

Assessment of Nurses' Beliefs and Actions about Drug Addiction and Narcotics Safety

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Abstract

Background: Evaluating nurses' attitudes and behaviors related to narcotic drug safety and addiction is essential for developing effective strategies to address substance abuse in healthcare settings. This study aimed to assess nurses' attitudes and behaviors concerning narcotic drug safety and addiction to inform health policies and promote patient and staff safety

Methods: A mixed-methods study was conducted with 186 nurses at a general hospital. Data were collected through face-to-face interviews using a socio-demographic questionnaire, the Addictive Substance Attitude Scale, and open-ended questions. Quantitative data were analyzed using descriptive statistics, independent sample t-tests, one-way ANOVA tests, and regression analysis ($p < 0.001$ and $p < 0.05$). Qualitative data were analyzed thematically

Results: The average age of participants was 35.62 ± 7.95 years. While 82.8% of nurses reported following proper narcotic drug monitoring procedures, 61.3% were unaware of the protocol for managing healthcare professionals identified as substance abusers. The total mean score on the Addictive Substance Attitude Scale was 72.83 ± 13.27 . Significant differences were found between total scale scores and nurses' education level, drug monitoring status in their unit, addiction training, and routine use of drug disposal forms ($p < 0.05$). Qualitative findings revealed themes of trust, support, normal working relationships, and acceptance towards addicted colleagues

Conclusions: The findings highlight the importance of assessing nurses' attitudes and behaviors regarding narcotic drug safety and addiction. Nursing administrators should implement effective policies and strategies to ensure patient and staff safety and foster a supportive work environment

Keywords: Substance abuse, addiction, attitude, nurse, narcotic drug safety

INTRODUCTION

Addiction is characterized by the persistent use of a substance despite adverse mental, physical, or social consequences and the inability to stop using despite the desire to do so [1]. Various factors contribute to the development of addiction, including genetic predisposition, mental health, personality traits, environmental influences, childhood experiences, peer pressure, and the inherent properties of the substance. Additionally, work-related stressors such as high workload, sleep disturbances, extended hours, and workplace bullying can increase the risk of addiction among healthcare professionals [2].

Healthcare facilities have high volumes of opioid analgesics and anesthetic substances, which can pose a risk for substance abuse among healthcare workers, particularly nurses who have easy access to these drugs. Work-related stress, changing conditions, and addiction following personal trauma or surgery can further exacerbate this risk. Although substance abuse among healthcare professionals is known to occur, accurate statistics are

often lacking due to fears of job loss, reputation damage, or attempts at self-treatment [3]. Institutional managers may also overlook such situations to prevent damage to the organization's reputation. Nurses and other healthcare professionals may adopt a denial attitude, especially concerning addiction to anesthesia and opioid drugs. While some studies suggest that substance addiction rates among healthcare professionals are comparable to the general population, others indicate a higher vulnerability to anesthesia and narcotic drug addiction in clinical settings [4, 5]. Globally, healthcare professionals appear to be at a higher risk for substance addiction, with concerning increases being reported [6, 7].

Nurses play vital roles in addressing addiction through prevention, patient support, and treatment management. They may encounter excessive narcotic drugs in their work environment and come across colleagues struggling with addiction due to heavy workloads or social factors. Although data on substance abuse among nurses are limited, research suggests rates similar to the general population [8, 9].

Nurses have an ethical responsibility to ensure their profession is practiced according to ethical standards, protect public health, and maintain the nursing image. Recognizing substance abuse among colleagues and safeguarding patients and the professional image are crucial responsibilities. Failure by hospital administrators to address or intervene can lead to worse outcomes [10].

Compared to the general public, nurses have easier access to opioid analgesics and anesthetic substances, which can facilitate personal use through medication diversion, taking leftover doses, or directly obtaining drugs from storage areas. Narcotic drug addiction not only affects the health of addicted nurses but also compromises patient safety [11]. To combat drug abuse, health authorities have mandated standardized narcotic drug management guidelines, which hospitals have implemented in their units. These guidelines cover ordering, obtaining, administering, recording, and securely storing narcotics. Despite precautions, narcotic addiction and related deaths can still occur in hospitals [12].

Nurses' attitudes towards addicted colleagues are crucial for early detection, reporting, and intervention to protect patients and support colleagues' recovery. Research has shown that nurses exhibit similar negative attitudes and reactions towards addicted individuals as seen in society [13, 14]. Increased biases against substance users can decrease therapeutic behaviors [15]. Stigmatization and exclusion by colleagues erode trust and negatively impact the addicted nurse's self-esteem [16]. Negative attitudes can hinder treatment access and detrimentally affect social and professional life, potentially driving the individual towards substance-using circles to avoid ostracization. Delayed detection of substance abuse can exacerbate problems [17]. Nurses and hospital managers have a responsibility to identify employees with substance abuse early, refer them to treatment, ensure treatment compliance, and develop institutional policies [18].

While numerous studies have examined nurses' attitudes towards patients with substance use disorders [19-21], research on colleagues' attitudes towards narcotic drug addiction among nurses is lacking, despite significant substance abuse rates compared to the general population [22]. This study aimed to determine errors, omissions, and nurses' attitudes and behaviors towards addicted colleagues in hospital narcotic drug safety processes, as well as evaluate the perceptions of nurses working with addicted colleagues.

METHODS

A mixed-methods study was conducted with 186 nurses at a general hospital providing adult patient services, including outpatient care, internal medicine, surgical clinics, and intensive care units. The hospital has followed patient and staff safety procedures, including narcotic drug safety, as part of nationwide quality standards since 2008.

Quantitative data were collected using a socio-demographic questionnaire and the Addictive Substance Attitude Scale. Open-ended questions were added to the end of the quantitative data collection form to gain in-depth understanding of the experiences of nurses who had worked with addicted healthcare professionals.

Ethical approval and institutional permission were obtained prior to the study. Participants were informed and provided consent in accordance with the Declaration of Helsinki. Participation was voluntary, and data were collected through face-to-face interviews, taking approximately 30-40 minutes.

The study sought to answer the following questions

1. What problems are experienced in hospital narcotic drug safety processes?
2. What are nurses' attitudes towards addicted colleagues?
3. What are nurses' opinions about experiences with addicted colleagues?

Data Collection Tools

1. Personal Information Form: Collected socio-demographic characteristics and information on narcotic drug management processes, problems experienced, and attitudes and behaviors towards addicted teammates.
2. Addictive Substance Attitude Scale (ASAS): Measures attitudes towards substance users using a 5-point Likert scale. Higher total scores indicate more negative attitudes. The scale's Cronbach's Alpha coefficient was 0.917, and 0.864 in the current study.

Data Analysis

Quantitative data were analyzed using SPSS 24.0. Normality was evaluated using Skewness and Kurtosis coefficients. Descriptive statistics, Independent Samples Test, One-Way ANOVA, and multiple linear regression were used. $P < 0.001$ and $p < 0.05$ were considered statistically significant.

For qualitative data, 42 responses to open-ended questions were transcribed, and common themes were identified. Responses were grouped under trust-based attitudes and behaviors towards addicted colleagues.

RESULTS

Participant Characteristics

The average age of the participants was 35.62 ± 7.95 years. The majority were female (88.2%), had an undergraduate or higher education (82.8%), were married (73.1%), and had children (69.9%). Nearly half (48.4%) worked in intensive care units, and most (78.5%) were clinical nurses. About two-thirds (64.5%) had ≥ 10 years of work experience, and 68.3% did not use any drugs (Table 1).

Narcotic Drug Monitoring and Policies

Most nurses (82.8%) reported that narcotic drug monitoring was conducted in their units. However, more than half (53.8%) were unsure of the institutional policy regarding addiction among healthcare workers. Only 52.7% had received training on narcotic drug addiction. Nearly all nurses (96.8%) were on duty during drug counts and performed post-seizure medication counts (95.2%) (Table 2).

Missing Drug Procedures

Less than half of the nurses (45.7%) notified the nurse in charge when drugs were missing. The majority (71.5%) sent half-used narcotics to the pharmacy, and 74.2% routinely used the half-dose drug disposal form. Notably, 61.3% were unaware of the procedures for handling healthcare workers identified as substance abusers. If a friend was addicted, 59.1% would suggest seeing a psychiatrist. Most nurses (78.0%) had not previously worked with a drug addict (Table 2).

Addictive Substance Attitude Scale (ASAS) Results

The total ASAS score average was 72.83 ± 13.27 . Significant differences ($p < 0.05$) were found between total scores and nurses' education level (higher scores for those with a bachelor's degree or higher), drug monitoring status (higher scores for no monitoring in the unit), narcotic drug addiction training (higher scores for those who received training), and routine use of the half-dose drug disposal form (higher scores for those who routinely used the form) (Table 3).

Qualitative Findings

Thematic analysis of the open-ended responses revealed four main themes: trust, help and support, normal working relationships, and acceptance of addiction. Nurses expressed trust-based attitudes and behaviors towards addicted colleagues, emphasizing the importance of a supportive and non-judgmental approach.

Table 1: Characteristics of Nurses (N=186)

Characteristic	n	%
Age (years), mean \pm SD	35.62 \pm 7.95	
Gender		
Female	164	88.2
Male	22	11.8
Education Level		
High School	32	17.2
Undergraduate or Higher	154	82.8
Marital Status		
Married	136	73.1
Single	50	26.9
Have Children		
Yes	130	69.9
No	56	30.1
Work Unit		
Intensive Care	90	48.4
Other	96	51.6
Job Title		
Clinical Nurse	146	78.5

Other	40	21.5
Work Experience (years)		
<10	66	35.5
≥10	120	64.5
Drug Use		
Yes	59	31.7
No	127	68.3

Table 2: Nurses' Behaviors and Experiences Regarding Narcotic Drug Safety (N=186)

Variable	n	%
Narcotic Drug Monitoring in Unit		
Yes	154	82.8
No	32	17.2
Aware of Institutional Addiction Policy		
Yes	86	46.2
No	100	53.8
Received Narcotic Drug Addiction Training		
Yes	98	52.7
No	88	47.3
On Duty During Drug Counts		
Yes	180	96.8
No	6	3.2
Performed Post-Seizure Medication Count		
Yes	177	95.2
No	9	4.8
Notified Nurse in Charge of Missing Drugs		
Yes	85	45.7
No	101	54.3
Sent Half-Used Narcotics to Pharmacy		
Yes	133	71.5
No	53	28.5
Routinely Used Half-Dose Drug Disposal Form		
Yes	138	74.2
No	48	25.8
Aware of Procedures for Addicted Healthcare Workers		
Yes	72	38.7
No	114	61.3
Would Suggest Addicted Friend See Psychiatrist		
Yes	110	59.1
No	76	40.9
Previously Worked with Drug Addict		
Yes	41	22.0
No	145	78.0

Table 3: Comparison of Nurses' Characteristics and Addictive Substance Attitude Scale Scores (N=186)

Characteristic	ASAS Total Score	p-value
Education Level		0.028*
High School	68.91±14.85	
Undergraduate or Higher	73.67±12.80	
Drug Monitoring in Unit		0.012*
Yes	71.69±13.14	
No	77.84±12.81	
Received Narcotic Drug Addiction Training		0.019*
Yes	74.71±12.53	
No	70.74±13.82	
Routine Use of Half-Dose Drug Disposal Form		0.039*
Yes	73.98±12.95	
No	69.75±13.91	

*p<0.05, Independent Samples t-test

DISCUSSION

This study evaluated nurses' attitudes and behaviors regarding narcotic drug safety and addiction. The findings highlight the importance of this issue, particularly for patient and staff safety. Significant differences were found between nurses' education level, drug monitoring status, addiction training, and routine use of drug disposal forms with their attitudes towards addicted individuals.

Higher education levels were associated with more negative attitudes, possibly due to increased awareness of the risks and consequences of substance abuse [23]. Lack of drug monitoring and routine use of disposal forms in units were also linked to more negative attitudes, suggesting that proper procedures and training can influence perceptions [24].

Notably, a majority of nurses were unaware of institutional policies and procedures for handling addicted healthcare workers. This underscores the need for clear guidelines and communication to ensure appropriate identification, reporting, and support for affected individuals [25].

Nurses' willingness to suggest professional help for addicted colleagues demonstrates a supportive attitude. However, the lack of direct experience working with addicted individuals among most nurses highlights the potential for stigma and negative perceptions to persist [26, 27].

The qualitative findings revealed themes of trust, support, normal working relationships, and acceptance regarding addicted colleagues. Trust-based attitudes and supportive behaviors were identified, indicating the importance of a non-judgmental and compassionate approach [28, 29].

Strengths of this study include the mixed-methods design, allowing for a comprehensive understanding of nurses' attitudes and experiences. The use of a validated scale and the inclusion of open-ended questions provided both quantitative and qualitative insights [30, 31].

Limitations include the single-center design and potential response bias. Future research should explore attitudes and experiences across multiple institutions and healthcare professions [32].

CONCLUSION

This study underscores the importance of evaluating nurses' attitudes and behaviors regarding narcotic drug safety and addiction. Education, training, and clear institutional policies are critical for promoting supportive attitudes and appropriate handling of substance abuse among healthcare workers. Nursing administrators should adopt effective strategies to ensure patient and staff safety while fostering a non-judgmental and compassionate workplace culture.

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