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## Nursing Students' Attitude and Commitment Toward Substance-Abusing Patients

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NURSING STUDENTS' ATTITUDE AND COMMITMENT TOWARD  
SUBSTANCE-ABUSING PATIENTS

by

AMY LYNN O'CONNOR

A thesis submitted in partial fulfillment of the requirements  
for the Honors in the Major Program in Nursing  
in the College of Nursing  
and in The Burnett Honors College  
at the University of Central Florida  
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## **ABSTRACT**

The topic of substance-abuse has received increasing attention in recent years, as the number of individuals experiencing drug abuse and addiction is on the rise. With substance-use on the rise, the number of patients admitted to the hospital with this disorder is increasing also. It is important hospital staff are aware and educated on how to provide adequate care to these patients without judgement regarding their choices or their lifestyle. This study was done to determine how prepared nursing students are to care for patients with drug abuse or addiction. Specifically, the project explores student nurses' attitudes and commitment toward substance-abusing patients.

The 20 item Drug and Drug Problem Perceptions Questionnaire (DDPPQ) was used to measure attitudes and therapeutic commitment in working with drug-abusing patients, and was distributed electronically to approximately 400 nursing students. One hundred thirty-one students participated. Scores ranged from 22-102, with the smaller value representing greater overall commitment and preparedness when working with substance-abusing patients. The mean score reported overall was 58. This score indicates improvement is needed to increase students' therapeutic commitment and ability to provide quality care for patients experiencing substance-abuse. More research needs to be done and programs put into place to reach this goal.

## **DEDICATION**

This dissertation is dedicated to my family. First, to my father, who has never stopped believing in me and has always been my biggest supporter- you will forever be the number one man in my life. To my mother, for all the love and support she continually gives. To my little sister, Breanna, your existence has pushed me to be the best person and role model I can be since day one. To my brothers, David and Aaron, sorry to outdo you, once again. To Jacqueline, for coming into my life and being present through all the seasons. Thank you a million times. I am who I am because of you all. I appreciate the endless love and support.

To those substance abusing individuals who enter the health care system, only to feel ostracized and uncared for. Substance-abuse is a disease process and I hope that you take solace in knowing that some of us are fighting for you and your wellbeing within the health care industry. Please utilize the resources available and seek help. You are not alone.

## **ACKNOWLEDGMENTS**

To the professors at the UCF College of Nursing: Thank you for instilling me with so much knowledge and confidence in the field of nursing. I am ready to embark on this journey into nursing because of you all. You all make the difference and you instill us with the power to do the same. Thank you.

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To the Burnett Honors College, for providing undergraduate students with the opportunity and an outlet to ask questions, find answers, and explore the world of research. Thank you.

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# INTRODUCTION

## Statement of the problem

Within the world of nursing we see people from every ethnicity, gender, orientation, background, and walk of life. Some of these things we feel prepared to handle and provide diligent care for the patients in order to ensure the best attention and possible outcome, while others may cause us to feel uncomfortable or biased. This is unfortunate for specific subgroups of people, who oftentimes do not receive the most excellent care from their health care team, due to the lack of experience or false perceptions these caregivers may have about an individual and their circumstances (Nilsen, Stone, & Burlison, 2013).

It is important that as nurses, we are aware of our lack of understanding or experience and put aside our perceptions of people in order to provide the best, most wholesome care for our patients. A specific group of people who oftentimes gets placed into an unfavorable stereotype, which prevents them from receiving the best care possible, are individuals who face substance-abuse. Research has shown that nurses report a violent, manipulative, negative, stereotypical, and moralistic view of substance-using patients (Nilsen et al., 2013; van Boekel, Brouwers, van Weeghel, & Garretsen, 2014)).

However, research over time has shown that drug abuse and addiction is dependent on effects in brain function, thus making addiction a disease process, known commonly as substance-use disorder (Kreek, 1996). Substance-use disorder (SUD) is a diagnostic term included in the fifth addition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V), which refers to “recurrent use of alcohol or other drugs that cause clinically and functionally significant impairment, such as health problems, disability, and failure to meet

major responsibilities at work, school, or home.” The DSM-V then goes on to classify this disorder as mild, moderate, or severe (American Psychiatric Association, 2013).

Addiction is the term used to indicate the most severe, chronic stage of substance-abuse disorder, in which there is significant loss of self-control, as indicated by impulsive drug use, despite the desire to quit. The DSM-V uses the term addiction synonymously with severe substance abuse disorder. While addiction is a disease process that is seen across the health care spectrum, mental health specialties are the health care professionals known to handle patients with addiction disorders.

While studies have shown the poor attitudes and perceptions about working with and caring for this specific population, other studies have shown that positive attitudes toward drug users, perceived expectations, as well as perceived correctness of the behaviors of these patients are important in gauging nurses’ intentions to provide high-quality care to these individuals (Natan, Beyil, & Neta, 2009). There is concern that these negative attitudes may prevent appropriate care from being provided to the patient, regardless of adequate knowledge and skill levels (Norman, 2001).

These poor perceptions can lead nursing staff to be less involved and have a more task-oriented approach in the delivery of healthcare when working with those with addiction, resulting in less personal engagement and diminished empathy (van Boekel et al., 2014). Thus showing that unaddressed prejudices and poor perceptions may impede delivery of quality care, diminish the feeling of empowerment by the patient, and ultimately lead to poor patient outcomes or decreased retention in long-term treatment.

Research has been done previously looking at the perceptions of addiction in professional individuals within the health care field, to include mental health care workers, while little research is available looking at the perceptions of nursing students. This information is important to research, as the nursing students today are the forefront of the health care field tomorrow.

## **PURPOSE OF STUDY**

The purpose of this study is to explore undergraduate baccalaureate nursing students' perceptions, knowledge, and beliefs about the substance-abusing patient population. Doing research on this subject will help conclude if poor perceptions exist and in turn help to determine what can be put in place to counter them in order to promote the best care for this group of individuals.

### **Research Aims**

1. Explore work security, as it relates to student nurses, involving the care of substance-using patients, by looking at role adequacy (whether the nursing student feels they have adequate knowledge and skills when working with these patients), role support (to what extent the student feels supported in their work with this population), and role legitimacy (whether the student nurse feels as though they have a right to work with patients with addiction).
2. Explore the therapeutic commitment of student nurses to substance-using patients, by looking at role-related self-esteem (the self-esteem of the nursing student while performing role-related tasks for the patient) and work satisfaction (the expectations of feeling satisfied while working with substance-using patients).
3. Examine the overall trends of student nurses and how their attitude toward substance-using patients affects their care.

These research aims suggest that there are certain personal and contextual factors that translate to role security such as feeling confident, perceived support at work, being equipped

with the necessary education/experience/training, which subsequently translates to improved therapeutic commitment to substance-using patients.

## **METHODS AND PROCEDURES**

### **Design**

This study used an exploratory design. A survey developed from previous research done by Watson, Maclaren, and Kerr (2006) was made available through Qualtrics™ to nursing students at the University of Central Florida through several email lists to each graduating class. The research was completed through the Honors in the Major Program under the supervision of faculty at the University of Central Florida, College of Nursing.

### **Subjects**

The subjects in the study were undergraduate Baccalaureate of Science nursing students enrolled at the University of Central Florida. Subjects were invited to participate through an introductory letter (Appendix A) delivered through their Knights Email address via the cohorts' email list. Participants were currently enrolled 19 to 46-year-old College of Nursing students at one of the three University of Central Florida campuses (Cocoa, Daytona, or Orlando).

### **Inclusion and Exclusion Criteria**

Inclusion criteria: Must be over the age of 18; a student at the University of Central Florida, College of Nursing; have a device with access to the internet; and able to read and write English.

Exclusion criteria: Individuals in the concurrent nursing program; individuals who hold licensure as a registered nurse; people under the age of 18 years old; and individuals not a part of the nursing class email list.

## **Procedures**

The study began by obtaining approval from the University of Central Florida's Institutional Review board (Appendix D). Following notice of Institutional Review Board (IRB) approval (IRB # SBE-18-13913), students were provided with an explanation of research and an invitation via email from the College of Nursing email list to participate. Access to these email lists was granted by nursing program administrators. The email sent out contained a brief introduction and explanation to the research, as required by the IRB, and a link to access the survey through Qualtrics™. Participants acknowledged their consent on the first question of the survey, which an answer of "yes" was required to proceed. All information collected from the online survey was kept confidential and there was no identifying information gathered.

## **Instrument**

The study used the 20-question (Appendix C), researcher developed survey that explored attitudes and commitment towards substance-abusing patients, known as the Drug and Drug Problems Perception Questionnaire (DDPPQ) (Watson et al., 2006). The Likert-type scale was utilized in this survey, with seven answer choices available, ranging from strongly agree to strongly disagree, and a score value of 1 to 7 given respectively. Items with negative wording were scored in reverse (questions 14-17), where responses were ranging from strongly disagree to strongly agree, and a score value of 1 to 7 given respectively.

While this multidimensional tool has historically been used with health care professionals, this five-factor structure, 20 item survey, was determined to be an effective tool at assessing undergraduate nursing students' attitudes towards patients with substance-use disorder (Mahoud, Terhost, Lindsay, Puskar, & Mitchell, 2017). In the aforementioned study, results

focusing on nursing students had an eigenvalue  $> 1$ , which was consistent with the parent study by Watson et al. (2006), which looked at health care professionals.

The internal consistency of the overall scale had a Cronbach's  $\alpha = .880$ , while internal consistencies for four of the five factors reported satisfactory  $\alpha$  coefficients (role adequacy,  $\alpha = .904$ ; role support  $\alpha = .930$ ; role legitimacy  $\alpha = .772$ ; role-related self-esteem  $\alpha = .781$ ). The work satisfaction subscale had a Cronbach's  $\alpha = .696$ , which is a relatively low reliability, however it was in range with the parent study by Watson et al. (which reported reliabilities that ranged from  $\alpha = .69-.94$ ) (Mahoud et al., 2017; Watson et al., 2006).

The instrument included two scales, 12 of the questions involved role security and 8 involved therapeutic commitment. The role security scale consisted of three subscales: role adequacy, which accounted for 7 questions; role legitimacy, which accounted for 2 questions; and role support, which accounted for 3 questions. The therapeutic commitment scale consisted of two subscales: role-related self-esteem, which accounted for 5 questions and work satisfaction, which accounted for 3 questions.

Eight questions obtained demographic information. Questions were asked to establish the gender, age, ethnicity, education level, program, and campus attended of each participant. Two yes/no questions were asked to establish each participants experience with substance-using patients in both their personal life and clinical practice.

Additionally, two free response questions were asked to collect qualitative data for this research. One question was regarding opinions of participants relating to drug addiction and the care of drug addicted patients, which was placed prior to beginning the survey. The last question was if the participant had any additional comments relating to care of patients experiencing drug

addiction, the opioid crisis, or nursing education as it relates to either topic, which was placed after completion of the survey.

### **Data Analysis**

The study was analyzed using descriptive statistics to answer all the research questions, such as percentages and means in order to explore the results. Frequencies, standard deviation, and variability were run on all questions and broken down by both scales and subscales to analyze the results. Ranges, minimum and maximum scores, mean scores, standard deviation, and variability were all taken into account.

## **FINDINGS**

### **Sample Characteristics**

Nursing students enrolled in one of the three University of Central Florida campuses were invited to participate in the survey. Of the 400 students who received the opportunity to participate, 142 began the survey, and 131 individuals took the survey to completion. It is unknown why the remaining students opted out of completing the survey, since the students were self-selected and no identifying information was collected.

### **Demographic Information**

The age range of participants (N=131) was 19-46, with the mean age being 21. A total of 110 females (or 84%) and 21 males participated. 96 participants (or 72%) identified as White, 7 as Black or African American, 7 as Asian, 8 as Hispanic, 3 as mixed, and 10 as other. Forty-three indicated they had completed some college, 52 (or 40%) had earned at least a two-year degree, 29 earned a four-year degree, 6 earned a professional degree, and 1 earned a doctorate degree. Of the 131 participants, 113 (or 86%) were members of the traditional program and 29 were members of the accelerated program. Three participants attended the Cocoa campus, 3 attended the Daytona campus, and 125 (or 95%) attended the Orlando campus. Fifty-six participants (or 43%) admitted to having personal experience with individuals experiencing drug addiction and fifty-five (42%) participants indicated they had clinical experience dealing with patients with drug addiction.

Therefore, the sample primarily appeared to be Caucasian females, aged 20-22, who were members of the traditional program having earned at least a two-year degree, with no indicated experience in their personal life or clinical practice with drug addiction.

### **Research Aim 1: Work Security of Student Nurses**

The role security scale (Appendix D) consisted of the three subscales: role adequacy (7 questions), role support (3 questions), and role legitimacy (2 questions). Overall, giving this scale a total of twelve questions, with a possible overall value from each respondent ranging from 12-84. The minimum score reported was 12, the maximum reported was 67. The mean score reported as 34. The overall standard deviation was 10 and the variance was 95.

For the role adequacy subscale (Appendix F), there was a possible overall value from each respondent ranging from 7-49. The minimum score reported was 7 and the maximum was 49. The mean score reported was 22. The standard deviation was 7 and the variance was 52.

For the role support subscale (Appendix G), there was a possible overall value from each respondent ranging from 3-21. The minimum score reported was 3, the maximum was 17. The mean score reported was 8. The standard deviation was 3 and the variance was 9.

For the role legitimacy subscale (Appendix H), there was a possible overall value for each respondent ranging from 2-14. The minimum score reported was 2, the maximum was 10. The mean score reported was 4. The standard deviation was 2 and the variance was 3.

### **Research Aim 2: Therapeutic Commitment of Student Nurses**

The therapeutic commitment (Appendix E) scale consisted of two subscales: role-related self-esteem (5 questions) and work satisfaction (3 questions). Overall, giving the scale a total of eight questions, with a possible overall respondent value ranging from 8-56. The minimum score

reported was 10, the maximum was 41. The mean score reported was 24. The overall standard deviation was 7 and the variance was 45.

For the role-related self-esteem subscale (Appendix I), there was a possible overall respondent value for each response ranging from 5-35. The minimum score reported was 5, the maximum was 28. The mean score reported was 14. The standard deviation was 4 and the variance was 20.

For the work satisfaction subscale (Appendix J), there was a possible overall respondent value ranging from 3-21. The minimum score reported was 3, the maximum was 20. The mean score reported was 20. The standard deviation was 3 and the variance was 9.

### **Research Aim 3: Overall Trends**

The general findings (Appendix D) of the survey utilized (20 questions) had a possible overall respondent value ranging from 20-140. The minimum score reported was 22, the maximum was 102. The mean score was 58. The standard deviation was 14 and the variance was 195.

## **DISCUSSION OF FINDINGS**

The purpose of this research was to examine the attitude and therapeutic commitment of student nurses toward substance-abusing patients. It was hypothesized that student nurses would display scores on both the work security and therapeutic commitment scales that evidence need for greater education, due to lack of experience and exposure to this specific population. The research showed that student nurses struggle with role adequacy, which indicates they do not always feel as though they have the adequate knowledge and skill when working with this population.

They believe they can find role legitimacy and role support when working with substance-abusing patients. Role legitimacy refers to the student nurse feeling as if though they have the right to work with and care for these specific patients. Role support looks at the extent to which the student feels as if they have support from clinical staff and colleagues while working with this patient population. These three core systems made up the role security scale, which ultimately addresses the level of security the student feels about working with substance-abusing patients.

Results of this research indicate that student nurses appear to have decent role-related self-esteem; in which they feel competent in performing role-related tasks for these patients. The work satisfaction subscale showed mostly neutral responses, which examined feelings of satisfaction while working with substance-using patients. These two subscales made up the therapeutic commitment scale.

Therapeutic commitment addresses how engaging the nursing student is willing to be towards substance-abusing patients in their recovery and treatment processes. It also looks at the extent the student nurse finds working with this patient population rewarding on both a personal and professional level. This research showed that while student nurses feel as though they are competent in performing the tasks related to caring for those with addiction, they do not particularly find either satisfaction or lack thereof in regards to working with these patients.

The research aims utilized for this study suggests that factors that relate to role security such as feeling confident, supported at work, and being equipped with the necessary education, experience, and training help strengthen and improve therapeutic commitment to substance-abusing patients. Therefore, the results illustrate that improvement in role security would help improve therapeutic commitment to substance-using patients, as nursing students do not always feel equipped with the necessary tools to care for patients with addiction. Without the proper tools, it is difficult to find satisfaction in the work being done or remain therapeutically committed to a patient with substance-use disorder.

Several statements from the free response questions help to illustrate the need for improvement in regards to caring for substance-abusing patients from survey participants. Participants were asked if they had any comments they would like to share regarding their opinions about drug addiction and caring for that specific patient population. One of the responses included:

“Drug addiction is a very large problem that is difficult to treat. I believe different strategies should be studied and implemented since current treatments are not as effective

as we all would like them to be.... I believe individualized treatments in a multidimensional way and understanding the individual is important.”

Another response was, “I believe they are underrepresented and tossed to the side as far as treatment.” A participant stated, “In my experience, too many nurses in the hospital setting are exceptionally judgmental about patients and their potential for drug abuse.”

At the conclusion of the survey patients were asked if they had any additional comments related to caring for patients experiencing drug addiction or nursing education as it relates to the topic. One of the responses included:

“Not to focus on their addiction, but to focus on the patient as a whole... it is easy for them to feel judged by any healthcare professional... Being understanding of the fact that addiction is hard and tough to live with every day can make a difference in their care.”

Another response that was provided:

“Nurses have often mentioned... when they suspect drug abuse in one of the patient, however, it seems nothing is being done to address that. It serves more of a warning for the nurses and how to care for the patient, but nothing directly related to drug abuse.”

One nursing student said, “I think students should have more exposure to working with this population in a clinical setting.”

Two of the most powerful responses included: “This is a serious issue and I feel that many of my classmates and even some teachers express bias regarding the issue.” along with:

“I think working with drug users is an immense task and requires a lot of patience and understanding... there is a stigma associated with drug users and that increases the barrier

of care. When able to look at the patient as a regular human, not someone that makes decisions we do not agree with, we are better able to provide care.”

Overall, this research showed that the majority of the participating undergraduate baccalaureate nursing students self-reported responses that correlated to scores indicating insufficient role security and need for improvement to therapeutic commitment, although they felt they had adequate role support, role legitimacy, and possessed sufficient role-related self-esteem. An improvement in role security, would equate to greater educational exposure, clinical experience, and the implementation of evidenced based policies and procedures. An enhancement to role security would lead to greater work security, thus ensuring greater therapeutic commitment to substance-abusing patients.

## LIMITATIONS

This study had several limitations. There is limited research available that utilizes this specific tool, particularly with nursing students. More testing with this tool would prove to be extremely beneficial and could give great information about what can be done to increase role satisfaction and therapeutic commitment when it comes to working with substance-abusing patients. While this tool has not been used with students often, it provided substantive results in this study, further illustrating the need for additional testing utilizing the tool in this population.

This study used a convenience sample, which may not adequately represent student nurses in different schools, or across the county, state, or even on a national level. Some of the demographic groups appeared to be underrepresented in this study to include males, accelerated nursing students, and individuals from different ethnic groups that do not identify as Caucasian. The small convenience sample, along with lack of sufficient representation from these different groups makes this study hard to generalize. However, it is unknown the demographic breakdown of nursing schools across the nation, making it impossible to understand whether this demographic breakdown is representative on a larger scale.

The length of time in nursing school would be useful to know so that results could further be broken down based on exposure to the educational material that goes along with the curriculum of nursing school and the amount of clinical experience to determine if there is a difference in results when comparing individuals with differing amounts of exposure.

The only resource used to analyze the results was Qualtrics™. Further data analysis could have been completed in more depth on other software to make the information more relevant and

useful. A statistician could be utilized in future studies to determine more accurate and precise correlations in the data.

Additionally, the survey did not take into account the different substances that are abused. People may have differing beliefs about the kinds of substances patients abuse, which may affect their perceptions and care towards that patient.

## **NURSING IMPLICATIONS**

Results of this research indicate there is significant room for improvement in changing the way individuals with substance-use disorder are perceived, stigmatized, marginalized, and ultimately cared for in the clinical setting. Changes can be made across the board to enhance the therapeutic commitment and work security within undergraduate nursing students in the context of working with substance-abusing patients, to include education, clinical exposure, and research.

Curriculum changes can be implemented to enhance student nurses' exposure and knowledge regarding SUD patients. Within the classroom setting, greater inclusion of substance-use disorder, to include the pathophysiology of addiction and how to best care for the patient population would be beneficial. Research has shown training and education using the Screening, Brief Intervention, and Referral to Treatment (SBIRT) helps mitigate some of the stigma students with a baccalaureate degree in nursing had toward working with SUD patients (Mahmoud et al., 2018). Research showed educational interventions of varying durations produced a positive impact on nursing students' attitudes, knowledge, and skills (Smothers et al., 2018). Requiring further education and promoting faculty development for educators would also be a valuable way to ensure nonbiased, well-informed information is disseminated to student nurses (Hussein-Rassool & Rawaf, 2007).

More experience with substance-using patients in the clinical setting would equip student nurses with the exposure and skills to ensure they are prepared to deliver therapeutic care for these patients. Simulation is a solution to overcoming the limitations of traditional clinical

nursing education (Sideras et al., 2013). The usage of simulation would help to provide essential experiences and encounters with this specific patient population.

Research has shown a combination of simulation and lecture correlates to higher self-confidence, levels of satisfaction, effectiveness and consistency in student nurses (Sinclair & Ferguson, 2009). Simulations would also help promote engagement, critical thinking, and enhanced therapeutic communication, whilst also providing a safe space to construct knowledge, explore assumptions, and develop psychomotor skills (Sideras et al., 2013; Sinclair & Ferguson, 2009).

Furthermore, the application of standardized patients (SPs) into clinical practice could be included as a way to assess clinical competency. The Association of Standardized Patient Educators (2010) defines a standardized patient as “individuals...trained to portray a patient with a specific condition in a realistic, standardized, repeatable way” (p. 9). The usage of simulation and SPs include several benefits, to include the opportunity for reflection, ability for nursing faculty to observe student’s independent clinical abilities and provide feedback, and the realism of such a practice case (Sideras et al., 2013).

Further research looking at nursing students and their perceptions, attitudes, and therapeutic commitment to substance-using patients’ needs to be carried out. More research will allow for more generalizable results, which could provide further evidence on useful avenues to explore to address the need for greater therapeutic commitment for these patients.

These implementations are ways to begin the process of changing the dialogue and destigmatizing this patient population. Which will ultimately help instill confidence and

satisfaction while working with SUD patients, thus greatly impacting the care and therapeutic commitment they receive within the health care system.

## **SUMMARY**

This research showed that changes can be implemented to improve the work security when it comes to caring for substance-abusing patient, which would in turn increase therapeutic commitment to this patient population. As substance abuse begins to gain more attention due to an alarming number of individuals experiencing this disorder, health care staff need to be equipped with the necessary knowledge and appropriate mindset to deal with these clients and provide them with high quality health care. Several things can be put into place for student nurses to enhance the patient experience for this population to include further education, implementation of simulation activities, to include standardized patients, and further research.

## **END NOTE**

In 2017, the U.S. Department of Health and Human Services declared a public health emergency in regards to the opioid epidemic that is currently happening in the United States. In 2016, research showed that 2.1 million people had an opioid use disorder and 42, 249 people died from overdosing on opioids, which equates to 116 deaths per day (Substance Abuse and Mental Health Services Administration [SAMHSA], 2016).

Now is a critical time for the health care industry to make a difference. It is crucial for staff to be aware and familiar with substance-abuse disorder and eliminate prejudices they may hold about patients experiencing this disorder. We need to determine ways that we can increase the quality of care for these patients and assist in improving patient outcomes and long-term retention in treatment plans.

The nursing students today will be the forefront of healthcare tomorrow and we need to ensure they are equipped with the necessary tools to make the difference. Florence Nightingale, the mother of nursing, once said, “Nurse: just another word to describe a person strong enough to tolerate anything and soft enough to understand anyone.” Now, more than ever, it is important that we embody these qualities.

## **APPENDIX A: INTRODUCTION LETTER**



## EXPLANATION OF RESEARCH

Title of Project: Nursing Students' Perceptions of Drug Addiction in the Midst of an Opioid Crisis

Principal Investigator: Kelly Allred, Ph.D, RN-BC, CNE

Other Investigators: Michael Valenti, Ph.D, RN  
Amy O'Conner, Nursing Student

You are being invited to take part in a research study. Whether you take part is up to you.

- The purpose of this research is to collect and analyze nursing students' perceptions regarding patients with addiction in order to understand what can be done to maximize the care and treatment of this population.
- Participants will complete a brief, anonymous survey that includes demographic information and their perceptions related to drug addiction and abuse. The survey will be made available via Qualtrics and can be completed anywhere the participant has access to a computer. The survey will take approximately 10 minutes to complete.
- Data collected will not be identifiable and will be analyzed in aggregate form. The survey will be confidential and your participation is voluntary. You may withdraw your consent at any time without penalty. There are no direct risks, benefits, or forms of compensation to you for participating in the survey. All data will be managed by the Principal Investigator, Dr. Kelly Allred and Student Investigator, Amy O'Conner. Your identity will be kept confidential to the extent provided by law. By continuing on to the survey, you are giving your consent to participate.

You must be 18 years of age or older to take part in this research study.

Study contact for questions about the study or to report a problem: If you have any questions, complaints, or concerns, please direct them to Dr. Kelly Allred, at [Kelly.Allred@ucf.edu](mailto:Kelly.Allred@ucf.edu)

**IRB contact about your rights in the study or to report a complaint:** Research at the University of Central Florida involving human participants is carried out under the oversight of the Institutional Review Board (UCF IRB). The IRB has determined this research is exempt from further review. For information about the rights of people who take part in research, please contact: Institutional Review Board, University of Central Florida, Office of Research & Commercialization, 12201 Research Parkway, Suite 501, Orlando, FL 32826-3246 or by telephone at (407) 823-2901.

## **APPENDIX B: DEMOGRAPHIC DATA**

Question Content	Data Analysis
Gender	Female: n=110 or 84% Male: n=21 or 16%
Age	Mean: 22.6 Mode:21 Range: 19-46
Ethnicity	White: n=96 or 73% Black or African-American: n=7 or 5% Asian: n=7 or 5% Other: n=21 or 16%
Education Level Achieved	Some college: n=43 or 33% 2-year degree: n=52 or 40% 4-year degree: n=29 or 22% Professional degree: n=6 or 5% Doctorate: n=1 or less than 1%
Nursing program	Traditional: n=105 or 80% Accelerated: n=26 or 20%
Campus attended	Cocoa: n=3 or 2% Daytona: n=3 or 2% Orlando: n=125 or 96%
Do you have any personal experience with individuals experiencing drug addiction?	Yes: n=56 or 43% No: n=75 or 57%
Do you have any experience with patients with drug addiction?	Yes: n=55 or 42% No: n=76 or 58%

## **APPENDIX C: SURVEY QUESTIONS**

<b>1</b>	I feel I have a working knowledge of drugs and drug related problems
<b>2</b>	I feel I know enough about the causes of drug problems to carry out my role when working with drug users.
<b>3</b>	I feel I know enough about the physical effects of drug use to carry out my role when working with drug users.
<b>4</b>	I feel I know enough about the physiological effects of drugs to carry out my role when working with drug users.
<b>5</b>	I feel I know enough about the factors which put people at risk for developing drug problems to carry out my role when working with drug users.
<b>6</b>	I feel I know how to counsel drug users over the long term.
<b>7</b>	I feel I can appropriately advise my patients/clients about drugs and their effects.
<b>8</b>	I feel I have the right to ask patients/clients questions about their drug use when necessary
<b>9</b>	I feel I have the right to ask a patient any information that is relevant to their drug problems.
<b>10</b>	If I felt the need, when working with drug users, I could easily find someone with whom I could discuss any personal difficulties I might encounter.
<b>11</b>	If I felt the need, when working with drug users, I could easily find someone who would help me clarify my professional responsibilities.
<b>12</b>	If I felt the need, I could easily find someone who would be able to help me formulate the best approach to a drug user.
<b>13</b>	I want to work with drug users.
<b>14</b>	I feel that there is little I can do to help drug users.
<b>15</b>	In general, I have less respect for drug users than most other patients/clients I work with.
<b>16</b>	I feel I do not have much to be proud of when working with drug users.
<b>17</b>	At times, I feel I am no good at all with drug users.
<b>18</b>	In general, one can get satisfaction from working with drugs users.
<b>19</b>	In general, it is rewarding to work with drug users.
<b>20</b>	In general, I can understand drug users.

**APPENDIX D: IRB APPROVAL LETTER**



University of Central Florida Institutional Review Board  
 Office of Research & Commercialization  
 12201 Research Parkway, Suite 501  
 Orlando, Florida 32826-3246  
 Telephone: 407-823-2901 or 407-882-2276  
[www.research.ucf.edu/compliance/irb.html](http://www.research.ucf.edu/compliance/irb.html)

**Determination of Exempt Human Research**

**From: UCF Institutional Review Board #1  
 FWA00000351, IRB00001138**

**To: Kelly D Allred, Amy O'Conner, Michael T Valenti**

**Date: March 26, 2018**

Dear Researcher:

On 03/26/2018, the IRB reviewed the following activity as human participant research that is exempt from regulation:

Type of Review: Exempt Determination – Category 2 – Adult Participants  
 Online Survey; n=400

Project Title: Nursing Students' Perceptions of Addiction in the Midst  
 an Opioid Crisis

Investigator: Kelly D Allred  
 IRB Number: SBE-18-13913

Funding Agency:  
 Grant Title:  
 Research ID: N/A

This determination applies only to the activities described in the IRB submission and does not apply should any changes be made. If changes are made and there are questions about whether these changes affect the exempt status of the human research, please contact the IRB. When you have completed your research, please submit a Study Closure request in iRIS so that IRB records will be accurate.

In the conduct of this research, you are responsible to follow the requirements of the Investigator Manual.

This letter is signed by:

Signature applied by Jennifer Neal-Jimenez on 03/26/2018 12:31:49 AM EDT

Designated Reviewer

## **APPENDIX E: SUVERY SCALES/SUBSCALES**

<b>Scale</b>	<b>Number of Questions</b>	<b>Possible Overall Scores</b>	<b>Minimum Reported Score</b>	<b>Maximum Reported Score</b>	<b>Mean Score Reported</b>	<b>Standard Deviation</b>	<b>Variance</b>
<b>Role Security</b>	12	12-84	12	67	34	10	95
Role Adequacy	7	7-49	7	49	22	7	52
Role Support	3	3-21	3	17	8	3	9
Role Legitimacy	2	2-14	2	10	4	2	3
<b>Therapeutic Commitment</b>	8	8-56	10	41	24	7	45
Role-related Self-esteem	5	5-35	5	28	14	4	20
Work Satisfaction	3	3-21	3	20	10	3	9
<b>Overall Survey Values</b>	20	20-140	22	102	58	14	195

## **APPENDIX F: ROLE ADEQUACY SUBSCALE**

	<b>Question</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
<b>1</b>	I feel I have a working knowledge of drugs and drug related problems	n=12	n=45	n=51	n=8	n=7	n=7	n=1
<b>2</b>	I feel I know enough about the causes of drug problems to carry out my role when working with drug users.	n=11	n=31	n=58	n=6	n=18	n=3	n=4
<b>3</b>	I feel I know enough about the physical effects of drug use to carry out my role when working with drug users.	n=10	n=42	n=56	n=7	n=11	n=4	n=1
<b>4</b>	I feel I know enough about the physiological effects of drugs to carry out my role when working with drug users.	n=12	n=38	n=53	n=5	n=15	n=6	n=2
<b>5</b>	I feel I know enough about the factors which put people at risk for developing drug problems to carry out my role when working with drug users.	n=17	n=48	n=44	n=5	n=12	n=4	n=1
<b>6</b>	I feel I know how to counsel drug users over the long term.	n=3	n=4	n=30	n=19	n=33	n=34	n=8
<b>7</b>	I feel I can appropriately advise my patients/clients about drugs and their effects.	n=10	n=29	n=52	n=18	n=10	n=10	n=2

Data summary where 1= strongly agree, 2=agree, 3=somewhat agree, 4=neither agree nor disagree, 5=somewhat disagree, 6=disagree, and 7=strongly disagree.

## **APPENDIX G: ROLE SUPPORT SUBSCALE**

<b>Question</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
<b>10</b> If I felt the need, when working with drug users, I could easily find someone with whom I could discuss any personal difficulties I might encounter.	n=21	n=47	n=27	n=25	n=7	n=3	n=1
<b>11</b> If I felt the need, when working with drug users, I could easily find someone who would help me clarify my professional responsibilities.	n=27	n=52	n=32	n=14	n=5	n=1	n=0
<b>12</b> If I felt the need, I could easily find someone who would be able to help me formulate the best approach to a drug user.	n=21	n=55	n=35	n=15	n=4	n=1	n=0

Data summary where 1= strongly agree, 2=agree, 3=somewhat agree, 4=neither agree nor disagree, 5=somewhat disagree, 6=disagree, and 7=strongly disagree.

## **APPENDIX H: ROLE LEGITIMACY SUBSCALE**

	<b>Question</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
<b>8</b>	I feel I have the right to ask patients/clients questions about their drug use when necessary	n=32	n=68	n=22	n=7	n=2	n=0	n=0
<b>9</b>	I feel I have the right to ask a patient any information that is relevant to their drug problems.	n=31	n=51	n=32	n=10	n=7	n=0	n=0

Data summary where 1= strongly agree, 2=agree, 3=somewhat agree, 4=neither agree nor disagree, 5=somewhat disagree, 6=disagree, and 7=strongly disagree.

## **APPENDIX I: ROLE RELATED SELF-ESTEEM SUBSCALE**

<b>Question</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
<b>14</b> I feel that there is little I can do to help drug users.	n=18	n=62	n=25	n=15	n=3	n=5	n=3
<b>15</b> In general, I have less respect for drug users than most other patients/clients I work with.	n=40	n=41	n=17	n=15	n=16	n=2	n=0
<b>16</b> I feel I do not have much to be proud of when working with drug users.	n=39	n=56	n=13	n=19	n=3	n=1	n=0
<b>17</b> At times, I feel I am no good at all with drug users.	n=15	n=30	n=15	n=52	n=15	n=4	n=0
<b>20</b> In general, I can understand drug users.	n=9	n=20	n=48	n=32	n=14	n=4	n=4

Data summary where questions 14-17: 1=strongly disagree, 2=disagree, 3=somewhat disagree, 4= neither agree nor disagree, 5= somewhat agree, 6=agree, and 7= strongly agree. And question 20, where 1= strongly agree, 2=agree, 3=somewhat agree, 4=neither agree nor disagree, 5=somewhat disagree, 6=disagree, and 7=strongly disagree.

## **APPENDIX J: WORK SATISFACTION SUBSCALE**

<b>Question</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
<b>13</b> I want to work with drug users.	n=4	n=14	n=16	n=54	n=13	n=22	n=8
<b>18</b> In general, one can get satisfaction from working with drugs users.	n=28	n=48	n=27	n=25	n=3	n=1	n=1
<b>19</b> In general, it is rewarding to work with drug users.	n=17	n=29	n=35	n=44	n=3	n=2	n=1

Data summary where 1= strongly agree, 2=agree, 3=somewhat agree, 4=neither agree nor disagree, 5=somewhat disagree, 6=disagree, and 7=strongly disagree.

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