

UNIVERSITY of MARYLAND
SCHOOL OF NURSING

**Improving Undergraduate Curricula:
Nurses' Attitudinal Barriers & Knowledge
Deficits Regarding Substance Use Disorders**

**INTERNATIONAL NURSES SOCIETY ON ADDICTIONS (INTNSA)
Orlando, Florida (October 2017)**

Katherine Fornili, DNP, MPH, RN, CARN, FIAAN
Assistant Professor, Univ. of Maryland School of Nursing
Community and Public Health Nursing

Charon Burda, DNP, MS, PMHNP-BC, CARN-AP
Assistant Professor, Univ. of Maryland School of Nursing
Specialty Director, Psychiatric Mental Health Nurse Practitioner Program

UNIVERSITY of MARYLAND
SCHOOL OF NURSING

**ADDICTION, SOCIETY AND THE
ROLE OF THE NURSE:
3 CREDIT BSN ELECTIVE**

UNIVERSITY of MARYLAND
SCHOOL OF NURSING

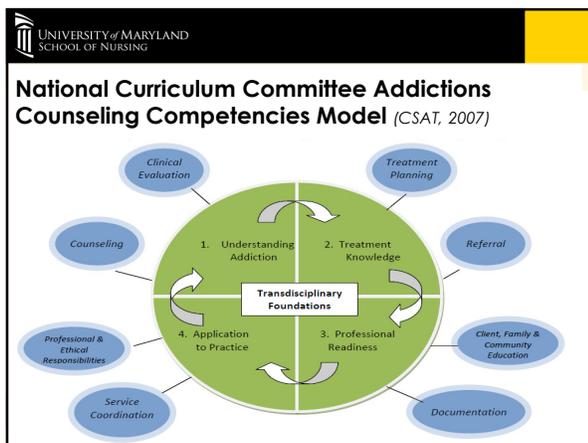
BACKGROUND

- Popular and successful web-based baccalaureate elective:
"Addictions, Society, and the Role of the Nurse"
- Large, urban, state-funded university
 - BSN & RN-to-BSN
- Offered 14 semesters to date
 - Summer 2010 thru Fall 2017
 - Quickly fills up every semester

**UNIVERSITY of MARYLAND
SCHOOL OF NURSING**

National Curriculum Committee Addictions Counseling Competencies Model (CSAT, 2007)

- Defines the **knowledge, skills, abilities (KSAs)** and **competencies** needed to:
 - **Identify** individuals with SUDs;
 - **Assess** their condition;
 - **Intervene** on their behalf; and/or
 - **Refer** them to treatment.
- Discusses roles of **other healthcare professionals** *(but not so much about nursing)*



**UNIVERSITY of MARYLAND
SCHOOL OF NURSING**

National Curriculum Committee Addictions Competencies Model (CSAT, 2007)

<p>1. Understanding Addiction</p> <ul style="list-style-type: none"> • Clinical Evaluation • Counseling 	<p>2. Treatment Knowledge</p> <ul style="list-style-type: none"> • Treatment Planning • Referral
<p>3. Professional Readiness</p> <ul style="list-style-type: none"> • Client, Family & Community Education • Documentation 	<p>4. Application to Practice</p> <ul style="list-style-type: none"> • Professional & Ethical Responsibilities • Service Coordination

UNIVERSITY of MARYLAND
SCHOOL OF NURSING

**THE ANONYMOUS STRUCTURED
NURSE INTERVIEW ASSIGNMENT**

UNIVERSITY of MARYLAND
SCHOOL OF NURSING

**1 of 4 ASSIGNMENTS:
Structured Nurse Interview Assignment**

Part 1:

- Semi-structured interview with a practicing nurse
- Anonymous Nurse Interview Questionnaires submitted to Blackboard Discussion Board

Part 2:

- Students tabulate collective results & summarize trends in nurses' attitudes, beliefs, and reported levels of preparation for nurses caring for patients with SUDs in a wide variety of settings

UNIVERSITY of MARYLAND
SCHOOL OF NURSING

**FACULTY QUALITATIVE ANALYSIS:
FUTURE BSN CURRICULAR MODIFICATIONS**

 UNIVERSITY of MARYLAND
SCHOOL OF NURSING

PURPOSE OF STUDY:

- To identify specific areas of attitudes and knowledge deficits among anonymous practicing nurses to inform:
 - Future curricular modifications, and
 - Continuing education opportunities

 UNIVERSITY of MARYLAND
SCHOOL OF NURSING

STUDY METHODS:

- Qualitative Study → Content Analysis
 - Miles and Huberman's Content Analysis Method
(Miles, Huberman & Saldana, 2014)
- Institutional Review Board (IRB)
 - Non-Human Subjects Research (NHSR)
- Randomly Selected 1 Semester – Preliminary Analysis—2017 (Fall 2014 semester)
 - Graduated students no longer with the program
- Course Faculty re-reviewed previously submitted questionnaires
 - 1 semester, n=25 questionnaires

 UNIVERSITY of MARYLAND
SCHOOL OF NURSING

DATA COLLECTION:

- No new practicing nurse data collected
- Identities of interviewed nurses never collected
- Questionnaire data transferred to Word documents without names of students who conducted the interviews (de-identified)
- Word documents loaded into NVIVO 11 for qualitative coding and content analysis

UNIVERSITY of MARYLAND
SCHOOL OF NURSING

SAMPLE CHARACTERISTICS

Preliminary Analysis: n=25 interviewed nurses

- **Age:** Mean = 33.8 years (SD = 12.8);
Range: 22-60 yrs. (Excluded 1 outlier = 80 yrs.)
- **Gender:** Female n=24 (84%); Male n=4 (16%)
- **Educational Preparation:**
 - Associate Degree n=5 (20%)
 - BSN n=17 (68%)
 - MS n=3 (12%)
- **Setting:** Hospital n=23 (92%)

UNIVERSITY of MARYLAND
SCHOOL OF NURSING

SAMPLE CHARACTERISTICS

Preliminary Analysis: n=25 interviewed nurses

Years in Nursing

Years in Nursing	Percentage
Less than 1 yr	16%
1-5 yrs	48%
5-10 yrs	8%
10-20 yrs	8%
greater than 20 yrs	20%

UNIVERSITY of MARYLAND
SCHOOL OF NURSING

SAMPLE CHARACTERISTICS

Preliminary Analysis: n=25 interviewed nurses

Nursing Specialty

Nursing Specialty	Percentage
Med Surg/Adult ICU/Other	56%
Peds/NICU/PICU	24%
OB	12%
Psych	8%

UNIVERSITY of MARYLAND
SCHOOL OF NURSING

PRELIMINARY ANALYSES:

Narrowed focus to 3 Nursing Practice Questions

1. What are the **most difficult problems** nurses in your specialty encounter when caring for patients with substance use disorders?
2. Can you give an example of the **stigma** experienced by individuals with substance use disorders in your nursing practice?
3. What kind of **cultural competence issues** do you take into consideration when caring for individuals with substance use disorders?

UNIVERSITY of MARYLAND
SCHOOL OF NURSING

Miles and Huberman Content Analysis

- Each question's responses coded to generate code list (NVIVO 11)
- Code list compared by both faculty to establish consensus
- Codes collapsed for prevailing themes

UNIVERSITY of MARYLAND
SCHOOL OF NURSING

DATA ANALYSIS: 7 EMERGING THEMES TO DATE

1. Difficult to Care For
2. Lying and Manipulation
3. Safety and Violence
4. Nurse-Patient Relationship
5. Lack of Knowledge re: Cultural Competence
6. Drug-Seeking vs. Pain Perception
7. Babies and Parents

UNIVERSITY of MARYLAND
SCHOOL OF NURSING

7 EMERGING THEMES

UNIVERSITY of MARYLAND
SCHOOL OF NURSING

1. DIFFICULT TO CARE FOR

- *“**Stubborn teenagers** who just want to fit in and the last thing they want to hear is us telling them what to do. That’s a **huge barrier to educating them** on the risks of drugs & alcohol.”*
- *“**Unwilling to cooperate** with their treatment plan unless they are given what they want”*
- *“**Unwilling to accept help/medications**, which creates a problem when we want to help.”*
- *“**Anxious, overly demanding, and argumentative**”*
- *“**Can be defensive**”*

UNIVERSITY of MARYLAND
SCHOOL OF NURSING

1. DIFFICULT TO CARE FOR

- *“When you are assigned a patient with a substance abuse disorder that day, **your whole day shuts down** and **you easily have a negative attitude.**” (It’s all their fault)*
- *“Many of the **nurses try to spend the least amount of time** with one of these patients because **it wears on them**”*
- *“We are trying to help **people who don’t want our help** so we try to **avoid spending all of our time with them.**”*
- *“It’s **hard to sympathize** ...on days like that when they are **difficult and rude.** But it’s also important for me to remember all my patients deserve my patience.”*

 UNIVERSITY of MARYLAND
SCHOOL OF NURSING

1. DIFFICULT TO CARE FOR: Social Work & Home Health

- *“Working with people that do not have a high school degree and **uneducated people** that do not know the effect of substance abuse on fetus. **A lot of social work involvement is required for these types of patients. A lot more time spent with these types of patients.** Teaching the patient about drug addiction, child protective services, and what can happen when the baby is born.”*
- *There are **tons of social work consultations and home health work-ups** required before the infant can be discharged. We do not want them to go into a **dangerous home environment** and sometimes we have custody battles...”*

 UNIVERSITY of MARYLAND
SCHOOL OF NURSING

2. LYING AND MANIPULATION

- *“**Most difficult problem is the lying**”*
- *“**Patients lie about what drugs they are taking, whether they are prescribed or street drugs,** it is important to know. Nurses need to know what drugs, how much and how often they take the drugs.”*
- *“**Patients not remembering or lying about the medications they do or do not take.** Patients that have depression or bipolar may not be sure the last time they took their medications or they lie about taking them.”*

 UNIVERSITY of MARYLAND
SCHOOL OF NURSING

3. SAFETY AND VIOLENCE

- *“The most difficult problem is regarding safety. Nurses deal directly with **blood** and run the **risk for self-harm** if they happen to stick themselves. Especially in the drug population, patients have a high likelihood of carrying **hepatitis, HIV,** etc. This is a major concern for nurses.”*

UNIVERSITY of MARYLAND
SCHOOL OF NURSING

3. SAFETY and VIOLENCE

- *“Their reputation precedes them. Some people do not want to take care of certain drug addicts because they are perceived as **violent and “crazy.”** The stigma is very hard to get over.”*
- *“Nurses do not necessarily want to care for these patients because **they are perceived as a threat.**”*
- *“There are sometimes safety concerns and I have had to **call security** more than once with patients suffering from addiction.”*

UNIVERSITY of MARYLAND
SCHOOL OF NURSING

4. NURSE-PATIENT RELATIONSHIP

“Difficult to Trust the Patient”	“Difficult to Trust the Nurse”
<ul style="list-style-type: none"> • <i>“Difficult sometimes <u>to trust patients with SUD especially if they have a history of drug seeking</u>”</i> 	<ul style="list-style-type: none"> • <i>“Most difficult problem is being able to get the patients <u>to trust the nurse and open up to the nurses.</u>”</i>

UNIVERSITY of MARYLAND
SCHOOL OF NURSING

4. NURSE-PATIENT RELATIONSHIP

- *“Sometimes speak to them differently when they [parents] come to visit, acting more harsh and less caring.”*
- *“The patients feel as though the nurse may not be able to relate or that they don’t really care about them. She mentioned that establishing rapport is very important but can be very hard...”*
- *“Many patients are seen as combative and self-destructive/violent. So some nurses aren’t as willing to provide the best care because they already have a preconceived notion that they are crazy.”*

UNIVERSITY of MARYLAND
SCHOOL OF NURSING

5. LACK OF KNOWLEDGE ABOUT CULTURAL COMPETENCE: Different than the Nurse

- *“Nurses and their patients may have different backgrounds and social environments from each other because they grew up differently. Some nurses may not have met anyone with a substance use disorder until they became nurses and met him/her in a hospital. Therefore, they may not be able to provide culturally competent care at all times.”*

UNIVERSITY of MARYLAND
SCHOOL OF NURSING

5. LACK OF KNOWLEDGE ABOUT CULTURAL COMPETENCE: “Their Backgrounds”

- *“It seems a lot of parents with substance use issues came from backgrounds where there were substance use issues”*
- *“Some cultural competence issues that were taken into consideration when caring for these individuals is the area that they live in. Most of the patients are young, living in a city full of crime and drug use, so their exposure to drug use is high.”*
- *“Most of them come from a broken family, poor, uneducated background.”*

UNIVERSITY of MARYLAND
SCHOOL OF NURSING

CULTURAL COMPETENCE: Racial Dichotomy

“THEY’RE BLACK”	“THEY’RE WHITE”
<ul style="list-style-type: none"> • <i>“The only one I can point out is that African Americans sometimes have a higher pain tolerance which sometimes makes it difficult to assess the patient’s true pain level.”</i> 	<ul style="list-style-type: none"> • <i>“Most of the patients are white, but of low socioeconomically status”</i>

 UNIVERSITY of MARYLAND
SCHOOL OF NURSING

CULTURAL COMPETENCE DOES NOT MEAN "TREATING THEM ALL THE SAME"

- "This [cultural competence] **does not become an issue** because drug addiction crosses cultural borders."
- "Anybody can have substance use disorders. That's why it's important to **treat everybody the same**. We should be looking at them as a patient, not just as a drug abuser."
- All of the nurses should be culturally competent and provide the **same type of care for all the patients.**"
- "CMS [Medicare/Medicaid] indicates **they cannot be treated differently**. They have every right to have a dialysis treatment once they are accepted."

 UNIVERSITY of MARYLAND
SCHOOL OF NURSING

6. DRUG-SEEKING vs. PAIN PERCEPTION

- "All patients with substance use disorders are **drug-seekers** and are **exaggerating pain** to get what they want. **This can cause nurses to be rude or ignore the patient's complaints.**" (It's all their fault)
- "These patients tend to **complain** that they **need higher doses** and **their doses are not working.**"
- "They aren't really in as much pain as they say."
- "A lot of times in nurses' reports, patients with substance use disorders get **labeled as 'pain seeker'** or **'frequent flyer'** and the receiving nurses sigh."

 UNIVERSITY of MARYLAND
SCHOOL OF NURSING

7. BABIES AND PARENTS

- "The nurses in the unit where I work definitely have a **stigma against addicted parents**. We really hate to see that, because **we understand the long lasting effects it can have on our babies**. And the babies are our patients, not the parents, so **it's hard.**"
- "Generally nurses on the unit seem to assume that **all children of addicts should be put into the foster care system** or at least put in a different home than the parents."
- **There often is not much compassion on the unit because the assumption is they are bad parents** and will continue to do drugs or relapse, according to the nurse I interviewed.

UNIVERSITY of MARYLAND
SCHOOL OF NURSING

7. BABIES AND PARENTS

- *"It is hard as a nurse to deal with these parents because they are very unreliable and often hard to reach. They will say they are coming in to feed the baby at a certain time and then we wait so they can feed them and they never come. Little things like that really throw off our schedules and make us feel more negatively about the parents." (It's all their fault)*
- *"It is hard to respect these parents when you are caring for their infant all day. You see the consequences of their poor decision firsthand and feel so sad for the babies. They are already at a disadvantage and they didn't choose this at all."*

UNIVERSITY of MARYLAND
SCHOOL OF NURSING

DISCUSSION

UNIVERSITY of MARYLAND
SCHOOL OF NURSING

TAKE HOME MESSAGES:

- Health professionals encounter individuals with "substance use disorders" (SUDs) on a daily basis, in all practice settings (CSAT, 2007)
- All health professionals (including nurses) must have a basic understanding of SUDs in order to care for these individuals in their particular practice settings (CSAT, 2007)
- Any door is the right door. In integrated care, treatment must have multiple points of entry. There is no wrong door (SAMHSA, 2006)
- Provider attitudes inhibit one's ability to provide adequate services to patients with SUDs (Goplerud, Hagle, McPherson, 2017)
- We're not quite hitting the mark in nursing education. This study provides insight into necessary curricular modifications.

 UNIVERSITY of MARYLAND
SCHOOL OF NURSING

1. We must teach nurses about dealing with DIFFICULT BEHAVIORS

1. Difficult behaviors raise negative feelings in the clinician
2. Common feelings of frustration, anger, anxiety, guilt and dislike occur
3. Clinicians who have "lower job satisfaction, less experience & poorer psychosocial attitudes" perceive more difficult patients (Elder et. Al., 2006)
4. Clinicians may be unable to acknowledge their negative feelings interfere with care and treatment

(Wasan, Wootton, Jamison, 2005)

 UNIVERSITY of MARYLAND
SCHOOL OF NURSING

We must teach nurses that DIFFICULT BEHAVIORS assessed in patients reveal that patients:

- 1) Have suffered greatly;
- 2) Feel tormented and in pain;
- 3) Lack skills to cope with their distress

(Wasan, Wootton & Jamison, 2005)

 UNIVERSITY of MARYLAND
SCHOOL OF NURSING

2. We must teach nurses about LYING BEHAVIOR

Lying is a common behavior in the addiction process

- Denial of consequences
- Inability to face reality
- Avoidance of shame
- Avoidance of confrontation
- Poor interpersonal relationships
- Faulty belief that they are in control

Lies cause isolation in the patient and anger in their loved ones

David Sacks (2015)

UNIVERSITY of MARYLAND
SCHOOL OF NURSING

We must teach nurses about APPROPRIATE RESPONSES to LYING BEHAVIOR

- Know that lies serve a purpose for the patient
- State negative health consequences
- Remain non-judgmental
- Create a supportive environment
- Know that addiction treatment works
- Recovery is worth the effort
- Refer for specialized treatment
- Safe relationships with healthcare providers encourages patients to face the truth

UNIVERSITY of MARYLAND
SCHOOL OF NURSING

3. We must teach nurses more about SAFETY AND VIOLENCE

See the American Nurses Association (ANA) website for information about addressing work place violence:

1) Model "State" Bill:
"The Violence Prevention in Health Care Facilities Act"
<http://www.nursingworld.org/MainMenuCategories/Policy-Advocacy/State/Legislative-Agenda-Reports/State-WorkplaceViolence/ModelWorkplaceViolenceBill.pdf>

2) Workplace Violence
<http://www.nursingworld.org/workplaceviolence>

All nurses need to be informed about their professional organizations' stance on vital policies.

UNIVERSITY of MARYLAND
SCHOOL OF NURSING

4. We must teach nurses about therapeutic NURSE-PATIENT RELATIONSHIPS with patients that have SUDs

- *"Effective communication requires an understanding of the patient and the experiences they express. It requires skills and simultaneously the sincere intention of the nurse to understand what concerns the patient. To understand the patient is not sufficient; the nurse must also convey the message that he/she is understandable and acceptable. It is a reflection of the knowledge of the participants, the way they think and feel, and their capabilities"* (Papadantonaki , 2006).

 UNIVERSITY of MARYLAND
SCHOOL OF NURSING

5. We have to do a better job teaching nurses about CULTURAL COMPETENCE, especially regarding patients with SUDs

- **“Culturally Competent Nursing Care”** is a free and engaging e-learning program designed to help nurses build knowledge and skills related to cultural and linguistic competency. It is also accredited for nurses by the U.S. Department of Health & Human Services (<https://ccnm.thinkculturalhealth.hhs.gov/>)

 UNIVERSITY of MARYLAND
SCHOOL OF NURSING

6. We have to do a better job teaching nurses about DRUG-SEEKING BEHAVIOR vs. PAIN PERCEPTION

- **Tolerance:** When the person no longer responds to the drug in the way they initially responded; when it takes a higher dose of the drug to achieve the same level of response achieved initially (NIDA, www.drugabuse.gov)
- **Pseudoaddiction:** A condition resembling drug addiction, but caused by underprescription of drugs to treat pain in the patient, causing them to seek more (ASAM, 2001)

 UNIVERSITY of MARYLAND
SCHOOL OF NURSING

7. We have to teach nurses more about appropriate care for BABIES AND PARENTS (Perinatal SUDs)

Mistrust of parents by healthcare professionals:

- Increases parents' feelings of shame and incompetence;
- Is counter-productive in terms of the recovery process for parents; and
- Impacts adequate bonding b/w parents and babies.

UNIVERSITY of MARYLAND
SCHOOL OF NURSING

STUDY LIMITATIONS

- **Lack of control over quality of data collected**
 - Semi-standardized questionnaire used, but no controls or oversight over data collection
 - Data may have been contextualized and interpreted by the student conducting the interview
 - Risk of subjectivity on the part of the student and the practicing nurse in a naturalistic environment
- **Secondary analysis—previously collected qualitative data**
 - Students collected information for a course assignment, not a qualitative research project
 - Findings cannot be extended to wider population of nurses
 - These analyses are intended to inform future curricular changes

UNIVERSITY of MARYLAND
SCHOOL OF NURSING

FUTURE ANALYSES

- **Include more semesters to increase sample size**
 - n=25 each semester; over 350 interviews currently available
 - other themes may emerge
- **Expand focus to include other content areas**
 - Nurses' perceptions of needs of patients with SUDs
 - Nurses' level of preparation & training
 - Nurses' knowledge and utilization of SUDs-related EBPs
- **Trends by Specialty and Setting**
 - Common across several or all settings/specialties
 - Specialty-specific trends common to 1 or more specialties
 - Differences over time: 2010 to 2017 (opioid epidemic)
- **Primary data collection and mixed methods with better controls**

UNIVERSITY of MARYLAND
SCHOOL OF NURSING

TEACHING AN ADDICTIONS NURSING ELECTIVE

UNIVERSITY of MARYLAND
SCHOOL OF NURSING

What We Learned:

- Undergraduate nursing students are hungry for this information;
- We need to develop Continuing Education (CE) for practicing nurses;
- We need to develop a graduate-level certificate program for advanced practice nurses, with a clinical component focusing on:
 - Screening & Early Intervention (SBIRT)
 - Effective, Integrated, Recovery-Oriented SUDs Prevention & Treatment Services
 - Motivational Enhancement
 - Trauma-Informed Care
 - Gender-Specific Services and Perinatal Addiction
 - Psychopharmacology for Co-Occurring Disorders
 - Medication-Assisted Therapy (buprenorphine)
 - Pain & Safe Opioid Prescribing for Generalists
 - Occupational Health & Safety (including practitioners with SUDs)

UNIVERSITY of MARYLAND
SCHOOL OF NURSING

WE WERE NOT PREPARED FOR:

- Large extent to which students have experienced serious addiction problems among their parents, spouses, boyfriends, siblings, children, etc.
- Extent to which students have experienced a high degree of related social disruption, conflict and traumatization;
- Disclosure of "earlier experimentation" with drugs/alcohol;
- Some found the "journaling" to be therapeutic;
- Students come to our offices, where we have had to utilize our "clinical skills" to help them process strong feelings;
- Referrals to the Campus Counseling Center have been necessary.

Might this affect the nurse's ability to effectively care for patients with addiction?

UNIVERSITY of MARYLAND
SCHOOL OF NURSING

DOING THINGS RIGHT: OUR HOPE FOR THE FUTURE

 UNIVERSITY of MARYLAND
SCHOOL OF NURSING

DOING THINGS RIGHT: OUR HOPE FOR THE FUTURE

- *INTERVIEWED NURSE: "One must put aside their beliefs about substance abuse so that they can provide the best care for their patients. **I always stop and take a moment to let go of any biases I may have before my first interaction with the patient.**"*

 UNIVERSITY of MARYLAND
SCHOOL OF NURSING

REFLECTION PAPERS: What students learned...

"As I sat down to write this paper, I reviewed the Baseline Reflection Paper that I had written at the beginning of the semester, and was shocked at how different my thinking about substance use disorders is now...

*My baseline paper was riddled with terms like 'drug addict' and my frustration with the population was apparent...**it is exciting to feel more enlightened, and having patients on my unit with a SUD is no longer as challenging as it once was.**"*

 UNIVERSITY of MARYLAND
SCHOOL OF NURSING

REFLECTION PAPERS: What students learned...

*"I have come to understand worlds more about treatment modalities for substance use disorders as well as how recovery spans not only sobriety but includes goals such as social involvement, finding an adequate living environment and job training/ job placement....**Our current culture of judgment and ostracism by health care and our society create the exact conditions that cause an addiction to continue.**"*



For questions, please contact:

Katherine Fornili, DNP, MPH, RN, CARN, FIAAN
Assistant Professor
University of Maryland School of Nursing
Department of Family and Community Health
Community and Public Health Nursing Specialty
655 W. Lombard Street, Room 545D, Baltimore, MD, 21201
410-706-5553 –Office
fornili@umaryland.edu

Charon Burda, DNP, MS, PMHNP-BC, CARN-AP
Assistant Professor & Specialty Director
University of Maryland School of Nursing
Department of Family and Community Health
Psychiatric Mental Health Nurse Practitioner Specialty
655 W. Lombard Street, Room 555D, Baltimore, MD, 21201
410-706-2454 –Office
cburda@umaryland.edu
