and fitness for duty. Strategic partnerships will be required to co-create policy and practices that advance equity, inclusion, and belonging in nursing practice work environments.

Background:

The welfare of the nursing workforce is in jeopardy as evidenced by alarming statistics: escalating rates of burnout, depression, anxiety, post-traumatic stress disorder (PTSD), substance use disorder (SUD), suicidal ideation, and a high prevalence of nurse abuse, bullying, and workplace violence (National Academies of Sciences, Engineering, and Medicine [NASEM], 2021). Large numbers of nurses are vacating their current positions or contemplating leaving the profession altogether, exacerbating a severe workforce shortage and amplifying the burden on remaining staff (Naegle et al., 2023; NAM, 2022).

Nurses in need of mental health assistance must feel that it is safe to access care in order to practice at their highest level and ultimately remain in the workforce. Evidence indicates that mandatory disclosures of mental health concerns to licensing boards and employers dissuade clinicians from seeking help (American Medical Association [AMA], 2023b). Nurses disclosing mental health issues, whether current or past, often encounter discrimination and may find themselves excluded from practice (NASEM, 2021). For

instance, individuals completing an alternative-to-discipline (ATD) program face employment discrimination for the duration of their careers, despite being highly skilled and fit for employment. It is futile to have state-sponsored rehabilitation programs if employers refuse to hire nurses who successfully complete them. No nurse should be deemed dispensable, and those committed to recovery and their profession should not be denied employment for which they are qualified. This pervasive discrimination not only imposes barriers to personal and professional success but also compounds the staffing crisis afflicting the profession. Health care leaders cannot expect to overcome workforce shortages while adhering to biased policies concerning mental health and fitness for duty.

In response to the health care workforce mental health crisis, national health care leaders and professional organizations, including the United States Surgeon General and NAM, have developed position statements emphasizing leaders' ethical obligation to address the mental health of health care workers by adopting specific recommendations. As the principal organization representing the interests of nurses in Colorado, CNA has an obligation to broaden its position on the issue by embracing these specific, action-oriented recommendations essential for dismantling persistent barriers to nurses' personal and professional well-being.

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