Original Article

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Identifying Medical–Surgical Nursing Staff Perceptions of the Drug-Abusing Patient

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Abstract

Nurses report a negative, stereotypical, and moralistic view of substance-abusing patients. Unaddressed bias may impede delivery of quality care. There is limited research of the needs specific to medical–surgical nursing staff interacting with substance-abusing patients. Nursing therapeutic commitment refers to the degree the nurse feels prepared with an adequate knowledge base, professional support, and personal ownership of a patient condition. Low therapeutic commitment correlates with job dissatisfaction. The Drug and Drug Problems Perceptions Questionnaire assesses healthcare provider attitude and therapeutic commitment to patients using or abusing medication or illicit substances. This therapeutic commitment survey serves as a staff needs assessment for a targeted educational innovation. The results show that the medical and surgical nursing staff has a constructive attitude and a moderately high degree of therapeutic commitment to the drug-abusing patient population, similar to more specialized multidisciplinary, mental healthcare workers. This study showed that medical–surgical nurses feel professionally responsible and clinically supported with patients with primary or comorbid drug abuse. Consistent with established results, focused and ongoing education on the risk factors, outcomes, and physical and psychological effects of illicit substances is necessary to improve therapeutic commitment to drug-dependent patients.

Keywords: DDPPQ, nursing/nursing staff, substance abuse, therapeutic commitment

PURPOSE/OBJECTIVES

Substance abuse and dependence is a growing chronic health concern with risk factors developing as early as adolescence and continuing throughout the lifespan. Drug abuse or misuse is continued use of a drug, legal or illicit, despite interference with personal responsibilities, use in dangerous situations, legal ramifications, or as the cause of recurrent interpersonal conflict (American Psychiatric Association, 2000). It is also a significant contributor to the development of other chronic diseases. An individual diagnosed with drug dependence or abuse has a mortality of 22.5 years earlier than an individual without drug dependence (Scott, Dennis, Laudet, Funk, & Simeone, 2011). An estimated 22.5 million individuals older than 12 years old, or 8.9% of the population, received a diagnosis of substance abuse or dependence last year (Substance Abuse and Mental Health Services Administration [SAMHSA], 2010). The Department of Health and Human Services reported in 2008 that 177,879 visits were made to emergency departments by patients requesting elective detoxification or other substance abuse treatment (SAMHSA, 2011). This number does not reflect unplanned admissions for the substance-dependent client admitted with another primary diagnosis that may subsequently experience drug withdrawal symptoms during the hospital stay. Acute care and long-term care facilities can expect an increase in older adults with comorbid substance dependence as the population ages. Elderly age and illicit substance use exacerbates other chronic health diseases, leading to increased mortality and disability (Johnson & Sung, 2009). A SAMHSA (2010) report details an increased self-report of recent drug use in individuals aged 50–59 years, from 2.7% in 2002 to 6.2% in 2009.

Clinical nurse specialists have a key role in the implementation of evidence-based practice to identify barriers and facilitators to quality care. A nursing needs assessment specific to the drug-dependent population includes assessing therapeutic commitment to care or the degree the nurse feels prepared with an adequate knowledge base, professional support, and personal ownership of a patient condition (Shaw, Cartwright, & Spratley, 1978). Assessing staff therapeutic commitment is important to clinical nurse specialists and other nursing leadership because overall job dissatisfaction correlates with low therapeutic commitment. Studies in the

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provider's intent to engage in comprehensive treatment for the substance abuser, or individual therapeutic commitment, have predominately been analyzed among mental healthcare staff specially trained in substance addictions and treatment. The patient population of drug users with mental health comorbidity is clinically complex and is associated with clinician job dissatisfaction and lower therapeutic commitment (Happell, Carta, & Pinikahana, 2002; Howard & Holmshaw, 2010). Job dissatisfaction may negatively impact the caring relationship and delivery of quality care.

Clinician perception of drug abusers has most extensively been researched among multidisciplinary mental healthcare staff (Foster & Onyeukwu, 2003; Happell et al., 2002; Howard & Holmshaw, 2010; Siegfried, Ferguson, Cleary, Walter, & Rey, 1999). There are limited perception studies of generalist nurses, without mental health experience, interacting with substance-abusing patients. Acute care, medical–surgical nurses may have the first interaction with drug-dependent and misusing patients seeking detoxification or experiencing withdrawal before long-term mental health-based rehabilitation. A positive initial nurse–patient relationship is part of creating a successful early response to treatment. Early intervention and a successful initial response to treatment, or no relapse within 6 months, show an increased likelihood for lifetime abstinence and a decreased mortality risk (Scott et al., 2011). Analyzing the therapeutic commitment of medical–surgical nursing staff to drug-abusing patients identifies gaps in knowledge and practice related to drug abuse, withdrawal management, and the availability of multidisciplinary support. This assessment allows the clinical nurse specialist to concentrate drug abuse education and mentorship on the areas where generalist nurses perceive to be lacking in knowledge and support.

Existing nursing literature describes that specialist substance disorder nurses self-report negative, moralistic, and stereotypical attitudes toward patients with drug dependence, abuse, and misuse (Watson, Maclaren, & Kerr, 2006). Personal bias may reflect in care and impeed appropriate intervention. Negative attitude correlates with a self-reported lack of disease process knowledge (Happell et al., 2002). Nursing staff report feeling inadequately prepared to manage complications of drug use and trajectories of withdrawal (Harling et al., 2006; Tran, Stone, Fernandez, Griffiths, & Johnson, 2009). This knowledge gap combined with low therapeutic commitment may lead to poor patient outcomes or decreased retention in long-term treatment. The purpose of this study is to use the outcomes of a drug perceptions survey to determine the therapeutic commitment of medical–surgical nursing staff to drug-abusing patients.

THEORETICAL FRAMEWORK

Peplau's Theory of Interpersonal Relations (1997) stresses the role of the nurse in developing interpersonal problem-solving skills with the patient, through education and therapeutic interaction. This psychodynamic nursing requires the nurse to understand and identify personal bias and attitude before attempting to help understand others' difficulties (Peplau, 1997). The nursing connection is the primary relationship established for any hospitalized patient. Nurses must have conscious understanding of the individual preconceptions of patient history and behavior prompted by disease process. As a participant in patient care, the nurse must self-analyze personal behavior and bias to be fully aware of the nonverbal messages communicated during the nurse–patient interaction (Peplau, 1997). To achieve a therapeutic relationship with a drug-abusing patient, the nurse must first acknowledge personal belief to prevent negative bias from affecting the quality of care provided.

METHODS

Human subjects' approval was obtained, and trained data collectors presented the research proposal and survey to all eligible participants during informal, one-on-one, and small group sessions. Inclusion criteria included all registered nurses and nursing support staff currently working on the medical, surgical, and oncology inpatient units. Data collectors were registered nurses of the individual areas surveyed. Completion of the survey was voluntary and anonymous. The respondent was asked to provide demographic information relaying age, gender, years of experience, and nursing specialty. Incomplete surveys were excluded to allow for consistent, accurate scoring.

SAMPLE

A convenience sample is composed of 135 medical, surgical, and oncology registered nurses and direct patient care support staff at a 200-bed teaching and research facility in the Southwestern United States. All eligible participants were presented the opportunity to participate. Seventy completed surveys, or 51%, were returned and analyzed. Twenty-six men and thirty-five women, with nine preferring not to disclose their gender, completed the survey. Forty respondents were Bachelor of Science prepared registered nurses, 11 were support staff, and 19 chose not to identify their roles. The average participant stated their current role to be their first nursing position, had 5 or fewer years of experience, was less than 30 years old, was a woman, and listed a specialty of acute care adult medicine.

MEASURES

The Drugs and Drug Problems Perceptions Questionnaire (DDPPQ; Watson et al., 2006) is a 20-item instrument, valid and reliable for measuring attitudes and therapeutic commitment in working with drug-abusing patients. This is an adaptation of the Alcohol and Alcohol Problem Perception Questionnaire (Cartwright, 1980). Each question asks the respondent to rate agreement on a Likert scale of 1 (*strongly agree*) to 7 (*strongly disagree*). Principal components reflect drug abuse and clinical treatment knowledge (role adequacy), job supervision and collegial assistance (role support), job satisfaction, motivation, and professional responsibility (role

legitimacy; Watson et al., 2006). Permission to use the DDPPQ instrument was obtained from the author.

The DDPPQ was scored according to the tool provided by the author. Overall lower scores reflect more positive attitudes and a higher therapeutic commitment toward patients with drug dependence or abuse (Watson et al., 2006). The Cronbach's alpha for the complete instrument is 0.87 (role adequacy = 0.94, role support = 0.78, role satisfaction = 0.80, role self-esteem = 0.69, and role legitimacy = 0.89). Investigators repeated the survey with a larger sample size and showed an alpha of 0.95 (Rodgers-Bonaccorsy, 2010). Test–retest reliability by analysis of variance is 0.82 (Watson et al., 2006).

CONCLUSIONS

Descriptive Statistics

The results showed a mean score of 59 (*SD* = 20.6) with a possible score between 20 and 140. These lower skewed scores correlate with a more positive attitude and higher therapeutic commitment to drug-abusing patients (see Table 1). On a mean Likert-format response of 1 (*strongly agree*) to 7 (*strongly disagree*), the highest therapeutic commitment is evident in the legitimacy subscale (*M* = 2.68, *SD* = 1.55). Role legitimacy reflected the degree the nurse felt drug-abuse history taking and counseling was a professional responsibility. Support and clinical supervision with drug-abusing patients followed (*M* = 2.69, *SD* = 1.76). This survey reflected that the nursing staff had a positive view of role adequacy or the feeling they had adequate professional knowledge to care for drug-abusing patients (*M* = 2.85, *SD* = 1.36). Professional self-esteem (*M* = 2.97, *SD* = 1.36) and job satisfaction in caring for drug-abusing patients revealed the only nearly impartial attitude and therapeutic commitment (*M* = 3.51, *SD* = 1.24). A linear regression of gender, age, nursing specialty, and years of experience on principal components did not yield any statistically significant results.

TABLE 1 Medical–Surgical Nurses' Therapeutic Commitment to Drug-Abusing Patients

Subscales	Number of Questions	Mean Score (Likert score = 1–7)	Standard Deviation
Role adequacy	7	2.85	1.36
Role support	3	2.69	1.76
Role satisfaction	4	3.51	1.24
Role self-esteem	4	2.97	1.36
Role legitimacy	2	2.68	1.55
Total score	20	59 (possible score = 20–140)	20.6

Note. Lower scores denote higher therapeutic commitment.

Nursing Implications

A limitation of the DDPPQ is that drug users of all illicit substances are cohorted together (Watson et al., 2006). Caregivers may have a more negative perception toward abusers of certain illicit substances, considered "hard drugs," or of those patients with more limited social resources. The healthcare facility where the survey was administered is a large medical treatment center in the Southwestern United States with most acute care inpatients having comprehensive insurance and access to care. Consistent with Peplau's (1997) Theory of Interpersonal Relations, administration of a therapeutic commitment to drug abuser tool allows the user to self-evaluate entrenched personal bias. The generalist nurse must first acknowledge preconceptions of the drug-abusing community as an entity and to individual illicit substances to prevent bias from affecting care and impeding long-term treatment goals.

Studies using the DDPPQ to measure therapeutic commitment to drug users have historically been used among mental health and addictions medicine staff. Inpatient mental healthcare workers treating patients with a dual diagnosis of mental health disorder and drug use showed a mean DDPPQ score of 70.9 (*SD* = 16.2; Howard & Holmshaw, 2010). The overall mean score of the medical–surgical nursing staff in this study is 59 (*SD* = 20.6), with a possible score of 20–140. This study illustrated that the generalist nurse had a constructive attitude and a moderately high degree of therapeutic commitment to the drug-abusing patient population. There is limited research with which to directly compare these results, specific to the therapeutic commitment of acute care nurses without specialized training. This supports similar findings in a therapeutic attitudes survey delivered to a combination of generalist and varied specialist nurses in Australia (Ford, Bammer, & Becker, 2008). When compared with the results of a DDPPQ administered to substance use disorder rehabilitation counselors (Rodgers-Bonaccorsy, 2010), this investigation showed that the therapeutic commitment of medical–surgical nurses in this study was similar to specially trained drug-abuse counselors. Rodgers-Bonaccorsy found the subcomponents of illicit drug counseling and history taking (*M* = 2.25, *SD* = 1.04) and clinical role support (*M* = 2.46, *SD* = 1.27) to reflect the highest degree of professional commitment and intent to engage the patient, similar to results in this study (see Table 1). Professional responsibility (*M* = 2.68, *SD* = 1.55) and clinical support and mentorship (*M* = 2.69, *SD* = 1.76) were also strongly supported in this study. Perceived individual knowledge of drug-related conditions in this study showed a favorable score (*M* = 2.85, *SD* = 1.36), akin to the preparation of substance abuse counselors (*M* = 2.88, *SD* = 1.23; Rodgers-Bonaccorsy, 2010). The medical–surgical nursing staff surveyed showed a neutral to negative skewed attitude (*M* = 3.51, *SD* = 1.24) to questions specific to job satisfaction in the drug-abusing patient population. This also reflects the job satisfaction of addictions counselors (*M* = 3.22, *SD* = 1.06; Rodgers-Bonaccorsy, 2010).

There was no significant association between years of experience in medical–surgical nursing and overall therapeutic

commitment toward the illicit substance abuser. Similar results were reported among multidisciplinary, mental health staff (Howard & Holmshaw, 2010; Rodgers-Bonaccorsy, 2010) and other nonspecialist nurses (Ford et al., 2008). Length of professional exposure to drug-abusing patients does not correlate with increased knowledge or commitment to care; rather, staff perceived ongoing drug education and clinical guidance as essential to the delivery of quality care (Ford et al., 2008; Howard & Holmshaw, 2010). This study also showed that medical–surgical nurses have a neutral to slightly negative job satisfaction among drug-dependent clients and families. Although medical–surgical nursing staff felt that drug abuse counseling, history taking, and symptom management were important pieces of holistic patient care, there was limited personal fulfillment with this patient subset.

Previous research in affecting change among healthcare provider attitudes toward drug users has mixed results. It is important to distinguish the differences in support and training needs between a medical–surgical nurse and a mental health or addictions specialist nurse. Increasing education among specially trained mental healthcare workers does correlate with an increased therapeutic commitment, more positive attitude, and intent to engage the patient with substance abuse (Howard & Holmshaw, 2010; Rodgers-Bonaccorsy, 2010). Among generalists, increasing education alone is not shown to increase the therapeutic commitment of the provider. Education must be combined with organizational standards, clinical supervision, and mentorship to create a positive attitude toward drug users (Albery et al., 2003; Ford et al., 2008, 2009). This survey reflected that the nursing staff felt the organization was supportive and engaged in the care of drug-abusing patients. The evidence-based, symptom-triggered instruments to assess and treat this population are used for all patients with an identified risk for withdrawal in the study facility. These instruments and supportive treatments are routinely used as standard orders for substance-abusing inpatients. Nursing is given the autonomy to proactively perform withdrawal assessments, treat symptoms, and clinically supported by the multidisciplinary treatment team to quickly communicate changes in patient status to the responsible provider. The inpatient treatment team is further supported by a dedicated addictions specialist social worker coordinating discharge to outpatient treatment and two system-affiliated substance abuse rehabilitation centers.

Secondary to alcohol, opiate abuse is the most commonly encountered substance of dependence affecting care of the adult medical–surgical inpatient in the organization where this survey was administered. Increasing therapeutic commitment among generalists is best achieved by a combination of professional support, mentorship, and education (Ford et al., 2009). The survey responses reflected that the participants felt professionally supported while caring for drug-abusing patients, so increasing clinical drug education was the most likely approach to increase overall therapeutic commitment. A 4-hour alcohol and opiate abuse, withdrawal, and discharge planning course, provided on an ongoing basis for new staff, was developed to address the knowledge gap. Included in the curriculum were institutional policies on evidence-based withdrawal scales and the most effective symptom management. A peer-led discussion of how to engage limit setting and multidisciplinary support for difficult behaviors like hostility, repeated requests for medications, and comorbid mental health diagnoses was also incorporated. Included in the curriculum were best practice recommendations by Haber, Demirkol, Lange, and Murnion (2009) on collaborative decision making among the patient, providers, and nursing staff. Nurses were trained to advocate for the patient and also to ensure that the patient and all healthcare providers work together to develop a mutually agreed-upon treatment plan. Further research is needed to determine if continued education focused on acute care drug-related problems can increase the medical–surgical nurse's therapeutic commitment to the drug-abusing client. Comparison studies are needed among generalist nurses caring for drug-abusing clients in a variety of hospital facilities to see if the hospital setting impacts the staff therapeutic commitment to drug abusers. Combining the results of the DDPPQ with qualitative research into the lived personal and professional experiences of nursing staff with drug abusers may yield further insight into how perceptions develop and change.

This study showed that generalist nurses felt professionally responsible for and clinically supported with patients with primary or comorbid drug abuse. It is the role of the medical–surgical nursing leadership and educators to provide targeted drug abuse and withdrawal instruction and protocols for the acutely ill, substance-dependent, medical–surgical patient. Multidisciplinary mental healthcare staff has been the focus of most perception, commitment, and outcome studies (Albery et al., 2003; Foster & Onyeukwu, 2003; Howard & Holmshaw, 2010; Rodgers-Bonaccorsy, 2010; Siegfried et al., 1999; Watson et al., 2006). However, there is little evidence that the same emphasis has been given to other acute care nurses' knowledge, attitude, and skill with this population. Focused and ongoing education on the risk factors, outcomes, and physical and psychological effects of illicit substances combined with a strong sense of organizational support and clinical mentorship is necessary to improve therapeutic commitment to drug-dependent patients.

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