

Experiences of Nurses Caring for Substance Using Patients

A Literature Review

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Abstract <p>Substance using patients are a stigmatised patient group, whose negative behaviours can affect the attitudes of nurses and the care that they give. Lack of education on the care of substance users has contributed to the negative perceptions of these patients. The use of illicit substances has increased over the past decades, thus increasing the likelihood of encountering substance users in different health care settings.</p> <p>The purpose of the literature review was to examine the experiences that nurses have of caring for substance using patients to provide knowledge that can be used to improve the care of this patient population. A review of literature was conducted. The literature review aimed to answer the research question: what are the experiences of nurses caring for a substance using patient?</p> <p>A literature search was conducted in electronic databases using inclusion and exclusion criteria. Six research articles that answered the research question were analysed by utilising content analysis and two themes were identified from them: challenges experienced in patient care, and strategies and needs for improvement.</p> <p>Substance using patients were described as a demanding patient population that caused concerns for safety. Treating the pain of these patients was challenging and created feelings of frustration in nurses. Patients were considered manipulative, which contributed to stigma towards them. Nurses had developed strategies to be used in the care of these patients, which were considered helpful. Finally, nurses shed light to the need for education and protocols to be implemented.</p> <p>Further research is recommended on the experiences of nurses working with substance users, namely in clinical settings. Additionally, research situated in the Finnish health care setting is recommended.</p>		
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1 Introduction

The use of recreational drugs has steadily increased in Finland and globally in recent years (Karjalainen, Pekkanen & Hakkarainen 2020, 53-54; Global overview of drug demand and supply 2019, 9). At the same time, the portion of substance-related hospital admissions have almost doubled in the past five years (Jääskeläinen & Virtanen 2020, 60). Attitudes towards the legalisation of marijuana have changed, with two thirds of Americans saying that the use of marijuana should be legal (Daniller, 2019). The same trend can be seen in Finland (Karjalainen et al 2020, 112). Research on the use of psychedelic substances in the treatment of psychiatric illnesses has also become more prevalent (Chi & Gold, 2020). The increased use of recreational drugs can partially be attributed to these developments; however, the non-medical use of pharmaceutical opioids is an ever-increasing concern (Global overview of drug... 2019, 9).

Previous studies indicate that nurses have negative attitudes towards substance using patients, and that these attitudes can negatively affect the treatment outcomes of this patient group (Lovi & Barr 2009, 170-171; Gilchrist, Moskalewicz, Slezakova, Okruhlica, Torrens, Vajd & Baldacchino 2011, 1121-1122). Lack of education and knowledge on substance use contribute to negative attitudes (Lovi & Barr 2009, 171-172). Ethical recommendations published by the National Advisory Board on Social Welfare and Health Care Ethics state that every individual has a right to receive the care that they need, regardless of their background or social standing, and should be regarded without discrimination. Each patient has a right to self-determination, whenever possible. (ETENE, 2011, 5.)

The purpose of this thesis is to collect information on the experiences of nurses when caring for substance using patients to provide information that could be used to improve nursing care provided to substance using patients. This thesis will aim to answer the question: *what are the experiences of nurses when caring for substance using patients?*

2 Aspects of substance use

2.1 Defining substance use

An intoxicant is a substance used for its psychoactive properties. Some intoxicants are legal such as alcohol, and some are illegal such as, heroin, cannabis, and cocaine. The legality of some intoxicants varies depending on country and region. In Finland, under the Narcotics act (L 373/2008), the use of narcotic drugs is illegal. In this literature review these narcotic drugs will be referred to as “substances” and will refer to the use of illegal substances which are used to achieve an altered state of mind. These substances can be organic matter such as plants or mushrooms, synthetic substances, or prescription medications used recreationally. (Holmberg, Partanen & Koskelo 2015, 62).

Broadly, drug use can be defined as the use of a psychoactive substance to achieve psychoactive effects, rather than medical effects. Drug use can be looked at from various aspects such as the frequency of use, the health risks of the use, the using phase, the type, dosing and rationing of the drug, as well as the controlled or compulsive use of drugs. (Holmberg et al. 2015, 91-92.) Polysubstance use is characterised as the use of multiple substances to potentiate the effect of another substance. Polysubstance use is most prevalent in youth and usually does not continue into adulthood. It is prevalent in substance abusing or addicted individuals. *Substance abuse* and *addiction* occur when the individual’s life is saturated by drugs and drug use, and a considerable time is used to obtain and use drugs or recuperating from withdrawal symptoms. (ibid., 2015, 94-95.)

Health-related effects of recreational substances

The use of recreational substances comes with various risks and side-effects that need treatment. The most common substance use-related visits to acute healthcare are overdose, withdrawal, and physical injuries. Substance use-related issues can be cardiac problems such as arrhythmias or cardiac infarction, dehydration, hyperthermia, and electrolyte related issues. Different kinds of infections ranging from infected injection sites to endocarditis, are common with the injection use of drugs. 60-80 percent of people using injectable drugs have hepatitis C. Sudden death is a risk related to many substances, namely stimulants and heroin use. (Alaspää 2018.; Simojoki 2016.)

Patients who use drugs can often have different kinds of mental health related issues such as personality disorders, mood and anxiety disorders and chronic psychotic diseases, like schizophrenia. Recreational substances can also cause acute mental health issues, depression, anxiety and sleeping problems. Acute psychosis is also a risk to those susceptible. (Simojoki 2016.)

Patients experiencing severe withdrawal symptoms may be dangerous themselves and those around them. Furthermore, withdrawal symptoms may be life-threatening depending on the substance. Amphetamine withdrawal symptoms typically begin between 12 and 96 hours after use or lowered dose. The initial amphetamine withdrawal symptoms include anxiety, depression, irritability, sleepiness and sleeping problems as well as loss of appetite and amphetamine cravings, and symptoms can last 2-4 weeks. Due to depression, suicide is a significant risk during amphetamine withdrawal. (Huttunen 2017.)

Opiate withdrawal symptoms begin 6-24 hours after the last dose and are the worst after 48-72 hours. Withdrawal symptoms can last between seven and ten days. Withdrawal symptoms are anxiety, depression and irritability, and the patient craves for another dose of opiates. Further symptoms are dilation of pupils, sweating, fever, nausea and vomiting, muscle aches, flu symptoms and diarrhoea. Heart rate, respiration rate increase and blood pressure may rise. (Huttunen 2017.)

2.2 Substance use in Finland and globally

According to a report made by the Finnish Institute for Health and Welfare (2020), drug use has steadily increased in the past two decades. In 2018, 24 percent of people between the ages of 15 and 69 had tried illicit drugs within their lifetime, whereas in 2010 the number was 17% and 12% in 2002. In 2018, 8% of people had used illicit drugs in the last year, and 3% in the last month. In all age groups, men were most likely to have tried drugs than women. Drug use was most prevalent in people between the ages of 25 and 34. (Suomalaisten huumeiden käyttö ja huumeasenteet 2020, 53-54.)

The most used drug in Finland is cannabis. In 2018, 24% of people had tried cannabis in their lifetime, 7% in the last year, and 3% in the last month. In 2010 the number of people were 17%, 4% and 1%, respectively. (Suomalaisten huumeiden käyttö... 2020, 55-56.) Other drugs used in Finland are amphetamines, ecstasy, cocaine, heroin, LSD, mushrooms, and prescription drugs such as opioids and benzodiazepines. Five per cent or fewer people had tried these drugs in their lifetime. (ibid., 57-65.) It should

be noted that drug use in the last year or month are more likely to indicate regular drug use than drug use within one's lifetime, which likely indicates trial use (ibid., 16).

In 2018, 6,954 periods of care in inpatient care were registered that had drug-related diseases as the primary or secondary disease. (Jääskeläinen & Virtanen 2020, 56). The cost of drug use to the Finnish government was estimated to be between 299.1 and 369,6 million euros in 2016. The portion of health care costs were between 37.2-56.9 million euros. (Jääskeläinen & Virtanen 2020, 93.)

The same upward trend can be seen globally. The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA 2019) estimates that 27.4% of people aged 15-64 will have tried cannabis in their lifetime. The corresponding figures for cocaine were 5.4%, MDMA 4.1% and amphetamines 3.7%. The EMCDDA estimates that there are 1.3 million high-risk opioid users in Europe. (European drug report 2019, 15.) In 2017 it was estimated that 5,5% of the world's population had used drugs in the previous year, which was a 30% increase from an estimate made in 2009 (Executive summary 2019, 7). Cannabis is the most used drug globally, with opioids (e.g., heroin, morphine, fentanyl) a close second at an estimated 1.1% of the world's population aged 15-64 having used an opioid in the last year. (Depressants 2019, 13.)

2.3 Substance user in health care

Substance users are an often-stigmatised patient group. Stigma is related to the real and perceived behaviours of this patient group. Substance users are believed to be problem patients by some general nurses who feel they are not truly sick or do not deserve treatment. General nurses are often perceived as judgemental and hostile toward substance users and are reluctant to work with them and blame them for situations that the substance users have not participated in, such as items disappearing or getting damaged. Nurses working in a specialised addiction unit feel that advocating for their clients is extremely important, and that substance users should be treated equally and with respect. Substance users should be provided with support and understanding if they were to relapse, instead of being immediately discharged. (Lovi & Barr 2009, 170-171.) Health care professional's attitude toward substance users may have a negative impact on treatment outcomes of substance users and may create a barrier in accessing treatment (Gilchrist, Moskalewicz, Slezakova, Okruhlica, Torrens, Vajd & Baldacchino 2011, 1121-1122).

A multi-centre study found that health professionals across all eight of the participating countries held lower regard for substance users than for any other patient group, including diabetes and depression, and staff working in primary care were the most likely to have lower regard for substance users than those working in general psychiatry or specialist addiction services. Health care professionals with less than ten years of experience were found to have higher regard for substance using patients than those with more experience. (Gilchrist et al. 2011, 1119-1121.) These same results can be seen in other studies. A repeat survey of healthcare professionals' attitudes regarding patients with substance misuse disorders found that nurses' overall therapeutic attitude toward these patients was among the lowest, and the results were lower than the ones from an earlier study in 2007 (Raistrick, Tober & Unsworth 2015,

57-58). Another study (Brener, von Hippel, Kippax & Preacher 2010) identified that the perceptions of controllability of injecting drug use may play a critical role in the formation of negative attitudes of health-care personnel toward injecting drug users (IDU). The same attitudes were also held against drug use in general. (1012.)

Lack of knowledge and skills are attributed to the continuation of attitudes that maintain the stereotypical image of substance users and how they act and can result in the inappropriate care of substance users going through withdrawals. Failed education contributes to the negative attitudes of general nurses. Few nurses received education pertaining to substance use. Clinical placements are viewed as an integral part of nursing education as it enables students to acquire knowledge in a variety of nursing fields. (Lovi & Barr, 2009, 171-172.) However, Gilchrist and colleague's (2011, 1121) found that change in curriculum or substance use becoming more socially acceptable among younger generations could influence changing attitudes of nurses. Training has also been shown to have a positive effect (Raistrick et al. 2015, 58).

Studies focusing on the substance using patient's experiences of care bring forward much the same issues. Importance of caring and non-judgemental staff is emphasised as a factor keeping substance using patients in hospital instead of leaving against medical advice. Substance users describe feeling stigmatised in drug treatment and other healthcare, and substance use is seen as a moral failing. These experiences are contributed to society's perceptions of drug users. Substance users expect that they will receive negative treatment and discrimination in current and future health care encounters, which can cause them to be more sensitive to staff attitudes. Due to the perceived discrimination, substance users may come to health care "with their guard up." Discrimination is seen as a barrier in seeking future medical treatment. (Velez, Nicolaidis, Korthuis & Englander 2016, 298-299.; Brener, von Hippel, von Hippel, Resnick & Treloar 2010, 494-495.)

A prospective exploratory study (2012) found that substance using patients often feel that their pain management is not satisfactory. Those patients who were prescribed opioid analgesia were more satisfied with their pain management than those who were prescribed other analgesia. The study also found that those on a methadone maintenance programme were sometimes prescribed an increased dosage of methadone, despite it not being suitable for pain management for these patients. Substance users' dissatisfaction with pain management were mostly related to the prescribed analgesic and dose. Some felt that delays in medication administration were due to discrimination and negative attitudes towards them. (Blay, Glover, Bothe, Lee & Lamont 2012, 293-294.) Many also feel that knowledge on addiction is lacking and treating withdrawal inefficient (Velez et al. 2016, 298-299). Despite substance users' negative experiences with pain management, most patients seem to be grateful for the care they receive and believe that caring encounters are a collaboration between the patient and staff, and efforts of staff are appreciated (Blay et al. 2012, 295).

Few studies have been conducted on the experiences of nurses working with substance using patients. Furthermore, the studies conducted have mostly focused on the experiences of nurses who work in specialised addiction units or in mental health services. Some studies have examined the topic from the patient's perspective. Many of the studies conducted have examined the stigma and attitudes of nurses and other health care personnel toward substance using patients. Studies focusing on the experiences of nurses working in somatic care are few and far between. Mostly, studies focus on the experiences of substance using patients and the care they receive. (Brener et al. 2010; Raistrick et al. 2015; Gilchrist et al. 2011; Lovi & Barr 2009; Velez et al. 2016; Blay et al. 2012.)

3 Aim, purpose, and research question

The aim of this literature review is to find what experiences nurses have caring for the substance using patient. The purpose of this study is to provide information on the experiences of nurses when caring for substance using patients, and to find out improvement possibilities in nursing care for these patients and possible educational needs for nurses.

This study will answer the following research question:

What are the experiences of nurses caring for a substance using patient?

4 Methodology

4.1 Literature review

A literature review is a synthesis of information from the available literature on a particular topic that aims to create a comprehensive document, which relays all the relevant information to the reader and enables them to improve their knowledge by providing a complete picture (Aveyard 2010, 5-7). Literature reviews can be used to develop theoretical knowledge and concepts as well as evaluating already existing

theories (Suhonen, Axelin & Stolt 2016, 7). Several types of literature reviews exist; for example, systematic literature review, which aims to systematically find research, examine its quality, analyse, and synthesise it; integrative literature review, which can be used to generate new information by critiquing and synthesising existing literature; and narrative literature review, whose aim is to describe previous research, its scope, depth, and quantity. (ibid., 2016, 9-14.)

Literature review starts with defining a research question and making a research plan. Next, a comprehensive literature search is conducted, and relevant literature is chosen with inclusion and exclusion criteria. The literature is then critiqued to assess the quality and validity of the literature. Articles that do not meet the inclusion criteria are excluded from the review to guarantee that only relevant literature are included in the literature review. The literature is then read, and the findings identified from them are combined using a systematic approach. (Aveyard 2010, 13-15.) Due to the research question, the aim and purpose, and the breadth of the topic, a literature review was deemed an appropriate approach.

4.2 Literature search and article selection process

The scientific article search process began in spring of 2020 with scoping searches to various databases to determine which databases should be used. Different keywords were trialled to find suitable search terms. The final article search was conducted in October of 2020. Online databases of CINAHL plus full text (Ebsco), PubMed, and Medline (Ebsco) were searched with Boolean phrases, which can be seen in Table 2.

Inclusion and exclusion criteria were applied to the search (Table 1). Literature were also searched for manually in the references of previous studies, as well as using free-form search terms in Google Scholar and the ResearchGate platform. Free-form search terms included variations of phrases such as “nurses’ attitudes toward substance users.” The main challenge with the article search process was the availability of open access, full text articles, which was solved by using Google Scholar, and the ResearchGate platform. One of the studies found through Google Scholar was obtained from the Academia.edu platform from one of the authors. Another study was obtained directly from one of the authors through ResearchGate.

Table 1 Inclusion and exclusion criteria

Inclusion criteria	Exclusion criteria
Articles in English or Finnish	Literature reviews
Published between 2010-2020	Alcohol abuse
Article answers research question	Duplicates
Full text available	
Peer reviewed	

The acquired articles were first evaluated by reading the titles and the abstracts and articles were chosen for further examination and evaluation based on them. Thirteen research articles were chosen based on text, of which seven were discarded due to only briefly answering the research question, being ambiguous of participant’s occupation, poor English translation or describing both patient and nurse perspectives. In the end, six studies were chosen to be included in the literature review. The research articles are presented in Appendix 1.

Finally, the articles were evaluated with the help of the Hawker's grading guide, which can be used to evaluate the quality of qualitative or quantitative research. The Hawker grading criteria gives each part of the research article (i.e., abstract and title, introduction and aims, method and data, data analysis, results, etc.) a grading between "good" and "very poor," or one to four points. The maximum number of points to be assigned is 36. The highest scoring for the assessed articles was 32 points and the lowest was 26 points. The average grading score for the six articles was 29.8 points. No articles were excluded based on the scoring. (Hawker, Payne, Kerr, Hardey & Powell 2002, 1296-1297.) The grading given to each article can be seen in Appendix 1.

The chosen articles were published in 2019 (1), 2016 (1), 2015 (1), 2014 (1), 2012 (1) and 2011 (1). Two of the studies were conducted in Australia, two in the United Kingdom, and one in Sweden, and the United States. Most of the studies included nurses in any nursing unit, ranging from psychiatric units to medical-surgical units (Ford 2011; Horner, Daddona, Burke, Cullinane, Skeer & Wurcel 2019; Morgan 2012; Neville & Roan 2014), one of the studies interviewed nurses working only in an inpatient psychiatric care unit (Johanson & Wiklund-Gustin 2016), and one study interviewed nurses with clinical backgrounds (Morley, Briggs & Chumbley 2015). Two of the studies (Morgan 2012; Morley et al. 2015) focused specifically on nurses' experiences and attitudes towards substance using patients in pain. The study methods used were qualitative (5) and an open-ended question at the end of a survey (1).

Table 2 Literature search process

Database	CINAHL	Medline	PubMed	Manual search
Search terms	experiences OR perspective OR perceptions AND substance use disorder OR drug use OR substance use AND nurse* OR nursing care	experiences OR perspective OR perceptions AND substance use disorder OR substance user OR drug use AND nurse* OR nursing care	nurse AND experi- ence OR chal- lenge OR per- spective AND substance use disorder	free-form search terms used in Google Scholar and ResearchGate Search of ref- erences of pre- vious research
Limitations 2010-2020, ENG or FIN, full text, peer reviewed	n=78	n=561	n=50	-
Chosen based on title	n=13	n=22	n=5	n=6
Chosen based on abstract	n=6	n=12	n=2	n=6
Chosen based on text	n=4	n=3	n=2	n=4
Final selection	n=1	n=1	n=1	n=3

4.3 Data extraction and synthesis of data

The chosen data was analysed using content analysis. Content analysis can be used with quantitative or qualitative data and allows for a systematic way to categorise data from the literature. There are three phases to content analysis; preparation, organising, and reporting (Elo & Kyngäs 2008, 109.)

The selected articles were printed and read thoroughly multiple times. Relevant information was highlighted, and notes were made in the margins in the way of open coding. The highlighted data was then extracted into a Word document and arranged into categories, which formed the subcategories. The final step was abstraction, where similar subcategories were connected into groups and combined further into main categories. (Elo & Kyngäs 2008, 109-111.) An example of the data extraction and coding process can be seen in Appendix 2.

5 Results

Two themes and five subcategories emerged from the literature review that described the experiences of nurses caring for substance using patients. The themes identified were challenges experienced in patient care and the strategies and needs for improvement. The former comprised of three subcategories, treating pain, demanding patient population, and stigma. The second theme consisted of strategies

used in patient care by nurses and needs for improvement of care. An overview of the themes and subcategories can be seen below in Figure 1.



Figure 1 Themes and subcategories

5.1 Challenges experienced in patient care

Treating pain

In the analysed studies, treating the pain of substance using patients was described as a challenge (Ford 2011, 245; Horner, Daddona, Burke, Cullinane, Skeer & Wurcel 2019, 6-7; Morgan 2012, 5-8; Morley, Briggs & Chumbley 2015, 705-707; Neville & Roan 2014, 434-435). Nurses found it difficult to assess and believe the pain because patients tended to have high tolerance to pain medications and larger than normal doses were often needed. Patients would be seen acting “normally” until pain levels were enquired about and would then report high pain levels, which would make the nurses suspicious of the severity of the pain. Requesting for more pain medications along with as needed medications was considered dubious and could cause the patient to be regarded as drug-seeking. (Morgan 2012, 6-7; Morley et al. 2015, 707; Neville & Roan 2014, 343.) Acute intoxication made assessing pain even more difficult because it was difficult to differentiate pain from the intoxication (Morley et al. 2015, 705). However, a physical reason for pain helped nurses believe the pain (Ford 2011, 245).

Because of substance use and the ensuing high tolerance to pain medications, substance using patients had low tolerance to pain, which further increased the need for stronger analgesics (Morgan 2012, 5; Morley et al. 2015, 707). However, physicians were often reluctant to prescribe effective analgesics, especially to those with opioid use disorder, because they either did not believe the pain or were afraid of aggravating addiction. Feelings of frustration, helplessness and powerlessness were described by nurses because they were not able to prescribe medications yet wanted to relieve

patients' pain. (Horner et al. 2019, 6-7; Morgan 2012, 7-8; Morley et al. 2015, 707.) In Neville and Roan's study (2014, 344) nurses stated that caring for the pain of substance using patients had had a negative effect on how they perceived the pain of patients who did not use substances, and that it was more difficult to believe the pain reported by them.

Nurses were also conflicted with treating pain; on one hand they believed substance using patients had a right to be pain-free, but on the other, they did not want to contribute to patients' addiction by over-medicating (Horner et al. 2019, 6) Some nurses saw substance abuse as a real disease, while others believed it to be an individual choice (Neville & Roan 2014, 341-342). Nurses in Horner and colleagues' study (2019) expressed the need to reframe addiction as a disease to address their pain with compassion (6). While some nurses were afraid of over-medicating patients, others expressed a profound duty to care for this patient population, some even going as far as risking their nursing license to provide adequate pain relief (Morgan et.al. 2012, 8). Fear of drug interactions was described by nurses in Ford's (2011) study, because patients would withhold information of the substances taken, their dosage and the frequency of use (245).

Demanding patient population

The studies revealed that substance using patients are considered a demanding patient population by nurses. Patients were said to have no interest in the particularities of their care and would often reject alternative treatment methods to their ailments in favour of medications. Some patients would also refuse to take part in rehabilitative treatments such as physiotherapy or seeing nurses specialised in pain management or addiction services. (Ford 2011, 244; Morgan et al. 2012, 5-6; Morley et al.

2015, 705.) Nurses working with the neonatal babies of mothers' who use substances were especially angered by the lack of responsibility, because it created a cycle of curing the child and having the substance reintroduced again by the mother through breastfeeding (Ford 2011, 245).

Another factor that made substance using patients a demanding patient population was the time-consuming nature of their care. Along with caring for withdrawal symptoms and managing the pain of substance using patients, nurses also had other patients to care for. Substance using patients were considered needy, disruptive, and requiring frequent monitoring, which took away time from other patients who needed care. (Ford 2011, 245; Horner et al. 2019, 7; Morley et al. 2015, 707; Neville & Roan 2014, 341.) Caring for this patient population could often lead to feelings of frustration, burnout, and avoidance in caring for them (Horner et al. 2019, 7). Some nurses felt that substance using patients should not be treated in the same wards as other patients and that one-on-one care of these patients would be beneficial (Ford 2011, 246; Neville & Roan 2014, 343). According to the nurses, patients could become aggressive if their demands were not met (Ford 2011, 245; Horner et al. 2019, 7).

The studies found that patients were prone to outbursts and aggressive behaviours, which induced fear in nurses and caused them to feel threatened (Neville & Roan 2014, 342). One study (Horner et al. 2019) found that female nurses were more concerned for their personal safety than male nurses because patients were more likely to be male than female. Nurses relied heavily on the help of hospital security when dealing with substance using patients. Security were often called to conduct bag checks for patients with known history of substance abuse, or to de-escalate threatening situations caused by them. (5-6.) Aggressive and violent behaviours were a significant source of stress and anxiety for nurses (Horner et al. 2019, 5) and such behaviours impeded the care nurses provided (Ford 2011, 244). Ford (2011) found that

visitors of substance using patients could increase the aggressive and violent behaviours of these patients and that they were often intimidating. Nurses also reported that they sometimes had to give into the demands of patients due to intimidation from them and their guests, to protect themselves and other patients. (244.)

Despite the risks associated with caring for this patient population nurses felt responsible for them and would strive to give them the best care possible by putting their own feelings aside. Some nurses said that their treatment of these patients was not affected by their behaviour, while others described not wanting to care for them. (Neville & Roan, 2014, 342.)

Stigma

Nurses in the studies described having stigma towards substance using patients. Factors contributing to stigma were previous negative encounters with substance using patients, patients' aggressive and manipulative behaviours (Morley et al. 2015, 704; Ford 2011, 244), and nurses' own attitudes that were influenced by their cultural background, education, years of experience, and their own experiences with addiction (Morgan 2012, 6). Nurses described feelings of anger towards this patient population (Neville & Roan 2014, 341) and noted that giving good care to them was challenging due to negative feelings (Morgan 2012, 6-7). In Horner and colleagues' study (2019) nurses said that patients expect stigma from nurses, which causes them to act according to their perceived stigmatisation, which aggravates nurses' perceptions of them further (5).

Nurses regarded substance using patients as manipulative, which further contributed to stigmatisation. While nurses tried to trust the patients, they also had to remain vigilant towards manipulation to not seem naïve to other nurses (Johansson & Wiklund-Gustin 2016, 397). Patients' had an affinity to manipulate people and situations to their benefit (Neville & Roan 2014, 341) and they were also known to lie about substance use and their willingness to become sober (Ford 2012, 244-245). Patients' manipulation broke the trust between them and the nurses, which impeded care. However, nurses in Johansson and Wiklund-Gustin's study (2016) revealed that nurses also used manipulation in their care, but it was seen as a positive, rather than negative (307). Nurses felt that patients' concerns for stigma were justified because staff's attitudes are obvious and difficult to hide (Horner et.al. 2019, 5). Factors that lowered stigma and attitudes were patients' willingness to take steps towards sobriety such as methadone replacement treatment (Morley, et al. 2015, 706), and nurses' attempts at understanding patients' experiences that led them to the use of substances (Morgan 2012, 7).

5.2 Strategies and needs for improvement

Strategies used in patient care by nurses

In some of the studies, nurses had developed strategies and techniques to be used in the care of substance using patients. Nurses explained that tailoring care to the individual's needs was important because no one patient was the same and each patient should be treated according to their personal needs (Morley et al. 2015, 705-706).

Nurses in both Horner and colleagues' (2019, 6) and Johansson and Wiklund-Gustin's (2016, 305) studies tried to see the patient beyond their addiction. Nurses tried to understand the reasons for patients' use of substances and the reasons behind their negative behaviours, which were contributed to wanting to hide one's suffering and vulnerability. (ibid., 305; Morley et al. 2015, 707.) Nurses also used their own experiences of pain and addiction to facilitate compassion towards substance using patients. (Horner et al. 2019, 6)

Nurses in Horner and colleagues' (2019) study suggested that nurses often fixated on the substance use instead of taking the other aspects of the patients' lives into consideration. Emotional support for patients was also considered to be lacking. (9.) The same conclusions were drawn by Johansson and Wiklund-Gustin (2016) who reported that nurses felt it was important to take all aspects of the patients' lives into consideration, but it was often difficult to move the focus off the substance use and consider the factors in the patients' lives that affected them. The nurses also described that drugs were a kind of a problem-solver for patients and by focusing only on the use of substances, patients were not likely to find other, more conducive means to cope with the struggles of their lives. (305.)

Nurses' saw their role as one of support and advocacy (Morgan et al. 2012, 8) and they tried to encourage patients to take responsibility for their care (Johansson & Wiklund-Gustin 2016, 306). Nurses also encouraged patients to find reasons to follow treatment plans, instead of solely relying on the rules and structures of the care facility. Rules were considered important in facilitating care in the psychiatric ward; however, they could also impede care by being too inflexible. Rules could also prevent nurses from seeing the patient as an individual, which put further constraints on their care. Nurses described that patients sometimes had difficulty becoming accustomed to the rules and structures of the care unit because they tended to lead lives of few boundaries. (Johansson & Wiklund-Gustin 2016, 306.)

Learning new life- and coping skills was important in the treatment of substance using patients in the inpatient psychiatric ward. Nurses strived to focus on the future when caring for these patients, helping them find reasons to continue their path in recovery. Nurses helped build patients' self-worth by highlighting their strengths and skills, practicing social skills and teaching strategies to cope with anxiety. The studies showed that nurses felt patient relapses as a personal failure, which created feelings of frustration and disappointment. However, it was emphasised that these feelings should be managed to keep them hidden from patients. (Neville & Roan 2014, 343; Johansson & Wiklund-Gustin 2016, 307,) Nurses in Johansson and Wiklund-Gustin's study (2016, 306-307) also highlighted the importance of remaining patient even when multiple relapses occurred. Emphasis of the social and psychosocial needs of the patients was highlighted by nurses in another study (Morley et al. 2015, 707), which were said to contribute to a collaborative and holistic patient care.

Collaboration and communication between nursing staff and physicians brought comfort to nurses. Being able to consult and discuss aspects of care with other nurses and medical staff helped nurses see the whole picture (Horner et al. 2019, 7). Nurses also described the value of venting their frustrations with patients to other nurses, although this was seen as a challenge as it could affect the nurses' perspectives of the patients (Johansson & Wiklund-Gustin 2016, 307.) A frustrating factor to collaboration and communication identified was the variable adherence to agreed-upon care plans, particularly regarding medication times and doses; some nurses followed them religiously, while others did not. Patients could also take advantage of communication issues between nurses to get extra medication. A way to mitigate this was to establish expectations for treatment and setting up "*pain contracts*" together with the patient and their care team upon admission. (Horner et al. 2019, 7-9.) One nurse in Morgan's study (2012, 8) described separating themselves from patients to decompress and regain their composure after negative a reaction to patients' behaviours.

Needs for improvement of care

In the studies, nurses expressed a need for education regarding substance use and its aspects (Morgan 2012, 6). Nurses felt that they did not have the information needed to care for these patients adequately and were unprepared and uncomfortable treating them (Neville & Roan 2014, 343). More education was required on the specifics of substances, their dosage, terminology, the pain management of patients with opioid addictions, and the physical manifestations of withdrawal. Collaboration with experts working in specialised addiction facilities were also welcomed. (Horner et al. 2019, 5-10.)

Studies showed that there was a lack of resources and funding, which affected nurses' ability to develop professionally (Morley et al. 2015, 707; Morgan 2012, 7). Low staffing counts and the high patient-to-nurse ratio made it more difficult to give individual care to patients, which was a source of frustration to nurses due to the unpredictable nature of caring for substance using patients and the time it takes to care for them. The lack of resources also impeded access to alternative means of treatment such as acupuncture, relaxation, and massage. Nursing documentation also took time away from patient care. (Morgan 2012, 7.)

Nurses described needing safe spaces to send patients to after discharge. The ability to care for addiction on the societal level was important; focus should be put on prevention and community treatment. However, only some rehabilitation centres were available to patients with substance dependence. In general, nurses were happy with the effort made towards helping substance users. (Horner et al. 2019, 8.) Some nurses reported that substance using patients were sometimes reluctant to leave hospital due to the security and clean, safe hospital environment being a welcome

change to their usual habitat (Morley et al. 2015, 707). The ability to give one-on-one care was needed, but due to low staffing, was not often achievable (Neville & Roan 2014, 343.) The importance of emotional support for nurses was highlighted by one study (Horner et al. 2019, 10) because nurses can also become addicted, and have easy access to narcotics.

Nurses also described the need for standardised protocols in caring for substance using patients. The value of pain contracts (Neville & Roan 2014, 343) was noted, but nurses were not sure if they were used regularly. The aim of pain contracts was to agree on the levels of pain management to decrease drug-seeking behaviours and to promote patient safety. Some nurses suggested the use of patient liaisons to bridge the gap between nurse and patient. (Horner et al. 2019, 9.)

6 Discussion

6.1 Ethical considerations and limitations

Literature reviews are used to collate and report the findings of research studies and as such do not need rigorous ethical approval, however, the validity and reliability of the chosen articles should be assessed (Vergnes, Marchal-Sixou, Nabet, Maret & Hamel 2010, 773). The reliability of the research articles was evaluated with the Hawker

research appraisal guide (Hawker 2002) and the phases of the research process were reported to the best of the author's ability, however, the reliability of the article grading should be considered because the grading was conducted by only one person inexperienced with the evaluation process.

The findings were presented according to the Jyväskylä University of Applied Sciences (JAMK) project reporting instructions and are supported by the accurate use of in-text citation and referencing (Stevens & Crawford 2020). The reliability of the content analysis is decreased by only having one author conducting the study as individual opinions and biases could have affected the interpretation of the results and conclusions drawn from the research. Having more than one person analysing the research would have increased its reliability and allowed for a more thorough review of literature and a more multifaceted perspective of the findings (Rew 2011, 68).

Another limitation to be considered are the language skills of the author since their native language is Finnish. While the author is relatively proficient in the English language, misinterpretations of the literature and errors in translation could have occurred. The inexperience of the author in conducting a literature review should also be noted. Furthermore, the literature review was conducted within a short period of time, which could have affected its reliability.

The sample size of most of the studies was relatively small, ranging between five and twenty-five participants in five of the articles. One study had a sample size of 311 participants, but the responses were drawn from an open-ended question at the end of a survey. The total sample size of all articles was $n=382$. All articles were less than ten years old and half of the studies were five years old or newer, so the research is current, which adds to reliability. The availability of free articles put a limit to the

number of studies that were included in the literature review, thus affecting the scope of the review, however, research on the topic is generally lacking.

Initially, the purpose of the thesis was to find data on the experiences of nurses caring for substance using patients specifically in clinical settings, however, during the scoping search it became evident that the research on the topic was scarce. Thus, the topic of the thesis was adjusted to include all nursing fields to increase the availability of studies. This, however, provides a broad perspective of the topic as it includes perspectives of nurses working in various nursing settings such as inpatient, acute, and psychiatric units. In retrospect, the thesis could have been better executed as a qualitative research study over a literature review, however, it does highlight the lack of research on the topic and can provide insight to a need for future research opportunities.

6.2 Conclusions and recommendations

The aim of this literature review was to collect information on the experiences of nurses who care for substance using patients to provide a general understanding of its aspects and to shed light on possible needs for improvement. The results of the study revealed that the experiences of nurses caring for substance using patients are coloured by challenges.

While nurses try to see the substance using patient as an individual, it can be difficult to separate the patient from their addiction, which can make way for negative attitudes. Negative perceptions of physicians prescribing also affected the care that nurses gave and was a source of frustration to them. One of the challenges was the treatment of pain. Realising pain was difficult to nurses and properly medicating to relieve pain and feeding addiction was a considerable worry. Nurses tended to be distrusting of patients' descriptions of pain levels in case of drug-seeking. (Horner et al. 2019, 6-7; Morgan 2012, 6-7; Morley et al. 2015, 707; Neville & Roan 2014, 343.) Patients' heightened sensitivity to pain and disagreements with alternative ways to treat pain contributed to the challenges (Morgan 2012, 5; Morley et al. 2015, 707). Patient aggressiveness due to not receiving pain medications was also an issue.

Substance using patients were a demanding patient population, who took time away from the care of other patients. The patients' intimidating and often aggressive behaviours caused concerns for safety of the nurses and other patients. Nurses had to rely on hospital security to deal with patients' outbursts, and many of the nurses were reluctant to care for this patient population. Nurses described feelings of stress and anxiety, when caring for substance using patients, which impeded nursing care and could also lead to burnout. (Horner et al. 2019, 5-7; Neville & Roan 2014, 342; Ford 2011, 244.) Nurses experienced stigma towards substance using patients, which were said to have stemmed from previous negative experiences, behaviours of patients, nurses' background, and education. (Morley et al. 2015, 704; Ford 2011, 244; Morgan 2012, 6.) Years of experience facilitated compassion in nurses (Horner et al. 2019, 6) and nurses had a strong duty to care for this patient population, despite their negative feelings towards them (Morgan et al. 2012, 8).

Nurses had also built strategies to better care for the substance using patients and tried to put aside their own feelings of judgement. Taking the needs of the individual into consideration was considered important and using one's own experiences with

addiction helped nurses in understanding and sympathising with the patients. (Morley et al. 2015, 705-706; Johansson & Wiklund-Gustin 2016, 305) Drawing focus away from the substance use and focusing on future was considered important, and learning coping skills helped patients deal with the challenges in their lives. (Horner et al. 2019, 9; Johansson & Wiklund-Gustin 2016, 305) Rules and structures aided in the patients' recovery and nurses encouraged patients in realising their strengths. Communication and collaboration between nursing staff was an important factor, however, some were frustrated with the varied adherence to treatment plans, which patients could sometimes take advantage of. (Johansson & Wiklund-Gustin 2016, 306; Neville & Roan 2014, 343; Horner et al. 2019, 7-9.)

Nurses' need for support from both colleagues and hospital was highlighted in the studies. Additionally, nurses stated that they were not prepared to take care of the substance using patient population because they had not received adequate education on the topics of addiction, treating withdrawal, and the specifics of substance use. The lack of safe spaces to send patients after discharge concerned nurses due to the increased possibility of relapses. Nurses wanted standardised protocols and supportive services for nurses and patients to be implemented. (Morgan 2012, 6-7; Neville & Roan 2014, 343; Horner et al. 2019, 5-10.)

The results of the study brought to light many, mostly negative, aspects of caring for substance using patients, which did not differ substantially from the results of previous studies or the expectations the author had before conducting the literature review. The results indicate that nurses require more education on the care of substance using patients and that both practical and theoretical practice is needed. Nurses' negative attitudes towards substance using patients could influence their willingness to seek help or take part in rehabilitation and other aspects of their care. It is therefore crucial that nurses are aware of their attitudes and preconceptions and learn away from them or at least put them aside during patient interactions.

More research is needed on the experiences of nurses who care for substance using patients as they are encountered in the same health care services as non-substance using patients and it is important to be aware of the particularities of their care. Focus on the experiences of nurses working in acute and other clinical settings like operating theatres would be interesting. Patients' perceived negative attitudes of nurses can affect their experiences of the care that they receive, which could affect patient outcomes. The experiences of care from the substance using patients' point of view would also be valuable to gain knowledge of improvement needs. Studies with a more substantial sample size are needed. Furthermore, none of the studies were conducted in Finland, however, it could be inferred from the study conducted in Sweden (Johansson & Wiklund-Gustin 2016) that similar issues are prevalent, so a future research opportunity could be to conduct research in the Finnish health care setting.

References

Alaspää, A. 2018. *Päihdemyrkytykset*. Lääkäriin käsikirja. Duodecim, terveysportti. Accessed 21.10.2020.

Aveyard, H. 2010. *Doing a literature review in health and social care: A practical guide*. 2nd Ed. Maidenhead, England, McGraw-Hill Education. <https://janet.finna.fi/>, ProQuest.

Blay, N., Glover, S., Bothe, J., Lee, S., Lamont., F. 2012. *Substance user's perspective of pain management in the acute care environment*. *Contemporary Nurse*, 42, (2), 289-297. <https://janet.finna.fi/>, ProQuest.

Brener, L., von Hippel, W., Kippax, S., Preacher, K.J. 2010. *The role of physician and nurse attitudes in the health care of injecting drug users*. *Substance Use and Misuse*, 45, 1007-1018. Retrieved from ResearchGate.

Brener, L., von Hippel, W., von Hippel, C., Resnick, I., & Treloar, C. 2010. *Perceptions of discriminatory treatment by staff as predictors of drug treatment completion: utility of a mixed methods approach*. *Drug and Alcohol Review*, 29, 491-497. Retrieved from ResearchGate.

Chi, T., & Gold, J.A. 2020. A review of emerging therapeutic potential of psychedelic drugs in the treatment of psychiatric illnesses. *Journal of the Neurological Sciences*, vol. 114, 1-8. <https://janet.finna.fi/>, Elsevier Science Direct.

Daniller, A. 2019. Two-thirds of Americans support marijuana legalization. Fact Tank. Pew Research Center. Accessed 10.6.2020. Retrieved from <https://www.pewresearch.org/fact-tank/2019/11/14/americans-support-marijuana-legalization/>

Depressants. 2019. *Global Drug Report 2019*. United Nations Publications. Retrieved from https://reliefweb.int/sites/reliefweb.int/files/resources/WDR19_Booklet_3_DEPRESSANTS.pdf

Elo, S., & Kyngäs, H. 2008. The qualitative content analysis process. *Journal of Advanced Nursing* 62, 107-115.

ETENE. 2012. *Ethical grounds for the social and health care field*. ETENE-publications 34. The National Advisory Board on Social Welfare and Health Care Ethics ETENE. Helsinki: Ministry of social affairs and health. Accessed 13.10.2020. Retrieved from <https://etene.fi/documents/1429646/1571616/Publication+34+Ethical+grounds+for+the+social+and+health+care+field%2C+2012.pdf/a3f0ab6b-8e42-4045-865f-466f0dae3d8e/Publication+34+Ethical+grounds+for+the+social+and+health+care+field%2C+2012.pdf>

European drug report. Trends and developments. 2019. European Monitoring Centre for Drugs and Drug Addiction. Luxembourg: Publications Office of the European Union.

https://www.emcdda.europa.eu/system/files/publications/11364/20191724_TDAT19001ENN_PDF.pdf

Executive summary. 2019. Global Drug Report 2019. United Nations Publications.

https://reliefweb.int/sites/reliefweb.int/files/resources/WDR19_Booklet_1_EXECUTIVE_SUMMARY.pdf

Ford, R.T. 2011. *Interpersonal challenges as constraint on care: The experience of nurses' care of patients who use illicit drugs*. Contemporary Nurse, 37, (2), 241-252. Retrieved from ResearchGate.

Gilchrist, G., Moskalewicz, J., Slezakova, S., Okruhlica, L., Torrens, M., Vajd, R., & Baldacchino, A. 2011. *Staff regard towards working with substance users: a European multi-centre study*. Addiction, 106, 1114-1125. <https://janet.finna.fi/>, CINAHL plus full text (Ebsco).

Global Drug Report. 2019. Global overview of drug demand and supply. United Nations Publications. Retrieved from

https://reliefweb.int/sites/reliefweb.int/files/resources/WDR19_Booklet_2_DRUG_DEMAND.pdf

Hawker, S., Payne, S., Kerr, C., Hardey, M., & Powell, J. 2002. *Appraising the evidence: reviewing disparate data systematically*. Qualitative Health Research, 12, 1284-1298. Retrieved from ResearchGate.

Holmberg, J., Partanen, A., & Koskelo, J. 2015. Päihteet ja niiden käyttö. In Partanen, A., Holmberg, J., Inkinen, M., Kurki, M., & Salo-Chydenius, S. 2015. Päihdehoitotyö 1st. ed. Helsinki: Sanoma Pro Oy.

Horner, G., Daddona, J., Burke, D.J., Cullinane, J., Skeer, M., Wurcel, A.G. 2019. "You're kind of at war with yourself as a nurse": Perspectives of inpatient nurses on treating people who present with a comorbid opioid use disorder. Retrieved from ResearchGate.

Huttunen, M.O. 2017. *Huumeidenkäytön vieroitushoito*. Lääkkeet mielen hoidossa. Duodecim terveystieteiden aikakauslehti. Accessed 22.10.2020.

Huumauslainelaki. 373/2008. Finlex Data Bank. Accessed 14.10.2020.

<https://www.finlex.fi/fi/laki/ajantasa/2008/20080373>

Johansson, L., & Wiklund, G. L. 2016. *The multifaceted vigilance - nurses' experiences of caring encounters with patients suffering from substance use disorder*.

Scandinavian Journal of Caring Sciences, 30(2), 303-311. <https://janet.finna.fi/>, CINAHL plus full text (Ebsco).

Jääskeläinen, M., & Virtanen, S. 2020. *Päihdetilastollinen vuosikirja 2019, alkoholi ja huumeet*. [Statistical yearbook of alcohol and drug statistics 2019.] Terveyden ja hyvinvoinninlaitos. Helsinki: PunaMusta Oy. Retrieved from https://www.julkari.fi/bitstream/handle/10024/139083/P%c3%a4ihdetilastollinen%20vuosikirja%202019_verkkoon.pdf?sequence=7&isAllowed=y

Karjalainen, K., Pekkanen, N., & Hakkarainen, P. 2020. *Suomalaisten huumeiden käyttö ja huumeasenteet – Huumeaiheiset väestökyselyt Suomessa 1992–2018* [Drug use and drug attitudes among Finns – Drug-related population surveys in Finland 1992–2018]. Finnish Institute for Health and Welfare (THL). Report 2/2020. Helsinki: PunaMusta Oy. Retrieved from https://www.julkari.fi/bitstream/handle/10024/139059/URN_ISBN_978-952-343-441-7.pdf?sequence=1&isAllowed=y

Morgan, B.D. 2012. *Nursing attitude toward patients with substance use disorders in pain*. Pain Management Nursing 2014, 15, (1), 165-175. <https://janet.finna.fi/>, Elsevier Science Direct.

Morley, G., Briggs, E., & Chumbley, G. (2015). *Nurses' Experiences of Patients with Substance-Use Disorder in Pain: A Phenomenological Study*. Pain Management Nursing: Official Journal of the American Society of Pain Management Nurses, 16(5), 701–711. <https://janet.finna.fi/>, Medline (Ebsco).

Neville, K., & Roan, N. 2014. *Challenges in Nursing Practice: Nurses' Perceptions in Caring for Hospitalized Medical-Surgical Patients with Substance Abuse/Dependence*. Journal of Nursing Administration, 44(6), 339–346. <https://janet.finna.fi/>, Medline (Ebsco).

Raistrick, D.S., Tober, G.W., & Unsworth, S.L. 2015. *Attitudes of healthcare professionals in a general hospital to patients with substance misuse disorders*. Journal of Substance Use, 20, (1), 56–60. <https://janet.finna.fi/>, CINAHL plus full text (Ebsco).

Rew, L. 2011. *The systematic review of literature: Synthesizing evidence for practice*. Journal for Specialists in Pediatric Nursing, 16, 64-69.

Simojoki, K. 2016. *Huumeongelmaisen hoito*. Lääkärin käsikirja. Duodecim, terveystietä. Accessed 21.10.2020.

Stevens, J.E., & Crawford, S.L. 2020. Project reporting instructions. Derived from Liukko, S., & Perttula, S. 2020. Raportointiohje. [Reporting instructions] Accessed 12.11.2020 Retrieved from <https://oppimateriaalit.jamk.fi/projectreportinginstructions/>

Suhonen, R., Axelin, A., & Stolt, M. 2016. Erilaiset kirjallisuuskatsaukset. Kirjallisuuskatsaus hoitotieteessä. 2nd revised ed. Turku: University of Turku.

Velez, C.M., Nicolaidis, C., Korthuis, T., & Englander, H. 2016. *“It's been an experience, a life learning experience”*: a qualitative study of hospitalized patients

with substance use disorders. Journal of General Internal Medicine, 32, (3), 296–303.
<https://janet.finna.fi/>, ProQuest Central.

Vergnes, J-N., Marchal-Sixou, C., Nabet, C., Maret, D., & Hamel, O. 2010. *Ethics in systematic reviews*. Journal of Medical Ethics, 36, 771-774. Retrieved from ResearchGate.

Appendices

Appendix 1. Reviewed articles

No.	Author(s), Year, Country	Title	Aim(s) and Purpose	Data collection and Analysis	Key results	Hawker score
1.	Ford, R.T. Contemporary Nurse. 2011. Australia.	Interpersonal challenges as constraint on care: The experience of nurses' care of patients who use illicit drugs.	To examine the factors that impede nursing care of drug users.	n=311 Written reports provided by a sub-sample of a main study sample (n=1605). Responses to an open-ended question to describe factors that impede ability to provide nursing care to illicit drug users. Thematic analysis of narrative data.	Study identified three factors that impeded nursing care of drug users' violence, manipulation and irresponsibility. Nurses had negative attitudes towards illicit drug users and didn't want to care for them.	29
2.	Horner, G., Daddona, J., Burke, D.J., Cullinane, J., Skeer, M., Wurcel, A.G. PLoS ONE. 2019. Australia.	"You're kind of at war with yourself as a nurse": Perspectives of inpatient nurses on treating people who present with a comorbid opioid use disorder.	To examine nurses' attitudes and perceptions of patients who have opioid use disorder and to discover training needs.	n=22 Semi-structured, interviews.	Study described stigma towards opioid use disorder patients, difficulties assessing and treating pain, concerns for safety, importance of communication between providers, feelings of burnout and opportunities for improvement of care.	32

3.	Johansson, L., & Wiklund, G. L. Scandinavian Journal of Caring Sciences. 2016. Sweden.	The multifaceted vigilance - nurses' experiences of caring encounters with patients suffering from substance use disorder.	To study the experiences of nurses who work in in-patient psychiatric care caring for patients with substance use disorder.	n=6 Four reflective dialogues over a 3-month period.	Study describes different strategies nurses use to motivate and encourage patients, while staying vigilant to their manipulative behaviours, and avoiding being emotionally drained.	31
4.	Morgan, B.D., Pain Management Nursing. 2012. United States.	Nursing attitude toward patients with substance user disorders in pain.	To identify nurses' attitudes towards substance using patients in pain and to provide more knowledge on the topic.	n=14 Semi-structured interviews.	The study identified factors that contributed to nurses' attitudes towards substance using patients, described patients' pain behaviours, and barriers affecting nursing care.	32
5.	Morley, G., Briggs, E., Chumbley, G. Pain Management Nursing. 2015. United Kingdom.	Nurses' experiences of patients with substance use disorder in pain: A phenomenological study	To explore nurses' experiences working with patients with substance use disorder in pain to gain insight to their perspective.	n=5 Semi-structured interviews.	Study found that substance using patients were difficult and non-compliant. Managing pain was challenging due to insufficient prescribing and drug-seeking behaviours of patients. Nurses' workloads and low staffing put a strain on care.	29
6.	Neville, K., & Roan, N. The Journal of Nursing Administration. 2014. United States.	Challenges is nursing practice: Nurses' perceptions in caring for hospitalized medical-surgical patients with substance abuse/dependence.	To examine nurse perceptions of caring for hospitalised medical-surgical patients who had comorbid substance abuse/dependence.	n=24 Qualitative inductive approach, questionnaires.	Study identified issues pertaining to manipulative patient behaviours, concerns for safety, need for education and difficulties assessing pain.	26

Appendix 2. An example of content analysis

Original expression	Reduced form	Subcategory	Grouping	Main category
<p><i>“Social skills were practiced and developed at the unit, as well as self-care strategies to deal with anxiety and other symptoms. Thus, nurses strived to focus on the future, and not only on the withdrawal period. A joint reflection in regard to the patients’ narrative highlighted patterns that needed attention and gave rise to a new understanding of the current situation, the addictive behaviours as well as the strengths and skills.” (Johansson & Wiklund-Gustin 2016, 307.)</i></p>	<p>Developing strategies to care for substance using patients and teaching coping skills to facilitate recovery.</p>	<p>Coping skills</p>	<p>STRATEGIES USED IN PATIENT CARE BY NURSES</p>	<p>STRATEGIES AND NEEDS FOR IMPROVEMENT</p>
<p><i>“Most nurses were satisfied with provider communication and expressed comfort consulting with the care team about a patient’s opioid use or suspicion of inpatient non-prescribed drug use. The value in “getting on the same page” was elaborated on by one interviewee, who stated, “usually it’s the nurses who say, ‘come, let’s go in and talk to somebody together to measure that we’re all together and hear the same things.’” (Female, 45–54)” (Horner et al. 2019, 7.)</i></p>	<p>Communication between nurses and physicians was considered important.</p>	<p>Communication</p>		

<p><i>“Despite generalizing that patients with SUD were noncompliant or difficult, most of the participants explicitly stated that each patient with SUD in pain is different and consequently needed to be treated holistically and individually. (Morley et al. 2015, 705-706.)</i></p>	<p>Each substance using patient is different and should be treated according to their personal needs.</p>	<p>Individualised care</p>			
<p><i>“Nurses recommended a number of ways to structure training, offering both content suggestions and learning methods that they perceived to be effective. Some nurses discussed how trainings should be less academic and instead focus on the realities of drug abuse, including terminology and dose information.” (Horner et al. 2019, 9-10.)</i></p>	<p>Nurses had many suggestions for improving education and gave recommendations for training curriculum.</p>	<p>Educational needs</p>	<p>NEEDS FOR IMPROVEMENT OF CARE</p>		
<p><i>“Nurses reported that caring for patients with substance abuse/dependence, as well as general psychiatric disorders, reflected a specialized body of knowledge, for which they were unprepared and lacking in knowledge.” (Neville & Roan 2014, 343.)</i></p>	<p>Inadequate training, which made nurses uncomfortable and unprepared to work with SU patients.</p>	<p>Educational needs</p>			
<p><i>“...suggested meetings and discussions with staff and specialists working in detoxification and rehabilitation centers, which may inform and strengthen their approach to patients who have OUD.” (Horner et al. 2019, 10.)</i></p>	<p>Need for information about opioid use disorder given by experts.</p>	<p>Educational needs</p>			

<p><i>“They [other nurses] need to be educated about what addiction is and how it comes about ... nurses didn’t think it was important at all to have all of these drug and alcohol counsellors, and...” (Morgan 2012, 6.)</i></p>	<p>Education about addiction is needed.</p>	<p>Educational needs</p>		
<p><i>“Participants also discussed experiences where patients with SUD did not want to leave the hospital because it was safe, warm, clean, and secure.” (Morley et al. 2015, 707.)</i></p>	<p>Patients don’t want to leave because the hospital environment is an improvement to their own living conditions.</p>	<p>Place after discharge</p>		
<p><i>“At the societal level, nurses highlighted the importance of having safe and appropriate places to send patients with OUD after discharge.” (Horner et al. 2019, 8.)</i></p>	<p>Safe places are needed to send patients to after discharge.</p>	<p>Place after discharge</p>		
<p><i>“Barriers included low staffing patterns, high acuity, inability to contact prescribers, documentation problems, policies (such as mandatory pain education), and lack of resources, such as access to other providers who might include alternate strategies for pain management (acupuncture, relaxation, massage).”</i></p>	<p>Lack of resources create barriers to care given.</p>	<p>Lack of resources</p>		
<p><i>“...I find these patients often need a 1:1 watch for safety reasons, and when that isn’t available, it is challenging.” (Neville & Roan 2014, 343.)</i></p>	<p>One-on-one care is needed but not often available.</p>	<p>Lack of resources</p>		

<p><i>“One nurse called for a comprehensive look into best practices on treatment of addiction in the hospital setting, recognizing the inadequacies and inconsistencies of current practices” (Horner et al. 2019, 10.)</i></p>	<p>Best practices need to be defined in hospital settings.</p>	<p>Protocols</p>		
<p><i>“described the need for additional supportive services for themselves as well as their patients from highly specialized psychiatric and substance abuse/dependence professionals.” (Neville & Roan 2014, 343.)</i></p>	<p>Supportive services are needed for nurses and patients.</p>	<p>Protocols</p>		