A Survey of Nurses’ Own Knowledge and Confidence of Prescription Opioids

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INTRODUCTION

Prescription opioid abuse is becoming an increasing problem in the United States. As the prescriptions of opioids multiply so does the likelihood of abuse. According to Costello, Thompson, Aurelien, and Luc (2016), prescription opioids are the second most commonly used illicit drug after marijuana. It is reported that one in every four people prescribed with opioids for noncancer pain management struggle with addiction (CDC, 2016). Also, more than 1,000 people are brought to an emergency room everyday for medical consequences related to prescription opioid abuse (CDC, 2016). The amount of death caused by abuse of prescription opioids has increased since 1999 (CDC, 2016; Costello et al., 2016). People who are misusing prescription opioids are more likely to abuse illegal drugs such as heroin (Schatman & Darnall, 2013). In 2015 alone, there have been over 30,000 deaths from opioids (National Institute on Drug Abuse, 2017). Over half of these involve prescription opioids (CDC, 2017). The non-medical use of prescription opioids leads to unintentional overdose, physical and mental health problems, and increased expenses (Barth, Maria, Lawson, Shafroth, Brady, & Beck, 2013).

Nurses are the primary point of contact for patients in the hospital. They have a large role in competently teaching their patients about the medication they are prescribed. It is crucial that the whole healthcare team, not only the prescribing physician, have a grounded knowledge of opioids. Studies have shown that continuing nursing education on prescription opioids increases the knowledge base of nurses and the content they teach their patients. Nurses are usually the first people patients meet in a hospital and the last person they see before they are discharged (Bloyd, Anderson, & Rieckmann, 2011). They are the ones who spend the most time with patients. They have a large role and responsibility in not only the administration of the medication’s effects but also in educating their patients. administration.

THEORETICAL FRAMEWORK

Patricia Benner identified five levels of proficiency in nursing in her work, "From Novice to Expert: Excellence and Power in Clinical Nursing Practice". These levels are novice, advanced beginner, competent, proficient, and expert (Benner, 1984). New graduate nurses have the basic knowledge of prescription opioid medication and have not yet become experts in the field. As time goes by, knowledge increases through experience and other encounters. Nurses that are experienced in one field can be a novice in another. An experienced nurse who works with case management may not be knowledgeable about opioids or confident to teach essential opioid information. Because opioid abuse is a large-scale problem, nurses in all fields must be fluent in the subject and aware of any changes and updates on opioid medications. Through exposure to continuing education and patient encounters, nurses add to their knowledge of opioid medication. In-services about opioids will help nurses become competent and confident in teaching and administering opioid medications.

METHODS

A convenience sample of 57 practicing nurses was gathered from individual and Nursing Facebook sites and email. A 6-point Likert scale was used to collect data. The questions were made with the consultation of an expert in the field and were built in a web-based survey tool. There were 6 statements that reflected nursing knowledge (see Table 1) and 6 statements that reflected confidence (see Table 2). An additional four demographic questions were added about the nurses’ age, educational background, area of work, and years of practice.

RESULTS

The answers of all the participants were averaged out for each section of the survey. Most of the respondents answered between (1) strongly agree and (3) somewhat agree on the knowledge assessment survey (see table 3). The standard deviation for the questions on the knowledge assessment survey ranged from 0.7 to 1.29 which means the answers of the participants were similar to each other. The participants mostly agreed to the knowledge assessment statements. Most of the respondents answered (2) agree and (3) somewhat agree on the confidence assessment survey (see table 5). The standard deviation for these questions ranged from 0.9 to 1.21 (see table 6). This means there was not much deviation or variation in what the participants answered. The nurses mostly agreed or somewhat agreed to the confidence assessment statements.

Correlation between nurses’ knowledge and confidence was also measured. The results showed a strong positive correlation, R² = 0.8473 (see table 5). This means the more a nurse feels they know about opioids the higher their confidence is in performing patient teaching on the subject and patient care of those with SUD.

DISCUSSION

The results of this study reflect the perception of nurses own knowledge and confidence about opioids. This study shows that nurses perceive that they are knowledgeable about opioids and SUD. It also shows nurses are confident in providing patient teaching and care to patients on prescription opioids and SUD. However, the review of literature shows that there is a lack of knowledge in nurses on prescription opioids and SUD (Costello et al., 2016; Schatman & Darnall, 2013, Michael et al., 2014). This is contrary to this study’s assessment of nurses perception of their knowledge of prescription opioids and SUD. It is likely that nurses think they have competent knowledge about prescription opioids and SUD but in reality, do not know enough. Further study is needed to compare what nurses perceive they know about prescription opioids and SUD versus what they actually know.

This study also proposes that the more a nurse knows about prescription opioids and SUD the more confident they are to provide patient teaching and adequate care. The results of the survey show a strong correlation between knowledge and confidence. This is similar to other works.

REFERENCES


