2021 NCSBN Scientific Symposium - Nurses' Readiness and Motivation to Provide Care for Patients Who Use Alcohol And Opioids: Informing Nursing Education and Practice Regulations Video Transcript

Event
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Presenter
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- [Woman] Dr. Mahmoud has made significant contributions to the addiction field, recognizing that persons with substance use problems are among the most vulnerable and stigmatized populations. Her studies focus on the utilization of person-centered language, implementing stigma reduction and addiction curriculum-based interventions, expanding addiction workforce capacity, and conducting health services research aimed at informing nursing education and practice regulations.

She is also a strong advocate for nursing practice, recognizing that nurses are in ideal positions to identify patients with at-risk substance use. Dr. Mahmoud is the recipient of the University of Pittsburgh School of Nursing, Ruth Perkins Kuehn Award for Doctoral Student, Rising Star of Research and Scholarship, as well as the Association for Multidisciplinary Education and Research in Substance Abuse Marianne Marcus Award.

She is also the recipient of the 2018 Center for Regulatory Scholarship Grant Award. She currently serves as the co-chair of the AMERSA Nursing Special Interest Group and as an editorial coordinator for the Journal of Addictions Nursing.

- [Dr. Mahmoud] Hello. My name is Khadejah Mahmoud. Today I'm going to talk about Nurses' Readiness and Motivation to Provide Care for Patients Who Use Alcohol and Opioid. The idea here is that we're trying to inform nursing education and practice regulations.

So those are my co-investigators and mentors. The study was funded by the NCSBN Center for Regulatory Excellency and the Margaret Wilkes Scholarship Award by the University of Pittsburgh School of Nursing.

For today's presentation, we have three main objective. The first, we will list the negative consequences associated with alcohol and opioid use continuum. Second, we will identify factors that influence nurses' motivation to provide care to patients with alcohol and opioid use problems.

And finally, we want to propose future research and practice implications that enhance nurses' motivation and promote patients' access to care via informing nursing education and practice regulation. So when talking about consequences associated with alcohol and opioid use problem, in terms of economic burden, each year, alcohol and opioid use combined contribute to more than 327 billions in cost associated with health care, loss of productivity, addiction treatment, and criminal justice expenditure.

When talking about physical and psychosocial consequence, according to the World Health Organization, substance use, namely, alcohol use, have been linked to more than 200 physical and psychosocial illness, including cardiovascular disease, liver cirrhosis, and some types of cancers as well as injuries resulting from violence and road clashes and collisions.

In addition, 20% of primary care medical visits, 40% of hospital medical admissions, and 70% of emergency medical visits are associated with substance use. In term of mortality and morbidity, every day, more than 128 American die of an opioid overdose. An estimated 1.7 million Americans suffered from substance use disorders related to prescription opioid.

Meanwhile, an estimated 95,000 people die from alcohol-related causes annually, making alcohol the third-leading preventable cause of death in the United States. Globally, alcohol misuse was the fifth-leading risk factor for premature death and disability in 2010.

In relation to the current pandemic, although social distancing, isolation, and quarantine measures have shown success in reducing the spread of disease and subsequent morbidity and mortality, these measures are expected to have more negative effects on patients with substance use disorder.

According to a recent report, more than 40 states reported significant surges in the number of opioid-related death. In addition, in March 2020, there has been a 54% increase in alcohol national sales and 262% increase in online alcohol sales compared to the same period last year. In addition to all of that, this patient population is more susceptible to contract, transmit, and suffer from severe complications, including death due to COVID-19.

In terms of nurses' role, for the past two decades, and according to the most recent Gallup, nurses have been voted the most trustworthy healthcare professional. In addition, nurses are the largest group of healthcare professionals in the United States, with 4 million members and counting.

Therefore, they are in an ideal position to screen for alcohol and opioid use problem, and implement preventive measures. They also can play a significant role in early recognition and interventions for individuals with alcohol and opioid use problem. The current pandemic has also highlighted the important contributions nurses have made to the general population and to vulnerable patient populations in particular including patients with substance use problems.

The problem is that in term of education, pre-licensure nurses reported receiving 11.3 hours of substance use education on average, in which most of the content targeted substance use treatment modalities. The number of hours devoted to substance use education, skill development, and competency among advanced practice registered nursing program is also still inadequate.

When examining patient and provider interaction, healthcare providers, including nurses, often endorse negative perceptions and attitude toward patients with substance use problems. Now this can result in negative patient outcomes. So for example, stigma prevent individuals who could benefit from treatment from seeking it.

It also can result in delaying the identification of patient with substance use problems and their access to treatment while also contributing to increasing their dropout and relapse rate. Shockingly, healthcare providers were also willing to provide a lower quality of care to this patient population because they believe that these patients are overutilizing the system, taking from the time of more deserving patients, "patient who did not inflict this on themself."

This also contribute to diminish therapeutic engagement, use of more avoidance, and task-oriented approaches, and shorter visit, which all resulted in poorer patient treatment outcomes. While focusing on this patient population, I developed a specific interest in examining stigma perceptions among healthcare providers, in which stigma is defined as a mark of disgrace associated with a particular circumstance, quality, person, or condition, resulting in undesirable labels, qualities, and behaviors that are assigned to a person or a population based on this stereotyping.

Now there are three major types of stigma. The first is self-stigma, which is defined as what people with a disorder do to themselves when they internalize stigma. The second type is social stigma, which is also known as public stigma, which is defined as the phenomenon of large social groups endorsing stereotypes about and acting against a stigmatized group.

And finally, we have the structural stigma, which is defined as the rules, policies, and procedures, including practices of institutions, that restricts the rights and opportunities for members of the stigmatized group.

This often is seen in the form of public policies and laws enacted, and also in the form of public institution personnel's actions, including those of healthcare professionals. Now the idea here is that structural stigma does not only discredit the stigmatized group, but also result in a systematic process of to label, stereotype, and discriminate against them, creating unequal power dynamic, which is often re-enforced in patient-provider interactions within healthcare setting.

This lead to undermining access to care and minimizing efforts for coordinated substance use response. As gatekeepers to substance use treatment and care, healthcare providers' conscious or unconscious exercising or verbalizing of prejudice and discrimination against person with substance use problem is a main barrier for substance use prevention and management.

Structural stigma can also embed patients' health-seeking behaviors, engagement in care, and adherence to treatment, consequently resulting in poorer health outcomes and quality of care for this patient population. Now because words matter, using a concept analysis, we defined the term substance misuse

to not only broadly support contemporary applications, but also to suggest an alternative, more appropriate terminology using the term "at-risk use."

In which at-risk use, in this case, related to alcohol use is defined as any level of alcohol consumptions that increases a person's or others' risk of harm as a result of their use. Based on that, the target is not only placed on patients with substance use disorder, but also on patients who may experience harm as a result of their use but do not meet the diagnostic criteria of a substance use disorder.

Now, this patient population was targeted by Screening, Brief Intervention, and Referral to Treatment, in which 74% of patient reported lowering their alcohol use after Screening, Brief Intervention, and Referral to Treatment, and 48% of patient reported completely stopping alcohol use.

SBIRT is also cost-effective. So for every dollar spent on SBIRT, four dollars are saved in cost related to primary care, trauma center, and ED health. SBIRT implementation was also associated with reducing hospitalization expenditure by $1,000. Now one of the main reason for focusing on readiness and motivation to provide care, which is defined as readiness and willingness to work with this patient population, was that although nurses reported an improvement in their knowledge and skills related to Screening, Brief Intervention, and Referral to Treatment and their overall attitudes, their willingness to work with this patient population did not improve.

And even in some instances, their willingness decreased after receiving education and training. So in order to promote the translation of SBIRT education and skill development into clinical practice, we decided to focus on nurses' motivation. Now based on literature, we identified potential factors that influence motivation to provide care to patient with substance use problem.

In this process, three main factors were identified. First, providers' demographic and background characteristic. We also have personal attitudes, which is defined as individual's social or moral views regarding substance use and individuals who use them. And finally, professional attitudes, which is defined as individual's views about their responsibility to respond to substance use issues within the context of their work.

In which we contributed...we added to the current literature by adding the factors that are highlighted in orange. Now in our study, we conducted an online nationwide study using a descriptive correlational design. The study targeted three group of nursing specialty, medical-surgical nurses, psychiatric mental health nurses, and addiction trained nurses, who were recruited for national and international nursing organization.

We had a sample of 493 nurses, of which only 460 were included in the final analysis due to missing this. The study was conducted over a period of six months and occurred between November 2018 and May 2019. Now, we collected nurses' demographic and background characteristic using an investigator-developed questionnaire where we also collected information related to the participant's state.

Nurses' personal attitudes included measures related to nurses' stigma perceptions associated with working with this patient population. These included measures that assess nurses' personal experience with alcohol and drug use problem, and whether these experiences was with themself, a friend, a family member, a co-worker, or others.

We also measured their familiarity with this patient population and whether they perceive these patients as dangerous, were afraid of them, or wanted to maintain a distance from them. We also measured if they perceive these patients as responsible for their condition and control of their condition as well as whether they perceive substance use as a disease or attributed it cause to psychosocial factors.

Finally, we measured professional attitudes, where we explored if they have worked with this patient population, if they have received any kind of education related to substance use, and what was the source of this education. We also looked at if they had adequate knowledge and skills to provide care to this patient population, which is also termed role adequacy, if they felt they had the right to ask these patients about their alcohol and opioid use, which is termed as role legitimacy, whether they felt supported, competent, and satisfied to work with this patient population, which is termed as role support, task-specific self-esteem, and work satisfaction respectfully.

Finally, we examined if they thought that it is within their role responsibility to address substance use issue within the context of their work and whether they felt overall confident to take care of these patients. Since we used self-report questionnaires, we also included a measure to control for socially desirable responses.

Now the sample that we had had a mean age of approximately 48.5 years. We had a median years of experience in nursing of 17 years. The sample was predominantly female and Caucasian. One third of these nurses work in hospital setting, and more than 85% of nurses had at least 4-year college degree in nursing.

In addition, more than half of the nurses were specialized in non-behavior health specialization. Now using the U.S. Department of Health/ and Human Services regions, our sample included responses from all 10 regions, with the lowest responses found in Region 7 with only 5 responses.

In relation to demographic and background predictors of alcohol-related motivation, the adjusted model with the least number of predictors revealed that working in any setting other than the hospital setting was associated with higher motivation. Personal attitude predictors associated with alcohol-related motivation revealed that familiarity with this patient population was associated with higher motivation.

Meanwhile, perceived dangerousness scores and disease model scores were associated with lower motivation, nurses' motivation. The adjusted model with the least number of predictors revealed that previous work experience with this patient population, receiving any type of substance use education, alcohol-related knowledge and skills, work satisfaction, and role-responsibility scores were associated with higher nurses' motivation.

Meanwhile, receiving substance use education in nursing school was associated with lower motivation, which is kind of surprising but also expected given that the median years of experience in nursing for our population was...for our sample was 17 years. In relation to opioid prediction model, motivation prediction model, age, working in community-based setting, and specializing in addiction nursing were associated with higher motivation.

Personal attitudes associated with opioid-related motivation revealed that opioid personal experience with themself or others as well as attributing the cause of opioid use problem to psychosocial factors were associated with higher motivation. Meanwhile, similar to alcohol use problem model, perceived dangerousness scores and disease model scores were associated with lower nurses' motivation.

Now, professional attitude predictors that were positively associated with opioid-related motivation included previous work experience with this patient population, receiving continuing education in substance use, and nurses' task-specific self-esteem and work satisfaction scores. Now, the study had a number of strength.

First, it is the first study to identify demographic and background, personal, professional predictors of nurses' motivation to provide alcohol and opioid-related care. We had a large sample size, and we also targeted three different groups of nursing specialty. On the other hand, we use a cross-sectional design, which enabled us to assess association between variables but not cause a relationship among the study variables.

Because the adapted familiarity sub-scale showed poor reliability for alcohol and opioid use-related problems, the familiarity result should be interpreted with caution. As our sample was predominantly female and Caucasian, the result may not be generalized to all nurses. In addition, since we use a convenience samples, we may have also experience some sort of a response bias.

Now, based on our finding, we had four major recommendation. The first is incorporate presentation from persons in recovery from alcohol and opioid use in teaching nursing students and educational forums with nurses in practice.

So the idea here is that sharing the lived experiences of persons with alcohol and opioid use problems can be instrumental in nursing students developing empathy and better understanding of the journey patient with alcohol and opioid use problem go through, which can ultimately lead to greater motivation to work with this patient population.

Second, provide clinical experiences wherein nursing students can experience the day-to-day work of nurses working across the continuum of care with this patient population. So the idea here is that exposure to positive role models in clinical practice can offset negative experiences students may be exposed to during their undergraduate education.

Nursing students and current nurses can benefit from learning from nurses with this specialty expertise in how to manage patient with substance use problems. Third, expand opportunities for real-world experiences in which students can apply what they learn in lectures into practice.

So such opportunities are valuable in fostering students' confidence in applying the skills. This application of learning can also be implemented through simulations, interaction with standardized patient, case studies, and facilitated debriefing sessions. And finally, frame the students' perceptions about substance use problem in the context of disease process.

So the idea here is that the first context students have with this patient may be best with a person in recovery. Such an interaction compared with a patient in a highly acute phase may be less traumatic and

less stressful context for students, and can help present a different image that is not often observed in media, leading to less stigmatizing perceptions.

The whole idea of this study is that we want all nurses in all setting to provide care to all patients, including care related to substance use problem. Thank you for listening. I'll be happy to take any questions.

- I see that there is one question by Paulette, Paulette. I'm hoping I'm pronouncing your name right.

It says, "Are there any similar studies from other countries? If yes, how do the results differ, or do they?" So basically, when I did the study, at the time of study, there were no any kind of other studies. So that's the idea or the reason why I did the study. Basically what we had is that we wanted to look at a number of factors, not only one factor.

So you'll see at previous studies, they look at either stigma perception factors, or they even look at some professional factors. So I tried to combine all this in one study, and that basically was the way that I looked at it. So there are...some of my result was similar to other studies in term of the specific factors that we're looking at, but there were some that were different that we discussed in the presentation, as I mentioned.

I hope that answers your question. So there's another one by...another question by Janine. "Did you ask if the participant had substance abuse recovery personally, they themself, and if those nurses would be able to share experiences and empathy for the student nurses in their upcoming experiences?"

Yes, we did ask. So the study was anonymous to ensure that the participant will be able to actually report if they had themself experience, any kind of personal experience. So one of the factors that we look at at the personal attitudes was if they had any personal experience with substance use and whether that was with themself, a family member, a friend, and co-worker, and we correlated with whether they were willing to engage in the care provided to patient with substance use problems.

And in terms of sharing it, the experience, we did not ask that specifically. But we just wanted to know if that actually increased their engagement because the whole idea was that we wanted to see if that will make them more willing to provide care to patients with substance use problem. The problem that we always have is that providers may not be willing to provide care to patients with substance use problem, and we wanted to see if personal experience played a role in enhancing or not this aspect, and what type of personal experience does enhance their engagement.

So we have another question by Holly. "Can you share a little bit more about the disease model having a decreased impact on motivation? Define this a little more." So one of the things that the literature always talked about is whether perceiving substance use as a disease does increase engagement or willingness to work with this patient population.

So although in the literature they have found a correlation between, like, viewing substance use as a disease, it does decrease their stigma perception and personal...and decrease their stigma perception to work with this patient population. We wanted to see if it have any kind of correlation with engagement. And basically the thing that was kind of surprising but also it makes sense is that when they know there

is a disease, it does increase some sort of...and that is chronic in nature, though it decreased their stigma perception, it kind of increase their feeling of helplessness and frustration because of the chronic nature of substance use, and that may result in them being more reluctant to work with this patient population.

So in this case, when we want...the idea here is when we want to present substance use as a disease, we want to make sure that we are presenting it in a light that we're saying that there are so many good examples of recovery where patients actually participate actively and become an active member of the society.

And this is where I emphasize in one of my recommendation the idea that we want to emphasize that there are so many successful recovery stories where their participant actually go on to become more engaged in the community and actually become a more active participant in the community. And this is where we highlight this in this study, is that how should we present the disease model in a positive light that enhance engagement while decreasing their feeling of helplessness and frustration while working with this patient population?

And also to shed a different light than that always provided in media, where we only see the stories of relapse and also the stories of where the person may also go back to becoming a substance use... having substance use problem. So this is where we shed this light. Again, if there are any questions...

Okay. So one of the things that we're also trying to look at is also the interaction between them. So we also looked at the two-way interactions between a lot of our variables, and that's something that because of the time for the presentation, I was not able to present that.

I'm hoping that we'll be able to submit that in our publication, and you'll be able to see also this finding as well. So thank you so much for attending my presentation. I'll be more than happy to answer any question if you wanted to connect later on. Thank you so much, and have a good day.