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FACTORS INFLUENCING STIGMA IN THE CARE OF INDIVIDUALS WITH SUBSTANCE USE DISORDERS: A LITERATURE REVIEW

ABSTRACT

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Substance use disorders are a global health care concern. Stigma related to substance use disorders is present in healthcare settings and experienced through treatment disparities.

The thesis was undertaken to investigate the factors contributing to stigma in the care of individuals with substance use disorders. Perspectives and experiences were explored from viewpoints of those with substance use disorders, as well as nurses and nursing students. The aim was to gain knowledge of the multitude of stigma to improve healthcare access and experiences of patients with substance use disorders and provide nurses with tools to reflect where negative attitudes stem from.

The thesis was conducted in the form of a descriptive literature review of twenty selected articles through systematic database search and manual search. The research was secondary research consisting of material from previous qualitative research on the subject. Due to scarcity of prior research on substance use stigma in healthcare, a notable number of articles were found manually. The qualitative data collected was analysed through thematic analysis.

The main results showed that contributing factors of stigma were related to the complexity of the patient population, attitudes and behaviours of both healthcare professionals, people with substance use disorders, and organizational factors effecting the care and treatment.

Findings suggest that nurses lack education and resources to provide care for patients with substance use disorders. Negative experiences and attitudes perpetuate stigma, while positive interactions foster better outcomes, suggesting understanding increases empathy. Stigmatizing language has significant implications for patients in healthcare settings creating negative presumptions toward the complex patient population.

Keywords: substance use, stigma, nursing

CONTENTS

CONTENTS	3
1 SUBSTANCE USE AS A HEALTH CONCERN	3
2 CARING FOR PATIENTS WITH SUBSTANCE USE DISORDER	7
2.1 Key Principles of Care	7
2.2 Nursing Competencies	8
2.3 Stigma Towards Patients with Substance Use Disorder in Healthcare .	9
3 THE PURPOSE, AIMS AND RESEARCH QUESTION	12
4 METHODS	13
4.1 Inclusion and Exclusion Criteria	13
4.2 Information Retrieval Process	14
4.3 Data Collection Process	16
4.4 Article Selection Process	17
4.5 Literature Selected for Literature Review	20
4.6 Critical Appraisal	21
5 ANALYSIS	22
6 RESULTS	25
6.1 Complexity of Patient Population	25
6.2 Attitudes and Behaviours	26
6.3 Organizational Limitations	28
7 ETHICAL CONSIDERATIONS AND RELIABILITY	30
8 DISCUSSION	32
9 CONCLUSION AND RECOMMENDATIONS	35
10 PROFESSIONAL DEVELOPMENT	36
SOURCES	37
APPENDIX 1. Summary table of literature	46

List of Abbreviations

AUD	Alcohol use disorder
MHSU	Mental health and substance use
ODU	Opioid use disorder
PWUD	People who use drugs
RI	Research integrity
SBIRT	Screening, Brief Intervention & Referral to Treatment
SUD	Substance use disorder
WHO	World Health Organization

1 SUBSTANCE USE AS A HEALTH CONCERN

Substance use disorders (SUD) and problematic substance use is a global health concern. Substance use problems and disorders include both, alcohol and other substances used by people. The definition of drug users refers to people who take legal or illegal drugs for a non-therapeutic or non-medical effect, resulting in disadvantageous medical, social, and legal consequences (National Library of Medicine, n.d). Considering substance use, polysubstance use is also common. The term polysubstance use refers to the use of more than one drug simultaneously within a short period of time. Polysubstance use can be intentional e.g. to enhance or decrease the effect of another drug or to experience the combination, or unintentional e.g. when drugs are cut or mixed with other substances without their knowledge, like fentanyl (Centers for Disease Control and Prevention, 2022).

Substance use disorders (SUD) refers to a problematic and recurrent pattern of substance use, that usually result in significant impairment or distress. Substance use disorders and addictions are a treatable disease, not a character flaw or an individual's lifestyle choice. The use of drugs effects the brain by a flood of chemicals disrupting the normal chemical balance of the brain and the brain's reward system. The disruption of the brain's reward system can lead to behaviours that induce pleasure but are unhealthy. The brain tends to adapt to continuous drug use and create a tolerance, when increased amounts of the substance is required to feel the same results and the ability to resist temptation of the substance decreases (Centers for Disease Control and Prevention, 2023). Substance use disorders and problematic substance use may conflict from various reasons e.g. genetic backgrounds, social interactions or accumulate from mental health disorders.

Global statistics indicate that in 2017, 270 million people (5,5%) of global population (age 15-64 years) have used psychoactive drugs and 35 million (0,7 % adult population) have been affected by SUD's (WHO, n.d.b). "Psychoactive

drugs are substances that, when taken in or administered into one's system, affect mental processes, e.g. perception, consciousness, cognition or mood and emotions" (WHO, n.d.a). Psychoactive drugs such as cocaine, heroin and cannabis are originally plant-derived substances, but have been developed over decades and new psychoactive substances have been synthesized and are more accessible and consumed globally (World Health Organization & United Nations Office on Drugs and Crime, 2020). The development of substance use disorders are related to the use of drugs without medical supervision and the health risks accumulated from them (WHO, n.d.b).

Finnish statistics show that in 2023, 6% of men and 2% of women consumed alcohol at least four times a week. Of men, 6% of 4% of women had experienced some kind of issues relating to their alcohol use (THL, 2023c). Globally, 3 million deaths were reported in 2016 because of harmful alcohol use. Harmful alcohol use increases the risk for cardiovascular diseases, cancers and liver diseases which might require hospital care (WHO, 2018).

Substance use disorders represents a prominent public health concern in Finland. The Finnish Institute for Health and Welfare (THL) have conducted Drug Survey's since 1992 to inspect viewpoints and attitudes towards drug use and other intoxicants in Finnish adult population (THL, 2023a), most recent survey in 2018. The 2018 survey indicates that drug use among Finnish population has increased, and a number of new substances have been discovered during the last two decades (Karjalainen et al., 2020). Currently cannabis is the most common drug used in Finland, with a quarter of adult population in Finland experimenting or with occurring use of cannabis is present (Karjalainen et al., 2020). The latest statistics of drug use indicators in Finland are from Finnish Institution for Health and Welfare (THL) Statistics and Indicator Bank, which indicates that in 2022, 30,020 clients with drug use have been in specialized clinics for substance use in Finland and a number of 17,252 clients aged 24-65 have been in hospital inpatient care for substance use in Finland (*Results table - Sotkanet.fi, Statistics and Indicator Bank*, n.d.).

A research of non-recorded problematic use of amphetamines and opioids in 2017 unveiled 31,100- 41,300 risk users in Finland (Rönkä et al., 2020). This indicates that not all recordings of statistics of drug use are up to date in all registers, due to illegality and the fear of stigmatization, which might influence the confidence of the patients to be truthful of their substance use problems. Statistics of drug use are harder to obtain, because of the un-reachability of the clientele group.

Regarding substance use disorder and the adverse effects of the use of illicit substances, it is important to note that alcohol use and mental health issues often coexist in the same patient population and are subsequent to stigmatization. Dual diagnosis: concurrent mental health and substance use disorders are relatively common. Approximately 15% of people suffering from mental health issues or substance use issues experience both, and up to half patients in treatment for either have both mental health and substance use issues (Suontausta, 2016). Therefore, it is necessary to consider these factors when discussing about substance use.

Health issues caused by substance use are vast. Health issues associated with drug use depend on which drugs or substances are used and how they are consumed (Drug Abuse: Current Care Guidelines, 2022). The most common are mentioned for general idea why people who use drugs (PWUD) might be referred to medical care. The most commonly used drug in Finland, cannabis, can lead to psychological issues such as depression, anxiety and psychosis as well as lung issues (Drug Abuse: Current Care Guidelines, 2022). Health risks associated with stimulant and opioid use leading to the utilization of healthcare services are related to lack of selfcare and poor general condition, such as weight loss and sleeping disorders (THL, 2023b). The use of stimulants impacts the brain and can therefore cause e.g. cerebral haemorrhages (Drug Abuse: Current Care Guidelines, 2022). Health issues associated with intravenous drug use are e.g. circulatory infections such as HIV and hepatitis, thrombosis and heart issues like myocarditis (THL, 2023b). Excessive use of drugs or alcohol can lead to heart failure (Kettunen, 2023) Substance use can cause complications to all life sustaining

organs and body systems as well as psychosocial issues. It is crucial that these are recognized by nurses and appropriate interventions are in use.

2 CARING FOR PATIENTS WITH SUBSTANCE USE DISORDER

2.1 Key Principles of Care

People who use substances are entitled to the same, medically justified care as anyone else. The treatment of people with substance use disorders should include respect of human rights and patient's dignity based on universal healthcare standards (World Health Organization & United Nations Office on Drugs and Crime, 2020) and considered throughout the Finnish Legislation. Ministry of Social Affairs and Health is responsible for policies and legislations which define the frame for Finnish healthcare and accessibility of services. One of the main aims for Finnish healthcare is reducing health inequalities (Ministry of Social Affairs and Health, 2024). The Ministry of Social Affairs and Health's: The Health Care Act No. 1326/2010 defines healthcare requirement laws for people who use substances in *Chapter 3 §28 Substance Abuse Services (p.8)*:

Local authorities shall provide the substance abuse services required for health and welfare promotion among residents, which are aimed at strengthening the factors that help to maintain abstinence from substance abuse among individuals and society and at reducing and eliminating factors associated with substance abuse that stand to compromise health and safety.

The Healthcare Act No. 1326/2010 is in the legislation to ensure healthcare equity in Finland and that appropriate services are offered to all in need.

International standards for the treatment of substance use disorders made by World Health Organization and United Nations Office on Drugs and Crime highlight interventions to drug use and providing appropriate services to reduce drug use. Treating people who use substances should meet the common healthcare standards, be ethical and science based (World Health Organization & United Nations Office on Drugs and Crime, 2020). "Staff of treatment services should receive proper training in the delivery of treatment in full compliance with ethical standards and human rights principles, and show respectful, non-stigmatizing

and non-discriminatory attitudes towards service users.” (World Health Organization & United Nations Office on Drugs and Crime, 2020, p.9).

It is important to create a safe environment and open conversation when caring for people who use substances in healthcare settings. Substance use causes not only social issues, but also a vast variety of health issues from organ damage to trauma. Holistic care for patients is crucial, addressing medical emergencies and treating the substance use disorder itself depending on the substances used (Drug Abuse: Current Care Guidelines, 2022).

2.2 Nursing Competencies

Nursing competencies required when caring for people with substance use disorders relate to the nursing skills and professional expertise defined by Professional Qualifications Directive of the European Parliament and of the Council. They are e.g. professionalism, ethics, communication and health promotion, support of self-care and patient safety. Nurses use research data and all decisions are evidence based. (*Bachelor of Health Care, Registered Nurse - Studyinfo*, n.d.) . Healthcare professionals are required to consider laws and legislations, which define patients' rights. Nurses respect dignity, privacy, and autonomy while providing care (Valvira, n.d.).

Ethical guidelines for registered nurses working in Finland are respecting human dignity, right to self-determination and patient involvement, justice and equity, privacy and patient confidentiality, collaboration, and responsibility. Nurses are also required to maintain and develop nursing skills, as well as promote ethical environment and nursing development (The Finnish Nurses Association, 2021).

A qualitative case-study conducted on nurses in Finnish emergency department about encountering intoxicated patients highlights the following nursing competences: “customer orientation, ethicality and professionalism of nursing, guidance and teaching competence. ” (Noppari et al., 2018, p.334). Participants described the importance of patient led care, where the patient is at the centre and their

resources and willingness to change their habits were considered. It was seen that the atmosphere of the interaction could either lead to a positive or negative outcome depending on the approach. Important nursing competencies needed for a positive outcome encountering intoxicated patients described in the study were holistic patient care, understanding patient experiences, including patient's close relationships/family members, being aware of and reflecting on nurse's own attitudes and feelings, preventing aggressive behaviour, early intervention and patient education (Noppari et al., 2018).

2.3 Stigma Towards Patients with Substance Use Disorder in Healthcare

The term 'stigma' originates from ancient Greek language, where the term referred to carving and marking the body as a sign of shame, punishment or disgrace (Economou et al., 2020). The sociologist Erving Goffman (1963) contemplated on factors where society establishes the means of categorizing people and their attributes that are undesirable characteristics regarding social norms. In his seminal work, Goffman defines stigma as an attribute, which is deeply discrediting. Goffman divided stigma into three separate categories: 1) abominations of the body e.g. physical deformities which are immediately visible to others, 2) individual character blemishes regarding perceived flaws of character which might not be visible but inferred from behaviour or history e.g. addiction, mental health disorders and criminal history and 3) tribal stigma based on social categories e.g. race, ethnicity, nationality or religion. Goffman highlights the social interactions and processes through which stigma is produced and managed. He describes various strategies that individuals use to cope with stigma, including concealing their stigmatized identities, passing as "normal," or engaging in "covering" behaviours to minimize the visibility of their stigma (Goffman, 1963). Goffman suggested that stigmatization might cause individuals to internalize stigma.

Merriam-Webster's dictionary defines stigma as "a set of negative and unfair beliefs that a society or group of people have about something" (Merriam-Webster, 2024). Ethical standards and considerations of care contain "the right to enjoy the highest attainable standard of health and well-being and avoiding any form of

discrimination and/or stigmatization” (World Health Organization & United Nations Office on Drugs and Crime, 2020. p.10).

To address the stigma surrounding substance use in healthcare, healthcare professionals' perspectives on various issues and attitudes relevant to care of people who use substances are introduced. Substance use is commonly associated with challenging life circumstances, wherein substance use issues may intersect with mental health disorders, somatic diseases, homelessness and unemployment. In addition, people who use substances tend to hide their drug use for it's illegal and stigmatized nature (Rönkä et al., 2020).

Patients with substance use disorder can be seen as a “difficult” client group due to the multi problematic nature of health and social issues (Laine, 2002). Treating individuals with SUD may evoke feelings of frustration from perceived lack of commitment to treatment on their part. Feelings of inadequacy and frustration can reduce nurse's ability to form a caring relationship with patients with substance use (Noppari et al., 2018). Substance use and intoxication can make medical emergencies harder to notice but putting own attitudes aside for empathetic communication, good outcomes can be achieved (Laine, 2002).

According to Laine (2002), there is a prevalence of personality disorders in people with substance use disorder and the use of primitive defence mechanisms. Excessive substance use can cause regression and thus increase the use of these primitive defence mechanisms which can appear as aggression. Aggression can also be connotated with criminal behaviour, thus substance abuse problems should be approached from the health problem aspect and not to criminalize the behaviours (World Health Organization & United Nations Office on Drugs and Crime, 2020). Nurses have reported feelings of fear and anxiety from encountering aggressive or agitated patients and it is seen that the way patients act, correlates to the care they receive. Nurses should avoid getting provoked when encountering agitated patients (Noppari et al., 2018).

Manipulative and appealing behaviour from patients with SUD to e.g. get prescription medications can, according to Laine (2002), cause physicians to make

decisions they would not otherwise make, which can lead to attitudes towards patients with SUD to become more negative. The prolonged use of certain drugs as well as the social circumstances these patients might live in, can lead to them constantly assessing threats in their surroundings and reacting to them which can appear as combativeness (Laine, 2002).

To gain an understanding of the importance of the research for care equity, some experiences in healthcare from people who use substances are introduced. People who use substances experience stigmatization and avoid seeking medical treatment due to negative experiences. A study conducted in 2023 Washington, United States listed experiences of: “Many cited disrespectful interactions, under-treatment of pain, difficulty obtaining intravenous access, unhelpful referrals, and traumatic experiences in the ED related to their methamphetamine use”, “Interviewees hoped for, but rarely encountered, clinicians who acknowledged addiction as a chronic condition, addressed symptoms adequately, and provided positive connections to outpatient resources.” (Fockele et al., 2023. p.7).

With an understanding of the multitude of stigma towards people with substance use disorders in healthcare settings, nurses are able to challenge their beliefs and provide better care for this patient population. With this knowledge, nurses can practise leadership in their workplace to advocate for their patients. Some examples of where increased understanding of stigma can be beneficial to improve care include internal medicine wards, emergency care, and healthcare related educational programmes.

3 THE PURPOSE, AIMS AND RESEARCH QUESTION

The purpose of this literature review is to investigate the factors contributing to the stigmatization of individuals with substance abuse disorders and to examine the various dimensions of stigma that impact the healthcare outcomes. The literature review focuses on synthesizing findings from previous studies to provide insights into the relationship between stigmatization and the care of patients with substance use disorder, from the patients', nurses' and nursing student's perspectives. The aim of the literature review is to discover reasons behind stigmatization of substance use in healthcare and to identify gaps and limitations in current research on stigma and its effects on the care provided and to develop current healthcare procedures with people who have SUD's.

A research question was formulated regarding the problem, objective and aims of the literature review:

1. What factors contribute to stigma in the care of individuals with substance use disorders?

4 METHODS

The research method chosen is a descriptive literature review using a thematic analysis method. The literature review research method was selected in advance by Diaconia University of Applied Sciences as an appropriate method of a thesis research for Bachelor of Health Care, Nursing Degree Programme students in 2024. The data collection method used in the literature review thesis is secondary research, which consists of collecting existing data from previously made researches about a topic, by critically interpreting and analyzing existing research data to create new findings in a larger scale (King, n.d.). Twenty existing literature sources were included for analysis to answer the research question 'What factors contribute to stigma in the care of individuals with substance use disorders'. To find answers to the research question, qualitative data e.g. interviews and surveys, were searched for analysis, where experiences from nurses' and people with substance use disorder's perspective were sought in the form of qualitative data to seek interpretations of experiences, which is suitable for the literature review of analysing patient experiences.

4.1 Inclusion and Exclusion Criteria

Inclusion and exclusion criteria of the literature were determined prior to information retrieval process of the thesis process. The inclusion criteria include publications within 10 years from 2014 to 2024. The publications included must be evidence-based and peer reviewed literature, from reliable sources and relevant to the research question with literature only chosen in English or Finnish language. Exclusion criteria are publications published before 2014, are not peer-reviewed, are non-evidence-based literature or the source is not reliable and irrelevant to the research question and are in another language than Finnish or English. Inclusion and exclusion criteria listed in TABLE 1. Inclusion and Exclusion Criteria.

TABLE 1. Inclusion and Exclusion Criteria

Inclusion Criteria	Exclusion Criteria
Published from 2014 to 2024	Published before 2014
Peer reviewed publications	Not peer reviewed publications
Relevant to research question of stigmatization of people with SUD's	Irrelevant to the research question e.g. stigma towards other patient populations
Literature in English or Finnish language	Literature in other language than Finnish or English
Literature free of charge	Literature behind a paywall

4.2 Information Retrieval Process

Information retrieval is the process of searching information from books, journals, articles and databases. The research was conducted by searching evidence-based literature, which met the inclusion criteria. The research process was documented transparently and is repeatable (Finnish National Board on Research Integrity TENK, 2023).

Primarily, the information retrieval, the formulation of a quality research question is essential. A PICO- format of (population, intervention, comparison, and outcomes) and criteria was utilized to frame the research question and to create applicable search terms for the information retrieval (Aslam & Emmanuel, 2010). The PICO elements vary from the viewpoint of the research question. Regarding the research question of 'what factors contribute to stigma in the care of individuals with substance use disorders'. *TABLE 2. PICO Table* was created to define the PICO elements, keywords, search terms and search strategies to the information retrieval.

TABLE 2. PICO Table

Pico Elements	Keywords	Search Terms	Search Strategies
P (Patient/ Population)	Substance user	Substance user	Substance abuse OR Substance use OR Drug abuse OR Drug Addiction OR Drug use
I (Intervention)	Stigmatization	Stigmatization	Stigma OR Stigmatization OR Stigmatisation
C (Comparison)	-	-	-
O (Outcomes)	Affects on nursing outcomes	Nursing interventions and Nursing care	Nursing interventions OR Nursing care

Boolean operators were utilized to manage the search strategy in database inquiries. Boolean operators by using AND narrows the search to only chosen search terms and to broaden the search, the word OR was used in database searches (Delgadillo, n.d.). An asterisk (*) was used in some search engines to broaden the search. Advanced search was conducted in the information retrieval process to obtain a more targeted search. Terms of publication period from 2014 to 2024 and peer reviewed publications were selected in the advanced search to

meet the inclusion criteria. Search terms varied through different databases due to search term preferences used by the database. Database-specific subject terms and -headings were used to determine the correct keywords. Keywords used in the data retrieval were substance abuse, substance use, drug abuse, drug addiction, drug use, stigma, stigmatization, stigmatisation, nursing interventions and nursing care. Finnish translations of e.g. keywords; care and drugs were used in Finnish database searches e.g. in Medic.

4.3 Data Collection Process

All relevant data and data collection process were recorded and stored in shared files. Literature data was collected from Academic Search Premier (EBSCOhost), which is a multi-disciplinary database with peer reviewed articles, CINAHL (EBSCOhost), which was used because it is a database for nursing and health research, Medic to collect health and nursing related articles based in Finland and Medline (EBSCOhost) for its nursing and healthcare related research publications. Search term results were recorded into *Table 3. Systematic data collection from databases.*

TABLE 3. Systematic data collection from databases

Database	Hits	Titles screened	Abstracts Read	Articles Selected
Academic Search Premier	57	57	7	1
CINAHL	44	44	12	5
Medic	77	77	15	1
Medline	30	30	11	0
Total	208	208	45	7

Due to a limited number of accessible studies found with the original systematic database searches, manual search was also utilized to gain a broader

understanding of the researched topic. Additional data was collected manually from reference lists, thesis supervisors' recommendations and by searching databases manually. Manual search was conducted with different keywords and fewer keyword combinations as search terms used in the systematic database search e.g. substance abuse and stigma. Databases used in manual search were: Academic Search Premier, CINAHL (EBSCOhost), Health Research Premium Collection (ProQuest), Medic and PubMed.

TABLE 4. Data collection with manual search

Manual Search Source	Articles Read	Articles Selected
Academic Search Premier	2	2
CINAHL (EBSCOhost)	3	2
Health Research Premium Collection	11	6
Medic	1	1
PubMed	1	1
Reference list	1	1
Total	19	13

4.4 Article Selection Process

The article selection process was conducted by utilizing the previously determined inclusion and exclusion criteria listed in *TABLE 1. Inclusion and Exclusion Criteria for Data Collection*. All database search hits were screened by reading the article titles and subjects, abstracts were read from articles with topics and subjects relevant to the research questions, with keywords mentioned. All full texts were read from articles that answered to the research question in the abstracts and were accessible free of charge. After conducting the database searches using the previously mentioned criteria and keywords, articles were further excluded due to lose relation to research topic. Relevance to research question in this thesis and inclusion criteria indicates, that the keywords are mentioned in the topic or subjects which are substance user or one of the synonyms, stigma

or stigmatization and it includes nursing perspective. The chosen articles answer the question; What factors contribute to stigma in the care of individuals with substance use disorders. Articles focusing on substance use during pregnancy, prenatal care, children, midwives attitudes, HIV, nurses with substance use, effects of homelessness, mental health nurses, and emphasis on mental health were excluded during the data collection. Research with quantitative methods as well as other literature reviews were excluded from the data collection. The database searches were recorded and screened. The process is presented in a PRISMA flow diagram in *Figure 1. Article Selection Process Flow Diagram* to present the data collection transparently (Page et al., 2021).

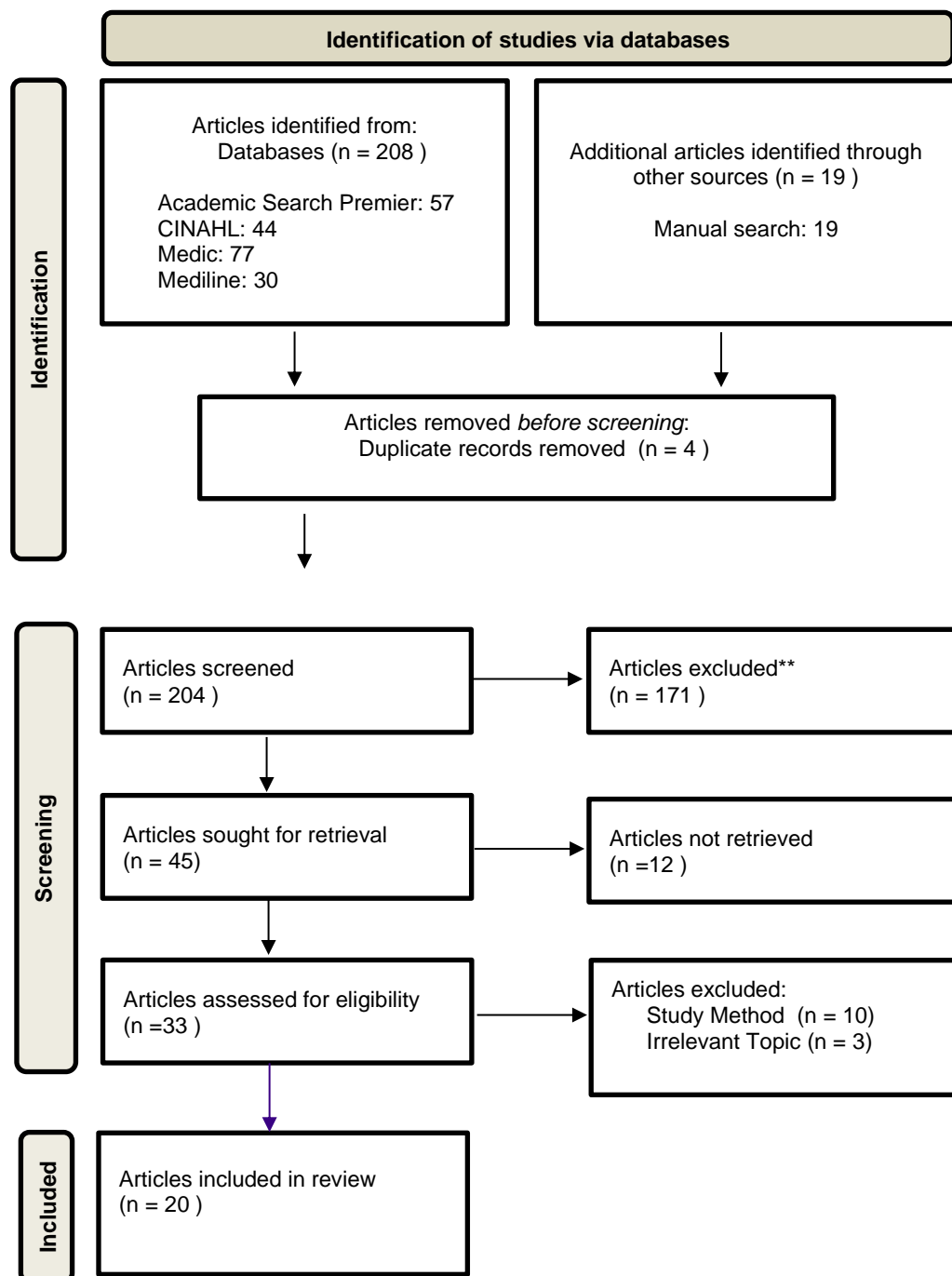


Figure 1. Article Selection Process Flow Diagram (adapted from Page et al., 2021, PRISMA 2020 flow diagram)

4.5 Literature Selected for Literature Review

Table 5. presents the literature selected to the thesis through data collection process.

Table 5. Literature selected for literature review

Article.	Author	Title of Article
1	Behm	Potilas yhteistyö-kumppanina päihteiden käytön puheeksiottolanteissa päivystysvastaanotoilla: työntekijöiden näkökulma eettisten periaatteiden toteutumiseen
2	Bové et al.	Do the carers care? A phenomenological study of providing care for patients suffering from alcohol use disorders: Nursing Inquiry
3	Cafferkey et. al	'Selling their souls?' Nurses' understanding of addiction and recovery in acute hospital settings: British Journal of Nursing
4	Chan Carusone et al.	"Maybe if I stop the drugs, then maybe they'd care?"—hospital care experiences of people who use drugs
5	Davis et al.	Substance Use Stigma and Community Drug Checking: A Qualitative Study Examining Barriers and Possible Responses
6	Dion, K.	Substance Use Stigma and Community Drug Checking: A Qualitative Study Examining Barriers and Possible Responses
7	Goodhew et al.	Learning that cannot come from a book: An evaluation of an undergraduate alcohol and other drugs subject co-produced with experts by experience: International Journal of Mental Health Nursing
8	Horner et al.	"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
9	Knaak et al.	Measuring the Influence of Curricular Content and Personal Stories on Substance Use Stigma
10	Koivunen et al.	Päihtyneenä päivystyksessä : saako potilas hyvää hoitoa ja kohtelua?
11	Mahmoud et al .	Can Screening, Brief Intervention, and Referral to Treatment Education and Clinical Exposure Affect Nursing Students' Stigma Perception Toward Alcohol and Opioid Use?
12	Mayer et al.	Emergency department experiences of people who use drugs who left or were discharged from hospital against medical advice
13	McCurry et al.	Perceived stigma, barriers, and facilitators experienced by members of the opioid use disorder community when seeking healthcare
14	McNeil et al.	Hospitals as a risk environment: An ethno-epidemiological study of voluntary and involuntary discharge from hospital against medical advice among people who inject drugs
15	Moore et al.	The role of substance use treatment in reducing stigma after release from incarceration: A qualitative analysis
16	Muncan et al.	"They look at us like junkies": influences of drug use stigma on the healthcare engagement of people who inject drugs in New York City
17	Murney et al.	Stigma and discrimination related to mental health and substance use issues in primary health care in Toronto, Canada: a qualitative study
18	Rehman et al.	Structural stigma within inpatient care for people who inject drugs: implications for harm reduction

19	Russel et al.	A qualitative examination of substance use service needs among people who use drugs (PWUD) with treatment and service experience in Ontario, Canada
20	Wedin et al.	Critical care nurses' experiences of nursing intoxicated patients after abuse of drugs: Nursing in Critical Care

List detailed list of chosen literature is presented in *APPENDIX 1. Summary table of literature* with article's information, research methods and conclusions included.

4.6 Critical Appraisal

Critical appraisal of the literature collected was done utilizing the 'JBI Critical Appraisal Checklist for Qualitative Research' (Lockwood et al., 2020). The research articles from data collection were confirmed by two appraisers utilizing the critical appraisal tool, to assess the quality of the literature. The aim is to only include studies that meet the criteria of a reliable and evidence-based literature for the qualitative research process of the literature review. 'JBI Critical Appraisal Checklist for Qualitative Research' is presented in *APPENDIX 2. Critical Appraisal Checklist for Qualitative Research*.

5 ANALYSIS

A thematic analysis approach was used for the literature review of this thesis, where six steps within of identification, analysis and reporting patterns of the data was constructed (Braun & Clarke, 2006). A total of 20 article results were included in the analysis. Braun & Clarke's (2006) thematic analysis method was used in the analysis, where six phases were followed throughout the analysing process.

Figure 2. Phases of thematic analysis process presented as a guideline of the analysis process.

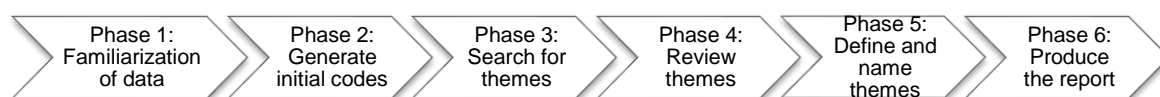


Figure 2. Phases of the thematic analysis process (adapted from Braun & Clarke, 2006)

The data analysis was conducted by utilizing primarily by familiarization of the data; noting of interesting data, patterns and topics recurring in the literature (Braun & Clarke, 2006). The main patterns detected from the chosen literature, were generated into initial codes (Braun & Clarke, 2006); stigmatizing language, stereotyping, empathy and understanding, communication barriers, trauma-informed care, treatment disparities, undesired feelings, good care and patient's negative attitude towards care.

Coding was constructed in mutual conception to evaluate the patterns gradually in the qualitative research utilizing Microsoft Excel as a coding tool. The results from 20 publications were divided into comments and added into Microsoft Excel for coding. All comments ($n=409$) were coded, evaluating each comment with consistency of pre-determined initial codes. Additional codes were created, as they emerged from data in the coding phase, and the data was revised after each additional code. *Picture 1. Coding example* is provided for visual representation of the coding phase.

Author	Article	Comment	Stigmatizing language	Stereotyping	Empathy and understanding	Communication Barriers	Trauma-Informed care	Treatment Disparities	Undesired feeling	Good Care	Patient's negative attitude to treatment
Behm et al	1	Onnistuneet kohtaamistilanteet olivat edellyttäneet työntekijältä aitoa läsnäoloa ja ajan antamista potilaalle.			1					1	
Behm et al	1	Kuunteleminen oli edellytys keskustelulle päihteiden käytöstä. Korostettiin myös sanattoman viestinnän tärkeyttä.			1					1	
Behm et al	1	Kuvatussa epäonnistuneita puheeksiottotilanteita haastateltavat kertoivat myös ongelmista yhteistyösuhteessa potilaan kanssa. Yhteistyötä haastoivat työntekijän ja potilaan käyttäytymisen vastavuoroisuuteen liittyvät				1			1		

Picture 1. Coding example

The results of coding were recorded into Figure 3. Coding results to assist with searching for themes. As thematic features rely on the fact that the codes work in relation with the entire data for a thematic map to be produced (Vaismoradi et al., 2013).

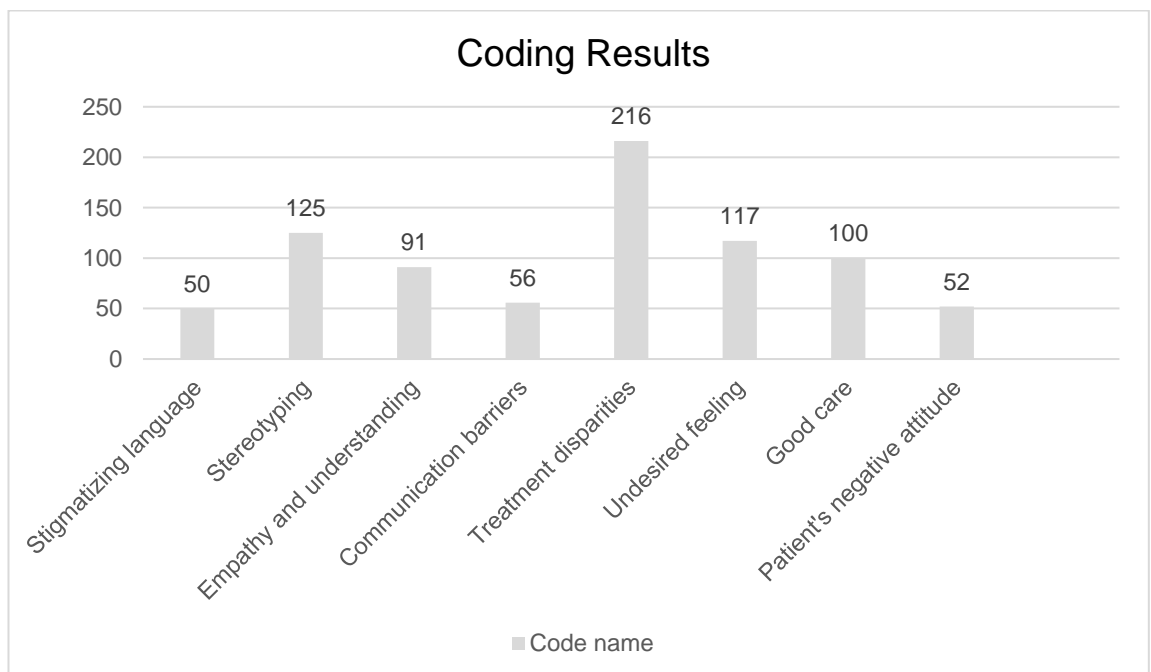


Figure 3. Coding results

Searching for themes was constructed from previous results of the initial coding, indicating that multiple congruent factors determine the potential themes of the

research (Braun & Clarke, 2006). As the initial codes included: stigmatizing language, stereotyping, empathy and understanding, communication barriers, trauma-informed care, treatment disparities, undesired feelings, good care and patient's negative attitude towards care, more patterns were detected from individual comments. Several initial codes were manually inspected for clarification of the code e.g. initial code of treatment disparities, to clarify what kind of treatment disparities were in question. All themes and patterns were set into categories in Table 5.

Table 5. Themes, major categories and minor categories from data analysis

Themes	Patient & nursing related stigma challenges of SUD care		Organizational stigma challenges in SUD care
Major Categories	Complexity of patient population	Attitudes & behaviours	Organizational limitations
Minor Categories	Complex needs, communication barriers, treatment disparities	Negative attitudes, stigmatizing language, stereotyping, labelling, judgemental behaviour	Time, safety considerations, lack of education, environmental factors
Unit of Analysis	1,2,3,4,5,6,7,8,10,12,13, 14,15,16,17,18,19,20	1,2,3,4,5,6,7,8,9,10,12,13, 14,15,16,17,18,19,20	2,3,5,8,12,13,14,17,18,19,20

6 RESULTS

From the analysed 20 articles, eight were based in Canada, six in the USA, two in Finland and one article each from Ireland, Australia, Denmark and Sweden. Nine of the articles describe the perspectives of people who use substances, six articles describe nurses' perspectives, four articles cover nursing students' perspectives, and one article uses multiple different perspectives including nurses and people who use substances. Three major themes rose from the analysis of the literature: 1) complexity of patient population, 2) attitudes and behaviours, and 3) organizational limitations. The literature analysed and referenced in the results are compiled previously in Table 5 and more defined article information are presented in *Appendix 1. Summary table of literature*.

6.1 Complexity of Patient Population

The data analysis prevailed the complexity of patient population as the most significant theme and was covered in all articles analysed. The results suggest that complexity of the patient population has an adverse influence on substance use disorder (SUD) care, perceived and experienced by nurses. Nurse's experiences of caring for people with SUD's are described as highly complex, challenging and demanding tasks (Bové et al., 2020; Cafferkey et al., 2024; Horner et al., 2019; McCurry et al., 2023; Rehman et al., 2024; Wedin et al., 2022). The challenges expressed by nurses due to complexity of patient population include caring for complex health problems (McCurry et al., 2023), need for knowledge and education of caring for people with SUD's (Wedin et al., 2022) and to understand and comprehend the complex life situations of people with SUD's to have the ability to adjust the care accordingly (Bové et al., 2020).

The results indicate that communication, interactions and encounters have a significant role in the care of people with SUD's. Experiences with positive interactions between healthcare providers and patients were reported more likely to increase successful outcomes of care (Behm et al., 2016; Cafferkey et al., 2024;

Chan Carusone et al., 2019; Dion, 2019; Koivunen et al., 2014; Moore et al., 2023). The results of nurses' perspectives indicate that positive interactions with people with SUD's required relatively more sensitive cooperation, presence, listening skills, education and knowledge of SUD's, acceptance, empathy and understanding than when caring for people without substance use disorders (Behm et al., 2016; Bové et al., 2020; Cafferkey et al., 2024).

Nurses experiences indicate that challenging interactions with people with SUD's increase the fear of unfamiliar patients and aggressive patients (Behm et al., 2016) According to the results, stigma and discrimination rises rather from nurses past experiences, challenging interactions and encounters with people with SUD's than from assumptions of anticipated stigma. Nurses addressed treatment disparities due to the complexity of patient population effecting; medical care of intoxicated people and simple physical treatment procedures (Rehman et al., 2024).

Nursing students, according to results, experienced education as a diminishing factor of stigmatization of people who have SUD's. Integrating personal stories from people with experiences of substance use problems into nursing education could positively affect nursing students attitudes towards patients with SUD's (Knaak et al., 2022). Including experts by experience into teaching reframes nursing students understanding of substance use (Dion, 2019; Goodhew et al., 2023). Findings suggest that exposure to positive interactions with people with SUD and nursing role models support a more positive attitudes and care outcomes (Mahmoud et al., 2019).

6.2 Attitudes and Behaviours

Attitudes and behaviours emerged as the second significant theme through the analysis. The theme was covered in 19 articles out of 20. Results suggest that stigmatization is one of the biggest barriers to healthcare for people with SUD's. Experiences of stereotyping, stigmatizing language and negative attitudes were constantly brought up by people with SUD's in the analysed literature. Patients

with history of substance use reported negative interactions with healthcare professionals, drag in the timeliness of care, insufficiently managed pain and withdrawal management due to their social position and substance use (Chan Carusone et al., 2019b). Many patients with SUD experienced being denied pain management or administered insufficient dosage compared to their tolerance. Patients associated this with healthcare professionals viewing them as “drug seeking” (McNeil et al., 2014).

Some patients describe care as unprofessional and coercing (Koivunen et al., , others as rude, blaming and judgemental (Davis et al., 2022). PWUD anticipated negative healthcare experiences based on previous experiences of stigmatization and avoided seeking treatment (Davis et al., 2022; Moore et al., ; Muncan et al., 2020). Anticipated stigma can be ramification of a person’s own experiences or based on how others have been stigmatized. Patients with SUD report feeling dismissed and discriminated compared to other patient groups and associate it with their substance use as well as other marginalized factors they might identify with such as race, ethnicity, gender, sexual orientation and socioeconomic status (Mayer et al., 2023).

Stigmatizing language is persistent in the healthcare environment, as it is in the media and society. Stigmatizing language promotes stigma and attitudes creating negative connotations towards discriminated populations (Cafferkey et al., 2024). Patients with SUDs have experiences of being referred to or seen as “drug seeking” (Mayer et al., 2023; Rehman et al., 2024a). Other terms used about PWUD are “drug addict”, “junkie” and “frequent flyer” and similar words with negative charge (McCurry, Avery-Desmarais, et al., 2023). Nursing students also witness stigmatizing language and behaviour on their clinical placements. Students recall words like “junkie”, “frequent flyer”, and “brought it on themselves” being said about PWUD (Dion, 2019). Person-first language is preferred as non-stigmatizing (Dion, 2019), and respectful basis for collaborative, person-centred nursing care (Goodhew et al., 2023) and a stigma reduction intervention (McCurry et al., 2023). Person-first language means using the term “people or patients with substance use disorder” rather than talking about substance users, which can define the

patient by their diagnosis as opposed to someone with the diagnosis (McCurry, Avery-Desmarais, et al., 2023).

PWUD can have internalized substance use stigma, negative views and feelings towards substance use. Individuals with SUD's might believe in a hierarchy of substance use where using certain substances is viewed as worse than others which causes stigmatizing attitudes inside the substance using community (Davis et al., 2022). Lack of open discussions about substance use and addiction can cause embarrassment and make people hide their substance use or affect willingness to seek help (Russell et al., 2021). Current or past drug use can affect self-esteem and perception of self-worth (Moore et al., 2023). Some people avoid care for substance use in the fear of being labelled in healthcare. Being seen as a diagnosis rather than someone with SUD created barriers between patients and healthcare professionals (McCurry et al., 2023).

6.3 Organizational Limitations

Organizational demands can limit nurses' ability to provide personalized quality care for patients with SUD and respond to complex needs. Nurses feel standardized procedures are not always applicable to this patient population and can take away from sensitive encounters with patients (Bové et al., 2020). Standardized procedures mean e.g. measuring vital signs, managing pain and withdrawal, as well as an overall task-oriented approach. There is a limitation to the time nurses are able to spend with each patient and this is seen as a barrier to quality care when patient might require more time for all needs to be met (Behm et al., 2016; Murney et al., 2020). Findings suggest that lack of education limits nurses' ability to care for this patient population and is one of the causes behind stigma (Horner et al., 2019; Mayer et al., 2023; McCurry et al., 2023; Murney et al., 2020; Wedin et al., 2022). As well as lack of education and resources, regulatory policies for pain medication can play a part in patients' who use substances experiences of under treated pain (Mayer et al., 2023).

Results indicate that organizational factors also influence the treatment, from the perspective of people who have substance use disorders. Positive atmosphere, environment and interactions were seen as treatment experiences that reduced stigma (Moore et al., 2023). Some patients feel stigmatized by being seen at drug checking sites or clinics, since they are often located in areas that are seen as “bad” or labelled by drug use (Davis et al., 2022). This might make PWUD apprehensive about seeking help to avoid further stigmatization. Structural vulnerabilities for PWUD also include abstinence-only drug policies and criminalization of substance use, which can cause PWUD avoid disclosing their drug use in healthcare (McNeil et al., 2014). Lack of discharge planning was identified as a structural issue in the care of patients with SUD. Patients with substance use disorder can experience other social vulnerabilities such as homelessness, which should be considered before discharge, as well as ability and funds to access follow up treatment and other services (Rehman et al., 2024).

Many articles mentioned harm reduction as a method to improve the lives of patients with SUD (Dion, 2019; Goodhew et al., 2023; McCurry et al., 2023; McNeil et al., 2014; Murney et al., 2020; Rehman et al., 2024; Russell et al., 2021). Harm reduction refers to ways in which the harmful effects associated with substance use are reduced by e.g. safer drug consumption sites and equipment thus striving for better health and quality of life rather than pushing for total abstinence which can be impossible for many to achieve (Goodhew et al., 2023; Rehman et al., 2024) .

7 ETHICAL CONSIDERATIONS AND RELIABILITY

Research is a process of acquiring knowledge from systematic study, thinking, observing and experimenting (ALLEA - All European Academies, 2023). Research ethics and guidelines are important to follow throughout the entire research process, to ensure that research is conducted with high ethical standards. The fundamental principles for research integrity (RI) are reliability, honesty, respect and accountability (ALLEA - All European Academies, 2023; The Finnish National Board on Research Integrity TENK, 2023).

Reliability regards to the factors that research ensures the quality of the research, is reflected in the design, methodology, analysis and ensuring the use of high quality resources (ALLEA - All European Academies, 2023). Regarding our literature review thesis, we wanted to ensure quality research including a clear and well-defined research question, hypothesis, and data analysis to answer the research question. The purpose was to find a gap in the existing literature and develop or contribute to existing knowledge of the topic. The resources used are high quality data, peer reviewed and unbiased, and the methods used are appropriate and consistent.

The research integrity principle of honesty was practiced in the development, handling, reviewing, reporting and communicating the research fairly, transparently, fully and subjectively without bias (ALLEA - All European Academies, 2023). Transparency of the research is visible and presented from systematic and manual data collection methods of our literature, all research articles collected and fully presented in the literature review, thematic analysis approach used and presentation in the results section of the literature review.

According to The European Code of Conduct for Research Integrity (2023) the principle of respect refers to the respectful manner towards colleagues, research participants, research subjects, society, ecosystems, cultural heritage, and the environment. As conducting the literature review and creating a secondary research by using other researchers work in our own study, the ethical aspects of

respecting others' previous work and research giving them credit for their achievements by citing their publications appropriately is significant (The Finnish National Board on Research Integrity TENK, 2023). The importance is to appreciate the previous work and research done, regarding the subject that is continued to research from a different aspect or to add to previous research.

The principle of accountability considers the importance of the research being accountable from the beginning until publication and regarding its management and organization, for supervision, training and mentoring, and accountability in terms of its broader societal repercussions (ALLEA - All European Academies, 2023). Accountability was ensured by receiving commentary from lecturers, opponents, and peers during the thesis process supervision. The received commentary enabled the thesis to be revised continuously.

Following the fundamental principles of research integrity guidelines, violations of research integrity and research misconducts of falsification, fabrication and plagiarism are avoided and the research is conducted with high ethical standards (ALLEA - All European Academies, 2023).

8 DISCUSSION

The basis for the literature review was both students' mutual interest and motivation to examine care equity. The research question of 'what factors contribute to stigma in the care of individuals with substance use disorders' was closely examined, researched and analysed to understand the complexity of the subject of stigma and how it affects the care of the marginalized patient population with substance use disorders. Our study's findings align closely with previous research, reinforcing the multitude of stigma in this area. This consistency not only validates our results, but also emphasizes the need for continued efforts to address and alleviate the impact of stigma on care quality and outcomes. The intention of the research focused on finding gaps in previous research and how stigma could be reduced in the healthcare field.

Key findings indicate that marginalized communities experience inequity in healthcare. Caring for patients with substance use disorders is complex, and stigma is evidently present in daily interactions between patients and healthcare professionals when substance use is recognized. Patients with history of substance use are apprehensive when disclosing their substance use with healthcare professionals due to anticipation of stigmatization.

Patients with SUD describe experiences, where they are addressed in a rude or judgemental manner and stigmatizing language, is used either directly or indirectly. Patients with SUD experience under managed pain and withdrawal as well as untimely care which they associate with substance use stigma and attitudes. Patients with substance use are referred to as "junkies", "addicts" and "frequent flyers". Stigmatizing language persists stigma in society and healthcare.

Nurses working with patients with SUD's view caring for this patient population complex and even frustrating, but usually aim for a caring nurse-patient relationship. Organizational and structural factors can limit nurses' ability to provide personalized care. Nurses have limited time and resources to use on one patient and they can feel morally divided which causes frustration. Caring for patients

with SUDs can rise anxiety and safety concerns in nurses and seeing same patients admitted repeatedly can make nurses feel inadequate. Findings suggest that nurses need more education to be better equipped to care for PWUD and decrease stigma. The language used should be changed to person-first language for stigma intervention. Using terms such as “patient with substance use disorder” or “patient in recovery”, which are less stigmatizing than substance abuser or addict. Findings support the use of harm reduction for better quality of life for PWUD as well as including experts by experience into nursing education to increase nurses’ empathy and understanding.

Erving Goffman’s (1963) contemplation of stigma revolves around the factors that stigma is established by the social norms of recognizing undesirable attributes of individuals and categorizing them accordingly. These factors are still present in current research and care of people with substance use disorders. When discussing stigma and Goffman’s theory, a slightly more modernized version of stigma arises throughout our study. Even though Goffman had stigma categorized in three discrediting categories: abominations of the body, individual character blemishes and tribal stigma, the aspect of stigma in our study merely revolves around the individual Goffman’s (1963) categorization of character blemishes regarding the concealed “character flaws” e.g. substance use. The concealment of Goffman’s “character blemishes” and stigma revolving around it, is still present in current healthcare adjoining with the results of this study. Contradicting with Goffman’s theory’s “character flaws”, these notions should not be recognized in present healthcare settings, as substance use disorders are a treatable disease. The results of this study complements, that increasing the education on substance use disorders would decrease the stigma revolving around the misunderstanding, that substance use disorder is a self-inflicted state and is merely due to poor lifestyle choices.

Self-stigmatization interacts when Fockele et al. (2023) discusses about the negative experiences caused by stigmatization, when seeking medical treatment, such as dealing with disrespect, being undertreated and having unhelpful and traumatic experiences. Regarding all factors of healthcare, every individual should have equal access to care.

In the introduction, we discussed the research by Noppari et al. (2018) to gain a nursing perspective to the care of patients with SUD, which highlighted the nursing competencies necessary caring for intoxicated patients. Patient centred care, ethicality and professionalism, and patient guidance and education were the key competencies in the study, which were described through nurses' experiences. Negative perceptions toward patients who use substances or are intoxicated can negatively affect the relationship between nurse and patient. Intoxicated patients are viewed as difficult to care for due to the complexity of their needs and behaviour. Nurses described feeling anxiety and fear meeting aggressive intoxicated patients. Consistent with Noppari et al. (2018), our findings demonstrate that increased education and knowledge can decrease nurses' negative attitudes and help nurses feel more competent addressing complex needs relating to substance use.

To further discuss healthcare professionals' perspective on caring for substance users, in the introduction we described an article by Laine (2002), who expresses similar views to our results. Medical emergencies can be difficult to treat and notice due to the complexity of this patient population and substance use can complicate these health issues. Aligning with our results, building a respectful relationship with these patients and reflecting on attitudes can increase care equity and outcomes.

By integrating the findings of the articles used in the introduction with our own results we gain an understanding of the complex relationship between stigma and the multifaceted needs of patients with SUD and nurses' resources to provide quality care. Based on the insight of these findings and our results, we can conclude that there are various dimensions of stigma that need to be addressed through intervention on individual level as well as on organizational level.

9 CONCLUSION AND RECOMMENDATIONS

For nurses, an important factor for caring for people with substance use disorders is to receive appropriate education to care for the complex healthcare issues with people who have SUD's. Nursing students should receive positive experiences and encounters with people who have substance use disorders during professional education and practical trainings. Interacting and having positive encounters with people with SUD's bring confidence to care for the complex health issues and patient population. Positive experiences improve attitudes and increase positive outcomes of care. If nurses possess adequate education and understanding of substance use disorders as a chronic disease rather than a self-inflicted state, the stigmatization of caring for the complex patient population could reduce. In terms of future development and studies, recommendations include further research concerning the effects of self-stigma on people with substance use disorders.

10 PROFESSIONAL DEVELOPMENT

This literature review thesis was done in collaboration by two students. The thesis process has increased the appreciation and knowledge on how to conduct a literature review. Primarily our challenge was to come up with a topic of both students mutual interest. The topic 'factors influencing stigma in the care of individuals with substance use disorders' was revised multiple times before the final title was mutually agreed on. As conducting a collaborative thesis, the development of our communication and teamwork skills have been significant. Compromising and communication has been present throughout the thesis process. The factor of scheduling and time management was important to consider between the two students to ensure that submissions throughout the thesis process were accomplished on time.

Conducting systematic database searches was considered, by both students, as the most challenging process throughout our thesis, before gaining more knowledge about the methods how to conduct quality searches in databases. Our analysing skills have developed, when critically evaluating quality sources to be added to our thesis and when conducting a thematic analysis step-by-step. Critical thinking skills have also developed throughout the thesis process, to understand the important factors to be discussed in every chapter of the thesis.

By conducting a literature review thesis regarding the topic 'factors influencing stigma in the care of individuals with substance use disorders', a broader knowledge has been gained through the research process about the complex factors effecting the care of people with SUD's, that will improve our professional skills as healthcare professionals. Our understanding of stigma and the contributing factors has increased significantly, and we have gained a broader understanding of care equity. Understanding the multitude of stigma and inequities in healthcare, we are more equipped to provide informed care and reflect on our own attitudes.

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APPENDIX 1. Summary table of literature

No.	Authors, Journal Year & Country	Title	Method	Conclusions
1.	Behm, M-M., Hänninen, V., Kankkunen, P. & Pietilä, A-M. Hoitotiede 2016, Finland	Potilas yhteistyö- kumppanina päihteiden käytön puheek- siottotilanteissa päi- vystysvastaan- otoilla: työntekijöi- den näkökulma eet- tisten periaatteiden toteutumiseen	Emergency consultation employee interviews. Data gathered over one year. Thematic content analysis.	There are sometimes contradictions between ethical guidelines and nursing decisions when caring for patients with substance use disor- ders.
2.	Bové, H. M., Lisby, M. & Nor- lyk, A. Nursing Inquiry 2020, Denmark	Do the carers care? A phenomenological study of providing care for patients suf- fering from alcohol use disorders: Nurs- ing Inquiry	Qualitative research with open dialogue interviews to nurses about AUD (Al- cohol use disorder) care in acute medical units in Denmark with a phenom- enological approach.	Findings show that car- ing for people with AUD is complex and difficult due to professional re- sponsibility of protect- ing PT's health and safety and personal re- sponsibility of empathic understanding of patient and sensitive coopera- tion.
3.	Cafferkey, S. L., Kelly, P. & Comiskey, C. British Journal of Nursing 2024, Ireland	'Selling their souls?' Nurses' understand- ing of addiction and recovery in acute hospital settings: British Journal of Nursing	Qualitative, in-depth inter- views. Aim of determining nurses' understanding of addiction and recovery.	The findings suggest that nurses working in the acute setting have a diverse and sometimes fragmented understand- ing of both addic- tion and recovery, which may affect the care that nurses provide for individuals with ad- diction who are admit- ted into an acute hospi- tal. Addiction models have led to language that stigmatises and creates negative conno- tations for nurses and the wider community.

4.	<p>Chan Carusone, S., Guta, A., Robinson, S., Tan, D., H., Cooper, C., O'Leary, B., de Prinse, K., Cobb, G., Upshur, R. & Strike, C.</p> <p>Harm Reduction Journal</p> <p>2019, Canada</p>	<p>"Maybe if I stop the drugs, then maybe they'd care?"—hospital care experiences of people who use drugs</p>	<p>A qualitative descriptive study. Data was collected between 2014-2015 by semi-structured interviews.</p>	<p>Drug use was experienced as a barrier in all stages of healthcare. It is necessary to combat stigma for better quality of care.</p>
5.	<p>Davis, S., Wallace, B., Van Roode, T. & Hore, D.,</p> <p>International Journal of Environmental Research and Public Health</p> <p>2022, Canada</p>	<p>Substance Use Stigma and Community Drug Checking: A Qualitative Study Examining Barriers and Possible Responses</p>	<p>Qualitative study with analysis of 26 interviews on people's perspectives about how stigma might be a barrier of service use of community drug checking.</p>	<p>Results highlight that stigma related to substance use is a barrier. People fear criminal repercussions and stigma, which leads to self-stigma and avoidance of services.</p>
6.	<p>Dion, K.</p> <p>Nurse Educator</p> <p>2019, USA</p>	<p>Teaching Nursing Students How to Decrease the Stigma Against People Who Use Drugs: Nurse Educator</p>	<p>Targeted educational study sessions with nursing students to improve care of people with people who have alcohol and drug use disorders.</p>	<p>The use of targeted educational sessions, incorporation of persons with a lived experience, and reflection in the classroom throughout the curriculum resulted in students who felt better prepared to care for PWUD.</p>
7.	<p>Goodhew, M., River, J., Samuel, Y., Gough, C., Street, K., Gilford, C., Cutler, N. & Orr, F.</p>	<p>Learning that cannot come from a book: An evaluation of an undergraduate alcohol and other drugs subject co-produced</p>	<p>Co-production framework, involving equal partnership with people experiencing health issue or circumstance through</p>	<p>Co-producing AOD education EBE challenges nursing students' stigmatizing beliefs and enhances their understanding of person-</p>

	International journal of mental health nursing 2023, Australia	with experts by experience: International Journal of Mental Health Nursing	all stages. Qualitative descriptive design.	centred care that is trauma-informed and focuses on harm reduction.
8.	Horner, G., Dad-dona, J., Burke, D. J., Cullinane, J., Skeer, M., & Wurcel, A. G. Public Library of Science Section: Research Article 2019, USA	"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	Interviews with nurses with semi-structured interview guide. Grounded theory approach.	An organizational culture shift paired with meaningful educational opportunities is required for nurses to harness their caregiving capacity and optimize outcomes for a frequently neglected patient population.
9.	Knaak, S., Besharah, J., Billet, M., Kharpal, K. & Patten, S Journal of Nursing Education 2022 Canada	Measuring the Influence of Curricular Content and Personal Stories on Substance Use Stigma	Mixed method using quantitative survey and qualitative feedback for practical nursing students of using personal story intervention of person with opioid use.	Quantitative results indicate improvement of stigma scores pre- and post-social intervention. Qualitative findings show positive attitude changes of practical nursing students.
10.	Koivunen, M., Harju, S., Hakala, T., Hänti, J. & Välimäki, M. Hoitotiede 2014, Finland	Päihtyneenä päivystyksessä: saako potilas hyvää hoitoa ja kohtelua?	Qualitative method with interviews and inductive content analysis.	Results show that treatment appears to be good, interaction was seen important for patients, and patients value professional, non-accusing and understanding approach.
11.	Mahmoud, K.F., Finnell, D., Lindsay, D., MacFarland, C., Marze, H.D., Scolieri, B.B. & Mitchell, A.M.	Can Screening, Brief Intervention, and Referral to Treatment Education and Clinical Exposure Affect Nursing Students' Stigma	Single sample pretest-post-test design	Findings support the use of SBIRT education and clinical exposure as potential intervention to nursing students stigma towards patients with SUD

	Journal of the American Psychiatric Nurses Association 2019, USA	Perception Toward Alcohol and Opioid Use?		
12.	Mayer, S., Langheimer, V., Nolan, S., Boyd, J., Small, W. & McNeil, R. PLoS ONE 2023, Canada	Emergency department experiences of people who use drugs who left or were discharged from hospital against medical advice.	Semi-structured qualitative interviews with 30 people who use drugs (PWUD)	How pain and withdrawal are managed in the ED can negatively impact the quality of care for patients with SUD
13.	McCurry, M., Avery-Desmarais, S., Schuler, M., Tyo, M., Viveiros, J. & Kauranen, B. Journal of Nursing Scholarship 2023 USA	Perceived stigma, barriers, and facilitators experienced by members of the opioid use disorder community when seeking healthcare	Qualitative research, exploratory design with semi-structured focus group interviews to OUD community members of stigma, barriers and facilitators of experience when interacting within healthcare	OUD challenged by internal and external factors of stigma with healthcare
14.	McNeil, R., Small, W., Wood, E. & Kerr, T. Social Science & Medicine 2014, Canada	Hospitals as a `risk environment: An ethno-epidemiological study of voluntary and involuntary discharge from hospital against medical advice among people who inject drugs	Ethno-epidemiological study, in-depth interviews.	Inadequate pain management and withdrawal (social-structural conditions) result in discharge against medical advice. There is a need for harm reduction approaches.
15.	Moore, K.E., Wyatt, J.P., Phillips, S., Burke, C., Bellamy, C. & McKee, S.H. Health & Justice	The role of substance use treatment in reducing stigma after release from incarceration: A qualitative analysis	Qualitative interview with content analysis approach. Examination of stigma experiences of people with SUD after release from incarceration.	Substance use related stigma has potential to be reduced by treatment. Treatment has reduced self-stigma of previously incarcerated people. Care

	2023, USA			environment and staff's experiences are important.
16.	Muncan, B., Walters, S.M., Ezell, J. & Ompad, D.C. Harm Reduction Journal 2020, USA	"They look at us like junkies": influences of drug use stigma on the healthcare engagement of people who inject drugs in New York City	Semi-structured interviews conducted with 32 self-identified PWID in New York City. Grounded theory approach.	Whether a result of enacted stigma (including discriminatory or injurious actions of healthcare providers, and/or dismissal of concerns secondary to injection status) or anticipated stigma, PWID reported that stigmatizing experiences influenced their health and healthcare seeking in some form.
17.	Murney, M.A., Sapag, J.C., Bobbili, S.J. & Khenti, A. International Journal of Qualitative Studies of Health and Well-being 2020, Canada	Stigma and discrimination related to mental health and substance use issues in primary health care in Toronto, Canada: a qualitative study	Phenomenological approach with interviews and focus group, examining health providers' understandings and experiences of stigma discrimination related to mental health and substance use (MHSU) issues in Community Health Centres (CHC). Hybrid approach to thematic analysis.	The findings highlight lack of education and time of professionals increasing the possibility of frustration with care of MHSU patients, which increases stigma of the clientele group.
18.	Rehman, M., Chapman, L., Liu, L., Calvert, S. & Sukhera, J. Harm Reduction Journal 2024, Canada	Structural stigma within inpatient care for people who inject drugs: implications for harm reduction	The authors performed a secondary analysis of qualitative data from a previous study. Data consisted of detailed field observation notes, artifacts, hospital policies, and field interviews with a total of 81 participants.	This study illustrates that stigma is highly complex and rooted in both attitudes and structures. In an era where we are witnessing a rise in SUD it is vital that we interrogate systems of stigma and their interconnections to understand how the process of care can be compromised.

19.	<p>Russel, C., Ali, F., Nafeh, F., LeBlanc, S., Imtiaz, S., Elton-Marshall, T. & Rehm, J.</p> <p>BMC Public Health</p> <p>2022, Canada</p>	<p>A qualitative examination of substance use service needs among people who use drugs (PWUD) with treatment and service experience in Ontario, Canada</p>	<p>Qualitative study utilizing semi-structured one-to-one interviews with PWUD of treatment experiences and perspectives of substance use services in Ontario, Canada. Inductive thematic analysis method.</p>	<p>Findings highlighted needs of addressing stigmatization and system fragmentation. Recommendations to improve current substance use treatment services and related supports were highlighted.</p>
20.	<p>Wedin, A., Sandström, S., Sandström, L. & Forsberg, A.</p> <p>Nursing in Critical Care</p> <p>2022, Sweden</p>	<p>Critical care nurses' experiences of nursing intoxicated patients after abuse of drugs: Nursing in Critical Care</p>	<p>Individual semi-structured interviews.</p>	<p>The findings indicated that ICCNs experienced different difficulties when nursing intoxicated patients following their abuse of illicit drugs. Patients intoxicated after abusing illicit drugs could be manipulative and unreliable. Whether ICCNs showed empathy and respect, this gave them a good basis for creating positive encounters.</p>

APPENDIX 2. Critical Appraisal Checklist for Qualitative Research

**JBI Critical Appraisal Checklist for Qualitative Research**

Reviewer _____ Date _____

Author _____	Year _____	Record Number _____			
		Yes	No	Unclear	Not applicable
1. Is there congruity between the stated philosophical perspective and the research methodology?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is there congruity between the research methodology and the research question or objectives?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is there congruity between the research methodology and the methods used to collect data?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is there congruity between the research methodology and the representation and analysis of data?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is there congruity between the research methodology and the interpretation of results?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is there a statement locating the researcher culturally or theoretically?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is the influence of the researcher on the research, and vice-versa, addressed?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are participants, and their voices, adequately represented?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Is the research ethical according to current criteria or, for recent studies, and is there evidence of ethical approval by an appropriate body?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Do the conclusions drawn in the research report flow from the analysis, or interpretation, of the data?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall appraisal: Include ☐ Exclude ☐ Seek further info ☐

Comments (Including reason for exclusion)
