



Experiences of nurses in caring for patients suffering from addiction disorders in the hospitals

A literature Review

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Abstract

Addiction disorder is a complex public health disease that affects many lives globally yet widely misunderstood health conditions with lot of stigma, label, and shame. Amongst all the increasing number of patients in the hospitals are also individuals with substance use disorder who also come to the hospital with complex social, behavioral, and medical issues, nurses are the health professionals that spend most time with patients at the hospital yet there is little research done on their experiences in caring for these individuals.

The aim of this study was to review existing literature on the experience of nurses in caring for substance use disorder patients in the hospital. Data were collected using two data bases: CINAHL and PUBMED. The search gave rise to 7 articles that was analyzed using conventional content analysis. Three main categories emerged: barriers to substance abuse disorder care, institutional factors related to care and lastly factors that enhanced substance use disorder care.

In conclusion, it was found that poor role support from hospital managements, stigma, low staffing and high emergency cases in the hospitals, patient and nurse related factors, lack of clarity in the care and assessments were the contributing factors to poor care given to individuals with addiction disorder. To improve this, nurses need to be given more training on addiction disorder care and hospital management should also provide role support to nurses. Lastly, patients should be educated and encourage to cooperate with the care process.

Keywords/tags (subjects)

Substance use disorder, individual with addiction disorder, nurse's experience

Miscellaneous

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1 Introduction

Addiction disorder is a serious humanitarian crisis in public health that affects the lives of millions, yet a widely misunderstood health conditions with lot of labels, shame, and stigma. Addiction disorder is a complex disease and a reality for every individual in life. Most nurses in their daily encounter have come across individuals struggling with substance use disorder. As health and wellness advocate, nurses have the responsibility to identify sign and symptoms of addiction disorder to enable earlier interventions to be administered (Felicilda,2015.) Similarly, individuals who engage in illicit drugs also receive care in the general hospital and the interventions for substance misuse ranges from public health measures to specialist, psychosocial and pharmacotherapies. (Raistrick, Tober & Unsworth 2015). A research conducted by United Nations office of Drugs and Crimes (UNODC) 2019, states that 35 million of people worldwide suffer from drug use disorders, this has increased the hospitals and emergencies visit.

Nurses are in a unique position to identify patient needs and provide help. (Galambos2003). Unfortunately, the care received by persons suffering from addiction disorder at the hospitals for their various health problems continues to fall in many parts of the world. The negative stereotype of health workers caring for persons suffering from substance use disorder contributes to judgmental and controlling attitude towards patients (Felicilda,2015.) As explained by Dionne (2014), inpatient stay for individuals with addiction disorder may be due to detoxification, weeks of antibiotic therapy for cellulitis, childbirth, surgical procedure such as amputation, breast biopsy, cesarean section, appendectomy and many more.

According to the National Survey on Drug Use and Health, 19.7 million of American adults from age 12 upwards battle a substance use disorder. 1 out of 8 adults has both drug and alcohol use disorder (NSDUH ,2017.) It is ethically right for nurses to fulfil their obligations to patients by promoting dignity and health by means of caring relationship as guided by the nursing profession (Johansson & Wiklund ,2016.) However, inadequate knowledge and skills of nurses and lack of clarity on substance use disorder care may compromise the ability of

nurses to provide high quality care to individuals with substance use disorder (McNally, Sica & Wiczer, 2019.)

The aim of this study is to conduct a literature review exploring factors contributing to nurses' views in caring for substance use disorder patients in the hospital.

2 Effect of substance abuse on the affected individual and nurse's role in care.

2.1 Definition of substance abuse disorder

Substance use disorder is a progressive disease that includes a pattern of compulsive behaviors ranging from misuse of legal drugs for medical reason to using drugs for nonmedical reasons because of its euphoric effect (Missouri State Board of Nursing, 2016 and Al-Maaz, Abu-Dahab, Shawagfeh, & Wazaify, 2019). It is estimated that alcohol consumption and it related health conditions like cancer, cardiovascular diseases, communicable disease such as TB, HIV/AIDS, violence, and injuries are the seventh leading cause of premature death and disability, globally representing 3 million death each year (WHO 2018). In 2014 approximately 10,000 drugs related acute emergencies were reported in Finland. Records from Helsinki District hospital indicate that the most commonly used drug was gamma-hydroxybutyrate (GHB) or gamma-butyrolactone (GBL) followed by opioids and psychoactive substances (Finland country drug report,2017.) Like in many parts of the world, individuals with substance use disorder and its related health problems are certainly on the rise as the rate of licit and illicit drugs continue to increase (National Institute of Drug abuse, 2014).

Substance use disorder is a brain disorder, which involves habitual craving for stimuli regardless of the social harm or damage to health caused by the chemical substances. Any substance legally or illegally obtained can cause dependency or any activity that causes a feeling of pleasure can develop into addiction (Adlersberg & Mackinnon, 2004.) Addiction is

a disease just like asthma, diabetes, hypertension, and the other diseases and therefore requires adequate care and treatment. It can affect anyone regardless of age, occupation, social status, gender, or ethnic background (Santella, Parish, Dan, Feaster, Rodriguez, del Rio, Armstrong, Jacobs & Metsch, 2021.) Again, this harmful behavior may lead individuals to attempt to obtain an overdose of some medical prescription without caring about its side effect (Terveysportti, 2020).

2.2 Addiction and the brain: effects on the affected individual

To understand addiction disorder, it is good to explore the science behind addiction. According to Harvard Mental health (2011) in the 1930's people with addictive behavior were considered morally flawed people or people who lack willing power to control their desire for addictive substances. According to the National Institute on Drugs (2018), the repeated engagement in substance misuse leads to brain changes which can lead to individual's inability to stop the use of licit and illicit drugs. When people are exposed to substances that are mind altering like cocaine, heroin, alcohol, cigarettes, opioids, marijuana, and many others they are damaging the brain reward system. This increases the dopamine level causing the dysfunction of the reward-regulating center within the central nervous system and causing reinforcement of pleasurable but unhealthy behavior. The inability of individuals to stop the unhealthy behavior causes relapse in care, but it also does not mean the disease cannot be cured. Addiction cravings eventually lead individuals with addiction disorder to become less and less interested in things that use to give them pleasure like social activities (Harvard Mental health 2021.) Mann & Zickler (2003) also compared the decision making of a substance use disorder patient to a person who has suffered an injury or disease in the brain's ventromedial prefrontal cortex and added that many substance dependents have decision-making impairment. This leads both groups to evaluate options and choices based on the immediate gratification they would get without thinking about the future consequences.

Also, chronic use of some drugs and alcohol leads to long and short-term changes in the brain. Patient with both alcohol and drug use disorder have higher frequency of mental health issues including personality disorder, mood swings, anxiety, amnesia, hallucination,

aggression, suicidal ideation and have higher scores for psychological distress or impairment (Gidhagen, Philip & Holmqvist, 2017.) People with addiction disorder may have relationship problems, poor performance at work or school and severe weight loss. Research conducted by Ghosh (2019) and Santella and colleagues (2021) also explained the high prevalence of sexually transmitted diseases and infectious diseases like HIV/AIDS, syphilis, gonorrhea, genital herpes, hepatitis, and others among drug users. Physically, persons with substance dependency starts to rely on the addictive substance to function properly and the absence of the addictive substance shows up in withdrawal symptoms such as headache, chest tightness, difficulty breathing, sweating, shaking, muscles tension, diarrhea, nausea, slurred speech, and vomiting (Mishra & Jayakrishnan ,2011; Kerr, Shnnon, Strathdee, Hayashi, Nguyen, Montaner & Wood ,2016.)

Sadly, women with substance use dependency are sexually abused and are victims of domestic violence, divorce, and the like. Women experience substance use disorder differently than men. This could be attributed to biological reasons such as hormones, pregnancy, metabolism, menopause and culturally define roles and work of some women. (National Institute of Drug Abuse, 2020; Rawat, Petzer & Gurayah, 2021.) The addiction disease and it related health problems are destroying lives, families, and the future across every social and economic group in the world. It leads many to become robbers, prostitutes, and homelessness. Again, the stigma, shame, discrimination and labeling against substance use disorder often make health professionals hesitant to ask questions that could help determine who is affected by substance use. Sometime health professionals are not aware of how they can help. Studies show that poor utilization of healthcare services and the negative interactions from health workers accounts for most substance use dependent leaving the hospital against medical advice. (Lianping & Lianlian, 2015; Kerr, Shnnon, Strathdee, Hayashi, Nguyen, Montaner & Wood 2016)

2.3 Type of addiction

Legg and Raypole (2020) grouped addiction into two main parts namely behavioral addiction and chemical addiction. Behavioral addiction is the loss of control over once action in other

to engage in behavior that results in brief feeling of happiness. Examples of behavioral addiction are gambling, sex addiction, internet addiction, food addiction, shopping, and video game addiction (Mental Health Finland.) Chemical addiction on the other hand involves the misuse of substances such as alcohol, opioids, stimulants, depressants, and marijuana despite its harmful and negative effects (Whelan,1999). For the purpose of this study the author focused on chemical addiction basically opioids, stimulants, depressants, marijuana, and alcohol addiction. The opioids, stimulants and depressant were classified under medication addiction, and lastly alcohol addiction

Medication

The National Institute of Drug Abuse (2014) explains opioid as a group of drugs that act on the nervous system to relief pain. Opioids include drugs such as synthetic opioids; fentanyl, tramadol, methadone, carfentanil, heroines and other pain killer like oxycodone, morphine and many others that are available by prescription. However, the National Institute of Drug Abuse further added that, in 2019, nearly 50,000 people living in the United State died from opioid misuse. Research study done by Shepherd (2014) indicated that opioids are the most abused prescribed drugs and are mostly prescribed for acute and chronic pain relief. The abuse of opioids makes physicians reluctant in prescribing them. This reluctance leads to less prescription of opioids by doctors causing partial improvement of pain in patients and patient dissatisfaction. It is however difficult for clinicians to diagnose patient with opioid addiction because the symptom overlaps with physical dependency (kathiresan, Rao, Joshi, Bhad, Bhatnagar, Deb & Chadda, 2020.)

According to Mohammadzadeh and colleagues (2018), stimulants are compulsive drugs that turns to make people feel more alert, energetic and speeds up the central nervous system increasing neural activities in the brain. The most commonly used stimulants are cocaine and cracks, amphetamines, caffeine, and ecstasy. These drugs are used to treat cardiovascular diseases, asthma, insomnia, some neurological disorder, narcolepsy, respiratory problems, ADHD, depression, and in the treatment of obesity (Felicilda,2015.) Coffey, Gudleski, Saladin and Brady (2003) as stated in Mohammadzadeh and colleagues (2018) also reported

of the increase impulsivity in stimulants dependents, this impulsivity leads many drug dependents to social problems such as gambling, sexual promiscuity, aggressive behaviors, and the like. As pointed out by Skidmore-Roth (2015), individual may take larger dose of the addictive drug to receive the same euphoric effect to meet the demand for a stronger high which eventually increase their risk of other mental health disorders. Depressants on the other hand are sedatives that slows down the brain activity by increasing gamma-aminobutyric acid in the brain. It produces some calming effects by blocking impulses between nerve cells. Depressants are mostly prescribed by doctors to treat panic disorder, anxiety, seizures, sleep disorder. The abrupt stop of depressants causes severe withdrawal symptom characterized by depression of the central nervous system, coma, respiratory failure, and death. Example of depressants are the benzodiazepines, hypnotics, barbiturates (National Institute of Drug Abuse ,2014; Burgess (1985).

Alcohol Addiction

Alcohol addictions is one of the most common mental health disorders problems worldwide, which is characterized by individual's inability to manage alcohol intake. Excessive consumptions of alcohol disrupt vital organ functions in the body. The brain, heart, liver, pancreas, gastrointestinal tract, bones, and the immune system are impaired with excessive use of alcohol. Alcohol use disorder also causes social and economic losses to the affected individual and the society at large (Thomes, Rasineni, Saraswathi, Kharbanda, Clemens, Sweeney, Kubik, Donohue & Casey,2021.) According to WHO (2014) there is a big treatment gap between the affected individual and the number of patients that receives care in the health sectors. The report further added that harmful use of alcohol globally causes approximately 3.3 million death every year and 5.1 % of the global burden of diseases is attributed to alcohol consumption. And, importantly, there is beneficial recovery of damage organs once alcohol intake is reduced or stopped (Thomes et al,2014.)

2.4 Nursing Care of clients with substance use disorder in the hospital

Substance Use disorder assessment is needed when an individual show signs and symptoms of substance misuse. The purpose of the assessment is to provide a clinical diagnose and recommendation for treatment. In doing this nurse should ask direct questions when necessary. More importantly, assessment should be done within the context of the patient general health, nutrition, and medical history (Finfgeld-Connett, 2004.) A valid reliable and assessment tools such as alcohol use disorder identification test tool (AUDIT), clinical Opioid's withdrawal Scale (COWS), Drug abuse screening test (DAST), clinical institute withdrawal assessment scale-benzodiazepines (CIWA-B), cannabis use disorder identification test-revised (CUDIT-R) and many others are used to support ongoing care processes. Additionally, the screening and assessment tool charts give a complete in-depth knowledge and guide to healthcare professionals on the existence of problem, the nature and extent of the problem. (National Institute of Drug Abuse, n.d) Earlier assessment prompt nursing and medical intervention in care. In the assessment, it is recommended to know the type of substance the individual is dependent on, amount, frequency, effect of the illicit substance on the user and why user use the drug, the family history, co-occurring psychiatric disorder, social factors, and patient readiness to quit the substance. To assess patients for opioid misuse, alcohol dependency and other substances there are multiple validated screening tools to identify and monitor patients for substance misuse disorder. Using valid assessment tools can help identify chemical coping which may lead to addiction, consideration is given to it feasibility in the clinical setting when choosing as no single tool can be expected to fulfil all needs across all care settings and patient population (Rodrigue,Winkelmann, Price, Kalandranis, Klempner & Kapoor-Hintzen 2020.)

Again, Screening and assessment of substance use disorder can take two forms. An oral interview where few questions are asked, or questionnaire are given to clients to fill or is being read to answer. Health professionals need to use a combination of observational information and results from the screening to draw a better conclusion for the need of care for substance use disorder. Confidential health care is also key, as this allows patients to answer questions honestly and maintain a therapeutic alliance with health care providers. Positive

reinforcement from health workers can delay the initiative of substance use or encourage patients to abstain. It has been suggested that multinational interview, good counseling rapport and trust promote a good nurse-patient relationship (Papamalia, Kalyva, Teare & Meier 2020.)

Ammit (2016) in his case study analysis discussed the role of nurses in substance use disorder, Ammit further added that nurses must provide support and trust for a good therapeutic discussion. A good rapport fosters a good bond between the nurse and the patient seeking treatment. Again, the nurse should answer patients question honestly and provide patient with evidence-based information that will help and support in the addiction care process. According to Sturdivant (2020), nurses have an ethical obligation to provide pain management to substance use disorder patients or any other patients who have had an elective procedure or other event irrespective of patient history of drug dependence. Dever (2017) as stated in Sturdivant (2020) also adds that nurses must base their care decisions on subjective and objective information provided by patients, use multidisciplinary approach to manage patient pain as well as assess and monitor patient pain continuously.

3 Aim, Purpose and Research question

The aim of the literature review is to use existing literature to find out the contributing factors to nursing care with individuals with substance use disorder in the hospital. The study is intended to contribute to knowledge in nursing and to help policy makers, educational institutions, and healthcare institutions on the development of the care needs of individuals with substance use disorder. The findings will positively support nurses and health care institutions in their practice.

The research question is: What are the factors contributing to nurses' views in caring for substance use disorder patient in the hospital?

4 Methodology

This academic study was established on a literature review, the study draws its conclusions from multiples of selected articles. The author used literature review to justify how the proposed research topic “the experiences of nurses in caring for individuals with substance use disorder in hospital” is relevant to existing knowledge in nursing. It is also an excellent way of finding answers to the research question which would help provide evidence-based information on the factors contributing to substance use disorder in nursing. This Literature review summaries previously published literature articles and critically evaluate, analyze, and synthesize the findings to connect the past, present, and future knowledge. It also presents new facts in relation to old existing knowledge and bridges the gap between existing published knowledge and as well contributing to future inquiries (Matney 2018.)

In health care, literature review is used to answer questions whose goal is finding a better way to improve some aspect of performance or interventions in the health sector (Wong 2016). Importantly, literature review gives relevant information that explains theories about studies and helps provide information to support evidence-based practice that is currently in practice (Jaffe & Cowell, 2014).

Firstly, the literature review starts by identifying a topic of interest and formulating a research question, which serves as a guide to the author to find articles that effectively answered the research question. Selected articles were analyzed and interpreted to answer the research question: “What are the contributing factors to nurses’ views in caring for substance abuse disorder patients in the hospitals?” To ensure accurate answer and selection of articles the author used PICOS. As explained by Brandit and Faber (2018) the use of PICOS in clinical research guide the researcher to focus on the target group, the problem and it ensures that all important elements are included in the search. This is illustrated in table 1 below with (P) being the target population, (I) being the interest, (CO) being

context and lastly (S) being the study design (Vitor Vierira, Ferrinho Ferreira, Palma Goes, Oliveira, Guerreiro Pacheco, Pereira,2020).

Table 1 PICOS illustration

P (Problem or Patient or Population)	Substance Use disorder patient
I (interest)	Interventions
CO (context)	Hospital
S (study)	English language, Peer reviewed, articles published from 2010

4.1 Literature review

The databases used for the selection of articles for this literature review were from Cumulative Index to Nursing and Allied Health Literature CINAHL (Ebsco), and PUBMED. This allowed the researcher identify range of articles that answers the research question **“What are the factors contributing to nurses’ views in caring for substance use disorder patients in the hospital?”**. Articles identified included disciplines like nurses, doctors, and healthcare assistants (Kirk & Bezzant, 2020). The search included Keywords such as “experience,” views, feelings, perception, nurses, nursing, registered nurse, substance use disorder, individuals with an addiction disorder, drug abuse and hospital care. (Kowalczyk & Truluck, 2013) The descriptors were connected with Boolean operators “OR” and “AND” as follows “experience” OR “perception” OR “views” OR “attitudes” AND “nurse “OR”

nurses “OR” nursing, “AND” substance use “OR” substance abuse “OR” drug use “OR” dependence “OR” addiction “AND” hospital “OR” acute setting “OR” inpatient “OR” ward. Articles were chosen based on the inclusion and exclusion criteria. The inclusion criteria defined for selection included primary articles, articles in English language, articles with abstract, articles from the year 2010-2011, articles that have full text available for Jamk students, articles relevant to the study that is if they discuss the experiences of nurses in substance use disorder in hospital setting regardless of the methodology and were peer-reviewed articles as shown in table 2. In the exclusion criteria all articles that were published earlier than 2010 were excluded, articles that did not answer the research question, and articles repeated in both databases. (Kowalczyk & Truluck, 2013)

Table 2 Inclusion and Exclusion criteria

Inclusion criteria	Exclusion criteria
<ul style="list-style-type: none"> • Articles in English language • Articles with abstract • Articles from the year 2010-2021 • Articles that have full text available to JAMK students. • Peer reviewed articles. • Articles relevant to the study and with reference available. • Primary articles 	<ul style="list-style-type: none"> • Articles that did not answer the research question. • Articles published earlier than 2010. • Articles repeated in another database.

4.2 Data selection Process

The electronic data search was done in CINAHL and PUBMED. The total number of articles identified were 352 with 196 from CINAHL and 156 from PUBMED. The screening process started by first revising the titles of articles which led to 96 articles, then articles were further screened by reading the abstract this generated 52 articles as showed in the PRISMA flow chart in (figure 1). 300 articles were excluded at this stage after title and abstract review, or they were not involved with nurses' experiences in the care of addiction disorder. To further reduce the number, the remaining 52 articles further went through two assessment phases namely: the selection phase of articles for eligibility by revising articles that have full text available this also yielded 21 articles. The last but not the least, articles were analyzed based on the inclusion criteria, 7 articles were selected because they met all the inclusion criteria as indicated in table 2. The summary of reviewed articles is seen in appendix 1.

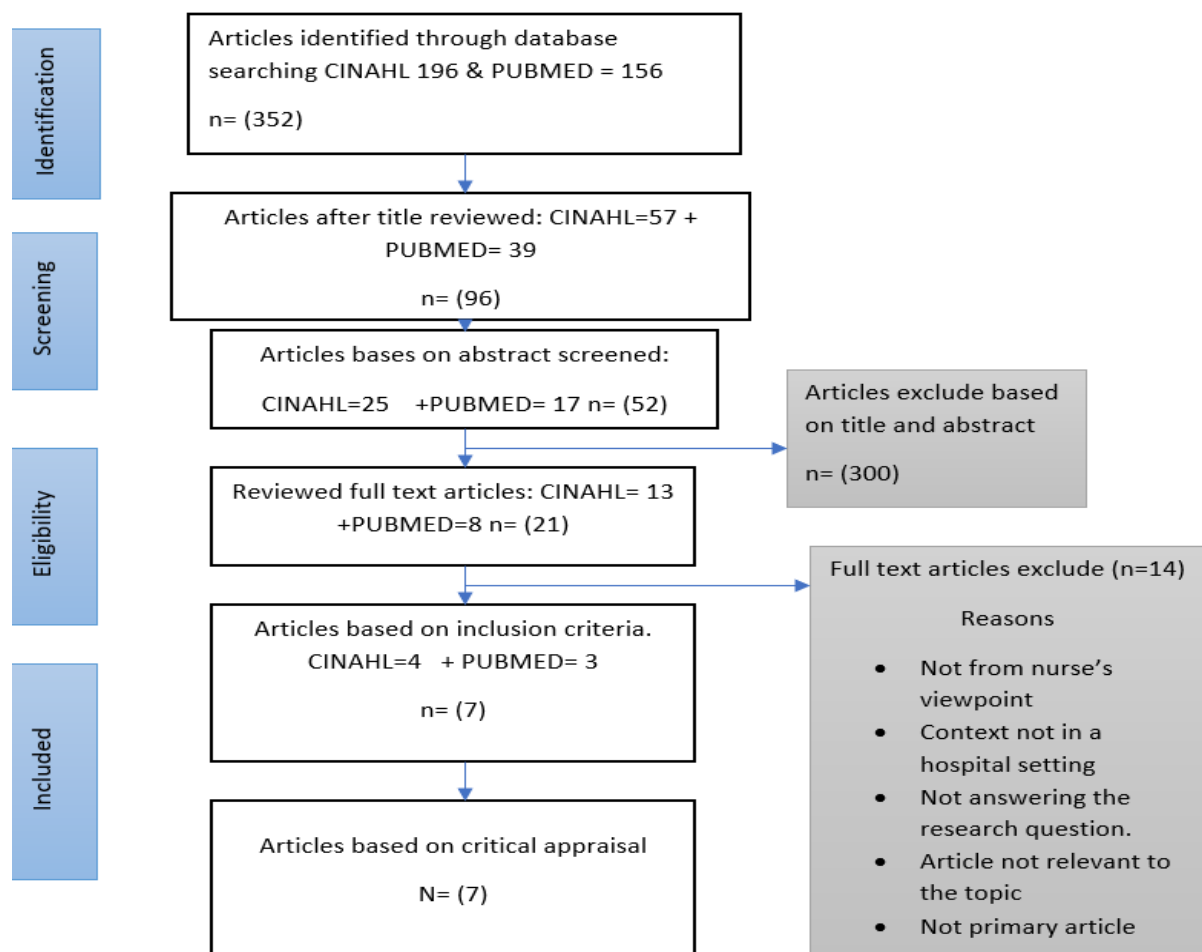


Figure 1 PRIMA flow chart of data selection process

4.3 Critical Appraisal

In accordance with Hawker, Payne, Kerr, Hardey & Powell (2002), the author followed the three stages process of critical appraisal by assessing the quality of the 7 chosen articles for the study. The three phases assessed were assessment for relevance, data extraction and scoring for methodological rigor. In the first stage, articles from the databases were accepted based on their relevance to the research question, the context of the material specifically the setting “**hospital**” and the professionals involved “**nurses and doctors**”, source of data, and the type of study. In the second stage of data extraction, an assessment form was used to record all the relevant details in the articles under review with emphasize placed on how each article answers the research question. The appraisal tool assesses nine areas of each selected article namely title, abstract, introduction and aim, sampling, methodology and analysis of data, results, ethics, and bias, generalizability, implication, and usefulness of the study (Hawker et al,2002.)

In scoring the methodological rigor, it was necessary for the researcher to create a table and used numbers from 1-4 with 4 being “good”, 3 “fair”, 2 “poor” and 1 “very poor” to assess the 7 articles included in the study. Scores were assigned to all included articles with the least score being 32. Articles that scored above 30 were considered for this study as the tool has it highest score pecked at 36 and the lowest at 9 (See Appendix 2) (Hawker et al,2002)

4.4 Studies Included in the review

The 7 articles were published in four different countries; three of the articles were published in United State of America, two in Norway, one in Canada and lastly one in Spain. Raistrick, Tober and Unsworth, (2015) used a qualitative study, data was measured using a modified version of the alcohol and alcohol problems perception questionnaire (AAPPQ). Chu & Galang, (2013) and Eriksson & Råholm, also used cross-sectional survey in their articles. Three of the articles (Jonansson & Wiklund,2019; Morgan,2014 and Horner, Daddona, Burke, Cullinane, Skeer & Wurcel, 2019) also used reflective dialogues, group interview, one-on one interview respectively whereas Molina-Mula González-Trujillo, Simonet-

Bennassar, 2018 used Seaman- Mannello's scale to measure attitudes of nurses towards alcoholics. (See appendix 1). Also, the years of publication of the articles are as follows 2013(1), 2014 (1), 2015 (2), 2018 (1), 2019 (2). On the whole, three of the articles aimed at the experiences of hospital nurses in caring for substance use disorder in general, one specifically on emergency and mental health nurses experience with alcohol disorder, one on opioid disorder, one article also aimed at pain management in substance use disorder patients and lastly one aimed at the core love when caring for addiction disorder patients in the hospital.

4.5 Data Analysis

For clearer knowledge and understanding of the study, the researcher used conventional content analysis to systematically classify contents into categories by coding and identifying themes. Again, this scientific and systematic research tool allowed the researcher to gain direct information from the study without imposing preconceived categories and to prevent bias (Hsieh and Shannon, 2005.) For a good analysis, data was further compressed, and summarized by identifying, coding, and grouping text materials into highly organized and concise summaries of key results (Glasberg et al, 2015).

In detail, the author familiarized herself by reading all selected articles repeatedly, thoughts that appeared to capture key concept were highlighted. Secondly, the researcher made notes of the thoughts and impressions after thorough reading of all the articles. Next, the researcher started labeling the codes that emerge from the articles and created descriptive codes, subcategories, and main categories. Similar codes were put into one category. Those that differ slightly were given new codes. The coding helped the researcher to identify the presence, meaning and the relationships among the categories and its relevant to the research question. (Wu I, & li P, 2008; Downe- Wambold in Hsieh and Shannon, 2005). Three main categories were derived from the analysis in accordance with the content in which it represents. Figure 1 shows a sample of the analysis.

To ensure trustworthiness and reliability of data, a detailed raw data analysis, descriptive codes, subcategories, and main categories were represented on excel spreadsheet as seen in appendix 3. Descriptive codes, subcategories and main categories were highlighted according to its meaning and the categories it belongs (Mertes, 2018). Table 3 show three stages of the data analysis thus the original simplified expressions, subcategories and main categories as derived from the 7 articles.

Table 3 Process of data analysis

Original simplified expressions	Subcategories	Main categories
<p>Nurses background factors that affected care such as culture, years of experience, values in pain management, family factor.</p> <p>Nurses labeling patient to be drug seeking.</p> <p>Patients' aggressiveness, lying about pain, have socioeconomic factors affecting care</p>	<p>Nurse related factors</p> <p>Stigmatization</p> <p>Patients related factors</p>	Barriers to SUD care
<p>Low staffs and high emergency situation</p> <p>Poor reporting and documentation of SUD care.</p>	<p>Inadequate nurses</p> <p>Standardization of hospital protocols.</p>	Institutional Factors
<p>Nursing inspiring and motivating patients.</p> <p>Patient cooperating with care and communicating clearly with nurses</p>	<p>Positive nurse-patient relationship</p> <p>Positive attitude of patients</p>	Strategies in enhancing care.

5 Results

The analysis of the 7 articles yielded 3 main categories related to the experiences of nurse in caring for substance use disorder in the hospital. The three main categories are barriers related to substance use disorder care, institutional factors related to care and lastly strategies in enhancing substance use disorder care. Table 4 show a tabular representation of the 3 main themes that emerged and its subcategories.

Table 4 Main categories and subcategories

<p>Perceived barriers to substance use disorder.</p>	<ul style="list-style-type: none"> • Stigmatization • Patient related factors. • Nurse related factors • Lack of clarity on assessment and treatment.
<p>Perceived institutional factors</p>	<ul style="list-style-type: none"> • Standardization of hospital protocols • Poor role support for workers.
<p>Perceived strategies in enhancing SUD care</p>	<ul style="list-style-type: none"> • Positive attitude of nurses. • Care coordination

5.1 Barriers to substance use disorder

Stigmatization: Nurses are the first health worker who get first encounter with patient in the hospitals. Stigma was seen as a societal problem that surpass all activities of workplace and nurse-patient relationships. The findings indicated that some nurses had the view that substance abuse disorder patients were drug seeking and were at the hospital for such purpose. They saw addiction disorder patients as annoying. As one nurse said, “patient set up a cycle of problem” (Horner, Daddona, Burke, Cullinane, Skeer, Wurcel, 2019.) Other nurses were not comfortable working with substance abuse patients especially alcoholics. Alcoholic were seen by nurses as ill individuals with inferiority complex and had difficulties controlling their emotions and intake of alcohol (Molina-Mula, González-Trujillo, Simonet-

Bennassar,2018.) Again, some nurse participates stated that the stigma from nurses may be due to inability of nurses to identify withdrawal symptoms of addiction disorder (Horne et al,2019). Morgan, (2014) also found that negative labeling of nurses prevented proper pain management.

Patient Related Factors: Nurses complained about substance use disorder patients' attitude to care at the wards. Patients were seen as aggressive, dangerous, and unpredictable people who could harm nurses and patients. These were some of the feedbacks given by nurses "they rip off IV's out, dressings out just to use drugs and when they think they are not adequately medicated"(Horne et,al,2019). Personal safety was also one major concerns of some female nurses on the ward. Security was often summoned in to check belongings of patients for the safety of nurses and other patients. Few other nurses also complained about the socioeconomic background of most addiction disorder patients which made discharge difficult because they did not have homes (Horne et al, 2019; Raistrick et al, 2015.) Again, other nurses mentioned the mean attitude of patients towards nurses and lack of motivation on the part of patients towards their care, patients high request for medication for their withdrawal symptoms which consequently, made most nurses lose the holistic care value needed to be given to patients. Some nurses were of the fear that patient's visitor supply them with unprescribed drugs (Johanson and Wiklund, 2016; Morgan,2014.)

Nurse Related Factors: According to Horne and colleagues, (2019) staff-splitting and poor communication among nurses had made patient persuasive in the ward. Patients tried persuading nurses in giving them more medication by using one nurse word against the other as stated by one nurse "the night nurse gave me this dose for my pain why aren't you giving me same dose" (Horne et al, 2019.) Johanson and Wiklund, (2016); Horne and colleagues, (2019) also found lack of trust between the nurse and the patient as one of the reasons why patient pain was not medicated. Morgan (2016) research paper also highlighted the attitude of nurses towards pain and addiction, it found that nurses had background factors such as culture, education, years of experience as a nurse, family attitude and values in pain management that affected care. To add to, some nurses also described how difficult it was to provide good therapeutic care when they had negative feeling about addiction. They

thought giving more medications meant they were fueling patients' addiction (Horne et al,2019; Chu & Gajang, 2013.)

Lack of clarity on assessment and treatment: Again, some nurses had inadequate knowledge in assessment and treatment of substance abuse patient and preferred referring patients to specialist (Raistrick et al,2015). Chu and Gajang (2013) study also revealed that standardizations of hospital protocol on identification, care and managements of individuals suffering from addiction disorder provided support to nurses. It was also found that few nurse and doctor reported daily discussions with addiction disorder care and few nurses also used the assessment tools in assessing patients, others did not even attempt any interventions (Raistrick et al, 2015.) In Thorkidsen and colleagues (2015) study, most nurses complained of neglect of pain in opioids used disorder patients because physicians prescribed less stronger narcotics.

5.2 Institutional Factors

Standardization of hospital protocols: Low staffing situations, high emergency situations, documentation problems and difficulty contacting physicians, hospital policies and inadequate resources in pain management was highlighted in Morgan, (2016) research paper. In other findings it was found that guideline protocols in documentation, assessment and interventions ensured unbiased treatments and most importantly, the involvement of the health care team in establishing patients' pain goal proved helpful (Chu and Gajang, 2013; Horne et al,2019). A nurse stated: you have 14 patients to medicate on a shift, all that the nurse thinks of is medicating the patient on time and documenting the information. There isn't time to listen to patient. Another nurse added that the computer takes them away from bedside nursing. (Thorkidsen et al,2015; Horne et al,2019; Chu and Gajang,2013)

Poor role support for worker: Chu and Gajang, (2013) also found poor role support as one of the institutional factors to substance use disorder care. There was low level of role

support for nurses in the hospitals with reference to inadequate education on the care of addiction disorder patients in the formal nursing education. Raistrick and colleagues, (2015) also found that nurse that have had some training on substance use disorder care in their wards had a good therapeutic attitude toward patients. Again, it added that support from working colleagues was also worthwhile, it helped boosted the confidence and comfort in the nurse (Chu and Gajang,2013).

5.3 Strategies in enhancing substance abuse care

Positive attitude of nurses: Johanson and Wiklund, (2016) study stated that nurse who encouraged responsibility in patients, motivated patient, understood manipulation as part of addiction disorder and were observant about their own feeling , the feeling of the patients and that of their colleagues were able to have caring relationship with patients. Thorkidsen, Eriksson & Råholm, (2015) also added that nurses that showed love and care to patients had the chance to have a good communication and established trust between the nurse and patient.

Care cooperation: Proper theme work form doctors, nurse and other specialist in substance abuse care was seen to be beneficial for nurses and other specialists involved in the care (Morgan, 2016). The value of getting on the same page with other health professionals was also outlined by Horne and colleagues, (2019) which stated that it gave nurses comfort in working with patient. It also added that good communication among health workers both in the hospital and the health care helped strengthen care.

6 Discussions

In line with the research question **What are the factors contributing to nurses' views in caring for SUD patient in the hospital?** The review and finding from the 7 articles have indicated that nurses recognize the existence of factors that relates to the care individual with substance use disorder receive at the hospital.

With reference to barriers to substance use disorder, the findings support the theoretical background of the study considering that nurses attested to the fact that there were a lot of hindrances to the care given to individuals with substance abuse disorder. Horne and colleagues, 2019; Molina-Mula, and colleagues, 2018; Morgan, 2016 indicated that the stigma and labeling attached to substance misuse disorder patients prevented most nurses from treating patients' pain well at the ward and as was indicated in Sturdivant, (2020) nurses have the ethical obligation to provide proper pain management. Poor pain management translated into low quality care received by patients at the hospital, this does not foster a good patient-nurse relationship (Ammit, 2016). Molina-Mula and colleagues, 2018 study further explained that the poor attitudes of most nurses are attributed to nurses' inability to recognize signs and symptoms of withdrawal symptoms.

Patients had lots of socioeconomical factors that also affected their care. However as mentioned in the introduction by Gidhagen and colleagues, (2017) Substance abuse patients mostly are homeless people, divorcees, school dropouts, deviants, and may be battling with a lot of personal problems coupled with withdrawal symptoms that come with their addictive substances. This translates into their aggressive and mean attitudes towards nurses at the ward (Horne et al, 2019; Raistrick et al, 2015). Nurses should demonstrate loving and caring attitudes towards patients, also show respect to patients irrespective of their socioeconomic background or should not see a patient as a morally flawed individual because addiction disorder leads to brain changes that cause addiction disorder patients to evaluate choices on immediate gratification (Mann & Zickler, 2003; Harvard Mental Health, 2011.) Again, the nurse's background factors such as years of experience, culture, values, and family attitudes (Morgan, 2016) that affected the care and relationship of patients do not show the ethical responsibility of nurses. A nurse should not allow her personal beliefs and feelings to affect the therapeutic care they give.

Equally important the results revealed the lack of clarity in assessment and treatment. The trend of the result shows that nurses do not have adequate knowledge in assessment and treatments of addiction disorder (Raistrick et al, 2015). This indicated that most nurses are not familiar with most of the assessment tools and request their institutions to organize workplace training on addiction care. In the author's opinion, hospital management should

set standardized hospital protocol on the care and management of addiction disorder and again have better ways of reporting, documenting, and making referrals. Addiction support teams should also be available in the hospital to help nurses especially new nurses with less experience in taking care of patients.

To enhance the care of addiction disorder, the author agrees with Johanson and Wiklund, (2016) finding that says that nurse should encourage, motivate, and show respect to patients irrespective of their social status. A good nurse-patient relationship create trust between patient and the nurse. It also ensures good communication and reduce patients' anxiety level. Different types of addictions disorder and levels of addiction disorder ranges from misuse to dependency this requires nurses to use different intervention in the care process. The ability of nurses to recognize these disparities in all the phases of addiction disease can better help nurses provide emotional, medical, and psychological support to patients. Nursing school curriculum should also include more studies on addiction disorder, and it related mental health problem as all the studies showed that most nurses had inadequate knowledge in addiction care.

7 Ethical Consideration, validity, and reliability, strength, and limitations

According to Li and Wolbring, (2019) ethics are guidelines principles employed to guide morals of a researcher on what is acceptable or not acceptable, it helps maintain research integrity and avoid research misconducts. This study was highly conducted in an ethical manner, the researcher followed a systematic procedure in writing this literature review; retrieving of articles, research method, analyses and finding were unbiased. Articles selected for this study and analyses were from two different data bases and were published in four different countries. Articles chosen were from the year 2013-2019. Authors of chosen articles stated that they have sought informed consent from all participant nurses and the hospital management, respect for dignity of participant, privacy, autonomy, and confidentiality of the

data was ensured by authors (Abel,2014). Nevertheless, articles used in the study is based on informed consent from the authors. On issues concerning plagiarism authors of all articles used in this research study were referenced. The study was carried out in accordance with the ethical principles of JAMK university of applied science (JAMK, 2018)

To ensure the clinical reliance of this study, the study would reproduce same results and scores by another research when same methodology, data search, analysis of all included articles is used. As defined by Kimberlin and Winterstein, (2008) validity is the extent to which a study results measures what it purports to measure. Whereas reliability on the other hand measures the consistencies of finding when retested Hall, Mehta and Fackrell, (2017). In the study, the researcher adhered strictly to all the inclusion and exclusion criteria set for this study. In title, abstract and full text review articles were excluded based on the inclusion and exclusion criteria. Again, in the critical appraisal, the author followed the three phased process used by Hawker and colleagues, (2002) by assessing for relevance of the 7 included articles, the data extraction and scoring the methodology rigor.

In spite of the strength of this study, its limitations would come from the use of only two data bases for the search of articles. The data search process also limited search to free full text articles available for JAMK students, this did not allow the author include equally good and informative articles because of the cost involved in getting them. The study is limited by the fact that it was conducted by only one inexperience author in research writing, this may render the methodology and the content analysis not as thorough.

8 Conclusion

The research study has addressed the knowledge gap by describing the attitudes of nurses in caring for substance abuse disorder patients in the hospital. In the analysis of data, it is concluded that nurses face personal and professional challenges when caring for substance abuse individuals in the hospitals. Also, it was seen that nurses saw substance abuse patients as drug seeking and worrisome patients. There were other institutional factors like poor role support and inadequate staffing that hindered care of addiction disorder in the

hospitals. However, it was also observed that some nurses encourage, motivated and understood patients' withdrawal symptoms, in this regard it is necessary for nurses to be educated more on better ways of coping with SUD patients' behavior. To sum up, further studies could be done on substance abused patient's experiences after hospital discharge.

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Appendices

Appendix 1. Summary of review articles

Number	Author and Title	Aim and Purpose	Participants	Methodology, data collection and analysis	Key Findings and Results	Country of study and clinical context.
1	Raistrick, D. S., Tober, G. W. & Unsworth, S.L. (2015) Attitudes of healthcare professionals in a general hospital to patients with substance misuse disorders.	The aim of this study was to find out the attitude of nurses in general hospitals towards patients with substance use disorder.	258 respondents were selected from several wards: 150 nurses, 67 healthcare assistants and 41 doctors.	Qualitative study. Data was measured using a modified version of the alcohol and alcohol problems perception questionnaire. (AAPPQ). Questionnaires was given to staff working in wards with frequent admissions of SUD patient. -Data was analyzed using the t-test by comparing means of scores.	The key factors of nurse's attitude towards SUD patients were a) Majority of nurses do not report daily discussions with patients about their alcohol use. b) Fewer nurse's attempt any interventions and referrals. c) Low involvements of nurses on the wards that receive SUD patients. d)Inadequate training for staff in alcohol misuse disorder	A hospital-based study. United Kingdom.

2	<p>Chu, C., & Galang, A. (2013).</p> <p>Hospital Nurses 'Attitudes towards Patients with history of illicit drug use</p>	<p>The aim is to find out the attitude of nurses in caring for patient with illicit drug use.</p>	<p>102 registered nurses in the internal medicine units were used for the study.</p>	<p>A cross-sectional survey was used to measure Registered nurses' therapeutic attitudes using the drug and drug problem and perception questionnaire (DDPPQ)</p> <p>Analysis: data was entered into excel spreadsheets and discrepancies were analyzed and identified by checking the corresponding paper survey in accordance with the instructions in the DDPPQ.</p>	<p>Results showed that nurses had a neutral attitude towards working with people with illicit drug use.</p> <p>Again, it indicated that nurses had low motivation and role support.</p> <p>Also, constant exposure of patient with illicit use of drugs in the ward gave nurses confidence in the interventions given.</p>	<p>General Internal Medicine Unit.</p> <p>Canada</p>
3	<p>Johansson, L., & Wiklund, G. L. (2019)</p> <p>The multifaceted vigilance-nurses 'experiences of caring encounters with patients suffering from substance use disorder.</p>	<p>The aim was to identify the experiences encountered by nurses working in the inpatient psychiatric ward when caring for SUD patients.</p>	<p>6 registered nurses were selected for the dialogues</p>	<p>Qualitative study with reflective dialogues.</p> <p>Qualitative content analysis was used for the transcribed dialogues.</p>	<p>The main findings highlighted in this study are nurses found it challenging in caring for SUD patients.</p> <p>a) The challenging nature of the work made it difficult for nurses to develop a caring and trusting relationship with patient.</p> <p>b) The need for nurses to be vigilant towards patients, their own actions and that of their colleagues.</p>	<p>Inpatient Psychiatric Care with SUD.</p> <p>Norway</p>

					<p>c) Safeguarding the healthy whiles being observant on problems.</p> <p>d) Being supportive or a guardian of order and balancing between understanding and frustration.</p>	
4	<p>Thorkildsen, K. M., Eriksson, K., & Råholm, M.-B. (2015)</p> <p>The core love when caring for patients suffering from substance use disorder.</p>	<p>The aim of the study was to identify the core love of care when caring for patient suffering from addiction disorder</p>	<p>4 female nurses working in the detoxification unit were involved in an individual interview which lasted approximately for 1 hour.</p>	<p>Qualitative study using individual interviews</p> <p>The transcribed text was analyzed using the Gadamer`s hermeneutics. With this a prepared preunderstanding enabled new understanding.</p>	<p>The main key results outlined in the study were 4</p> <p>a) love as an inner driving force.</p> <p>b) Searching for the human being behind the addiction.</p> <p>c) Faith in the inner power of human being.</p> <p>d) Love as a movement of giving and receiving</p>	<p>Detoxification unit of an emergency care department.</p> <p>Norway</p>

5	<p>Horner G, Daddona J, Burke DJ, Cullinane J, Skeer M, Wurcel AG. (2019)</p> <p>Title</p> <p>“You’re king of at war with yourself as a nurse”: Perspectives of inpatients nurses on treating people who presents with a comorbid opioid use disorder.</p>	<p>The aim of this research paper was to assess the attitude, views, perceptions, and training needs of nurses in the inpatient setting when caring for patient who have opioid use disorder.</p>	<p>22 nurses were selected for the study.</p>	<p>One-on-one interviews were conducted with nurses working in the inpatient setting.</p> <p>Nurses were recruited through snowball sampling, via emails and by word of mouth</p> <p>Data was analyzed using the grounded theory approach.</p>	<p>This research paper put its findings into four main themes which were</p> <p>(I)social context. (II)Hospital environment.</p> <p>(III) Interpersonal interactions.</p> <p>(IV) Individual factor</p>	<p>Hospital based study.</p> <p>Boston (USA)</p>
6	<p>Morgan D Betty. (2014)</p> <p>Nursing attitudes towards patients with substance use disorder in pain.</p>	<p>The aim of the study is to identify and examine nurses ‘attitudes towards hospitalized patients with substance use disorder who are in pain. The purpose of the study was to provide more knowledge and theory to nurses on the best interventions to give to SUD patient who are in pain.</p>	<p>14 hospital-based nurses who worked with SUD patients who are in pain and an expert addictions nurse were used for the study</p>	<p>A grounded theory approach was used to interview participants. The interview consisted of broad opening questions and probes.</p> <p>In the data analysis audiotapes were reviewed after the interview. Concepts were grouped and categorized.</p>	<p>2 main factors came out of the study</p> <p>a) labeling/ not labeling pain behaviors.</p> <p>b) Encountering barriers</p>	<p>Hospital based study</p> <p>USA</p>

7	<p>Molina-Mula J, González-Trujillo A, Simonet-Bennassar M. (2018)</p> <p>Emergency and Mental Health Nurses' Perceptions and Attitudes towards Alcoholics.</p>	<p>The aim of the study is to assess emergency and mental health nurses' attitudes and perception towards alcoholics</p>	<p>167 emergency and mental health nurses were selected from 6 hospital for the study.</p>	<p>Qualitative study. Seaman-Mannello's scale was used to measure nurses' perception and attitudes toward alcoholics and alcohol consumption.</p> <p>Data was analyzed using the SPSS statistics software. 30 questions were analyzed by calculating the mean score.</p>	<p>The finding from the articles indicates that nurses had a rejecting attitude towards moderate alcohol users.</p> <p>Nurses with less working experiences with alcoholics had negative attitude towards care.</p> <p>There was an association between nurses' attitudes and the gender of the alcohol misuse patient.</p>	<p>Spain Hospitals</p>
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Appendix 2. Critical Appraisal of data

Author	Abstract and Tittle	Introduction	Method and data collection	Sampling	Data Analysis	Ethics and bias	Results/ Findings	Transferability	Implication/ Usefulness	Total	Comments
Horner G, Daddona J, Burke DJ, Cullinane J, Skeer M, Wurcel AG. (2019)	4	4	5	4	4	4	5	4	4	38	Good abstract, results were clearly stated and grouped meaningfully.
Morgan D Betty. (2014)	4	3	4	4	4	4	4	4	4	35	Good abstract and clear illustration of finds.
Thorkildsen, K. M., Eriksson, K., & Råholm, M.-B. (2015)	4	3	4	3	4	4	4	3	3	32	Abstract available, only 4 nurses were used for the study.
Johansson, L., & Wiklund, G. L. (2019)	4	4	4	4	4	3	4	3	4	34	Appropriate and well answered research question, good abstract.
Chu, C., & Galang, A. (2013)	4	4	4	4	4	3	4	4	4	35	Easy to follow, good abstract, finding
Raistrick, D. S., Tober, G. W. & Unsworth, S.L. (2015)	4	4	4	3	4	4	5	4	4	36	Good abstract and introduction. Findings clearly stated and easy to follow.
Molina-Mula J, González-Trujillo A, Simonet	4	3	4	4	4	3	4	4	4	34	Good abstract with clear findings.

Appendix 3. Data Analysis Process

Simplified raw entries	Descriptive codes	subcategories	Main categories
Nurses see alcohol interventions as specialist job and makes referrals.	Inadequate knowledge, lack of support and motivation.	Poor role support for worker.	Institutional factors
Few nurses report daily discussion about patient alcohol misuse.	Poor reporting and documentation about alcohol misuse disorder.	Standardization of hospital protocols	Institutional factors.
Nurses approaching patients with dignity.	Positive attitude of nurses	Positive attitude of nurse.	Strategies in enhancing SUD care.
Nurses feel pressured by their workload and welcome input from specialist.	Inadequate time for nurses.	Care coordination.	Strategies in enhancing SUD care
Nurses inspire patients to accept treatment.	Positive patient-nurse relationship.	Positive attitude of nurse and patient.	Strategies in enhancing SUD care
Nurses perceive patients to be in the ward for opioid medications.	Labeling from nurses	Stigmatization	Barriers to SUD care
Nurses mismanage and undertreat patient pain.	Knowledge deficits and poor attitudes among health workers.	Poor role support for workers	Institutional factors

Patients lying about symptoms to get medications.	Communication problem between patient and healthcare workers.	Patient and nurses related factors	Barriers to SUD care
Female nurses fear being harmed by patients (SUD) on admission and calls security.	Fear of nurses being harmed.	Nurse related factors	Barriers to SUD care
Withdrawal symptoms leading to ripping IVs out, dressings out just to use drugs.	Patient having withdrawal symptoms.	Patient related factor.	Barriers to SUD care.
Nurse's background related factors to care e.g., values, years of experience, education.	Nurse's personal attribute.	Lack of clarity on assessment and treatment.	Barriers to SUD care.
Doctors prescribing less powerful narcotic medicines that only aggravate OUD patient.	Doctors neglecting pain by prescribing less powerful narcotics.	Lack of clarity on assessment and treatment	Barriers to SUD care.
Inadequate communication between healthcare staff.	Lack of communication between health care providers.	Healthcare professional related problems	Barriers to SUD care
Patients being persuasive by using one nurse's word against the other nurse.	Patient attitude related to care	Patient related factors	Barriers to SUD care.
Nurses developing themselves to face the emotional challenge that come with SUD care.	Attitudes of nurses	Nurse related factors	Barriers to SUD care
Good connection with patient, see, and receive them as a unique human being.	Acceptance and respect which enhance good communication	Positive attributes from nurses.	Strategies in enhancing SUD care.
Perception by nurses that patient can control their illicit drug use, anxiety, and discomfort.	Perceived discrimination from health workers.	Stigmatization	Barriers to SUD care.

SUD patients considered by health workers as dangerous and unpredictable.	Patient related factor	Patient related factors	Barriers to SUD care.
Lack of motivation and understanding from patients.	Patient cooperation to care.	Patient related factors.	Barriers to SUD care.
Nurses worrying that giving more pain medication would contribute to patient addiction.	Attitude of nurses	Lack of clarity on assessment and pain management.	Barriers to SUD care.
Patients being a little meaner to the nurse because they think staff see them to be annoying.	Patient- Nurse relationship.	Patient-nurse related factors.	Barriers to SUD care,
Fear of patient's visitors supplying unprescribed drugs.	Patients' safety issues in the hospital.	Patient and family related factors.	Barriers to SUD care.
Most nurses see addiction disorder as a disease rather than a morally flawed attitude.	Positive attributes of nurses.	Positive attributes from nurses.	Strategies in enhancing care.
Patients monopolizing nurses time by ringing bell.	Feeling of burnout by nurses	Poor role support for workers	Institutional factors
Multiprofessional team in establishing patients' pain goals.	Multiprofessional teamwork.	Care coordination	Strategies in enhancing SUD care.
Poor role support in the clinical work.	Deficit in knowledge.	Poor role support for workers	Institutional factor
Patients come to wards with lot of social and economic problems.	Economic and social inequities.	Patient (Psychosocial) factors	Barriers to care: SUD

Difficulty in measuring and accurately evaluating patient pain.	Assessment and management of pain.	Lack of clarity on assessment and management	Barriers to SUD care.
28 Raw entries	26 Descriptive codes	8 Subcategories	3 main categories