

Nurses' Readiness and Motivation to Provide Care for Patients Who Use Alcohol and Opioids: Informing Nursing Education and Practice Regulations

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Study Co-investigators

Funding

The NCSBN Center for Regulatory Excellence & the Margaret E. Wilkes Scholarship Award, University of Pittsburgh School of Nursing

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Objectives

1

List the negative consequences associated with alcohol and opioid (AO) use continuum

2

Identify demographic/background, personal, and professional predictors of nurses' motivation to provide care to patients with AO use-related problems

3

Propose future research and practice implications that enhance motivation to provide AO care and promote patients' access to care via informing nursing education and practice regulations

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Objective 1: Consequences Associated with Alcohol & Opioid Use Problems

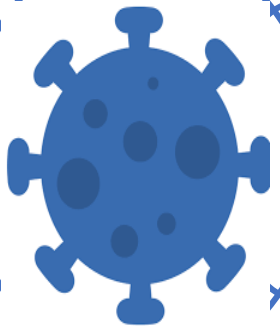
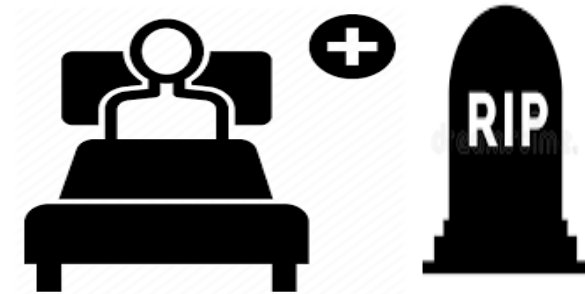
Economic Burden



Physical & Psychosocial Consequences



Morbidity & Mortality



- *More than 40 states* reporting significant surge in number of opioid-related deaths
- There was *a 54% increase in national sales* of alcohol for the week ending March 21, 2020, compared with 1 year before; *online sales increased 262%* from 2019

Nurses' Role

1

- Nurses remain the most trustworthy healthcare professionals

2

- Nurses as the largest group of health professionals are in an ideal position to screen their patients for AO use problems and implement preventive measures

3

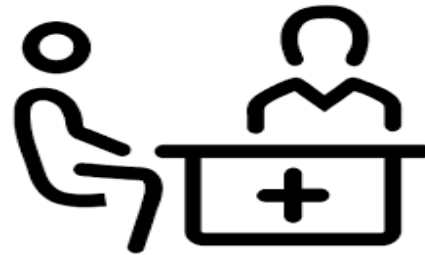
- Nurses can play a significant role in early recognition and intervention for individuals with AO use problems

Problem Statement

Education



Patient-Provider Interaction



Patient Outcomes



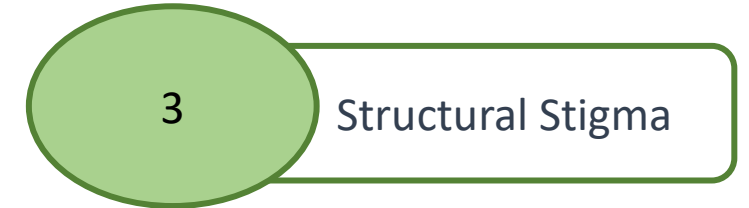
Stigma Types



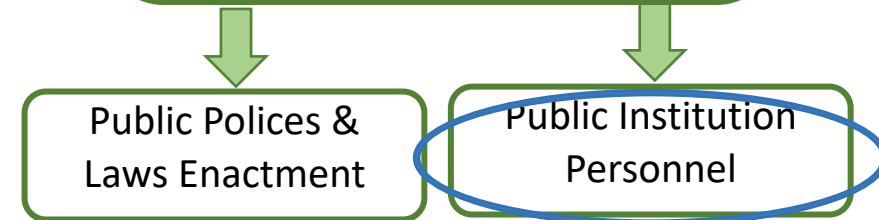
"What people with a disorder do to themselves when they internalize the stigma"



"The phenomenon of large social groups endorsing stereotypes about and acting against a stigmatized group"



"The rules, policies and procedures of institutions that restrict the rights and opportunities for members of stigmatized groups"



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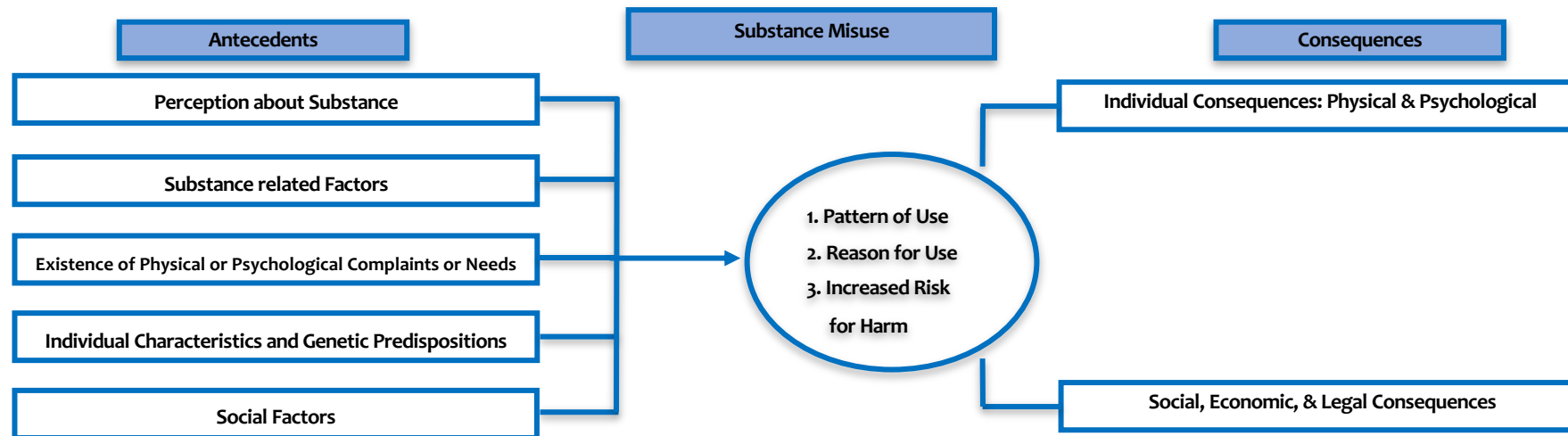
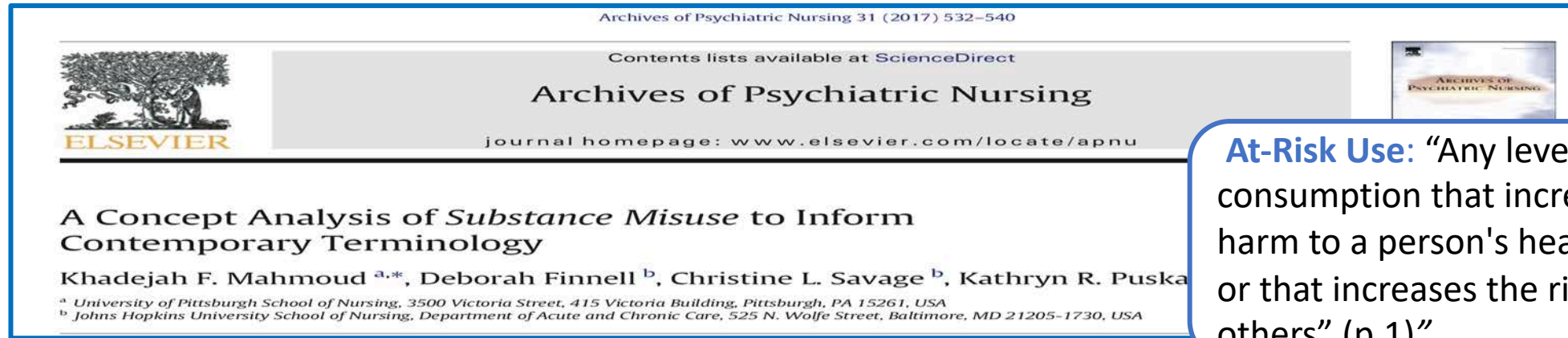
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Identify demographic/background, personal, and professional predictors of nurses' motivation to provide care to patients with AO use-related problems

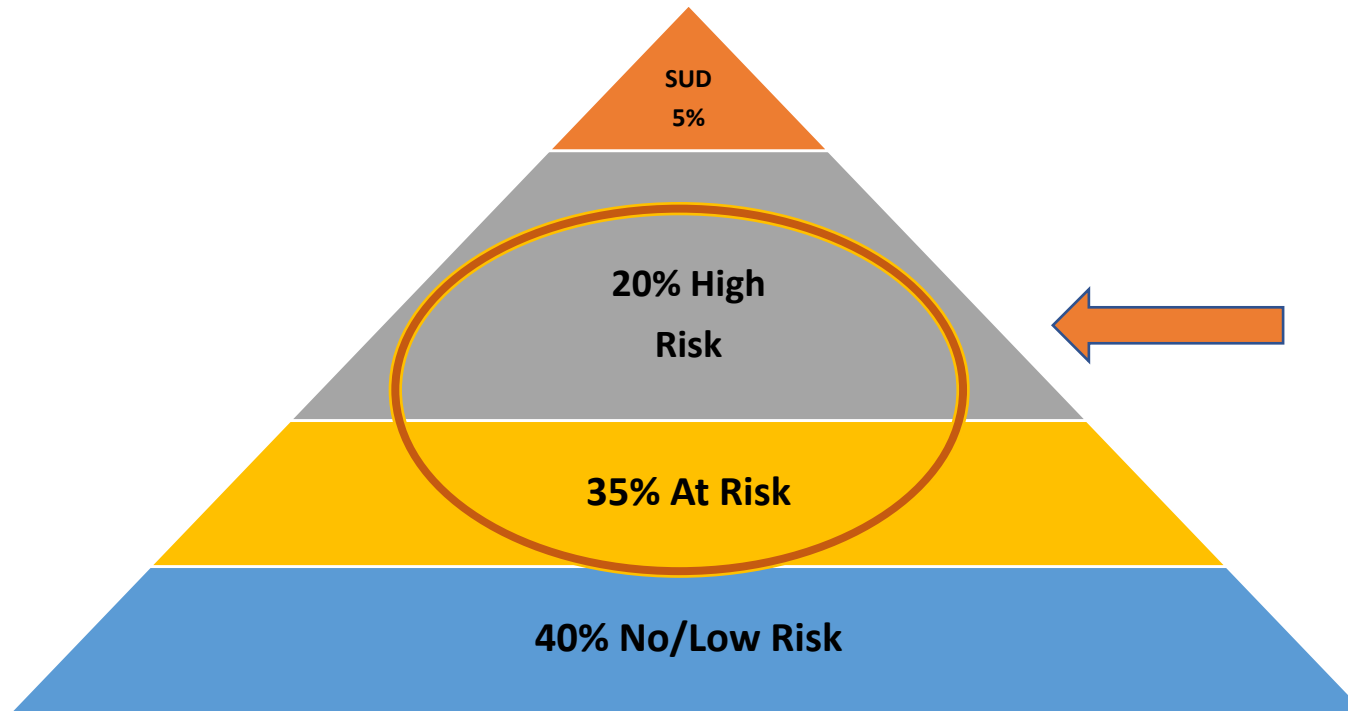
3

Propose future research and practice implications that enhance motivation to provide AO care and promote patients' access to care via informing nursing education and practice regulations

Objective 2: Proposing An Alternative Term for Substance Misuse



Objective 2: Target Population



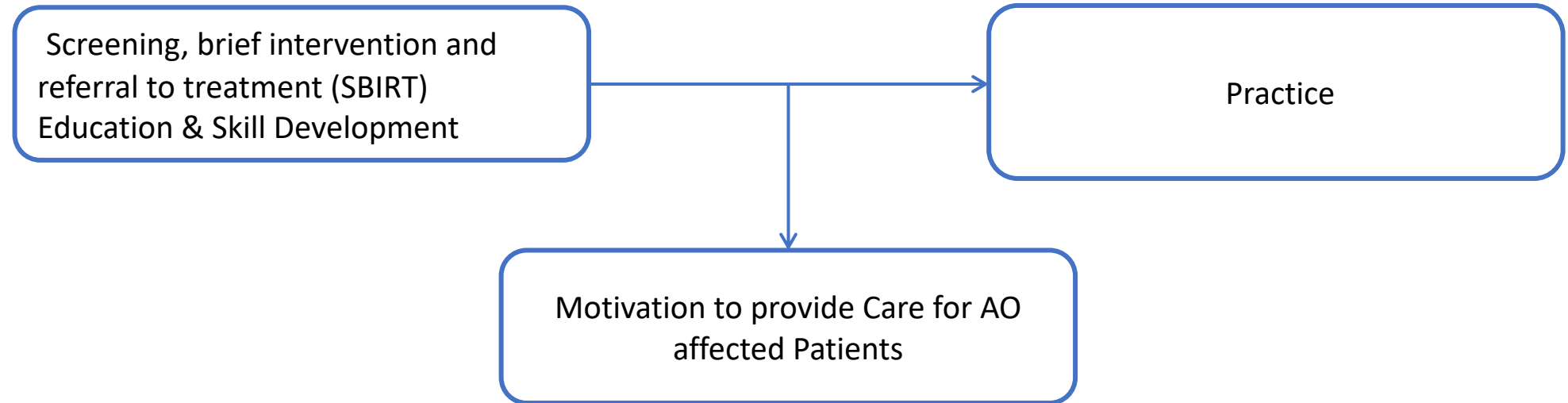
Objective 2: Screening, Brief Intervention, & Referral to Treatment (SBIRT)

- SBIRT is a universal screening and early intervention tool for patients with risky substance use

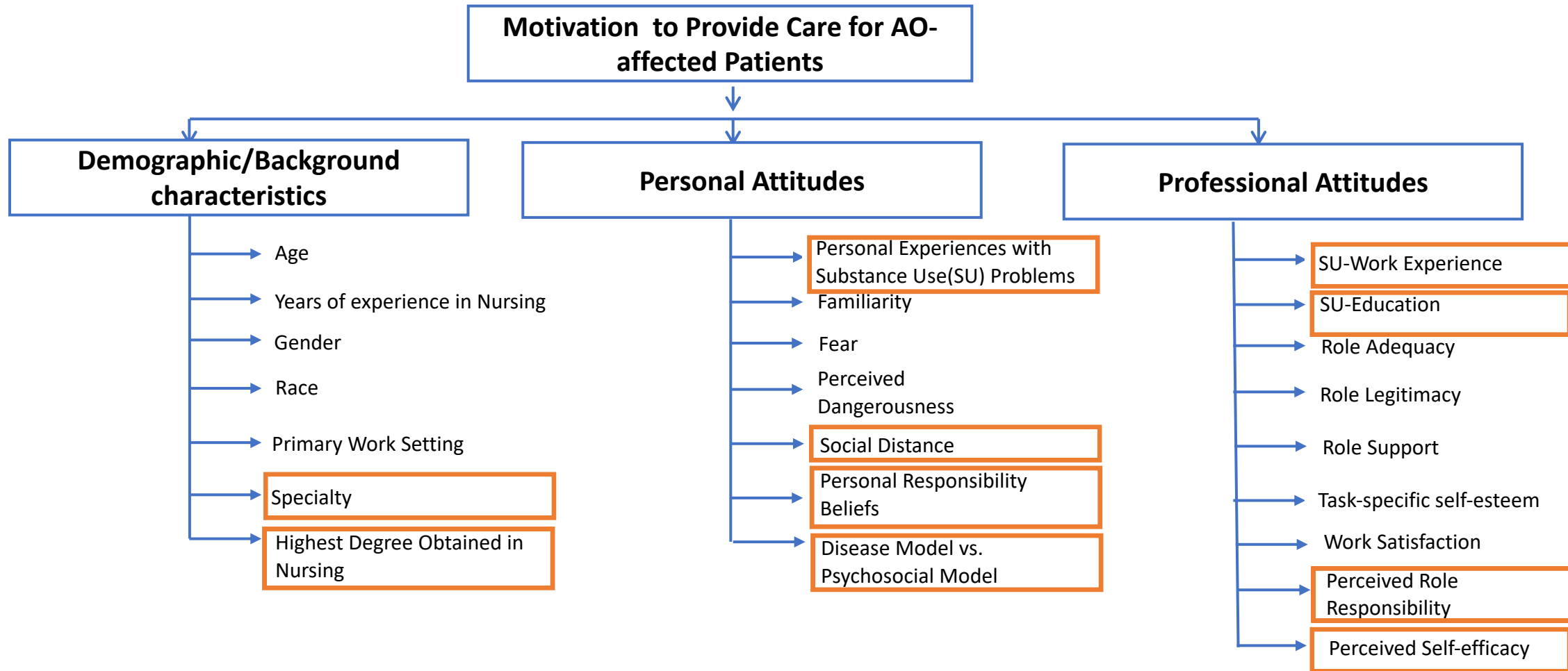
- SBIRT implementation has been strongly associated with decreased Alcohol use

- SBIRT is cost-effective

Objective 2: Motivation to Provide Care for Patients with Alcohol and Opioid (AO) use problems



Objective 2: Conceptual Framework



Objective 2: Nationwide Study

Funding

The NCSBN Center for Regulatory Excellence & the Margaret E. Wilkes Scholarship Award, University of Pittsburgh School of Nursing

Sample & Setting

- A sample size of 493 nurses were recruited from four national organizations using online survey via Qualtrics:
 - National Association of Nurse Practitioners in Women's Health (NPWH) (2,600 members)
 - Academy of Medical-Surgical Nurses (AMSN) (13,000 members)
 - American Psychiatric Nurses Association (APNA) (12,500 members)
 - International Nurses Society on Addictions (IntNSA) (700 members)

Duration

- The study was conducted over a period of six months and occurred between November 2018 and May 2019

Objective 2: Demographics/ Background Characteristics Measures

	Measures (An Investigator-Developed Questionnaire)	No. Items	Reliability
Age	- Measured in years	1	-
Years of experience in nursing	- Measured in years	1	-
Gender	- Measured as female, male, or other	1	-
Race	- Measured as white and non-white	2	-
Primary work setting	- Measured as hospital-based setting, community-based settings, administrative/ other settings and multiple settings	1	-
Specialization	- Measured as medical-surgical nurses, psychiatric mental-health nurses and addiction-trained nurses	1	-
Highest degree obtained in nursing	- Measured as 2-year college or less, 4-year college, master's level, and doctoral level	1	-
State	- Measured using one question "What is your state"	1	-

Objective 2: Personal Attitudes Measures

	Measures	No. Items	Reliability (alcohol, opioid)
Personal Experiences with Substance Use	- Measured as personal experience with self, a friend, a family-member, a co-worker or other using an investigator-developed questionnaire	6	-
Familiarity	- Measured using an adapted version of the Corrigan and colleagues (2003) Familiarity subscale	7	(.516 ^a , .596)
Perceived Dangerousness	- Measured using an adapted version of the Link and colleagues (1987) Perceived Dangerousness subscale	8	(.766 ^b , .808 ^a)
Fear	- Measured using an adapted version of the Corrigan and colleagues (2003) Fear Subscale	3	(.957, .982)
Social Distance	- Measured using an adapted version of the Link and colleagues (1987) Social Distance	7	(.857 ^c , .892)
Personal Responsibility Beliefs	- Measured using an an adapted version of the Corrigan and colleagues (2003) Personal Responsibility Beliefs subscale	3	(.860, .897)
Disease Model	- Measured using an adapted version of the Disease Model subscale from the SUSS	7	(.757, .792)
Psychosocial Model	- Measured using an adapted version of the Psychosocial Model subscale from the SUSS	5	(.711 ^a , .788)

^a n=233; ^b n=230; ^c n=232; SUSS= Short Understanding of Substance Abuse Scale

Objective 2: Professional Attitudes Measures

	Measures	No. Items	Reliability (alcohol, opioid)
Work experience with Substance Use	- Measured as yes “2” or no “1” using an investigator-developed questionnaire	1	-
Education in Substance Use	- Measured as nursing school education, continuing education, in-service education or other sources of education in substance use	5	-
Role Adequacy	- Measured using Role Adequacy subscale in AAPPQ-PC*	7	(.909, .942)
Role Legitimacy	- Measured using Role Legitimacy subscale in AAPPQ-PC*	4	(.686, .725)
Role Support	- Measured using Role Support subscale in AAPPQ-PC*	3	(.832, .920)
Task-Specific Self-Esteem	- Measured using Task-specific Self-esteem subscale in AAPPQ-PC*	6	(.835 ^a , .827 ^a)
Work Satisfaction	- Measured using Work Satisfaction subscale in AAPPQ-PC*	5	(.801, .841 ^a)
Perceived Role Responsibility	- Measured using an adapted version of the Role Responsibility subscale developed by Saitz and colleagues (2002)	4	(.853, .891)
Perceived Self-Efficacy	- Measured using an adapted version of Perceived Self-efficacy subscale developed by Saitz and colleagues (2002)	7	(.916, .930)

^a n=233; AAPPQ= Alcohol and Alcohol Perception Problems Questionnaire Person Centered; * These subscales were also adapted to opioid use

Objective 2: Study Measures

AO-related Motivation			
	Measure	No. Items	Reliability (alcohol, opioid)
Motivation	- Measured using Motivation subscale in AAPPQ-PC*	5	(.737; .746)

^a n=233; AAPPQ= Alcohol and Alcohol Perception Problems Questionnaire Person Centered; * These subscales were also adapted to opioid use

Social Desirability			
	Measure	No. Items	Reliability
Social Desirability	- Measured using Reynold’s (1982) 13-item Social Desirability scale	13	.709 ^c

^c n=232

Objective 2: Sample Demographics/Background Characteristics (N=493)

- **Age:** Mean of 48.47 (SD= 13.09)
- **Years of experience in nursing:** Median of 17.00 (IQR=22.50)
- **Gender:** Predominately female (n=460, 93.3%)
- **Race:** Predominately Caucasian (n=410, 83.2%)
- **Primary work setting:** Approximately one-third of the participants reported working in hospital-based settings (n=176, 35.7%)
- **Highest degree obtained in nursing:** More than 85% of nurses had at-least a 4-year college degree in nursing (n=426, 86.4%)
- **Specialization:** More than half of the nurses worked in general medical-surgical (n=264, 53.5%).

Objective 2: Study Geographical Distribution (N=482)

Regions	States Included	n (%)
Region 1	Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont	62 (12.58%)
Region 2	New Jersey, New York, Puerto Rico, and the Virgin Islands	36 (7.30%)
Region 3	Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia	83 (16.84%)
Region 4	Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee	88 (17.85%)
Region 5	Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin	71 (14.40%)
Region 6	Arkansas, Louisiana, New Mexico, Oklahoma, and Texas	26 (5.27%)
Region 7	Iowa, Kansas, Missouri, and Nebraska	5 (1.01%)
Region 8	Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming	36 (7.30%)
Region 9	Arizona, California, Hawaii, Nevada, American Samoa, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam, Marshall Islands, and Republic of Palau	48 (9.74%)
Region 10	Alaska, Idaho, Oregon, and Washington	27 (5.48%)

Objective 2: Alcohol-related Motivation Prediction Model

Demographics/ Background Predictors of Alcohol Use-Related Motivation (n=460)				
Predictors	Adjusted (Main Predictors)		Adjusted (Parsimonious Model)	
	b (SE)	p-value	b (SE)	p-value
Years of Experience In Nursing	-0.002 (.013)	.897	-.011 (.008)	.153
Primary Work Setting				
Hospital-based Settings	Reference			
Community-based Settings	0.242 (.293)	.409	1.246 (.507)	.014
Administrative/ Other Settings	0.437 (.323)	.178	0.634 (.282)	.025
Multiple Settings	0.646 (.288)	.025	0.952 (.253)	<.001

Objective 2: Alcohol-related Motivation Prediction Model

Personal Attitudes Predictors of Alcohol Use-Related Motivation (n=460)

Predictors	Adjusted (Main Predictors)		Adjusted (Parsimonious Model)	
	b (SE)	p-value	b (SE)	p-value
Personal Experience with Alcohol Use				
Self	0.302 (.280)	.281	0.119 (.233)	.611
Familiarity	0.057 (.080)	.471	0.181 (.075)	.015
Perceived Dangerousness	-0.053 (.024)	.028	-0.052 (.020)	.010
Personal Beliefs Responsibility	-0.025 (.021)	.234	-0.031 (.019)	.103
Disease Model	-0.014 (.021)	.509	-0.129 (.045)	.004
Psychosocial Model	0.032 (.038)	.394	0.046 (.033)	.169

Objective 2: Alcohol-related Motivation Prediction Model

Professional Attitudes Predictors of Alcohol Use-Related Motivation (n=460)				
Predictors	Adjusted (Main Predictors)		Adjusted (Parsimonious Model)	
	b (SE)	p-value	b (SE)	p-value
Substance Use-Work Experience	0.596 (.260)	.023	0.486 (.220)	.028
Substance Use-Education				
Any Education	0.949 (.380)	.013	0.681 (.272)	.013
School of Nursing Education	-0.648 (.265)	.015	-0.537 (.237)	.024
In-Service Education	-0.755 (.255)	.003	-0.615 (.230)	.008
Role Adequacy	0.089 (.031)	.004	0.096 (.026)	<.001
Role Legitimacy	-0.058 (.054)	.288	0.025 (.055)	.641
Role Support	0.002 (.058)	.973	-0.077 (.058)	.185
Task-Specific Self-Esteem	0.145 (.041)	<.001	0.084 (.048)	.082
Work Satisfaction	0.429 (.043)	<.001	0.384 (.039)	<.001
Role-Responsibility	0.305 (.123)	.014	0.610 (.123)	<.001

Objective 2: Opioid-related Motivation Prediction Model

Demographics/ Background Predictors of Opioid Use-Related Motivation (n=460)

Predictors	Adjusted (Main Predictors)		Adjusted (Parsimonious Model)	
	b (SE)	p-value	b (SE)	p-value
Age	-0.008 (.015)	.601	0.033 (.012)	.006
Race				
Non-White	-0.328 (.311)	.291	0.167 (.343)	.627
Primary Work Setting				
Community-based Settings	0.313 (.323)	.333	0.593 (.245)	.016
Specialization				
Psychiatric Mental-Health Nurses	0.060 (.298)	.840	0.001 (.271)	.997
Addiction-Trained Nurses	0.742 (.392)	.059	1.073 (.372)	.004
Highest Degree Obtained in Nursing				
Master's Level	-0.070 (.275)	.799	0.226 (.247)	.360
Doctoral Level	0.362 (.385)	.347	0.072 (.323)	.825

Objective 2: Opioid-related Motivation Prediction Model

Personal Predictors of Opioid Use-Related Motivation (n=460)

Predictors	Adjusted (Main Predictors)		Adjusted (Parsimonious Model)	
	b (SE)	p-value	b (SE)	p-value
Personal Experience with Drug Use				
Self	0.286 (.361)	.428	0.948 (.393)	.016
Friend	-0.680 (.306)	.027	-0.550 (.233)	.019
Family-Member	0.074 (.339)	.828	0.143 (.207)	.489
Other	0.582 (.636)	.361	2.138 (.716)	.003
Perceived Dangerousness	-0.050 (.025)	.044	-0.058 (.021)	.005
Fear	-0.018 (.039)	.650	0.003 (.036)	.929
Disease Model	-0.073 (.023)	.001	-0.049 (.023)	.031
Psychosocial Model	0.063 (.037)	.095	0.072 (.035)	.038

Objective 2: Opioid-related Motivation Prediction Model

Professional Predictors of Opioid Use-Related Motivation (n=460)

Predictors	Adjusted (Main Predictors)		Adjusted (Parsimonious Model)	
	b (SE)	p-value	b (SE)	p-value
Substance Use-Work Experience	0.674 (.298)	.024	0.636 (.268)	.018
Substance Use-Education				
School of Nursing Education	-0.778 (.299)	.010	-0.502 (.259)	.053
Continuing Education	0.624 (.363)	.086	0.840 (.250)	.001
Role Adequacy	0.047 (.033)	.149	0.003 (.027)	.901
Task-Specific Self-Esteem	0.221 (.045)	<.001	0.102 (.049)	.039
Work Satisfaction	0.330 (.046)	<.001	0.281 (.045)	<.001
Role-Responsibility	0.263 (.157)	.094	0.231 (.120)	.056

Note. b= Unstandardized regression coefficient; SE= Standard error

Study's Strengths & Limitations

Study's

Strengths

- ✓ This is the first study to identify demographics/ background, personal, professional predictors of nurses' motivation to provide AO-related care
- ✓ Examined two-way interactions predictors of AO-related motivation
- ✓ Large sample size (N=493)
- ✓ An online nationwide study
- ✓ Examined the difference in the study's variables between medical-surgical nurses, psychiatric mental-health nurses, and addiction-trained nurses

Study's

Limitations

- ✓ Use of cross-sectional descriptive correlation design
- ✓ The adapted familiarity sub-scale for both alcohol and opioid reported unsatisfactory reliability
- ✓ The sample was predominately female and white
- ✓ Response bias

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Objective 3: Future research and practice Implications

1. Incorporate presentations from persons in recovery from AO use problems in teaching nursing students and educational forums with nurses in practice
2. Provide clinical experiences wherein nursing students can experience the day-to-day work of nurses working across the continuum of care with the population
3. Expand opportunities for real-world experiences in which students can apply what they learn in lectures into practice
4. Frame the students' perceptions about substance use problems in the context of disease process



**All nurses, in all settings, with all
patients**



**Thank You....Any
Questions?**

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