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The Experiences of Women in the Healthcare Profession With Alcohol Use During the COVID-19 Pandemic

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Abstract

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MPH, Walden University, 2019

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Dissertation Submitted in Partial Fulfillment

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Doctor of Philosophy

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Abstract

Women have severe health risks associated with drinking alcohol long-term and excessively. The purpose of this qualitative study was to explore the lived experience of women in healthcare positions regarding alcohol use during the COVID-19 pandemic. The study was informed by the theory of planned behavior. Semistructured interviews were used to gather information from participants based on their firsthand experiences with alcohol usage. Understanding women's attitudes toward alcohol use during the COVID-19 pandemic can improve intervention. Data were analyzed using an inductive, thematic procedure. Participants associated their own use of alcohol with socialization, and all participants reported that they regarded their own relationship with alcohol as healthy. None believed that they abused alcohol prior to or during the pandemic. Most participants expressed that this attitude and belief did not change their intention to use alcohol during the pandemic. However, all participants reported that they intentionally used alcohol during the pandemic to manage their stress or fear, adding that they tended to drink more after particularly stressful days at work. Implications for positive social change include providing additional counseling services to healthcare workers during stressful times. Understanding how beliefs and attitudes influence women's use of alcohol can help in developing strategies that will help women overcome alcohol abuse and addiction.

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Dedication

First, I must thank my husband, David, for saying he knew I could pursue this journey and succeed. I often thought I could not take on such a large, time-consuming, and daunting task, but he believed in me even on my hardest days. He always pushes me to do better, be better, and not to give up.

To our two boys, Davin, and Abram, without their constant understanding for my yearning to become an expert in my field, I would be lost. They both let me use precious time away from them to conquer my dreams, and I am forever thankful.

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Lastly, to God, without his constant love, grace, and acceptance, I would not be the person I am today. However, I have much love for all of you always.

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Chapter 1: Introduction to the Study

Introduction

Women have health risks associated with drinking alcohol long-term and excessively (Sriharan et al., 2020; Sriharan et al., 2021). The long-term health risks include alcohol abuse, liver damage, heart disease, brain damage, increased risk for breast cancer, violent encounters, sexually transmitted diseases, and mental/behavioral health issues (Boschuetz et al., 2020; Grossman et al., 2020). Women are more likely to encounter mental health issues such as stress, depression, and anxiety due to the COVID-19 pandemic (Rodriguez et al., 2020). Binge drinking is characterized as ingesting at least five alcoholic drinks for any singular event. In comparison, heavy alcohol use is described as ingesting at least eight mixed drinks every week, or any drinking by pregnant women or those under the age of 21 (CDC, 2020b). The problem is women are more likely than men to have comorbid emotional disorders and alcohol abuse problems (Rodriguez et al., 2020).

According to the Centers for Disease Control and Prevention (CDC) (2020a), in 2019, 8% of women aged 18 to 25 years had an alcohol use problem and reported binge drinking more often due to pandemic-related stress. According to The Nielsen Company (2020), online alcohol sales increased 262% globally from March 2019 to March 2020. The CDC (2022) cautioned that alcohol use during the pandemic might worsen women's wellbeing. Alcohol use may prompt or deteriorate existing emotional wellbeing issues (Pollard et al., 2020). An unpredictable interaction of financial challenges, social segregation, vulnerability about the future, rearrangement of the healthcare professional

fields, and the interruption to clinical administrations could add to increased alcohol use under lockdown (Kim et al., 2020).

Background

Women are more prone to abuse alcohol than men, as identified in previous national studies (Kim et al., 2020). Women have been identified as consuming more alcohol during the COVID-19 pandemic and it is important to further understand women's attitudes and beliefs toward alcohol and its use (Pollard et al., 2020). Gathering information surrounding their beliefs and attitudes, age, marital status, race, education level, career field, and income may improve understanding and preventing alcohol abuse in stressful events, such as the COVID-19 pandemic (Kim et al., 2020; Sriharan et al., 2020). The problem is alcohol sales increased during the COVID-19 pandemic across the globe, and alcohol can be detrimental to women's mental health status. There is evidence to suggest women's mental health and job burnout led to alcohol usage in those working in the healthcare profession (Hennein et al., 2021; Kim et al., 2020; Sriharan et al., 2021).

Researchers have examined factors associated with increased alcohol use during the COVID-19 pandemic (Hennein et al., 2021; Kim et al., 2020; Sriharan et al., 2020). They concluded this was due to increased stress and burnout (Hennein et al., 2021; Kim et al., 2020; Sriharan et al., 2020). There is limited qualitative research about the alcohol use of women in healthcare positions in Mississippi or their lived experiences with burnout, traumatizing patient experiences, and increased workloads.

Problem Statement

The specific research problem that I addressed in this study was the limited understanding of the relationship between attitudes toward alcohol and actual drinking behavior in women in healthcare positions residing in Mississippi. Women in healthcare positions are consuming more alcohol due to pandemic-related stress, and it is important to understand their attitudes and beliefs surrounding alcohol use during this timeframe (Hennein et al., 2021; Kim et al., 2020; Sriharan et al., 2020). Some women use alcohol within a parameter considered safe. However, many women studied previously admitted to increasing their alcohol to the point that it could be considered heavy drinking during the COVID-19 pandemic (Pollard et al., 2020). Scholars found factors associated with increased use but did not delineate the state the women reside in or their race, marital status, education level, career field, income, or attitudes and beliefs associated with alcohol usage as a coping mechanism (Kim et al., 2020; Pollard et al., 2020). Understanding these variables and educating women on the effects of alcohol usage, solutions to reduce alcohol use, and the benefits of reduction can promote positive social change in their overall health status.

Purpose of the Study

The purpose of this qualitative study was to explore the lived experience of women in healthcare positions regarding alcohol use during the COVID-19 pandemic.

Research Questions

Research Question (RQ): What is the lived experience of women in healthcare positions regarding alcohol use during the Covid pandemic?

Subquestion 1 (SQ1): What were the beliefs and attitudes toward alcohol use of women in healthcare positions during the Covid pandemic?

Subquestion 2 (SQ2): How did women in healthcare positions' beliefs and attitudes toward alcohol use affect their intentions and actual alcohol use?

Theoretical Framework

The theories and concepts that I used to ground this study were Icek Ajzen's (1985) theory of planned behavior (TPB), and the theory of reasoned action by Fishbein and Ajzen (1975). The TPB components include attitudes. According to Fishbein and Ajzen (1975), attitudes refer to how an individual has an ideal or ominous assessment of the conduct of interest. Another component is behavioral intention, which alludes to the persuasive variables that impact the given conduct (Fishbein & Ajzen, 1975). The more grounded the aim to conduct the behavior, the more certain the behavior will be performed. Fishbein and Ajzen (1975) defined subjective norms as the conviction about whether the majority of people support or dislike the conduct. Subjective norms denote an individual's convictions about whether individuals of significance to the individual figure ought to participate in the behavior (Fishbein & Ajzen, 1975). Social norms are the standard codes of conduct (Fishbein & Ajzen, 1975). Power is the apparent presence of components that might work with or obstruct conduct execution (Fishbein & Ajzen, 1975). Perceived behavioral control alludes to an individual's impression of the straightforwardness or trouble of playing out the conduct of interest (Fishbein & Ajzen, 1975). Fishbein and Ajzen (1975) concluded that the readiness to do a behavior (and subsequent behavior) was an outcome of the interaction among attitudes, norms, and

perceived control, within specific time, context, and target. The final development of the theory was added later and made the shift from the theory of reasoned action to the TPB (Fishbein & Ajzen, 1975). toward

According to Fishbein and Ajzen (1975), the main determinant of conduct is an individual's goal to conduct the behavior. The three factors that affect the goal are attitude, subjective norms, and perceived behavioral control (Ajzen, 1985; Fishbein & Ajzen, 1975). Wall et al. (1998) noted the TPB is a substantial system for anticipating unnecessary alcohol use. The prescient force of the model was upgraded through the incorporation of gender explicit alcohol result anticipations and perspectives and saw conduct control, women's anticipations for friendliness improved the forecast of aims to drink (Wall et al., 1998). The TPB performed well in addressing alcohol usage to clarify intentions showing measures of attitudes as a consumer and past conduct added to forecasts of aims well beyond the commitment of the behavior (Conner et al., 1999).

Nature of the Study

In this study, I conducted anonymous qualitative interviews with Mississippi women in healthcare positions to discuss their attitudes about their alcohol use and alcohol-related behaviors toward during the COVID-19 pandemic. I recruited 10 Mississippi women in healthcare positions for semistructured interviews about their experiences with alcohol usage during the COVID-19 pandemic. I did not collect identifying information and did not ask the participants where they worked or their position. I did not conduct recruitment at my workplace. I used an online forum for recruitment purposes. I transcribed, reviewed, and coded the interviews to find themes.

The data included responses from Mississippi women in healthcare positions to the interview questions regarding their attitudes about alcohol usage and their actual drinking behavior in general and during the COVID-19 pandemic.

Definitions

Addiction: Addiction is a condition in which a person cannot stop using a substance or engage in a behavior (CDC, 2020a).

Alcohol use disorder: An ailment is portrayed by a disabled capacity to stop or control alcohol use despite social issues, work-related issues, or wellbeing outcomes (National Institute on Alcohol Abuse and Alcoholism, 2020).

Attitude: Ajzen and Fishbein (1977) defined an attitude as the individual's assessment of such behavior based on the possible positive and negative outcomes associated with it, commonly known as an individual's *behavioral beliefs.*

Binge drinking: Binge drinking is defined as excessive alcohol use in a short amount of time, usually more than five drinks (CDC, 2020b).

Heavy alcohol use: Alcohol consumption of eight or more drinks per week for women or 15 or more drinks for men (CDC, 2020b).

*Pandemic***:** A disease spreads across several countries and affects many people (CDC, 2020c).

Perceived control Perceived control is defined as an individual's perceived ability to perform a certain behavior (Ajzen & Fishbein, 1977).

Standard drink: Quantity of drink that contains 0.6 ounces of pure alcohol, as in 12 ounces of beer, 8 ounces of malt liquor, 5 ounces of wine, or 1.5 ounces of 80-proof distilled spirits or liquor (CDC, 2020b).

Subjective norm: Subjective norm refers to individuals perceived social influence to engage in or avoid certain behaviors (Ajzen, 2020).

Substance use: The most common definition is a pattern of harmful use of any substance for mood-altering purposes. In this case, substance can include alcohol, prescription and over-the-counter drugs, illegal drugs, inhalants, and solvents, and even coffee and cigarettes (CDC, 2018).

Substance use disorder: A Substance Use Disorder (SUD), in this study, is the chronic and compulsive use of mood-altering substances where the individual continues to use even when they experience substance-related problems (CDC, 2018)**.**

*Women in healthcare***:** Women are socially molded into care or cure jobs, for example, doctors, respiratory therapists, nurses, medical assistants, midwives, community health workers, social workers, caseworkers, and behavior analysts (Maas, 2020). Albeit most of the healthcare professional labor force consists of women, most stand firm on footings with little ability to change frameworks, associations, or their vocations, which might prompt work pressure, work disappointment, and burnout bringing about alcohol use (Maas, 2020). Healthcare positions or healthcare professionals are defined as women holding a care or cure position within the healthcare field.

Assumptions

In this study, I assumed that the TPB was the most accurate theory to understand alcohol use. I also assumed that the variables within this study were clearly defined and measurable. I assumed that the interview questions accurately reflected the lived experience of women in healthcare using alcohol during the COVID-19 pandemic. I assumed that the participants answered the interview questions honestly and factually about their alcohol use and lived experiences during the COVID-19.

Limitations

Barriers of this study included recruitment of participants due to their work schedules, coordinating interview times with participants due to the pandemic, and participants withdrawing from the study during the research process for any reason. A significant challenge for this study included acquiring Institutional Review Board approval due to the sensitive nature of the topic related to alcohol use. An ethical concern was that the field the women work in can have a lower tolerance level with the risky behavior of using alcohol, which could translate to participants that have concerns about how their participation in the study could impact their job at any point in their employment. Limitations of interviews include less anonymity, time consumption, and difficulty measuring causality. Another limitation included my ability to draw authentic conclusions. Limitations to the TPB included the expectation of the individual has obtained the opportunity to be effective in playing out the ideal conduct, paying little heed to the goal or outcome, nor does it represent distinct factors into conduct aim and inspiration, like dread, danger, disposition, or experience. The results of this research are

limited by the accuracy of the theoretical framework for reflecting the phenomenon studied.

Delimitations

The population included only women who work in healthcare. The participants were required to be of legal age to consume or buy alcohol in the United States, aged 21 and over, during their employment in the pandemic. These participants had to reside in Mississippi. The timeframe under study was the COVID-19 pandemic: March 11, 2020, until present (World Health Organization, 2020). Anyone who did not meet this criterion was excluded.

Significance

This study is significant because I addressed the lack of understanding in attitudes surrounding alcohol use during the COVID-19 pandemic in Mississippi women working in the healthcare profession. The results of this study may be useful to women in the healthcare industry regarding alcohol use. Social change brought about by this study could include employers aiding in positive reinforcement during stressful times or burnout reduction.

Summary

Women have health risks associated with drinking alcohol long-term and excessively, especially during stressful times such as the COVID-19 pandemic (Hou et al., 2020; Murat et al., 2021; Teo et al., 2021). Long-term and excessive alcohol use are detrimental (Alharbi et al., 2020). The purpose of this qualitative study was to explore the lived experience of women in healthcare positions related to alcohol use during the

COVID-19 pandemic. I conducted semistructured interviews with participants to understand their firsthand experiences with alcohol usage during the COVID-19 pandemic. Alcohol use may prompt or deteriorate women's existing emotional wellbeing issues (Alharbi et al., 2020). The problem is that women are more likely than men to encounter comorbid emotional disorders and alcohol abuse problems and hold more stressful positions in the healthcare profession (Hou et al., 2020; Murat et al., 2021; Teo et al., 2021). It is necessary to understand the lived experiences of women in healthcare positions and their experiences with alcohol use. The CDC (2020a) cautioned that alcohol use during the pandemic might conceivably worsen women's well-being. Women in the healthcare profession need adequate resources to deal with stress, burnout, and alcohol usage, not only during the COVID-19 pandemic but at any point (Mattila et al., 2021).

Chapter 2: Literature Review

There is substantial research on alcohol use and women, including substantive data collection related to stress, burnout, and mental health ailments of those working in the healthcare profession (McNeely et al., 2018). Most researchers have focused on easing stress and burnout while working in a critical position (Braquehais et al., 2020; Orrù et al., 2020; Schmits & Glowacz, 2021). While these previous studies offer valuable insight in correcting workplace actions, they provide only partial solutions for the rise in alcohol use in women who hold a healthcare position in Mississippi. A limited body of knowledge exists regarding what contributes to women's attitudes and beliefs surrounding alcohol use while working in the healthcare profession during the added stress of the COVID-19 pandemic (Braquehais et al., 2020; Schmits & Glowacz, 2021).

This literature review addressed the history of women using alcohol in healthcare positions and provides background as to the importance of lived experiences in Mississippi. The focused section of the literature review was on the group most relevant to this study: women in healthcare positions in Mississippi that use alcohol. Overall, attitudes and beliefs of alcohol use during the COVID-19 pandemic along with how stress and burnout lead to alcohol use during the COVID-19 pandemic were discussed. Also included in this discussion are some considerations from the literature for understanding barriers on how current workplace interventions are failing women using alcohol. Finally, during this study I sought to understand the lived experience of Mississippi women in healthcare positions using alcohol during the COVID-19 pandemic, a summary of factors leading to alcohol use was included.

Literature Search Strategy

I began the search strategy for this study by establishing a literature review component outline, which guided the keywords used in search databases. Keywords included but were not limited to *alcohol, alcohol use, drinking, women in healthcare, healthcare workers, Mississippi women healthcare workers, substance use, substance use disorder, alcohol use in healthcare workers, alcohol use related to burnout, stress-related alcohol use, covid,* and *COVID-19 pandemic stress*. I searched for literature in the ProQuest, ERIC, EBSCOHOST, and SAGE databases. Google Scholar was also used to search for information. Sources included peer-reviewed journal articles, books, government statistics, theses, and dissertations. Over 70 sources, full-text publications, were identified with relevant material. The majority were published within the last 5 years, including 60 out of 80 sources from 2019 to 2022 due to the relevance of the COVID-19 pandemic time period. RefWorks was used to help identify duplicate material. Seminal sources were used to discuss the TPB.

Theoretical Framework

The study was grounded by the TPB. The theory was initially introduced by Ajzen and Fishbein (1977). The scholars argued that individual behavior is determined and influenced by intentions, attitudes (beliefs about a behavior), and subjective norms (beliefs about others' attitudes toward a behavior; Ajzen & Fishbein, 1977). According to Ajzen (2020), the probability of an individual engaging in certain behaviors is proximally influenced by the intention to take part in that behavior, itself a function of one’s attitude, subjective norm, and perceived control regarding the behavior (with the

relative importance of each dependent on the population and behavioral domain). Ajzen and Fishbein (1977) identified the following as the primary constructs of the TPB: attitude, subjective norms, and perceived behavioral control. Together, the above three constructs shape an individual's behavioral intentions to engage in a particular practice.

Ajzen and Fishbein (1977) defined an attitude as the individual's assessment of such behavior based on the possible positive and negative outcomes associated with it, commonly known as an individual's *behavioral beliefs*. In this study, I used the construct to understand how female healthcare professionals' assessment of their attitude influenced their behavioral beliefs toward alcohol use. Subjective norm refers to individuals' perceived social influence to engage in or avoid certain behaviors (Ajzen, 2020). In most cases, the subjective norm is influenced by the perceived normative expectations of important referents (*normative beliefs*; Ajzen, 2020). In this study, the subjective norm was used to assess how social influence affects female healthcare workers to use alcohol before or after visiting the workplace, including potential risks.

Finally, perceived control is defined as an individual's perceived ability to perform a certain behavior (Ajzen & Fishbein, 1977). It is often influenced by beliefs regarding factors that may facilitate or impede its performance (*control beliefs*; Ajzen & Fishbein, 1977). In this study, I used perceived control to understand risk factors for alcohol use among female healthcare professionals during the COVID-19 era and how they facilitate or impede their intention to use alcohol. Given that perceived control reflects actual control, it is normally considered a direct predictor of behavior and

intention, making it easy to use the variable to understand risk factors for alcohol use among female healthcare workers.

Literature Review Related to Key Variables and/or Concepts

Historical Overview of Substance use Among Healthcare Professionals

The current literature ranged from 2018 to 2022 indicated the historical exploration of literature regarding substance use among medical practitioners. As well as the response of the health profession to such problems closely tied to the history of actions adopted by profession such as Boards of Nursing (BON), which includes the governmental watchdogs in different states charged with the responsibility of regulating the medical practitioners (Stewart & Mueller, 2018). However, an analysis of several studies noted that limited consideration was initially dedicated to substance use among medical practitioners (McCance-Katz, 2019; Stewart & Mueller, 2018). McCance-Katz (2019) noted that the study of substance uses and its effects among medical practitioners emerged in the middle of the 20th century, which culminated in the endorsement by the American Medical Association stipulating that alcohol use required treatment and prevention among medical practitioners.

With increased substance use cases among medical practitioners, expanded scholarly articles led to the study of the impact of substance use among nurses (McCance-Katz, 2019). However, Robinson and Adinoff (2016) noted that there remained limited empirical evidence at the time to support an in-depth exploration of the topic. McCance-Katz (2019) also lamented limited studies conducted to explore

substance use and its impact in the healthcare sector from medical practitioners' perspectives, calling for more research.

Studies on substance use among medical practitioners were less known in the 20th century. As per McCance-Katz (2019), research indicated that the first study on substance use among medical practitioners was initially conducted by the American Nurses Association (ANA), which examined the impact of substance abuse among nurses in the early 1980s. Later, a policy statement was published in 1984 by the ANA, declaring full commitment to support assessment, treatment, and recovery of all practicing nurses with impairment due to alcohol, drugs, and other psychiatric disorders. However, Green (2017) underscored that before the early 1970s and 1980s those nurses with substance use had limited access to treatment before disciplinary actions were taken by the State's Boards of Nurses (SBN). McCance-Katz (2019) noted that the timing for examining substance use among registered nurses by the ANA in the early 1980s overlapped with the start of exploration by the BON to establish alternative means of addressing substance use among nurses from a regulatory viewpoint (McCance-Katz, 2019).

Most researchers have noted that healthcare professionals' research on substance use started in the early 1960s (Robinson & Adinoff, 2016). In a systematic review of the substance use among healthcare professionals, McCance-Katz (2019) established that research specific to substance use in healthcare professionals became widely studied between the 1960s and 1970s. Green (2017) supported these thoughts by reporting that more scholars had gained attention to the issue during this time following an exposure by the ANA backing the establishment of the National Nurses Society on alcoholism toward

the end of the 1970s. After the ANA published a position paper on substance use among nurses in 1982, a publication of policy statements followed in 1984 (Robinson & Adinoff, 2016). As per Adams (2018), this policy statement "established the ANA's commitment to intervention, treatment, and rehabilitation of the nurse whose practice is impaired by alcohol or other drug abuse or psychiatric illnesses" (p. 2073). Such acknowledgment by the ANA, according to Adams (2018), depicted the severity of the problem facing the nursing profession, calling the need for professional exposure regarding the issue to promote their awareness and the need to study alternative ways of addressing substance use among nurses as far as professional conducts are contextualized. A study by Robinson and Adinoff (2016) demonstrated that research on healthcare professionals regarding substance abuse began in the early 1960s when no scholarly attention was attracted to the field, given the negative impact of substance use on nursing professionals.

Several studies that have examined the attitude of nurses toward substance use within their profession. Several scholars cited that most research exploring nursing attitudes toward substance use within healthcare professionals was published within the 1980s and 1990s (Adams, 2018; Robinson & Adinoff, 2016). For instance, study findings from such initial studies provided an endorsement for substance use treatment among nurses and other healthcare workers as the first step rather than punishing them (Stewart & Mueller, 2018; Voora et al., 2020). Voora et al. (2020) also expanded on these assertions by reporting that previous studies and attention relating to substance use among healthcare professionals focused on punishing and terminating those found with

drugs with less emphasis on the treatment option. However, this led to widespread termination and disciplinary actions against nurses, causing inefficiency in the medical sector (Voora et al., 2020). Stewart and Mueller (2018) expounded on substance use by noting that the subsequent studies focused on the treatment option and helping the affected health professionals recover from substance use positively and not through punishment. Similar views were reported in a qualitative study asserting that most previous studies published in the 1980s and 1990s focused on helping affected medical professionals (Adams, 2018). Robertello et al. (2021) also noted an increased need for widespread education and training healthcare professionals about the negative effects of substance use using their beliefs, perceptions, and thoughts about using substances within the profession.

Voora et al.'s (2020) findings revealed that focusing on attitudes and perceptions of nurses toward identification and treatment of substance use problems was the primary tactical strategy for reducing alcoholism among medical practitioners compared to punishment. These studies revealed that educating healthcare professionals and investigating their attitudes toward substance use provided groundbreaking research on substance use (Robertello et al., 2021; Voora et al., 2020). The studies provided empirical evidence regarding the benefits of education in managing substance use among healthcare professionals instead of punishment (Robertello et al., 2021; Voora et al., 2020).

Several early studies published on healthcare professionals' attitudes toward substance use in the workplace. As per Adams (2018), among the previously published

literature on substance use among nurses, only a few investigated healthcare professionals regarding substance use in the workplace. Stewart and Mueller (2018) administered a survey to 14 Pennsylvania registered nurses in recovery for substance use. Study results from Stewart and Mueller (2018) entailed a robust endorsement of conceptualizing substance use among nurses as a treated disease with more excellent value on support group involvement during the recovery process. The study participants also emphasized the conceptualization with healthcare professionals with substance use were likely to return to safe nursing practice (Stewart & Mueller, 2018).

Given their findings, Stewart and Mueller (2018) recommended educating healthcare professionals about substance use and professional practice. Practical limitations of the study included homogeneity and the sample size, and the lack of standardized instruments to collect data. Voora et al. (2020) underscored its groundbreaking findings and roles in providing initial views reading substance use among healthcare professionals from their perspectives. The studies I reviewed have provided a historical overview of the empirical knowledge regarding the expansion and development of substance use among healthcare professionals and efforts made to address it. In the next section, I summarized statistics on substance abuse among healthcare professionals and its prevalence rate are discussed.

Statistics And Prevalence of Substance use Among Healthcare Professionals

Like the general population, healthcare professionals work in a highly challenging environment with long working hours that make them vulnerable to substance abuse (Mattila et al., 2021). Similar to the rest of the general population, health professionals

may turn to substance use as a way of coping and self-medication (Ruth-Sahd & Schneider, 2022). While this presented several flaws and medical errors, some healthcare professionals considered using substances regardless of their potential impact (Hou et al., 2020; Murat et al., 2021). The key statistics related to substance use among healthcare professionals and prevalence rates (Teo et al., 2021), including across the genders, are discussed below.

Available research has inconsistencies about the exact number of healthcare professionals abusing a substance in the workplace and the prevalence rate. Some scholars argued that finding the exact number of healthcare professionals using substances was difficult given the nature of research that needs to be conducted over a lengthy period. Ruth-Sahd and Schneider (2022) supported these findings by noting that most current statistics provide a localized perspective of substance use among healthcare professionals based on estimations. Despite estimations, the CDC (2022) emphasized that it was important to use such estimations to provide an in-depth overview of how substance use such as alcohol could affect the healthcare profession. Given the inconsistencies of the study findings on procedures for estimating the number of health professionals using substances in the workplace, studies reviewed seem to suggest that scholars concur about the need to investigate substance use among healthcare professionals (Ruth-Sahd & Schneider, 2022).

Several researchers and government institutions have reported statistics on substance abuse on medical practitioners and clinical staff. The ANA provided statistics demonstrating that nearly 10% of working medical professionals are dependent on drugs

or alcohol (CDC, 2022). Despite this, Mokaya et al. (2020) cautioned that the most worrisome findings indicated that between 15% to 25% of all registered nurses in the United States are likely to have alcohol dependency or other substance use. Ruth-Sahd and Schneider (2022) corroborated these findings by noting that a high number of nurses and other medical professionals having problems with alcohol dependence risk the efficiency of the healthcare sector, including a direct impact on patient safety. While Centers (2022) limited their study to the United States, CDC (2022) reported that one out of every seven registered nurses have addictive disorders, including alcohol and other substances. These studies indicated that alcohol dependence among healthcare professionals is a prevalent issue that needed further research given its potential negative impacts on the healthcare sector.

Studies have demonstrated similarities of substance use between the general population and healthcare professions. In an extensive survey in the United States, the CDC (2022) found that 11 to 16 percent of all healthcare professionals experienced substance use problems at least once during their careers. Of great emphasis were the CDC (2022) findings, which reported that the rates of alcohol abuse and other substances were highest among physicians working in specialty areas such as anesthesiology, emergency departments, and psychiatry. These studies demonstrated that substance abuse such as alcohol has the same prevalence rates among healthcare professionals as those reported in the general population (CDC, 2022). One reason for the high prevalence of substance use in healthcare professions is access to self-medication by the professions.

Several studies have also shown that the nationwide prevalence of substance use among healthcare professionals is higher than expected (Braquehais et al., 2020; Czeisler et al., 2020). A survey conducted by American Addiction Centers (2022) established that 70% of the doctors surveyed noted that they abused prescription medicine to relieve their emotional stress and physical pain. Data released by Czeisler et al. (2020) indicated that 13% of the male healthcare professionals and 22% of women professionals abused alcohol. Bruffaerts et al. (2021) corroborated these studies in their qualitative study of substance use among healthcare professionals using 515 healthcare professionals. They reported that the number of women healthcare professionals abusing alcohol was six times higher than the overall United States population aged 18 years and diagnosed with alcohol use disorders.

Similar to Bruffaerts et al.'s (2021) findings, Bello et al.'s (2022) conducted a cohort study over five years to investigate gender differences in alcohol abuse among healthcare professionals. The findings revealed half of the women doctors in the study abused alcohol, indicating the increased number of female healthcare professionals using alcohol (Bello et al., 2022). While several studies have been conducted on substance use among healthcare professionals, current literature has inadequately explored female healthcare professionals' attitudes and perceptions regarding alcohol use during the COVID-19 pandemic (Bello et al., 2022; Bruffaerts et al., 2021). This created a gap in the literature that the current study sought to expound on by investigating female healthcare professionals' perception of alcohol use in the workplace in terms of its effects and risk factors (Bello et al., 2022). Together, these studies suggested that alcohol abuse may be a

major problem affecting the women working in the healthcare sector. The increase in female healthcare professionals abusing alcohol has attracted scholars' attention. The following section discusses risk factors for substance use among healthcare professionals.

Risk Factors for Alcohol Use Among Healthcare Professionals

Healthcare professionals work in a highly stressful environment which predisposes them to burnout and emotional compassion (CDC, 2022). Schmits and Glowacz (2021), in their qualitative study of 12 healthcare professionals on risk factors of substance use in the healthcare sector, reported that most healthcare professionals are faced with increased workloads, highly inflexible work schedules, exposure to illness, trauma, and death experiences among patients which negatively impair their psychological wellbeing. Orrù et al. (2020) expanded on Schmits and Glowacz's (2021) findings using a qualitative study of 215 healthcare professionals in the United States. The results indicated that most healthcare workers considered using substances to reduce stress and emotional impairment linked to their work environment. Given the traumatic experiences in the healthcare work environment, Orrù et al. (2020) recommended further research should be conducted on healthcare professionals' attitudes and perceptions regarding substance use, such as alcohol, to document the factors contributing to alcohol use among healthcare professionals, especially among women. These studies demonstrated that healthcare professionals' work environment predisposed healthcare workers to traumatizing events that became the risk factors for alcohol use among female healthcare professionals (Orrù et al., 2020; Schmits & Glowacz, 2021). Some of the

common risk factors for substance use among healthcare professionals within the COVID-19 context are discussed below.

Access And Exposure to Different Forms of Substance in The Workplace

Studies of healthcare professionals and substance use revealed conflicting conclusions regarding the risk factors of substance use, such as alcohol. Some researchers, such as Neill et al. (2020), used a qualitative study of 5,732 nurses in Australia to investigate the risk factors for substance use in the healthcare sector. Similar to Neill et al. (2020), Rahman et al. (2020) conducted a qualitative study on the risk factors of alcohol use among healthcare professionals. Rahman et al. (2020) reported that 90% of the participants linked their substance use to accessibility and exposure to different medications along with alcohol use.

McKay and Asmundson (2020) corroborated Rahman et al.'s (2020) findings in their qualitative study on the risk factors of alcohol use among nurses during the COVID-19 pandemic. Two hundred and fifteen nurses in primary care facilities participated in the study. Among the key risk factor for alcohol use among primary care nurses was access and exposure to different drugs such as alcohol (McKay & Asmundson, 2020). Ornell et al. (2020) also extended McKay and Asmundson’s (2020) and Rahman et al.’s (2020) findings established that their study was limited to New York City. Ornell et al. (2020) explored increased alcohol use among nurses and other medical practitioners during the COVID-19 pandemic and the risk factors associated with high prevalence rates. Two hundred and twelve nurses from different hospitals in New York city were recruited. The

analysis revealed that easy access to controlled substances in hospital increased healthcare professionals' risk of alcohol use (Ornell et al., 2020).

Although Ornell et al. (2020) expanded on McKay and Asmundson's (2020) original study with a more extensive and more diverse study, the investigators did not investigate female healthcare professionals' perceptions and attitudes toward alcohol use. Instead, Ornell et al. (2020) focused on exploring substance use, such as alcohol use among nurses in the healthcare sector during the COVID-19 pandemic from a general perspective. Given this limitation, further research was needed to investigate female healthcare professionals' experiences, perceptions, and attitudes regarding alcohol use during the COVID-19 era (McKay & Asmundson, 2020). This provided valuable information that can be generalized to female healthcare professionals on which the current literature indicated that they are highly affected by alcohol use.

Stress And Burnout

COVID-19 led to increased stress and burnout among healthcare professionals. Several studies have shown that the increased pressure of holding healthcare professionals primarily responsible for the wellbeing of patients presents an overwhelming situation of increased stress that was mainly worsened by inadequate support and increased workloads (Kannampallil et al., 2020; Talaee et al., 2020; Yıldırım & Solmaz, 2020). Yıldırım and Solmaz (2020) studied the risk factors for alcohol use among healthcare professionals from a general perspective without limiting the study to a given substance and gender. After investigating a sample of 1,312 healthcare professionals in the United States, Yıldırım and Solmaz (2020) reported that stress and

burnout were the two major factors contributing to high prevalence rates of alcohol use among healthcare professionals. Comparable results were reported in a systematic report conducted by Talaee et al. (2020) using 27 articles. Talaee et al. (2020) reported that increased stress caused by burnout was a major risk factor for alcohol use among healthcare professionals and responsible for the development of addiction. However, both studies were conducted from a general perspective making their results nongeneralizable to a specific group of healthcare professionals (Talaee et al., 2020; Yıldırım & Solmaz, 2020).

While researchers have investigated substance use among healthcare professionals, the above studies indicated a lack of robust research on perceptions and attitudes of female healthcare professionals toward alcohol use during the COVID-19 pandemic, given that most of the studies were conducted before COVID-19 pandemic began and were from a general perspective (Kannampallil et al., 2020). The study extended the current literature by adding new knowledge that can be used to address this gap by exploring female healthcare professionals' attitudes and perceptions toward alcohol use during the COVID-19 pandemic, including the risk factors and their negative effects (Yıldırım & Solmaz, 2020).

Several studies have revealed that work-related stress caused healthcare professionals' emotional problems, leading to burnout and substance use. In a large qualitative study of 1,317 healthcare professionals, Orrù et al. (2021) investigated a link between burnout and substance use among healthcare professionals. Findings revealed that 45% of the participants met the requirements of being diagnosed with stress

compared to 27% of the general United States workforce (Orrù et al., 2021). Comparable results were reported in a survey conducted by Restauri and Sheridan (2020). They established that nearly one in every three healthcare professionals experienced burnout at any time and are at risk of substance use such as alcohol to manage their stress levels. Restauri and Sheridan (2020) noted that although many healthcare professionals adopt several mechanisms to deal with burnout in their work environment, many considered using harmful coping strategies such as alcohol use. Together, these studies indicated that stress or burnout are the major risk factors for alcohol among healthcare professionals. Despite the current evidence in the literature, there was still limited research examining female healthcare professionals' perceptions and attitudes regarding substance use, such as alcohol, during the COVID-19 pandemic in Mississippi.

Previous literature indicated that coping with work-related stress could be a major reason for medical practitioners drinking alcohol (Hou et al., 2020; Murat et al., 2021). In a large qualitative study of 215 healthcare professionals in the United States, Murat et al. (2021) found that 36% of participants reported using substances such as alcohol to feel better given their increased burnout levels. Comparably, 22% of the participants noted using substances such as alcohol to help them overcome stressful events in the healthcare sector, such as death experiences from patients (Murat et al., 2021). Murat et al.'s (2021) findings were similar to those reported earlier by Hou et al. (2020), who investigated how coping with stress influenced alcohol use among healthcare professionals. The findings revealed that half of the participants reported binge drinking (Hou et al., 2020). The results also revealed that healthcare professionals who coped with

burnout using substances such as alcohol had an elevated risk of frequent alcohol use, binge drinking, and increased alcohol dependence (Hou et al., 2020). Together, these studies provided evidence showing that individuals working in the medical sector are exposed to different stressors and traumatic events that increased their stress levels, making them vulnerable to alcohol use as a means of helping them to get over the problems.

Teo et al. (2021) reported similar findings to studies conducted by Hou et al. (2020) and Murat et al. (2021) regarding the influence of burnout on healthcare professionals. After investigating 4213 healthcare professionals in the United States, Teo et al. (2021) reported that healthcare professionals who reacted to burnout by blaming themselves were three times more likely to use different substances such as alcohol. This was emphasized that burnout was a unique predictor of alcohol use among healthcare professionals (Teo et al., 2021). Overall, these studies presented evidence suggesting that alcohol use among healthcare professionals was linked to burnout (Hou et al., 2020; Murat et al., 2021; Teo et al., 2021). Despite the above studies using diverse samples in various locations, there was still limited literature exploring female healthcare professionals' perceptions and experiences regarding alcohol use during the COVID-19 era (Teo et al., 2021). Most current studies have been conducted from a general perspective, calling for further research to explore this phenomenon from a narrow perspective by focusing on female healthcare professionals (Hou et al., 2020; Murat et al., 2021; Teo et al., 2021).

Psychological trauma linked to COVID-19 was a potential risk factor for healthcare workers using different substances (Alharbi et al., 2020; Murat et al., 2021; Rajhans & Godavarthy, 2021). Investigators used critical theory established dominant discourses that affect nurses and substance use (Alharbi et al., 2020). In one such study, healthcare professionals attributed their substance use, such as alcohol use, to psychological trauma caused by COVID-19, which had made their life constrained to a certain location, overworking, and inflexible schedules (Alharbi et al., 2020). In return, the investigators found that most of the users underscored that alcohol use was the only acceptable way of coping with stress and trauma in the work environment (Alharbi et al., 2020). Alharbi et al.'s (2020) findings were replicated in a study conducted in the United States. The study involved a sample of 37 doctors working in different departments during the COVID-19 pandemic (Rajhans & Godavarthy, 2021). The results revealed that 65% of the doctors linked alcohol use caused by trauma related to COVID-19, such as self-isolation and fear of contracting the virus (Rajhans & Godavarthy, 2021). Faced with these challenges and fears, Liu et al. (2020) had previously reported similar findings to those of Rajhans and Godavarthy's (2021). In their qualitative study of 27 nurses by reporting that self-isolation and fear of contracting the COVID-19 virus increased healthcare professionals' trauma, causing them to consider using alcohol to cope with such stress (Rajhans & Godavarthy's, 2021). Together, these studies provided evidence that substance use, such as alcohol, among healthcare professionals was linked to psychological trauma related to COVID-19, including extended periods of isolation and

fear of contracting the virus, making them turn to the use of alcohol to cope with stress and trauma.

COVID-19 caused anxiety among healthcare, given the unpredictable deployment from one region to another (Alharbi et al., 2020; Rajhans & Godavarthy, 2021). In a study by Shanafelt et al. (2020), this deployment study differed from their usual settings to COVID-19 specific areas to include testing centers. The findings revealed that the overgeneralization of healthcare workers could work readily in any environment discounted the specialist's skills by nurses such as those who worked in alcohol treatment areas (Shanafelt et al., 2020). Comparable results were supported by Mattila et al. (2021) in a qualitative study established that 60% of their patients identified the state of deployment as a psychological threat to their wellbeing. Given the unstable work environment, healthcare professionals may result to the consideration of using alcohol to manage stress and the threat of contracting COVID-19 when moved to separate locations (Mattila et al., 2021).

Fatigue is another factor that contributed to burnout and healthcare professionals' intention to use alcohol during the COVID-19 pandemic (Farsi et al., 2021). A qualitative study on registered nurses by Farsi et al. (2021) found that most healthcare professionals were overworked, given the overstretched healthcare sector. Given the increase in hospital hospitalizations among patients with COVID-19, healthcare professionals were required to work long shifts without breaks, leading to high burnout (Farsi et al., 2021). Halcomb et al. (2021) extended these findings to respond to such stress and exhaustion by noting that many healthcare professionals resorted to alcohol as a coping mechanism.

Farsi et al. (2021) and Halcomb et al.'s (2021) findings were replicated in a study conducted in the United States. In this study, a sample of 213 healthcare workers and frontline employees were surveyed on the consequences of COVID-19 on their life (Hardcastle et al., 2021). The findings indicated that nearly 80% of the participants reported working long hours without breaks, standing for long hours, and even working on weekends and holidays without a break (Hardcastle et al., 2021). In addition, many also indicated that they suffered fatigue, given that they were required to work on short notice whenever needed. Such a compacted schedule with no breaks left them extremely exhausted physically and emotionally, preferring to use alcohol (Hardcastle et al., 2021).

Hardcastle et al.'s (2021) findings were like a previous study by Furfaro et al. (2020) in a qualitative study of 215 nurses about the health effects of COVID-19. The investigators recruited 417 healthcare workers acting as frontline employees during the COVID-19 pandemic. The overreaching theme that emerged from the study findings concerned the impact of COVID-19 on healthcare professionals was extended working hours characterized by fatigue and overall physical exhaustion (Furfaro et al., 2020). The results showed that emotional tiredness and physical fatigue among the healthcare workers during the COVID-19 pandemic deprived them of limited personal time to unwind, causing some to resort to substance use such as alcohol after a long working day (Furfaro et al., 2020). These studies indicated that fatigue extended from long working hours and increased workload caused by COVID-19 hospitalizations emotionally and physically exhausted healthcare professionals who find limited time to unwind, thereby resorting to alcohol (Furfaro et al., 2020; Hardcastle et al., 2021).

There were several other triggers of stress within the healthcare sector that healthcare workers faced during the COVID-19 pandemic. Using Bolman's leadership model, Banerjee et al. (2020) identified different triggers of stress and burnout among healthcare workers during the COVID-19 pandemic. The first category included structural factors such as resources and work-related policies that constrained nurses' working capacity (Banerjee et al., 2020). The findings revealed that resource inadequacy, such as lack of personal protective equipment and staffing shortage, was identified as a primary driver of stress and burnout among healthcare professionals attending to COVID-19 cases (Banerjee et al., 2020). Comparable results were reported by Galehdar et al. (2020) in a qualitative study of healthcare workers regarding their attitudes toward the effects of COVID-19 on their health. After investigating 173 female healthcare workers, Galehdar et al. (2020) established that 95% of the participants noted that caring for COVID-19 patients increased their stress and burnout due to increased workloads and the number of patients under their direct care. This presented a major risk factor for alcohol use, as explained by participants in the study (Galehdar et al., 2020).

Related results were reported in another qualitative research on stress and burnout during the COVID-19 in the United States. Klimkiewicz et al. (2021) noted, female healthcare workers were recruited to document their experiences of the COVID-19 pandemic on their health. Their findings corroborated previous results by Klimkiewicz et al. (2021) by suggesting that the COVID-19 pandemic has led to increased workload, inflexible schedule, and the fear of contracting the virus, becoming the major incentive for healthcare workers to engage in alcohol use. Together, these studies demonstrated that

structural factors such as organizational resources and work-related policies could increase stress among healthcare workers who must work beyond their schedule and deal with the increased workload (Klimkiewicz et al., 2021; Pedersen et al., 2021). Such incidences emotionally exhaust the healthcare worker, and given the limited time to unwind, most of them prefer to engage in substance use such as alcohol to relax or unwind (Klimkiewicz et al., 2021).

Available literature has also identified the human resource perspective, focusing on individual-related factors among healthcare workers leading to their intentions to use alcohol. In a large qualitative study of 213 medical practitioners focused on experiences of healthcare workers in the United States, Franza et al. (2020) found that individual-related factors such as safety concerns or fear of contracting COVID-19 increased stress among healthcare professionals who felt that they were exposing their families to the virus. Study findings also indicated that female healthcare professionals were the most likely vulnerable group to stress and burnout, especially when they reflect on the safety of their family members (Franza et al., 2020). Increased stress levels compelled most of them to consider using alcohol (Franza et al., 2020).

Other researchers have also identified work experience, competency, and other personal factors linked to the increased prevalence of stress and burnout in the COVID-19 era. As an illustration, Conversano et al. (2020) conducted a qualitative study to investigate risk factors for alcohol use among healthcare workers during the COVID-19 pandemic. The results revealed that many healthcare professionals engaged in alcohol use, given the limited competency in caring for patients with COVID-19 and the possible

risks (Conversano et al., 2020). Faced with skill challenges in handling COVID-19, health levels increased compelled them to use alcohol. In sum, all studies reviewed thus far provided evidence that individual-related factors such as safety concerns and competencies in managing COVID-19 increased their stress level given the potential risk they faced in the healthcare system. With such challenges, many preferred to use alcohol because of the stress and burnout (Franza et al., 2020). Although there are studies investigating substance use among healthcare workers during the COVID-19 pandemic, limitations in previous studies, such as sample size and homogeneity of the sample size, called the need for further research to be conducted exploring healthcare professional's attitudes and perceptions regarding the use of alcohol during the COVID-19 pandemic, especially female healthcare professionals who reported having a higher prevalence rate on alcohol use.

Uncertainty as a Risk Factor

COVID-19 has resulted in multifaceted uncertainty that created stressors among healthcare workers. In a retrospective study of 215 registered nurses focusing on their attitude toward the effects of COVID-19 on their life, Rosenquist (2021) reported that the novelty of COVID-19, including its mutations, presents stressors to healthcare professionals who may find it difficult to manage diverse types of COVID-19. Their limited knowledge of new virus mutations increased their uncertainty about their skills in managing the COVID-19 situation and the health protocol to be used (Rosenquist, 2021). In turn, little information regarding the new COVID-19 variant caused anxiety among

healthcare professionals who are at the risk of contracting them and transmitting them to their family members (American Addiction Centers, 2022).

Faced with the threats of job insecurity, Di Trani et al. (2021) found many of the participants resorted to substance use such as alcohol to minimize their stress levels. Di Trani et al. (2021) also noted that the perception related to lack of control and limited skills to attend for vulnerable patients in the pandemic, made some of them resort to substances such as alcohol. Despite Munawar and Choudhry (2021) extending Di Trani et al.'s (2021) findings on the risk factors of alcohol use among healthcare workers, the researchers did not specifically target female healthcare workers or their attitudes and perceptions toward alcohol use during COVID-19. This presented a gap in the literature that the current study sought to address by exploring female healthcare professional attitudes and perceptions regarding alcohol use and its effects during the COVID-19 pandemic.

Economic Stressors

Some studies have linked economic stressors caused by COVID-19 restrictions to a general increase in alcohol use among the general public (Ali et al., 2021; Sinclair et al., 2021). A report published by Sinclair et al. (2021) surveyed 90 participants from 13 countries, indicating that the employment rate among healthcare professionals was drastically affected by the measures designed to control the transmission of COVID-19. In turn, most nurses were uncertain about their work, and some lost their jobs due to COVID-19 related measures such as the mandatory vaccine for healthcare workers (Sinclair et al., 2021). The situation motivated healthcare workers who were uncertain

about their future employment that used alcohol as a coping mechanism to downplay the economic consequences of COVID-19 related policies (Sinclair, et al., 2021). Other scholars such as Ali et al. (2021) corroborated the findings, who investigated 4,325 individuals in the United States and established that 60% of them reported experiencing direct or household employment loss because of COVID-19 and 39% anticipated reported employment loss.

Ali et al.'s (2021) findings were also replicated in a study conducted by Bazzoli et al. (2021) on 1,355 individuals in the United States whose family members worked as healthcare professionals. Bazzoli et al. (2021) found that 68% of the participants expressed fear of their family members losing jobs due to COVID-19 related policies. In addition, 57% of the participants reported increased use of alcohol among their family members working as healthcare professionals (Bazzoli et al., 2021). These studies confirmed that economic stressors linked to loss of employment and uncertainty regarding the same result in a great level of stress among healthcare workers who felt burdened with their family members (Ali et al., 2021; Bazzoli et al., 2021). In order to cope with such problems, the studies reviewed thus far have presented evidence that most healthcare professionals consider using substances such as alcohol to cope with their problems (Ali et al., 2021; Bazzoli et al., 2021).

Social Isolation and Loss of Social Support

Social isolation and lack of social support among healthcare workers during the COVID-19 pandemic have been linked to increased substance use, including alcohol, among healthcare professionals (Labrague & De los Santos, 2021; Saltzman et al., 2020).

In a qualitative study of 312 healthcare professionals, Labrague and De los Santos (2021) found that COVID-19 related measures such as lockdown, limited in-person contact with friends, family members, and colleagues, thereby increasing the feeling of loneliness among healthcare professionals. Saltzman et al. (2020) extended Labrague and De los Santos' (2021) study by investigating the coping strategies among healthcare professionals who faced social isolation and limited social support. The findings revealed that healthcare professionals who faced lockdown restrictions and limited in-person contact reported an increased level of loneliness and anxiety that compelled them to turn to alcohol to reduce stress (Labrague, 2021; Saltzman et al., 2020).

Saltzman et al.'s (2020) findings were also replicated in another study of 212 healthcare workers, which showed that healthcare workers faced limited physical interactions with their family members and friends, leading to depression, thereby increasing their vulnerability to alcohol use (Pantell, 2020). Despite such findings, the investigators have not investigated female healthcare workers' specific attitudes and perceptions regarding alcohol use during the COVID-19 era. The recent literature has suggested a drastic increase in alcohol use among healthcare professionals caring for COVID-19 patients (Pantell, 2020). This study addressed this gap by exploring female healthcare professionals' perceptions and attitudes regarding alcohol use during the COVID-19 pandemic.

Barriers to Reporting Substance Use in the Healthcare Sector

As per the ANA, all healthcare professionals must be cognizant and implement appropriate actions when impaired actions that jeopardize patient safety are reported

(McNeely et al., 2018). In this context, failure to report impaired healthcare professionals using alcohol could result in several outcomes (Adams, 2018). Current literature has identified several factors or barriers to reporting colleagues using substance use, such as alcohol in the workplace, including the inability to recognize symptoms of alcohol abuse and impairment, fear of potential repercussions, ignorance relating to substance use and addiction, or lack of training (McNeely et al., 2018). Each of these factors are discussed below.

Healthcare professionals' inability to recognize alcohol use symptoms was one of the main reasons for the non-reported cases (Adams, 2018; McNeely et al., 2018). Limited empirical studies have investigated the problems incurred in identifying the symptoms of a potentially impaired individual in the workplace due to COVID-19. Adams (2018) noted that there was a more outstanding obligation of co-workers to protect the confidentiality of their colleagues than to acknowledge the existence of alcohol impairment. Similarly, Gartrell and White (2021) reported that some healthcare employees lacked the required knowledge and skills to identify symptoms of substance impairment among their colleagues. Together, the above studies demonstrated that the ability to recognize substance use impairment symptoms linked to alcohol among colleagues was a major barrier to reporting an alcohol-impaired colleague (Adams, 2018; Gartrell & White, 2021).

Studies have also identified fear of repercussions as a critical barrier to reporting alcohol-impaired colleagues to authorities. In a survey of 217 healthcare workers, Gartrell and White (2021) investigated the barriers to reporting substance use, such as

alcohol, among colleagues. The barriers that emerged from the data was fear of retaliation and potential career damage if the reported colleague is dismissed. Panchal et al. (2020) also conducted a systematic literature review regarding alcohol use among medical professionals. Given the findings, Panchal et al. (2020) concluded that the fear of damaging one's career was the main reason for not reporting their colleague using substances such as alcohol. Panchal et al.'s (2020) findings were replicated in a study conducted by Couture et al. (2020). Couture et al. (2020) explored the practice of confronting and reporting colleagues using substances and found that fear of losing one's license and the potential of dismissal were the major barriers to reporting their colleague using alcohol to the management.

Further studies have shown that healthcare practitioners are likely to abide by the "conspiracy of silence" and avoid reporting their colleagues using different substances such as alcohol (Couture et al., 2020; McNeely et al., 2018). In a study related to barriers encountered in reporting substance use-related incidences, healthcare professionals reported that they would prefer considering the "conspiracy of silence" in fear of being sued by those individuals reported as well as fear of punishment from regulatory bodies (Couture et al., 2020). Comparable results were reported in a qualitative study conducted by McNeely et al. (2018), who found that some healthcare professionals avoided reporting substance-using colleagues. They did not want to be involved in a publicized case of retaliation from the victim (Couture et al., 2020; McNeely et al., 2018). Overall, these studies demonstrated that fear of retaliation from the victims is another barrier to

reporting incidences of substance use in the workplace (Couture et al., 2020; McNeely et al., 2018).

Lack of training was another key barrier to reporting substance use incidences among healthcare professionals (Nisa et al., 2018; Stuijfzand et al., 2020). Nisa et al. (2018) noted that most healthcare professionals have limited knowledge and skills in identifying different impairment symptoms caused by substance use (Nisa et al., 2018). This makes them incapable of determining which incidences are linked to substance use such as alcohol. Given this challenge, Nisa et al. (2018) recommended further training to nurses as strategies for improving their knowledge of different abused substances and how to recognize their symptoms. Stuijfzand et al. (2020) also reported that training healthcare professionals would allow them to understand better various symptoms linked to several substance use incidences that are likely to be abused by their colleagues. In turn, such knowledge was expected to help them have better information for identifying and reporting substance use incidences in the workplace, including alcohol use (Stuijfzand et al., 2020). Overall, the studies reviewed thus far presented evidence that healthcare professionals' lack of training regarding impairments caused by substance use is a significant barrier to reporting colleagues with substance use problems (Nisa et al., 2018; Stuijfzand et al., 2020).

Experiences of Alcohol Use Among Healthcare Professionals

Work absenteeism was a significant factor linked to alcohol use among healthcare workers (Braquehais et al., 2020; Couture et al., 2020). In a qualitative study to investigate the attitudes of healthcare workers about the effects of substance use in the

workplace, Braquehais et al. (2020) found that individuals who reportedly used substances such as alcohol had more absenteeism rate than those who did not use any substances. The studies were also corroborated by Couture et al. (2020), who found that regular healthcare workers with substance use problems such as alcohol have regular absences without notifications. This made them miss their major duties, including caring for patients. Similar to Braquehais et al. (2020), and Couture et al. (2020), earlier research by Nisa et al. (2018) indicated that medical healthcare professionals with substance use problems, such as alcohol, reported absence without notifications more than the number of sick days given. Together, these studies provided evidence suggesting that alcohol use among healthcare workers during the COVID-19 era could result in work absenteeism (Braquehais et al., 2020; Couture et al., 2020; Nisa et al., 2018).

Still, on absenteeism, several studies have shown that healthcare workers who use alcohol and other substances often have disappearances from their worksite (Braquehais et al., 2020; Couture et al., 2020; Nisa et al., 2018). In a qualitative study of 213 healthcare professionals, Couture et al. (2020) investigated healthcare professionals' perceptions regarding the consequences of substance use. After conducting the analysis, the investigators found that most participants reported frequent disappearance from their worksite and had extended and unexplainable absences. Gartrell and White (2021) also used a qualitative study on a sample of 215 healthcare workers to report that healthcare professionals such as women who use alcohol made job excuses and took too long trips to bathrooms. In addition, most of them reported that they would spend most of their time near a substance supply, such as medications or stopping at a convenience store on the

way home from work. Concerning the attitudes and perceptions of nurses regarding the use of alcohol, the studies reviewed thus far presented evidence suggesting that many of the medical practitioners who use alcohol have more absenteeism rate, take extended days off the work, and spend a lot of time near the substance supply, thereby compromising the amount of time dedicated to patient care.

Substance use such as alcohol among healthcare workers has also been linked to reduced work performance (Couture et al., 2020; Nisa et al., 2018). Nisa et al. (2018) conducted a retrospective study investigating medical practitioners' substance use and its effects. The findings revealed that most of the participants who took part in the study and used alcohol reported reduced work performance given the need to alternate between high and low productivity due to impaired attention and poor judgment (Nisa et al., 2018). After analyzing the results, participants reported confusion, loss of memory, and inability to concentrate or recall details, and instructions, leading to reduced work performance (Nisa et al., 2018). The study results demonstrated that nurses who used substances such as alcohol had low productivity given the inability to concentrate and remain alert to making sound medical judgments (Nisa et al., 2018) In this study, investigators recruited 93 medical practitioners working in emergency departments on the effects of substance use such as alcohol on their performance (Couture et al., 2020). The study findings indicated that 85% of participants linked alcohol use to impaired judgment, impaired concentration, and loss of memory that would affect their overall job performance (Couture et al., 2020). Thus far, these studies indicated that substance use such as alcohol was likely to reduce performance among healthcare workers due to

impaired judgments and loss of memory, including female healthcare professionals (Couture et al., 2020; Di Simone et al., 2018; Nisa et al., 2018).

Poor interpersonal relationships at the workplace are consequences of alcohol use among medical health practitioners. In a qualitative study of 123 medical practitioners in the United States on the effects of substance use in the workplace, Koksal et al. (2020) found that employees using alcohol had poor interpersonal relationships with their colleagues attributed to their impaired judgment and memory loss due to alcohol. In such instances, Koksal et al. (2020) found that the affected individuals would constantly blame other employees for their mistakes, leading to frequent conflicts. Comparable results which corroborated previous ones by Koksal et al. (2020) were reported in a qualitative study on the nurses' attitudes toward substance use in the workplace in the United States. In this study, 57 medical worker volunteers participated (Voora et al., 2020). The findings indicated that most of the participants who used alcohol had constant conflicts with their colleagues in the workplace due to poor judgment that would jeopardize other people's performance in the workplace. Likewise, Voora et al. (2020) corroborated previous findings by McCance-Katz (2019), who stated that workplace conflicts were common among healthcare individuals who used alcohol.

Although Robertello et al. (2021) extended earlier results on healthcare workers' attitudes toward alcohol use and interpersonal relationships, they did not use a diverse sample size to generalize their findings. In addition, the study was limited to one geographical location and investigated nurses' attitudes regarding the use of alcohol in their interpersonal relationships from a general perspective (Robertello et al., 2021). In

this regard, Robertello et al. (2021) advocated for additional research using different target populations with unique demographic characteristics such as gender to understand the unique effects of substance use on interpersonal relationships. This gap was addressed in this study.

Further research has also linked alcohol use to personality change. Green (2017) extended these findings in their qualitative study of 25 nurses by reporting that 45% of those with alcohol problems reported constant mood swings, anxiety, and depression. In a study investigating nurses' attitudes on the effects of alcohol in the workplace, Koksal et al. (2020) found that most of the nurses reported changes in their personality such as mood swings, intense emotions, depression, and social thoughts. Both studies demonstrated that alcohol use could result in significant changes in their personality traits such as mood swings, anxiety, and depression (Green, 2017; Koksal et al., 2020). However, there was a need to expand these findings by focusing on female healthcare professionals working and attending to COVID-19 patients, given the increased prevalence rates of alcohol use among female healthcare professionals (Koksal et al., 2020). There was limited research in the current literature examining female healthcare workers' perceptions and experiences regarding alcohol use during the COVID-19 pandemic (Koksal et al., 2020). The study sought to address this gap in the literature through a qualitative study exploring female healthcare professionals' attitudes and perceptions toward alcohol use during the COVID-19 pandemic.

Patient mistreatment such as incorrect basic care, avoidable medical errors, and abuse has also been linked to alcohol use among healthcare workers (Gartrell & White,

2021). Gartrell and White (2021) conducted a qualitative study to investigate the effects of alcohol use and other substances on patient treatment among healthcare workers. Gartrell and White (2021) found that individuals who used alcohol and other substances were at a higher risk of patient mistreatment, including wrong diagnosis and prescriptions, given their mental impairments attributed to alcohol use. Comparable results were reported by Ruth-Sahd and Schneider (2022), who also found that using alcohol and other substances among healthcare workers increased medical errors such as prescriptions that could most likely jeopardize patients' health, including the likelihood of death. Robertello et al. (2021) replicated the above findings on a sample of 53 nurses by reporting that substance use such as alcohol among healthcare workers led to impaired judgment and loss of memory that could potentially interfere with their judgment. Taken together, these studies suggested that alcohol use among healthcare professionals could lead to loss of memory and impaired judgments that could potentially result in patient mistreatments, such as wrong prescriptions that can affect a patient's health (Gartrell & White, 2021; Robertello et al., 2021; Ruth-Sahd & Schneider, 2022).

Kiymaz and Koç (2018) reported comparable results, who noted that 12% of rehospitalization could be linked to medical errors conducted by professionals who used alcohol and other substances. Increased hospital cost is another factor linked to substance use, such as alcohol among health care workers (Gartrell & White, 2021). Gartrell and White (2021) conducted a study to investigate the attitude of nurses regarding alcohol use and medical cost. After analyzing data, participants noted that using alcohol could impair professionals' decisions and memory, resulting in wrong prescriptions or treatment that

could lead to costly rehospitalization (Gartrell & White, 2021). Given the findings, both scholars concurred that alcohol could impair professionals' judgment in making critical medical decisions that could lead to expensive hospitalizations by increasing the cost of healthcare from the patient's perspective and the organization (Gartrell & White, 2021; Kiymaz & Koç, 2018). Loss of jobs and disciplinary actions have also been linked to alcohol use (Gartrell & White, 2021; Kiymaz & Koç, 2018). In a study conducted by Hammoudi et al. (2018), the investigators found that the employees who abused alcohol and violated their code of ethics were likely to be reprimanded. The investigator reported the likelihood of dismissal if the physician's alcohol-dependent behavior led to death or permanent medical conditions among patients (Hammoudi et al., 2018).

Strategies to Reduce Alcohol Use Among Female Healthcare Professionals

Dharra and Kumar (2021) studied interventions for reducing substance use among healthcare workers on 213 healthcare professionals. The findings indicated that training and education programs effectively reduced substance use among healthcare workers (Dharra & Kumar, 2021). Dharra and Kumar (2021) noted that training programs helped healthcare workers to understand the risk factors for substance use, symptoms of impairments, and the consequences of using substances such as alcohol in the nursing practice. Health et al. (2020) findings were extended by Dharra and Kumar's (2021), who also sought to investigate substance use among healthcare workers and the strategies for supporting them to overcome the desire to use substances such as alcohol. After analyzing data, study findings indicated that most study participants had limited knowledge of different substances, their effects, and symptoms of impairment linked to

substance use (Dharra & Kumar, 2021; Heath et al., 2020). As such, Heath et al. (2020) found that most of the participants underscored the need to implement regular training programs to help them gain valuable knowledge that would support them in making informed decisions about substance use.

Similar to Dharra and Kumar (2021) and Heath et al. (2020), Otared et al. (2021) also found that implementing regular training and education programs about substance use could help healthcare workers understand the risk of using the substance on patient safety, healthcare cost and to their practice. According to their findings, such knowledge helped medical professionals rescind from using substances such as alcohol (Otared et al., 2021). In sum, these studies provided evidence suggesting that training and education programs could help reduce alcohol among female healthcare workers, especially when they are empowered to understand the risks of alcohol use of patient safety and to their practice (Dharra & Kumar, 2021; Heath et al., 2020; Otared et al., 2021).

Social and leadership support is a strategy that has been linked to the effective management of alcohol use among healthcare professionals. For example, in a study of substance use among healthcare workers and the role of support in managing substance use behaviors using 213 healthcare workers, Smallwood and Willis (2021) linked improved social support to reduced alcohol use. Smallwood and Willis (2021) noted that social support helped the affected individuals successfully recover by being there for them, supporting them to feel part of the social group, and promoting positive social change efforts. Mattila et al. (2021) reported comparable findings when they established social support, including helping the victims attend rehabilitation and substance-related

programs, which played a significant role in reducing relapses among healthcare workers using different substances such as alcohol.

Summary

This qualitative descriptive study investigated the perceptions of women healthcare professionals regarding the use of alcohol during the COVID-19 era. While previous researchers have investigated substance use among healthcare professionals, statistics reveal that the number of healthcare professionals using substances has doubled in the past two decades. With such an alarming increase in substance use among medical professionals and its potential repercussions on the safety of patients and medical decisions (Gartrell & White, 2021), there have been calls for further research. This will help to understand the perception of medical professionals' perception of substance use such as alcohol, especially among healthcare professional women (Hou et al., 2020; Murat et al., 2021; Teo et al., 2021). Chapter 2 provided in-depth descriptions of the risk factors for alcohol use among women for healthcare professionals during COVID-19 and potential strategies that might be used to help them manage their alcohol use problems. This literature review intended to offer an in-depth description of related studies and themes with the historical context of substance use among healthcare professionals, such as alcohol use.

Therefore, the literature review presented in Chapter 2 described what was presently known regarding the topic and current inadequacies or absence of knowledge related to this area of study. Due to increased alcohol use during the COVID-19 pandemic, it is suggested alcohol monitoring was a growing public health concern

(Barbosa et al., 2021). Further, literature shall be reviewed and integrated into the findings and discussion chapters as theoretical frameworks and the emergence of variables. In terms of Chapter 2 organization, the first section of this literature review presented a brief historical perspective of substance use among medical professionals, risk factors of alcohol use, barriers for reporting alcohol use, and the strategies that could be used to help female healthcare professionals to manage alcohol use during the COVID-19 pandemic effectively. In the next section, Chapter 3 comprises of a detailed discussion of research methods used to collect and analyze data.

Chapter 3: Research Method

The purpose of this qualitative study was to explore the lived experience of women in healthcare positions regarding alcohol use during the COVID-19 pandemic. This chapter includes a description of the research design and rationale, followed by a description of the methodology, which includes participant selection logic, instrumentation, procedures for the pilot study, and procedures for recruitment, participation, data collection, and data analysis. This chapter includes descriptions of the procedures that were used to enhance the trustworthiness of the findings and of the procedures for ensuring the ethical treatment of human subjects, followed by a chapter summary.

Research Design and Rationale

The following research questions were used to guide this study:

RQ1. What is the lived experience of women in healthcare positions regarding alcohol use during the COVID-19 pandemic?

Sub-RQ1a. What were the beliefs and attitudes toward alcohol use of women in healthcare positions during the COVID-19 pandemic?

Sub-RQ1b. How did women in healthcare positions' beliefs and attitudes toward alcohol use affect their intentions and actual alcohol use?

The central phenomenon in this study was the lived experience of women in healthcare positions regarding alcohol use during the COVID-19 pandemic. I used a qualitative research design to explore this phenomenon. Qualitative research usually consists of the collection and analysis of open-ended, verbal data (either written or

spoken) that is grounded in the specific perspectives represented by the data sources rather than objective and generalizable (Merriam & Tisdell, 2016). This research design was selected because the research questions in this study require the development of descriptions of participants' lived experiences. Qualitative research is appropriate for descriptive and exploratory research about participants' perceptions and experiences, and particularly for addressing research questions that begin with what or how (Creswell & Creswell, 2017; Merriam & Tisdell, 2016).

An additional advantage of qualitative research is that it can be used to explore topics that have not been fully described in the previous literature (Merriam & Tisdell, 2016), such as the central phenomenon in this study. By collecting and analyzing open-ended data, in which participants describe their experiences and perceptions in their own words, researchers can identify unanticipated themes and insights (Merriam & Tisdell, 2016). In contrast, quantitative research only enables to confirm or disconfirm hypotheses derived from previous theory (Creswell & Poth, 2016).

Qualitative methods help researchers by describing a phenomenon that are not easily separated from their social, organizational, or personal contexts (Creswell & Creswell, 2017). In quantitative research, the analysis of data that can be expressed numerically typically requires that the data be decontextualized (Creswell & Creswell, 2017). In contrast, qualitative methods convey the contexts from which data are derived, by allowing participants to include descriptions of perceived contextual influences in their open-ended answers (Creswell & Creswell, 2017; Merriam & Tisdell, 2016).

It was expected that the beliefs and attitudes toward alcohol use of women in healthcare positions during the COVID-19 pandemic was not easily separable from the social, organizational, and personal contexts in which they occur. Qualitative research was the most appropriate tradition for describing how participants perceive the influence of those contexts on the central phenomenon. Through the collection and analysis of contextualized data, qualitative researchers can also explore and describe participants' perceptions of explanations for the central phenomenon (Merriam & Tisdell, 2016). In contrast, quantitative results typically cannot be used to develop an explanation for the statistical relationships among numerical variables that are being measured (Creswell & Creswell, 2017). A qualitative approach was selected for this proposed study.

The specific qualitative research design used in this study was descriptive qualitative research. The qualitative study involved semistructured interviews with a purposeful sample of participants who are familiar with the phenomenon of interest, in order to explore and describe their perceptions and opinions of a real-world phenomenon (Percy et al., 2015; Sandelowski, 2010). Traditional qualitative designs such as phenomenological and grounded theory research were considered but were deemed less appropriate than a generic inquiry design.

Phenomenological research is appropriate for exploring lived experiences, but its focus is on the internal structure of the subjective component of the experience, and the external, real-world components of the experience are accordingly deemphasized (Percy et al., 2015). A grounded theory design can also be used to explore and describe participants' lived experiences, but the focus in grounded theory research is on theory

generation, so it is most appropriate when existing theories do not adequately account for the phenomenon of interest (Creswell & Poth, 2016). The purpose of this study was not to generate theory, so a grounded theory design was unnecessary. Generic qualitative inquiry is the most appropriate design for maintaining a balanced focus on the internal and external, or real-world, components of a lived experience, and for exploring participants' perceptions and opinions of real-world phenomena (Percy et al., 2015; Sandelowski, 2010). I selected a generic qualitative inquiry for this study.

Methodology

This section includes descriptions and rationales for the study procedures. First, I described the participant selection logic. Next, this section includes descriptions of the instrumentation and the proposed pilot study design. This section then proceeds with descriptions of the data collection and data analysis procedures used in the study.

Participant Selection

The general population was women in healthcare positions in the State of Mississippi who use public Facebook and LinkedIn groups that serve women healthcare workers. Healthcare positions include, but are not limited to, licensed mental healthcare positions, nurses, medical assistants, patient care technicians, respiratory therapists, physical therapists, occupational therapists, clinical managers, and physicians.

I used a purposeful sampling strategy. Purposeful sampling is a nonrandom strategy that involves focusing recruitment efforts on individuals who are likely to have the knowledge and experience needed to provide relevant information (Palinkas et al., 2015). I selected this sampling strategy because it is appropriate for recruiting an

adequate number of participants for qualitative research while using limited time and resources described by Palinkas et al. (2015), and because it is the most appropriate strategy for a generic qualitative inquiry described by Sandelowski (2010).

I used criterion sampling for this study. Criterion sampling involves focusing recruitment efforts on potential participants who share certain characteristics that make them likely to be able to provide relevant data (Palinkas et al., 2015). In this study, the inclusion criteria were: (a) women over the age of 21, (b) who were currently working as healthcare workers in Mississippi, (c) who had at least 1 year of experience in their current position, (d) and who typically used alcohol at least twice weekly. The exclusion criterion was a preexisting personal or professional relationship with the researcher.

A sample of ten participants was recruited. This a priori sample size and is consistent with Creswell and Poth's (date) recommendation that qualitative research include between 10 and 15 participants. I determined the final sample size when data saturation was achieved. Data saturation occurred when additional collection and analysis of data ceases to yield new themes and insights (Fusch & Ness, 2015). In this study, data saturation was achieved when (a) at least 10 participants had been interviewed, and (b) analysis of the data from the last three consecutive interviews yielded no new codes or themes. If 10 participants were interviewed and data saturation was not achieved, participant recruitment, data collection, and data analysis was continued. When at least 10 participants have been interviewed and data saturation was achieved, participant recruitment and data collection was concluded.

After I received IRB approval, recruitment was conducted by posting digital recruitment flyers in public Facebook and LinkedIn groups for women in healthcare positions in Mississippi. The recruitment flyer included a brief description of the purpose and nature of the study, the inclusion criteria, and an invitation for interested persons who believe they meet the inclusion criteria to contact me through text or telephone call. In this way, potential participants' privacy was protected, because they were not known to me unless they choose to initiate contact.

When potential participants contacted me, the potential participant was asked to verbally confirm that they met the inclusion criteria for this study. If they did not, they were thanked for their interest in the study and told that they were not eligible to participate. The terms of informed consent were reviewed with the potential participant, and they were invited to ask questions or express concerns. If the potential participant met the inclusion criteria, a voice recorded informed consent was listened to and participant recording saying, "I consent." When they did so, the interview questions began after the consent of the participant was obtained.

Instrumentation

The instrument for data collection in this study was a semistructured interview. I began the interview with asking the participant to state for the record their age, confirm their holding of a healthcare position, confirm at least 1 year of experience in that position, and the number of alcoholic beverages they consumed on one occasion, both before and during the COVID-19 pandemic. I developed the interview protocol, based on a review of the empirical and theoretical literature relevant to alcohol use in women in

healthcare positions. A semistructured interview protocol consisted of open-ended questions that cannot be answered with only a" yes" or "no" as described by Rubin and Rubin (2011).

I used the semistructured interview format because it is appropriate for inviting participants to answer questions in their own words while maintaining a focus on topics of interest and because it is the most appropriate method of data collection in a generic qualitative inquiry (Sandelowski, 2010). The semistructured interviews gave me the freedom to ask probing follow-up questions during the interview whenever additional detail or clarification is needed as described to do by Rubin and Rubin (2011). By using the semistructured interview format I could elicit participants' descriptions, in their own words, of their lived experiences regarding alcohol use during the COVID-19 pandemic, in accordance with the study purpose and research questions.

Procedures for Pilot Study

Since I developed the interview questions and to assist in the development of the semistructured interview protocol, a pilot study was conducted. The purpose of the pilot study was to ensure that the questions are worded in a manner that will elicit relevant data. I recruited two participants from the study target population to participate in the pilot study after IRB approval was received. They were the first two participants recruited through the posting of digital flyers in Facebook and LinkedIn groups that served the target population. I used the data collected from the pilot study participants to assess the feasibility of the instrument, and the pilot study participants were included in the final study sample with IRB approval and participant consent. I conducted interviews with the

pilot study participants in which they were asked first to answer the interview questions, to assess whether the questions were written in a way that will elicit relevant data, and then provided feedback on the wording of the questions. Pilot study participants' feedback on the interview questions were incorporated into the finalized interview protocol as appropriate.

Data Collection

I collected the semistructured interview data. One-on-one interviews, lasting approximately 30 minutes to 1 hour, were conducted with each individual participant. The interviews were conducted through the online videoconference application Zoom and audio recorded using Zoom's integrated audio-recording feature or recorded via telephone and transcribed via Microsoft Word. I initiated the Zoom call at the prescheduled interview time, and participants were asked to accept the call from a location where they were safe, had privacy, and minimal distractions. To maintain confidentiality, participants were asked to schedule the call for a time when they were not in their workplace.

At the beginning of the interview, the purpose and nature of the study and the terms of informed consent were reviewed. If the participant wished to proceed, an informed consent was obtained. If there was no informed consent obtained the interview was not conducted with any participant. The participant was invited to ask questions or raise concerns. Once any questions or concerns were addressed, the participant's permission to turn on the audio-recording feature was requested. The interview then began. The interview questions were asked in the order in which they appear in the

interview protocol. Follow-up questions were asked when additional detail or clarification was needed, but only within the scope of the study. The participant was deterred if any topics outside the scope of the study were discussed and were not included in the study. After all the interview questions were asked, the participant was asked if they wished to add anything to their previous responses or had any additional questions. The audio-recording feature was then deactivated, and the interview was concluded. Since a sufficient number of participants were not recruited to reach data saturation using the proposed sampling procedure, recruitment flyers were posted on additional public social media groups and on communal boards with organizational approval. This strategy was feasible given the remote nature of data collection given the COVID-19 pandemic was still present.

Data Analysis Plan

The semistructured interview data were analyzed to address the research question and both subquestions derived from it. The audio-recorded interviews were transcribed verbatim using Zoom's automated transcription feature and Microsoft Word. I verified the transcripts and deidentified by listening to recordings while reading and rereading the transcripts, making corrections, and removing personal identifiable information (PII), as needed. The verified, deidentified transcripts were imported as source documents into NVivo 12 computer-assisted qualitative data analysis software. NVivo software does not automate the analysis process, but it was used to enhance the trustworthiness of the analysis by maintaining the coding scheme developed and keeping a record of the analysis process (Leech & Onwuegbuzie, 2011).

The data were analyzed using the inductive, thematic procedure recommended by Terry et al. (2017). An inductive procedure involves clustering data elements that express similar, emergent meanings, instead of sorting the data into predefined codes and themes (Terry et al., 2017). An inductive procedure was used because it allowed any unanticipated themes and insights to emerge from the data without biasing the analysis by viewing it through the lens of previous research or expectations (Terry et al., 2017). The six steps of the procedure are: (a) reading and rereading the data in full to gain familiarity, (b) coding the data by clustering and labeling statements with similar meanings, (c) searching for themes in the data by grouping similar or related codes, (4) reviewing and refining the themes, (d) naming the themes, and (e) presenting the findings. Discrepant cases will be identified when the views of a minority of participants diverge from the views of the majority of participants. Discrepant data were presented and discussed in Chapter 4 in relation to the themes from which it diverges.

Issues of Trustworthiness

Procedures were used to strengthen the credibility, transferability, dependability, and confirmability of the findings in this study. These four elements of trustworthiness correspond to the qualitative constructs of internal validity, external validity, reliability, and objectivity, respectively (Kostere & Kostere, 2021). Procedures addressing the specific elements are described in this section.

Credibility

Findings are credible when they accurately reflect the reality they are intended to represent (Kostere & Kostere, 2021). Credibility was strengthened by determining the

sample size according to whether data saturation was achieved, as recommended by Fusch and Ness (2015).

Transferability

Findings are transferable when they hold true of samples and settings other than those from which they were derived (Kostere & Kostere, 2021). Transferability in this study was established by recruiting participants who met the inclusion criteria that characterized the target population, and by presenting demographic information about the participants that is compatible with confidentiality in the presentation of findings in Chapter 4. Thick descriptions, consisting of direct quotes from the data, were also provided in support of all findings in Chapter 4 to convey the participants' perspectives and contexts in their own words (Stahl & King, 2020).

Dependability

Findings are dependable when they can be replicated at a different time in the same research context (Kostere & Kostere, 2021). To enable readers of the study to verify the integrity of the procedures, detailed descriptions of the procedures and their rationales were provided in this chapter, and descriptions of the execution of the study procedures are provided in Chapter 4 (Stahl & King, 2020). The use of NVivo software for data analysis will further strengthen dependability by maintaining a detailed record of the analysis process (Leech & Onwuegbuzie, 2011).

Confirmability

Findings are confirmable to the extent that they reflect participants' opinions and perceptions rather than the researcher's (Kostere & Kostere, 2021). Confirmability was

strengthened in this study through reflexivity. I maintained a reflexive journal throughout the study, documenting potential biases and preconceptions that might influence the study results, to reflect on them and mindfully suspend them during data collection and analysis (Tufford & Newman, 2012).

Ethical Procedures

To ensure the ethical treatment of human subjects, participant recruitment was not begun until approval was received from Walden University's IRB. No data were collected from participants until they provided informed consent. The terms of informed consent were a description of the purpose and nature of the study and indication that participation was entirely voluntary. Voluntary participation means that there were no negative consequences for declining to participate, and that participants could withdraw from the study at any time, for any reason, by calling or texting the researcher a message stating, "I withdraw." There were no negative consequences for withdrawing at any point during the study or for declining to answer any interview question. To minimize potential conflicts of interests and power differentials between the researcher and the participants, the exclusion criterion in this study indicated that individuals with whom the researcher has a prior personal or professional relationship were not eligible to participate.

There were no direct benefits to participants. Risks to participants were minimal, in that they would not exceed those associated with participants' everyday activities. Risk associated with the potential for the identities of participants to be disclosed was managed through procedures to ensure confidentiality. Participants' identities were known only to the researcher with which they did not have to divulge, and study

materials that included PII, audio recorded informed consent, and the audio recordings of the interviews, were accessible only to the researcher. When participants joined the study, they were assigned an alphanumeric identifier (P1, P2, etc.), which was used in place of their name in all study materials. The audio recordings of the interviews and the signed, digital informed consent forms were stored on a password-protected flash drive to which only the researcher had access. A record of which alphanumeric identifier was assigned to which participant was maintained by adding the identifier to the filenames for the audio recorded interview data and the signed informed consent form on the flash drive. The flash drive was stored in a locked filing cabinet in a private home office to which only the researcher had access. At the end of the required, five-year retention period, the flash drive will be destroyed.

Summary

A generic qualitative inquiry design was used to address the research questions in this study. After IRB approval was received, a sample of 10 participants were recruited by posting digital recruitment flyers on public Facebook and LinkedIn groups and communal organizational boards that serve members of the target population of women in healthcare positions in Mississippi. Final sample size was determined when data saturation was achieved. The instrument of data collection was a researcher-developed, pilot-tested semistructured interview protocol consisting of open-ended questions. Data collection were conducted via Zoom or recorded telephone call and was between 30 minutes to one hour. The interviews were audio recorded using Zoom's integrated audio-recording feature or Microsoft Word, and transcribed verbatim. The data were analyzed

in NVivo 12 software using an inductive, thematic procedure. Participants' identities were kept confidential through assignment of an alphanumeric code to replace their real names, through deidentification of transcripts via removal of PII, and through secure storage of data that might contain PII. The findings in this study are presented in Chapter 4.

Chapter 4: Results

The purpose of this qualitative descriptive study was to explore the lived experiences of women in healthcare positions regarding alcohol use during the COVID-19 pandemic. I used the following research questions to guide this study:

RQ1. What is the lived experience of women in healthcare positions regarding alcohol use during the COVID-19 pandemic?

Sub-RQ1a. What were the beliefs and attitudes toward alcohol use of women in healthcare positions during the COVID-19 pandemic?

Sub-RQ1b. How did women in healthcare positions' beliefs and attitudes toward alcohol use affect their intentions and actual alcohol use?

This chapter includes the following subsections: (a) a description of the virtual setting of data collection, (b) a brief description of the characteristics of the 10 interview participants, (c) a description of the data collection procedure, (d) a description of the execution of the inductive, thematic data analysis procedure, (e) a discussion of the evidence of trustworthiness, (f) a detailed presentation of the study results, and (g) a summary of the findings.

The Pilot Study

I conducted a pilot study to evaluate the interview measurement and feasibility of the main study. The purpose of the pilot study was to ensure that the interview questions were worded in a manner that would elicit relevant data. The target population was women in healthcare positions in the State of Mississippi who use public Facebook and LinkedIn groups and used alcohol at least twice weekly. Healthcare positions include, but

are not limited to, licensed mental healthcare positions, nurses, medical assistants, patient care technicians, respiratory therapists, physical therapists, occupational therapists, clinical managers, and physicians.

Background

Women are more prone to abuse alcohol than men and identified as consuming more alcohol during the COVID-19 pandemic (Kim et al., 2020; Pollard et al., 2020). Alcohol sales increased during the COVID-19 pandemic across the globe, and alcohol can be detrimental to women's mental health status (Hennein et al., 2021; Kim et al., 2020; Sriharan et al., 2021). Researchers have studied the associated factors with increased alcohol use during the COVID-19 pandemic (Hennein et al., 2021; Kim et al., 2020; Sriharan et al., 2020). They concluded this was due to increased stress and burnout working throughout the pandemic (Hennein et al., 2021; Kim et al., 2020; Sriharan et al., 2020). There is limited qualitative research surrounding women's alcohol usage in healthcare positions surrounding their lived experience, such as burnout, traumatizing patient experiences, fear and anxiety, or increased workloads.

Methods

The pilot study recruitment took place via social media sites, flyers posted in communal healthcare organizational boards with permission, and word of mouth. The pilot study was used to recruit two anonymous participants, who reached out via text message, confirmed they were of legal age to buy and consume alcohol and all additional inclusion criteria prior to scheduling interviews. I conducted the interview protocol via text and asked if they would like to schedule an interview. A timeslot was selected when

the participant was ready and felt safe to proceed with the interview and participants were instructed to enter their alphanumeric identifier as their name, it warranted. The pilot study consent was read for each participant and their consent audio recorded prior to any interview questions being asked. For P1, the interview was conducted via Zoom recorded, lasting approximately 30 minutes with all questions asked and answered. For P2, the interview was conducted via a telephone call and recorded via Microsoft Word, lasting for approximately 16 minutes. Audio documentation of the interview was completed to ensure to study my own effectiveness in obtaining truthful responses, produce feedback for clarification on interview questions for interviewees in the main study, and to identify ethical issues regarding the main study or participants. The interviews were transcribed verbatim.

Results

The interview questions surrounded lived experiences, intention to use alcohol or current usage, and were meant to answer the research questions. There were no issues that were raised during or after the pilot study. Some of the questions took a while for the participants to give a thoughtful response, meaning this could be a good question to find either intention of alcohol use or their adequate recollection of lived experiences. The participants information posed that both participants drank more during the pandemic than currently. Each felt they had a healthy relationship with alcohol, had social support, and felt as if women should have access to alcohol counseling during stressful times if needed. Neither participant gave feedback, nor needed additional clarification. Limitations of the pilot study include the number of participants, robustness of the

participants answers and truthfulness, and the new instrument for the interview protocol. The main study was feasible since the participants were recruited within the target population and answers reflected the participants intentions and lived experiences. Because no changes were made with the interview instrument, the pilot study participants were included within the final analysis. With written consent from P1 and P2, along with IRB approval, the inclusion of the pilot study participants are discussion in the data collection portion of the Chapter.

Setting

The setting of data collection was the online videoconference application Zoom or a telephone recorded interview. The participants were able to join the one-to-one videoconference from any location where they had an adequate internet connection and in a safe, comfortable space. To maintain confidentiality and obtain data of a high quality, the participants were asked to join the interview from a place where they would have privacy and minimal distractions. There were no known personal or organizational conditions at the time of data collection that influenced the interpretation of the study results.

Demographics

The participants were a purposeful sample of 10 women who were working at time of study as healthcare workers in Mississippi, had at least 1 year of experience in their current position, and used alcohol at least twice weekly. Table 1 indicates the relevant brief characteristics of the individual study participants related to the specific inclusion criteria required to be an eligible participant.

Table 1

Participant Demographics

	Number of alcoholic beverages typically consumed on one occasion prior to the pandemic	Number of alcoholic beverages consumed on one occasion during the pandemic	Social supports during the pandemic	Were social supports perceived as adequate?
P1	2-4	8-12	Therapist, sibling	Yes
P2	1	6	Spouse, friends	Yes
P3	3-4	5	Spouse, friends	Yes
P4	3	7	Spouse, parents, grandparents	Yes
P5	2-3	5	Family, friends, church	Yes
P6	4-5	2	Family, coworkers	Yes
P7	4-6	7	Friends	Yes
P8	4-6	8	Partner, family, friends	Yes
P9	3-5	9-10	Friends	Yes
P10	5-6	12	Family, friends	No

Data Collection

I conducted a one-to-one, semistructured interview with each of the participants, for a total of 10 interviews. The interviews were conducted through the videoconference application Zoom or telephone call at the participant's request. They were audio-recorded to ensure accurate preservation of the data using Zoom's audio-recording feature or recorded and transcribed via Microsoft Word. The duration of the interviews ranged from

at least 30 minutes, but less than 1 hour. No unusual circumstances occurred except one telephone call with P6 was disconnected and the interview was continued later in the afternoon on the same day. Due to the challenges that arose during recruitment the I filed a change of request form twice. The first change of request form was to revise the recruitment tool to extend specific data collection dates and change verbiage of inclusion criteria to match Proposal. IRB approved the change of request on September 19, 2022. The second change of request form was to include the pilot study participants in the main study to reach data saturation due to recruitment challenges. IRB approved the change of request on February 02, 2023.

Data Analysis

The verbatim interview transcripts were analyzed in NVivo 12 software using the inductive, thematic procedure recommended by Terry et al. (2017). The six steps of the procedure were: (a) reading and rereading the data in full to gain familiarity, (b) coding the data by clustering and labeling statements with similar meanings, (c) searching for themes in the data by grouping similar or related codes, (d) reviewing and refining the themes, (e) naming the themes, and (f) presenting the findings.

In the first step of the analysis, I began by reading and rereading the interview transcripts in full as described by Terry et al. for proper analysis procedures (2017). The purpose of this step was to gain a holistic familiarity with the data that would facilitate the identification of patterns in the participants' responses within and across the transcripts. I made notes regarding repeated words, phrases, and ideas to serve as the basis for code formation.

I formed codes during the second step of the analysis. First, I broke down the text of each participant's responses into chunks, each of which expressed one idea relevant to addressing a research question. In NVivo, each of the resulting data chunks was assigned to a node, which represented a code. The codes were labeled with brief, descriptive phrases that indicated the relevant meaning of the data assigned to them. Different chunks of text that expressed similar meanings were assigned to the same code, so that the data chunks were clustered according to emergent patterns of meaning. A total of 154 data chunks were sorted into 20 initial codes. Table 2 indicates the initial codes, the number of participants who contributed data to them, and the number of data chunks assigned to them (i.e., their frequencies).

Table 2

Initial Code Frequencies

Initial code, in alphabetical order	No. of participants contributing (*N*=10)	No. of data chunks included (*N*=154)
Alcohol as a reward	5	6
Alcohol consumption tracking may be helpful	2	2
Alcohol counseling may be beneficial	9	9
Alcohol has potential for abuse	5	7
Alcohol use did not change during pandemic	2	2
Association between alcohol and social enjoyment	8	11
Coping through self-care	7	8
Did not abuse alcohol	9	15

Initial code, in alphabetical order	No. of participants contributing (*N*=10)	No. of data chunks included (*N*=154)
Drinking more after a stressful day	5	6
Drinking to manage fear	4	6
Drinking to manage stress	9	22
Drinking to relax	5	7
Excessive consumption during pandemic	1	4
Increased alcohol use during pandemic	8	9
Increased intention to use alcohol	3	3
More supports needed in health care	4	4
No change in intention to use alcohol	5	6
No needed supports	6	7
No problem with coworkers having a drink after work	10	10
Relationship with alcohol perceived as healthy	10	10

The third step of analysis consisted of grouping codes to form themes. I grouped codes into preliminary themes when they were identified as related. For example, the following five codes were grouped: (a) drinking more after a stressful day, (b) drinking to manage fear, (c) drinking to manage stress, (d) drinking to relax, and (e) increased intention to use alcohol. I grouped these five codes into a preliminary theme because they all indicated reasons why the participants used alcohol during the COVID-19 pandemic. In NVivo, the related codes were assigned as child nodes to the same parent node, which represented the preliminary theme.

As I clustered codes to form themes, some codes that indicated contradictory findings about the same topic were grouped under the same theme. For example, the code ‘alcohol use did not change during pandemic’ and the code ‘increased alcohol use during pandemic’ were both included in the preliminary theme indicating patterns of alcohol use during the COVID-19 pandemic. When this occurred, the code that included responses from many participants was identified as the major finding, and the code that included responses from a minority of participants was identified as discrepant data. In this case, the code ‘increased alcohol use during pandemic’ had attestation from eight out of 10 participants, so it was identified as the more representative finding. The code ‘alcohol use did not change during pandemic’ had attestation from only two out of 10 participants, so it was identified as discrepant data. Table 3 indicates how the initial codes were clustered into themes, with discrepant data labeled as such.

Table 3

Clustering of Initial Codes into Themes

Preliminary theme Initial code clustered into theme	*n* of participants contributing (*N*=10)	*n* of data chunks included (*N*=154)
Attitudes and beliefs about alcohol	10	38
Alcohol has potential for abuse		
Association between alcohol and social enjoyment		
No problem with coworkers having a drink after work		
Relationship with alcohol perceived as healthy		
Why alcohol was used during the pandemic	10	50
Drinking more after a stressful day		
Drinking to manage fear		
Drinking to manage stress		

Preliminary theme Initial code clustered into theme	*n* of participants contributing (*N*=10)	*n* of data chunks included (*N*=154)
Drinking to relax		
Discrepant data - Increased intention to use alcohol		
No change in intention to use alcohol		
Patterns of alcohol use during the pandemic	10	36
Alcohol as a reward		
Did not abuse alcohol		
Discrepant data - Alcohol use did not change during pandemic		
Discrepant data - Excessive consumption during pandemic		
Increased alcohol use during pandemic		
Needed supports	10	30
Alcohol consumption tracking may be helpful		
Alcohol counseling may be beneficial		
Coping through self-care		
Discrepant data - More supports needed in health care		
No needed supports		

After the preliminary themes were formed, I reviewed and validated them during the fourth step of the analysis (Terry et al., 2017). Each theme was compared to the original data in the transcripts to verify that it corresponded to a pattern in the participants' responses. The themes were also cross-checked against one another to ensure that they were sufficiently distinct to justify their separate presentation. Each theme was also reviewed to ensure that it represented a sufficiently cohesive idea to support its presentation as a single theme, rather than breaking it up into two or more smaller themes.

The fifth step of the analysis involved naming the themes (Terry et al., 2017). The data assigned to each theme was reviewed to assess its meaning. When the meaning of the data assigned to each theme was assessed, the theme was compared to the research questions to determine which sub-question it was relevant to addressing. Each theme was then named to indicate its significance as an answer addressing a research sub-question. Table 4 indicates how the preliminary themes were named.

Table 4

Naming of Preliminary Themes

Preliminary theme label		Finalized theme name
Attitudes and beliefs about alcohol	→	Theme 1: Alcohol use was perceived as normal and social with some potential for abuse
Why alcohol was used during the pandemic	→	Theme 2: Alcohol was used intentionally during the pandemic to cope with stress and fear
Patterns of alcohol use during the pandemic	→	Theme 3: Alcohol use tended to increase during the pandemic but not to the point of perceived abuse
Needed supports	→	Theme 4: Minimal supports were needed, but alcohol counseling should be available

The sixth step of the analysis consisted of reporting the results (Terry et al., 2017). The results were reported by writing Chapters 4 and 5 of this study. The Results section of this chapter includes a more detailed presentation of the findings, which are organized there by research sub-question.

Results

The primary research question used to guide this study was: What is the lived experience of women in healthcare positions regarding alcohol use during the COVID-19 pandemic? This question was addressed by addressing the two subquestions that were derived from it to provide further focus for this study. This presentation of the results is organized by research subquestion. Table 5 is an overview of how the themes were used to address the research subquestions.

Table 5

Themes Addressing Research Subquestions

Sub-question	Theme(s) used to address sub-question
SQ1: What were the beliefs and attitudes toward alcohol use of women in healthcare positions during the COVID-19 pandemic?	Theme 1: Alcohol use was perceived as normal and social with some potential for abuse
SQ2: How did women in healthcare positions' beliefs and attitudes toward alcohol use affect their intentions and actual alcohol use?	Theme 2: Alcohol was used intentionally during the pandemic to cope with stress and fear Theme 3: Alcohol use tended to increase during the pandemic but not to the point of perceived abuse Theme 4: Minimal supports were needed, but alcohol counseling should be available

Subquestion 1

The first sub-question was focused on the participants' beliefs and attitudes toward alcohol use. One theme was used to address this question, as follows:

Theme 1: Alcohol Use Was Perceived as Normal and Social with Some Potential for Abuse

All participants expressed beliefs and attitudes that indicated a normalization of alcohol use. Most participants associated their own use of alcohol with socialization, reporting that they typically drank when spending time with friends and family outside the home. All the participants indicated that they would regard it as normal if a coworker told them they would be drinking after work, and all participants reported that they regarded their own relationship with alcohol as healthy. Half of the participants acknowledged during their interviews that there was potential for alcohol to be abused, or used in excess, but they did not regard themselves as abusing alcohol.

When the participants were asked how they felt about their own relationship with alcohol, all ten indicated that they regarded the relationship as healthy. P2 answered this question by stating, “I think mine is healthy,” and P5 said of alcohol, “I have like a healthy relationship with it.” P6 acknowledged the potential for abuse in saying her relationship with alcohol, “It is hard to say, coming from an alcoholic family, but I am good with it.” Like P6, P1 acknowledged the potential for abuse while denying that her relationship with alcohol was problematic in saying, “I don't think I’ve abused alcohol or anything.” P7 referenced her enjoyment of alcohol in stating, “I like to drink alcohol. I do not think I have a problem with it.” P9 said of her relationship with alcohol, “It is fine.”

Eight of the participants explicitly associated their use of alcohol was socialization, and the remaining two participants did not express disagreement with this view. P7 said she used alcohol, “Just socially,” and P4 said of her experiences of alcohol

use that they were, “Primarily social.” P5 associated her alcohol use with relaxing with friends: “I feel like I have a healthy relationship with alcohol, that I can use it responsibly and to relax socially.” P7 said of her experience with alcohol use, “I like to drink when going out with friends.” P8 said she drank, “When we go out,” and added, “I do not choose to drink at our home.” P8 also said of her social use of alcohol, “If we go out with family or friends, I like to go out to dinner, eat, and have drinks to enjoy time spent together.” P9 also described her enjoyment of drinking with friends: “I do like to drink. I think my friends like to drink too. So, we will have get-togethers and have fun with drinks involved.” P9 added of when she drank with friends, “I will leave work and go out with friends. Or I will have like a mimosa brunch style on the weekends with friends.”

All ten participants indicated that they would have no concerns if a coworker confided in them that they had had a drink after work. P10 acknowledged the potential for abuse in saying, “I can’t say I would mind, unless they showed up to work drunk or told me they were driving drunk.” P8 acknowledged the potential for abuse in saying she would not mind hearing that a coworker had a drink after work unless it seemed to be part of a pattern of abuse: “I would not mind unless I did have a previous conversation and thought they needed help or something.” P2 said that she would be, “Totally fine,” with hearing that a coworker had a drink after work, and P3 said, “I wouldn't think anything of it.” P5 said of a coworker’s having a drink after work, “I would feel like that's normal.” P7 said, “I might say, ‘Next time, invite me.’ It is not a big deal.” P9 indicated that she would not be concerned about a coworker’s having a drink after work unless it impacted her directly: “I would not care unless it affected me or my job.” Thus,

the participants consistently indicated that they regarded alcohol use as normal and healthy in themselves and their coworkers, particularly when it was used socially. Although some participants acknowledged the potential for alcohol to be abused, they did not believe that the occasional, social drinking they reported was problematic.

Subquestion 2

The second sub-question was focused on how the participants' beliefs and attitudes toward alcohol use affected their intentions and actual alcohol use. Three themes were used to address this question, as follows: (Theme 2) alcohol was used intentionally during the pandemic to cope with stress and fear, (Theme 3) alcohol use tended to increase during the pandemic but not to the point of perceived abuse, and (Theme 4) minimal supports were needed, but alcohol counseling should be available. The following subsections are presentations of these themes.

Theme 2: Alcohol Was Used Intentionally During the Pandemic to Cope with Stress and Fear

As the finding under Theme 1 indicated, the participants regarded alcohol use as normal. Most participants expressed that this attitude and belief did not change their intention to use alcohol during the pandemic. However, all participants reported that they intentionally used alcohol during the pandemic to manage their stress or fear, uses that they did not report when asked about their pre-pandemic consumption of alcohol. The participants all indicated that they routinely used alcohol during the pandemic to cope with stress or fear associated with conditions in their healthcare positions, and most participants added that they tended to drink more after particularly stressful days at work.

When the participants were asked directly whether their intention to use alcohol changed during the pandemic, five of them said that it did not. For example, P2, P3, P6, and P8 all answered the question of whether their intention to use alcohol changed during the pandemic with the words, “I don't think it has.” P8 added to this response, “I drink when I want to and don’t when I don’t,” suggesting that if her use of alcohol remained voluntary rather than compulsive, she regarded her intention as unchanged. P9 said, “Nothing about the pandemic made me drink. I did [drink] before and continue to do so.” Only three participants provided discrepant data indicating that they increased their intention to use alcohol during the pandemic. P5 said of the change in her intention, “I guess it's [the pandemic has] made my intent, during the time, it made my intention maybe more frequent, that I was looking for like any way that I could destress a little bit.” P7 said that her intention to use alcohol increased during the pandemic because, “Alcohol has become a support to help on bad days when people cannot.” P1 said that she believed her intention to use alcohol increased during the pandemic because, “I don't feel like I'm drinking as much [after the pandemic] as I did during the pandemic because now, I know it's [the pandemic is] not as bad.”

Although only three participants reported that their beliefs and attitudes about alcohol caused them to increase their intention to use alcohol during the pandemic, all of the participants reported that they used alcohol intentionally during the pandemic to manage stress or fear associated with their work as healthcare professionals, a use that they did not report in describing their pre-pandemic use of alcohol. All 10 participants indicated that they used alcohol intentionally during the pandemic either to manage stress

or to “relax.” P1 said of her drinking during the pandemic, “Normally, it's at the end of the day. My job is crazy, and it's very stressful, and then managing that and home life—so, I just do it [drink]. I guess it's like a relaxation time for me.” P1 added of why work was so stressful during the pandemic,

> The news media was crazy. Work was crazy. We were in meetings all the time about safety. Now, work was just like, you're on it constantly, and you always have to be careful, and always being questioned about proper PPE, and exposures, and all that. So, at the end of the day, you just wanted to go home and just have a drink and forget about everything, just being overworked and underpaid That made me really just like want to just escape from it and drink.

P10 said of the circumstances surrounding her alcohol use during the pandemic that she drank, “After work or a stressful, kind of hard shift.” P10 added of the circumstances that led her to consume alcohol that they included, “Stress from work, mostly. The people, too, ones that did not believe in the virus, or not wanting to get vaccinated. Or, gosh, in this state, people believe Jesus will save them from anything, including death.” P10 summarized her reasons for her increased alcohol use during the pandemic in stating, “COVID made my life a bit harder in terms of work, so after a shift, I wanted to come home and have a glass, or maybe a bottle, of wine.” P2 said of the reasons for her increased alcohol use during the pandemic, “I guess it was just a lot of anxiety, a lot of uncertainty, lot of things out of my control, maybe that causes me to maybe partake a little more than normal.” P2 added, “The days were long, the days were stressful, the days were uncertain. So, I would say that all contributed to consuming

alcohol after work." P3 said of the circumstances surrounding her use of alcohol during the pandemic that they included, "Work, and then coming home and just really using it [alcohol] as stress relief, and not thinking much more of it, other than that." P5 described the work conditions that caused her to increase her use of alcohol during the pandemic, saying that they included,

> That kind of day where I only could pee one time in a 13-hour day, because I was so busy, and being slammed with one thing after the next, and I don't have time to eat lunch until 3 o'clock in the afternoon, and I've been there since 6:45. Or you have a patient that is difficult, either mistreating you, or just high-maintenance. Or you just feel like you're giving, giving, giving, giving, giving, the whole day, and not even getting basic things, like being able to drink water while you're there. So, at the end of the day, you feel kind of done, and just want to unwind. Those are the kind of days that I'm like, "Just give me something to relax" . . . I feel like more stress kind of leads to maybe more frequent alcohol consumption; I maybe consumed more alcohol during that time just because of the increased stress.

P7 corroborated P5's account of healthcare professionals' working conditions, saying, "Work was so hard. Days were long. I believe, sometimes, you were set up for failure, no matter how good of a nurse you were . . . It was overwhelming, to say the least. Some days, I wanted to quit." P7 added that under those conditions, "I did not always have a drink after work, but most days, it felt like having a glass of wine was suitable because the day was long and hard on me." P7 also stated that she tended to go out and drink alcohol with friends after particularly difficult shifts: "After a hard day at work, some

friends would meet me for dinner and some drinks. This helped me unwind." P8 said that during the pandemic, she experienced the challenge of, "Feeling like the unknown times [fear of the unknown]. But we would go to friends' houses and have drinks with them [to relax]." P6 also said that she increased her alcohol use during the pandemic for the sake of, "Just being able to relax after working. I think it [drinking] was just the way to relax."

Thus, most participants, when asked directly if they changed their intention to use alcohol during the pandemic, reported that they had not done so. However, all participants reported using alcohol intentionally during the pandemic to manage the stress or fear associated with the conditions they faced as frontline healthcare workers. No participants reported that they had used alcohol for this purpose prior to the pandemic. Instead, as the finding under Theme 1 indicated, the participants indicated that their pre-pandemic use of alcohol was only intended to enhance the enjoyment of spending time with friends and family.

Theme 3: Alcohol Use Tended to Increase During the Pandemic, but Not to the Point of Perceived Abuse

Most participants reported that their use of alcohol increased during the pandemic, as a result of the intention to alleviate fear and stress discussed under Theme 2. However, most participants also reported that they did not perceive their increased use of alcohol during the pandemic as rising to the level of substance abuse. Specifically, eight out of 10 participants indicated that their use of alcohol increased during the pandemic. P1 said, "During the pandemic, I think I drank more heavily, just because I was really stressed out." P3 said of her alcohol use during the pandemic, "It increased slightly, but not to a

point to where it was like a problem. It was still socially." P4 reported that she and her coworkers discussed how their alcohol use had increased during the pandemic: "I worked in ER during the pandemic, and we all discussed about how everyone seemed as if they were consuming more alcohol. During the pandemic, it was increased intake." P5 said, "I probably drank a little more alcohol during the COVID pandemic," and P7 stated, "I believe the pandemic made my alcohol usage go up." P2 noted that her alcohol use had increased during the workweek: "I partook more wine during the week during the pandemic than prior to the pandemic." Only two participants provided discrepant data indicating that their alcohol use had not increased. P9 said of her alcohol use, "It has been relatively stable. I don't think COVID did change my alcohol use." P10 stated of her use of alcohol throughout the pandemic, "I believe it has remained around the same amount." It should be noted that P9's and P10's denials of increased alcohol use during the pandemic appeared to conflict with responses quoted under Theme 2 regarding their use of alcohol to manage stress. P10 said, for example, "COVID made my life a bit harder in terms of work, so after a shift, I wanted to come home and have a glass, or maybe a bottle, of wine," and she reported that prior to the pandemic, she would typically have five or six drinks on a social occasion, whereas during the pandemic, she would have as many as 12 drinks on a single occasion. P9 indicated that her pre-pandemic use of alcohol on a typical social occasion involved consuming three to five drinks, while her use of alcohol during the pandemic could involve consuming as many as 10 drinks. P9 also said, "I don't think I have experienced challenges that have made me want to drink [during the pandemic]," before listing several exceptions to this statement, including work stress:

“Unless it was like a breakup, stress from work, or maybe thoughts of losing my job or a person.” The data did not indicate explanations for these apparent contradictions in P9’s and P10’s responses.

Nine participants reported that they did not perceive their use of alcohol during the pandemic as rising to the level of substance abuse. P1 said, “I don't think I’ve abused alcohol or anything. I just think that I just used it to kind of like calm me down.” P2 answered the question of whether she believed she consumed too much alcohol during the pandemic by saying, “I do not,” and P3 answered the same question by saying, “No.” P5 said, “I don't know that I believe I can consume too much. I mean, I'm sure there were days where I'm like, ‘Oh, I probably had too many last night,’ but I don't try to put that judgment on myself.” P6 answered the question of whether she believed she consumed too much alcohol during the pandemic by saying, “No, I do not,” because, “I drank two to three nights a week, [but] as far as managing it, I never get drunk because I have kids at home and need to be at a level of functioning.” Asked if she believed she consumed too much alcohol during the pandemic, P10 said, “No. I think I drank after most shifts, but did not let it get to a point of drunkenness every time.” P7 answered the same question by saying, “If you are asking if I have an issue, I do not believe I do,” while P8 said of whether she believed she consumed too much alcohol, “No, absolutely not,” and P9 answered, “No.” P4 was the only participant who provided discrepant data indicating that she regarded her consumption of alcohol during the pandemic as excessive. P4 answered the question of whether she believed she consumed too much alcohol during the pandemic by saying, “Yes.” P4 explained that her drinking became excessive when she

socialized during the lockdown, a period during which she often felt uncomfortably isolated:

"Typically, I'm a very social person, so typically I'm always on the go, doing stuff, entertaining. And but this was not an option during that time . . . I was isolated from family members . . . Everybody was kind of just hanging out at someone's house and drinking at the house. Everything was shut down as far as in town, and all of that."

Thus, most participants reported that their actual use of alcohol increased during the pandemic, although two participants appeared to contradict themselves on this point. Almost all participants indicated that their increased use of alcohol during the pandemic did not rise to a level that they regarded as substance abuse. The participants who provided explanations of why they did not perceive their use of alcohol as problematic indicated that it did not impair their functioning and that they typically did not become intoxicated.

Theme 4: Minimal Supports Were Needed, but Alcohol Counseling Should Be Available

When asked if they would have benefitted from additional supports to maintain their alcohol use at a healthy level during the pandemic, most participants stated that they would not, consistent with their reports that they did not regard their consumption of alcohol as problematic. However, some participants provided discrepant data indicating that supports to address excessive alcohol consumption were needed in the healthcare field during emergencies like the pandemic. Most participants also confirmed, when asked, that alcohol counseling might be beneficial for some healthcare workers during

emergencies like the pandemic, although most participants did not believe that they personally would have benefited from such counseling.

Six out of ten participants indicated that they did not need any supports or resources related to their alcohol usage during the pandemic. Sample responses regarding any needed supports or resources included, “I can’t think of any,” (P3 and P4), “None,” (P8), and “I don't know that any would have made a difference on how I could get through it” (P5). Four participants provided discrepant data indicating that some supports might have been helpful. P1, for example, said, “I don't think that we have support for burnout at all in healthcare . . . I feel like they could actually do more for that, especially in healthcare.” P2 wanted a more reliable source of information to address anxiety-causing uncertainty during emergencies: “Maybe our employers could have provided some 24-hour information, but it was so uncertain, I don't know what anybody could have done.” P6 suggested counseling services and regular check-ins with healthcare staff: “I think if there had been more support offered, or emotional support, more counseling offers, or ‘Hey, how are you doing?’” P10 cited leadership deficits as a source of anxiety, saying that she would recommend, “Better leadership, because I think if they would have been better, some days I would not have chosen to drink.” P10 explained that she perceived leadership as deficient in scheduling workers according to a rational plan and alleviating workers’ uncertainty during the emergency: “It [shift scheduling] was all weird and based on who thought the practice was best for us on the day. No one really knew what to do or what was going on.” Two participants mentioned that a means of tracking alcoholic beverage consumption might be helpful. P1 suggested an app: “Maybe

if there was some sort of app that kept track of what you're actually consuming, as far as alcoholic beverages." P9 suggested that it might have been helpful if, "Some people could have maybe tracked their drinks somehow, I guess."

All the participants expressed that alcohol counseling might be beneficial for some workers in the healthcare field during emergencies like COVID-19, but that they did not believe they personally would have benefitted from it. P1 said in a representative response, "I think some people do need that [alcohol counseling]. I personally don't think mine was that bad." P2 said of alcohol counseling, "I think it could benefit some women, yes, for sure." P5 said, "I guess every person should have access to that [alcohol counseling] if needed." P7 said healthcare workers should have access to alcohol counseling, "I guess if you need it. I do not believe I do." P8 said of whether she perceived a need for alcohol counseling, "Myself, no. Others could probably use it." Similarly, P9 said of the need for alcohol counseling, "I guess it depends for what others need. I did not need it so, no." P10 said of whether healthcare workers should attend alcohol counseling, "I don't think I should, but maybe some other people, like sometimes you knew when people were at work hungover, for sure." Thus, most participants did not report that they personally needed resources or supports related to their alcohol consumption during the pandemic.

Evidence of Trustworthiness

Procedures were used to strengthen the credibility, transferability, dependability, and confirmability of the findings in this study. These four elements of trustworthiness correspond to the quantitative constructs of internal validity, external validity, reliability,

and objectivity, respectively (Kostere & Kostere, 2021). In quantitative research, the concepts of reliability and validity have been applied in relation to the consistency instruments used, thus promoting the soundness or trustworthiness of a study (Nassaji, 2020). Procedures addressing the specific elements are described in this section below.

Credibility

Findings are credible when they accurately reflect the reality they are intended to represent, although the findings are seen as subjective with qualitative research (Stahl & King, 2020). By using triangulation to gain insight from multiple sources will aid in ensuring credibility of the research (Stahl & King, 2020). Credibility in this study was hindered by not completing the member checking procedure of the anonymous participants, which would have allowed the participants to verify that researcher interpretations of the data were not based on error, or to recommend needed corrections, as recommended by Kostere and Kostere (2021). Due to anonymity of participants, the step of member checking with member verification of interpretations via email was excluded. Credibility was also strengthened by determining the sample size according to whether data saturation was achieved, as recommended by Fusch and Ness (2015). Data saturation was achieved with 10 participants, once adding the pilot study participants to the main study. Saturation was assessed and achieved when analysis of the data from the interviews with the last three participants (P8, P9, and P10) resulted in the identification of no new codes or themes. The redundancy of the findings from the last three interviews indicated that additional data collection would yield no new themes or insights.

Transferability

Findings are transferable when they hold true of samples and settings other than those from which they were derived (Kostere & Kostere, 2021). Transferability in this study was established by recruiting participants who met the stated inclusion criteria that characterized the target population. By presenting brief characteristic information about the participants in the present chapter to further understand transferability, as recommended by Stahl and King (2020). Being that qualitative research is subjective, thick descriptions, consisting of direct quotes from the data, are provided in support of all findings in the Results section of this chapter to convey the participants' perspectives and contexts in their own words (Nassaji, 2020).

Dependability

Findings are dependable when they can be replicated at a different time in the same research context (Nassaji, 2020). To enable readers of the study to verify the integrity of the procedures, detailed descriptions of the procedures and their rationales have been provided Chapter 3, and descriptions of the execution of the study procedures are provided in this chapter (Nassaji, 2020). The use of NVivo software for data analysis further strengthened dependability by maintaining a detailed record of the analysis process if reviewed by another researcher (Leech & Onwuegbuzie, 2011; Nassaji, 2020).

Confirmability

Findings are confirmable to the extent that they reflect participants' opinions and perceptions rather than the researcher's (Nassaji, 2020). Confirmability was strengthened in this study through reflexivity. The researcher maintained a reflexive journal throughout

the study, documenting potential biases and preconceptions that might influence the study results, to reflect on them and mindfully suspend them during data collection and analysis (Tufford & Newman, 2012). Confirmability was hindered due to the anonymity of participants to preform member checking, which would have enabled participants to verify that researcher's interpretations of their data accurately reflected their intended meanings (Stahl & King, 2020).

Summary

The primary research question used to guide this study was: What is the lived experience of women in healthcare positions regarding alcohol use during the COVID-19 pandemic? This question was referred to by addressing the two subquestions that were derived from it to provide further focus for this study. The first sub-question was: What were the beliefs and attitudes toward alcohol use of women in healthcare positions during the COVID-19 pandemic? The theme used to address this question was: alcohol use was perceived as healthy and social with some potential for abuse. All 10 participants indicated that they regarded alcohol use as normal. Most participants associated their own use of alcohol with socialization, reporting that they typically drank when spending time with friends and family outside the home. All the participants indicated that they would regard it as normal if a coworker told them they would be drinking after work, and all participants reported that they regarded their own relationship with alcohol as healthy. Half of the participants acknowledged during their interviews that there was potential for alcohol to be abused, or used in excess, but they did not regard themselves as abusing alcohol.

The second sub-question was: How did women in healthcare positions' beliefs and attitudes toward alcohol use affect their intentions and actual alcohol use? Three themes were used to address this sub-question. The first SQ2 theme was: alcohol was used intentionally during the pandemic to cope with stress and fear. As the finding under Theme 1 indicated, the participants regarded alcohol use as normal. Most participants expressed that this attitude and belief did not change their intention to use alcohol during the pandemic. However, all participants reported that they intentionally used alcohol during the pandemic to manage their stress or fear, uses that they did not report when asked about their pre-pandemic consumption of alcohol. The participants all indicated that they routinely used alcohol during the pandemic to cope with stress or fear associated with conditions in their healthcare positions, and most participants added that they tended to drink more after particularly stressful days.

The second theme used to address the second sub-question was: alcohol use tended to increase during the pandemic, but not to the point of perceived abuse. Most participants reported that their use of alcohol increased during the pandemic, as a result of the intention to alleviate fear and stress discussed under Theme 2. However, most participants also reported that they did not perceive their increased use of alcohol during the pandemic as rising to the level of substance abuse.

The third theme used to address the second sub-question was: minimal supports were needed, but alcohol counseling should be available. When asked if they would have benefitted from additional supports to maintain their alcohol use at a healthy level during the pandemic, most participants stated that they would not, consistent with their reports

that they did not regard their consumption of alcohol as problematic. However, some participants provided discrepant data indicating that supports to address excessive alcohol consumption were needed in the healthcare field during emergencies like the pandemic. Most participants also confirmed, when asked, that alcohol counseling might be beneficial for some healthcare workers during emergencies like the pandemic, although most participants did not believe that they personally would have benefited from such counseling. Chapter 5 includes discussion, interpretation, and implications based on these findings.

Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of this qualitative descriptive study was to explore the lived experiences of women in healthcare positions regarding alcohol use during the COVID-19 pandemic. Informing the purpose of this study were the findings in the published literature that identified the long-term health risks of alcohol consumption on women, which included increased risks for breast cancer, brain damage, heart disease, liver damage, alcohol abuse, STDs, and mental health issues described by Boschuetz et al., (2020), Grossman et al. (2020), and Sriharan et al. (2020). Compared to men, Rodriguez et al. (2020) established that women were at an increased risk of developing mental health challenges due to the COVID-19 pandemic and were more likely to engage in binge drinking. The data released by the CDC in 2020 revealed that pandemic-related stress led to binge drinking and alcohol use for women.

Binge drinking and increased alcohol use among women due to the COVID-19 pandemic evidenced the gap in the literature for this study. Based on the purpose statement, the problem that was being investigated was that there was a limited understanding of the relationship between attitudes toward alcohol and actual drinking behavior in women in healthcare positions residing in Mississippi. Kim et al. (2020) noted that women in healthcare positions increased their consumption of alcohol because of the pandemic. As such, there was a need to explore their beliefs and attitudes regarding their consumption behavior. Although many women considered their drinking safe, Pollard et al. (2020) established the possibility of alcohol abuse and heavy drinking, especially during the COVID-19 pandemic. For those reasons, understanding how female

healthcare workers describe their beliefs and attitudes toward alcohol consumption is important. It will form the basis of educating women on the effects of alcohol use during conditions such as the current COVID-19 pandemic, in addition to offering practical solutions aimed at reducing consumption of alcohol to promote positive social change.

I used a qualitative research methodology for this study as it helped describe the attitude and beliefs of participants regarding alcohol use during the pandemic using their lived experiences and perceptions (Merriam & Tisdell, 2016). The qualitative methodology was also appropriate as it helped to explore the phenomenon in this study that is yet to be fully described and researched in literature. I used qualitative research to explore and describe participants' perceptions regarding the impacts of COVID-19 on their alcohol consumption and helped to understand how COVID-19 had changed the beliefs and attitudes of the women in the healthcare profession toward alcohol use.

I used a descriptive research design. Sandelowski (2010) described that descriptive research was a design that allowed to the understanding of how the participants described their perceptions of the real world, in this case, how the COVID-19 pandemic influenced the attitude and beliefs of women in healthcare positions regarding alcohol consumption. I recruited a total of 10 participants to participate in the qualitative study. I collected data from the participants using semistructured interviews as source data. I used open-ended questions to allow the participants to describe their experiences with alcohol use during the COVID-19 pandemic. I analyzed the collected data using the thematic analysis described by Terry et al. (2017).

To address the purpose and problem of this qualitative descriptive research, the following research questions were used:

RQ1. What are women's experiences in healthcare positions regarding alcohol use during the COVID-19 pandemic?

Sub-RQ1a. What were the beliefs and attitudes toward alcohol use of women in healthcare positions during the COVID-19 pandemic?

Sub-RQ1b. How did women in healthcare positions' beliefs and attitudes toward alcohol use affect their intentions and actual alcohol use?

I conducted an analysis of the collected data to reveal four themes that answered the overarching research question and the subquestions that were the focus of this qualitative study. The findings revealed that COVID-19 did not change the beliefs or attitudes of women in healthcare regarding alcohol use, as they consumed alcohol for social purposes and when relaxing. There were, however, risks of abusing alcohol for some women. The analysis of the data revealed that during COVID-19, the participants intentionally used alcohol to mitigate stress and fear associated with COVID-19. As a means of alleviating fear and stress, I established that COVID-19 increased individual consumption of alcohol for some points though not to the levels of abuse. Though the study participants did not see the benefits of alcohol counseling, they acknowledged the need for extended emotional support and guidance on working during pandemics or healthcare emergencies.

I delimited the current study to women in the healthcare field without any specific clinical role. Despite the success of the research process, the outcomes of the current

study were influenced by the accuracy of the theoretical framework and interview challenges, such as maintaining participant anonymity. I used this chapter to present the discussion of the findings as reported in Chapter 4 and link the findings to the reviewed literature in Chapter 2. I also presented the implications of the study findings, recommendations, and limitations and ended the chapter with a summary of the study.

Interpretation of the Findings

The qualitative research findings were condensed into four themes, each of which responded to the developed research questions. This section of the chapter explains the themes and how they relate to reviewed literature. Then by examining how themes confirm or disconfirm the findings of previous research concerning the use of alcohol during COVID-19 was also discussed. I interpreted the findings based on the sub questions.

SQ1 was: What were the beliefs and attitudes toward alcohol use of women in healthcare positions during the COVID-19 pandemic? In response to the beliefs and attitudes of women in healthcare toward alcohol during COVID-19: I developed the following themes:

Theme 1: Alcohol Use Was Perceived as Normal and Social with Some Potential for Abuse

I developed this theme to answer the first subquestion of the qualitative research used to explore what the participants believed about alcohol and their attitudes regarding alcohol use. While analyzing the responses, it was evident that the participants did not harbor any negative attitude toward alcohol use but consumed alcohol when interacting

with family and friends. For the participants in this study, alcohol consumption was purely for fun and socialization. Though not directly related to the current findings, the research conducted by Braquehais et al. (2020) revealed that excessive alcohol consumption increased employee absenteeism rates. Couture et al. (2020) and Nisa et al. (2018) also reported that increased alcohol consumption among healthcare professionals increased cases of absenteeism from work. Increased absenteeism by healthcare professionals interfered with the quality of care available to patients and their productivity (Couture et al., 2020; Nisa et al., 2018).

The participants reported using alcohol only at social events or when relaxing. They also noted having a healthy relationship with alcohol. This aligned with the findings of Talaee et al. (2020). Talaee et al. (2020) established that using alcohol to alleviate the impacts of COVID-19 related stress increased the risks of healthcare professionals abusing alcohol and other substances. Hou et al. (2020) underscored Talaee et al.'s (2020) findings, noting that healthcare workers who used alcohol to manage the stress associated with COVID-19 increased their alcohol dependence, graduating to alcohol abuse if not addressed.

I designed SQ1 to explore the beliefs and attitudes women in the healthcare profession had toward alcohol use during the COVID-19 pandemic. The analysis of the participant's findings revealed that COVID-19 did not affect the participants' beliefs and attitudes toward alcohol. I noted that alcohol consumption among participants was normal only that the volume of alcohol intake increased due to stress, fear, and workload due to COVID-19, as evidenced by the findings of Hou et al. (2020) and Talaee et al.

(2020). Regarding attitudes and beliefs, more research is needed to extensively explore the impacts of COVID-19 on healthcare professionals' use of alcohol.

The study's findings align with the TPB guiding this study. The participants-controlled intake of alcohol is associated with the theory's attitude and perceived control. That is, participants practiced self-control that prevented them from abusing alcohol besides developing the attitude of consuming alcohol in social events and not in professional environments. With regards to the research questions and problem being investigated, demonstrated the need for extensive research on the impacts of COVID-19 on the attitude and beliefs of alcohol consumers. I designed the second sub-research question to explore how women in healthcare positions described the effects of their beliefs and attitudes on their intention and actual use of alcohol.

Sub-RQ1b was: How did women in healthcare positions' beliefs and attitudes toward alcohol use affect their intentions and actual alcohol use?

With this sub-research question, I explored whether the COVID-19 pandemic increased alcohol use or influenced the intake of alcohol by women in healthcare positions. An analysis of themes 3 and 4 and literature, I established that though women consumed alcohol for varied reasons prior to COVID-19, the outbreak of the virus increased their intentions to consume alcohol (Hou et al., 2020; Talaee et al., 2020). Despite a change in belief among healthcare workers, some women reported their use of alcohol remained the same during the pandemic as illustrated in the subsequent themes below:

Theme 2: Alcohol was used Intentionally During the Pandemic to Cope with Stress and Fear

While reviewing the interview responses regarding the impacts of beliefs and attitudes toward intentions to and actual use of alcohol, the participants intentionally used alcohol to manage stress and fear due to the COVID-19 pandemic. I revealed that many of the study participants used alcohol after a stressful shift in that they found alcohol to help them feel distressed and disengage from the stressful work environment. The study findings concurred with the results published by Orru et al. (2020), who found that healthcare workers consumed alcohol and other substances to reduce work-related stress. Similar findings were reported by Schmits and Glowacaz (2021), who demonstrated that healthcare workers' substance abuse increased due to work-related stress. The study's findings concur with the conclusions made by Schmits and Glowacaz (2021) and Orru et al. (2020), who found that healthcare workers engage in drug and substance use to alleviate the stress associated with work.

Extending the findings of Orru et al. (2020), Yildrum and Solmaz (2020) stated that COVID-19 did not only increase the stress experienced by healthcare workers but also increased their workload, doubling the stress they experienced. Though Yildrum and Solmaz (2020) did not specify gender among their participants, their findings were consistent with the current findings in that stress due to burnout and workload increased alcohol consumption among members of the healthcare field. Additional findings illustrating the role of stress in increased consumption of alcohol among healthcare workers were reported by Talaee et al. (2020), supported by Yildrum and Solmaz (2020)

and showed that COVID-19 increased the workload managed by healthcare professionals resulting in stress-related burnout that increased the risks of healthcare professionals consuming alcohol. Consistent results were reported by Restauri and Sheridan (2020), who showed that due to burnout and stress related to COVID-19, health professionals consumed substances such as alcohol to manage stress.

As frontline workers during COVID-19, the studied women in healthcare positions stated that using alcohol helped them calm their anxiety and fear of contracting COVID-19. Murat et al. (2021) found that healthcare professionals in the United States used alcohol to calm their fears associated with COVID-19. The fear of contracting COVID-19 and maybe infecting their family members impacted the psychological wellbeing of medical health professionals as well increased their experiences of anxiety. This observation was in line with the findings of Alharbi et al. (2020) and Murat et al. (2021), who reported that psychological trauma due to COVID-19 increased their consumption of alcohol. Corroborative findings were reported by Rajhans and Godavarthy (2020 who demonstrated that COVID-19 increased the trauma experienced by healthcare professionals predisposing them to use alcohol to manage stress.

Stressful work environments also increased healthcare workers' use of alcohol. The participants noted that work-related stress associated with long shifts, heavy workloads, and work-related conflicts increased their use of alcohol. This finding was consistent with the results of Orru et al. (2020) who established that increased workload, exposure to trauma, death of patients and inflexible work schedules increased the stress and pressure experienced by health professionals and elevated substance use, including

alcohol. Comparable findings were reported by Smith and Glowacz (2021), who reiterated that many healthcare professionals engaged in substance abuse to distress from the increased workload and trauma related to their healthcare duties.

Specific to work-associated workload and burnout due to COVID-19, Teo et al. (2021) demonstrated that healthcare professionals that complained of burnout were at an increased risk of consuming alcohol. Farsi et al. (2021) and Halcomb et al. (2021) revealed that fatigue associated with increased workload due to COVID-19 led to healthcare professionals consuming alcohol to relax. Similar findings were reported by Galehdar et al. (2020), who found burnout and fatigue due to COVID-19 and increased workload increased healthcare professionals' use of alcohol as a destressing strategy. This theme illustrated that many healthcare professionals were intentional about their use of alcohol. The findings also revealed that though alcohol helped healthcare professionals manage stress, continued use led to dependence and, subsequently, abuse.

Theme 3: Alcohol use Tended to Increase During the Pandemic, but Not to the Point of Perceived Abuse

Similar to the outcome of theme 2, the COVID-19 pandemic increased alcohol use for healthcare workers. The participants cited a stressful work environment and fear of contracting COVID-19 as the reason for their increased use of alcohol. In line with published literature, I noted that health professionals intentionally used alcohol to manage stress, fatigue, and burnout associated with the fear of contracting COVID-19. Citing the research conducted by Galehdar et al. (2020), I stated that stress and burnout due to workload and COVID-19 increased medical professionals' use of alcohol. Collaborative

findings were reported by Kliemkiewicz et al. (2021), who found that fear of contracting the virus, workload, burnout, and stress increased medical professionals' use of alcohol. In other findings, Furfaro et al. (2020) demonstrated that fatigue and physical exhaustion due to extended working hours increased healthcare professionals' use of alcohol. Consistent findings were reported by Hardcastle et al. (2021), who demonstrated that medical professionals used alcohol as a means to overcome fatigue associated with fatigue, burnout, and stress.

Although healthcare workers increased their use of alcohol during the COVID-19 pandemic, they stated that their use rate was normal and often was during social events and for relaxation purposes; thus, their drinking could not be perceived as abuse. Researchers before COVID-19 also demonstrated that women in healthcare and other healthcare professionals used substances such as alcohol because of availability. Neil et al. (2020) and Rahman et al. (2020) stated that exposure to alcohol and different medications increased their use of alcohol and other drugs. The limited literature on women's consumption and use of alcohol, this theme illustrates the need for further research on women's consumption of alcohol and the reasons behind such use. Based on the findings from the literature and participant responses, COVID-19 increased alcohol use among healthcare professionals. Though most reviewed studies did not focus on women in healthcare, the overall finding was that COVID-19 increased stress, burnout, fatigue, and the risk of spreading the virus increased alcohol use among medical professionals.

Theme 4: Minimal Supports Were Needed, but Alcohol Counselling Should Be Available.

The discussion on whether the healthcare workers needed help with their alcohol use revealed that though alcohol counseling was important, it was not a priority to the study participants. The participants explained that their healthy relationship with alcohol made it manageable. However, they needed help with other things associated with their work. Rather than being counseled on alcohol use, the participants reported that help coping with stressful situations such as the COVID-19 pandemic and guidance on attending to affected patients was needed. Moreover, there was a need to support them in handling work-related stress to ensure continued productivity. Emotional support would also be important for healthcare workers due to the COVID-19 pandemic.

Although the participants acknowledged their healthy relationship with and intentional use of alcohol to mitigate fears and stress, providing them additional work-related counseling services and emotional support would mitigate alcohol abuse. Heath et al. (2020) demonstrated that training programs on the consequences of alcohol addiction and reliance helped healthcare professionals make informed decisions regarding alcohol use. Dharra and Kumar (2021) noted that training healthcare workers on the risk factors for substance abuse, symptoms and impairments mitigated excessive alcohol use. Otared et al. (2021) reiterated that educating healthcare professionals on substances helped them stop relying on alcohol to mitigate the impacts of stress, burnout, and fatigue. Besides training, Smallwood et al. (2021) noted that providing healthcare professionals with social and leadership support helped them manage substance use behaviors. Contrary to

the benefits of support and associated training on the consequences of alcohol use, lack of support such as training has increased healthcare professionals' use and reliance on alcohol. Saltzman et al. (2020) reported that loneliness and anxiety associated with lockdown restrictions opted for alcohol to manage stress. Pantell (2020) reiterated that limited physical interaction and social support due to COVID-19 increased stress and depression that exposed healthcare professionals to alcohol use.

The discussion on the impacts of participants' beliefs and attitudes on their intention and actual use of alcohol revealed that the belief that consuming alcohol mitigated work-related stress, burnout, and fatigue due to COVID-19 increased both the participants' intentions and actual use of alcohol. My observation was reiterated by findings in the published literature that illustrated that the impacts of COVID-19 on their work life increased healthcare professionals' intention and actual use of alcohol. I reported findings that are also informed by the constructs of attitude, subjective norms, and perceived control of the TPB. Combining the outcome of the theory, reviewed literature, and participants' findings, the three themes discussed in response to the second research question address the problem that alcohol use was intentional among healthcare providers during COVID-19. Arguably, the negative impacts of COVID-19 on the work environment increased alcohol use among healthcare professionals.

Theoretical Framework

The TPB was used as a guiding framework for this qualitative research on the beliefs and attitudes of female healthcare workers regarding alcohol use during the COVID-19 pandemic. The TPB was introduced by Ajzen and Fishbein (1977) who

demonstrated that how individuals behaved was influenced by subjective norms that included beliefs about the attitude of others as well as beliefs about behavior summarized as attitude and intentions toward a behavior. The seminal works of Ajzen and Fishbein (1977) revealed that the probability of an individual engaging in a particular behavior was influenced by the intentions to be part of the behavior or their attitude of either being related to the behavior. As a result, the key constructs of the theory include perceived behavioral control, subjective norms, and attitude.

With regards to the problem that was being investigated in this study, it was evident that, the intentions of female healthcare workers to use alcohol during COVID-19 was influenced by their attitude toward alcohol and COVID-19 and the belief that alcohol would help them distress and cope with the impacts of COVID-19. The intentions to use alcohol during COVID-19 aligned with the constructs of the TPB. Notably, the participants-controlled intake of alcohol is associated with the theory's attitude and perceived control. That is, participants practiced self-control that prevented them from abusing alcohol besides developing the attitude of using alcohol in social events and not in professional environments.

The TPB helped in understanding where, when and why women healthcare workers used alcohol. An analysis of the participant responses discussed prior revealed that many of the women healthcare workers used alcohol after their shifts. This finding was supported by Neil et al. (2020) who reported that many nurses used after work and in social events. Explaining their intentions to use alcohol, women healthcare workers in this study explained that their use of alcohol was intentional influenced either by their

regular of using alcohol after shift and during social events and the belief that alcohol helped mitigate work-related stress and burnout during COVID-19.

The preceding findings were related to the conclusions drawn by several scholars who noted that work related stress and burnout increased alcohol use among healthcare workers during COVID-19 (Galehdar et al., 2020; Furfaro et al., 2020; Hardcastelt et al., 2021). In relation to the findings, the TPB was critical in describing the behavior that influenced the intentions of women in healthcare to use alcohol. As per the theory, individuals engaged in a behavior because of willingness to associate with the behavior or the perceived benefits of a particular behavior in this case the use of alcohol. Based on literature, the social events that women nurses informed the normalized use of alcohol. Moreover, besides work-related stress, use of alcohol was intentional, and the impacts of the pandemic were minimal. Concurrently, the women had developed some control over their urge and use of alcohol. It was evident that they only used alcohol at social events and after shifts and not during shifts or in their professional environment. Thus, it can be concluded that though the theory did not focus on individual beliefs, it a was clear that the attitude of women in healthcare toward alcohol use was minimally influenced by COVID-19 pandemic but was significantly influenced by work-related stress, location, and purpose of using alcohol either for relaxation, socialization or distressing after a long shift.

Limitations of the Study

Several limitations were identified during the study. The first limitation was the sample size. Although a sample of 10 participants for qualitative research is within the

acceptable range, the negative implication is on the transferability of the study findings. A small sample size constrains the volume of data collected and analyzed, which can effectively support transferability. The second limitation was associated with the geographical location of the study settings. The study was delimited to participants in Mississippi, and thus it might be challenging to achieve transferability. In many fields of work, women using alcohol is considered unethical, and though the women in the current study agreed to the study, some of the information they provided might not be accurate and might interfere with the study's credibility, as well as transferability. The third limitation was the need to conduct the anonymous interviews and not face to face interviews with additional follow up questions. In addition to the identified limitations, the method used by the researcher to recruit study participants was also a limitation. I used purposive criterion sampling to recruit participants. Although researchers have demonstrated that purposive sampling is easy to conduct and the probability of recruiting participants with relevant information, it is prone to researcher bias (Palinkas et al., 2015; Sandelowski, 2010). The risks of bias might influence the quality of data that will be collected and thus the credibility of the study results. Other limitations include the truthfulness of the participants answers such, an adequate recollection of the alcohol they consumed.

The thematic analysis used to analyze and generate the themes used to answer the research questions was also a source of limitation in this qualitative study. First, although the steps of analysis are straightforward, the entire process is tedious and researcher fatigue might result in incorrect analysis and interpretation of the data. Moreover, the

flexibility of the thematic analysis increases the risks of inconsistency and incoherence when developing the themes from participant responses. Inconsistency, misinterpretation of data and incoherence in the generated themes might have influenced the trustworthiness of the reported findings.

Recommendations for Future Research

Based on the presented discussion, I made some recommendations for future researchers. The first recommendation is to address the geographical limitation of the current study. Given the implications of alcohol use being widespread among women, I encouraged future researchers to consider extending the research to encompass more than one area or state. Expanding the study sites will increase the volume of data analyzed and ensure the diversity of the findings and transferability of the study findings. The second recommendation concerns the sample size. Even though the volume of data collected and analyzed in qualitative research is enormous, future researchers should consider using more than ten participants to increase the volume of data analyzed and ensure transferability. The third recommendation for future research is on the ethics of using human participants. Future researchers should ensure that their participants are comfortable and feel safe while participating in the research and without COVID-19 restrictions conduct face to face interviews. Another recommendation could be to include the age and race of participants to flesh out other protentional variables.

Recommendations for Practice

Based on the findings of the current qualitative study, several recommendations for practice are made. First, the recommendations for practice are directed to women

healthcare workers as well as other healthcare workers in general. Prior to analyzing the information provided by the study participants, previous researchers had reported that alcohol use among women healthcare workers was normal though the consumption slightly increased during the COVID-19 pandemic (Furfaro et al., 2021, Galehdar et al., 2020;). The first recommendation for practice relates to stress associated with heavy workload and fear of contracting COVID-19. Therefore, I recommend that women healthcare workers should find alternative means of dealing with work related stress such as yoga or counselling.

The second recommendation for practice is directed toward the management of healthcare facilities. Work-related stress and burnout impact the productivity of employees and thus must be addressed quickly (Galehdar et al.,2020). Furfaro et al. (2020) explained that fatigue and physical exhaustion increased the likelihood of healthcare professionals consuming alcohol. To mitigate against work-related stress and fatigue, healthcare facilities should consider hiring other healthcare professionals to minimize the number of hours worked professionals in a shift. Increasing the number of healthcare professionals will also reduce the amount of workload assigned to women healthcare workers and thus protecting them from fatigue and stress associated with alcohol consumption.

Research has demonstrated that stress and fear of contracting COVID-19 has increased alcohol use among healthcare professionals. Providing healthcare workers with education and training on the pandemic prior to allowing them to attend to patients prepares them psychologically and alleviates the fear of contracting the virus. Increasing

their confidence in attending to COVID-19 patients would mitigate their intentions to use alcohol to alleviate the fear of contracting COVID-19.

Besides education and training, healthcare facilities should increase their investments in counselling services. The participants of this study noted that although they had control over their use of alcohol, alcohol counseling was necessary, if warranted. It was established that alcohol counselling could be critical minimizing consumption as well as the urge to consume alcohol in social events and used as a strategy to mitigate issues of stress and burnout.

Implications of the Study

Methodological Implications

A qualitative research methodology was used to describe how women in healthcare perceived the influence of COVID-19 pandemic on their intentions and belief about alcohol consumption. Thematic analysis was used to analyze the data and identify the themes that described the belief and attitude of healthcare workers toward alcohol consumption. The success of this research project complements the effectiveness of qualitative research in gaining significant and in-depth understanding of how COVID-19 influenced alcohol consumption among healthcare professionals. The use of qualitative research methodology helped the researcher in understanding that although alcohol consumption increased during COVID-19 pandemic, healthcare professionals had some form of discipline when consuming alcohol as it were confined after shifts and during social events. The depth of the findings reported for this study support the use and

application of qualitative research in exploring and describing participants thoughts, views, and experiences with alcohol.

Theoretical, and/or Empirical Implications

This study was grounded in the TPB described by Ajzen and Fishbein (1977). Based on the TPB, attitude, subjective norms, and perceived behavioral control influenced the attitude and intentions of individuals to behave in certain way. Ajzen (2020) explained that the probability of engaging in a particular behavior was influenced by their intentions to be part of the behavior. Individual intentions were by itself a function of their subjective norms, attitude, and perceived control. With regards to the current study, the constructs; attitude, perceived behavioral control and subjective norms were used to describe the attitude and the belief of women healthcare workers on alcohol consumption.

The TPB supports the findings of this study in that women healthcare workers are influenced by their social life and peers to consume alcohol. As per the theory, perceived behavioral control ensured that women in healthcare consumed alcohol after their shifts and social events. The ability to control one's behavior influences their attitude to engage in certain behaviors. This theory supports this study's findings that attitude toward COVID-19, ability to control one's behavior and social life described by subjective norms influence individual's decision to consume alcohol. The findings of this study are also important in that they extend the application of the TPB in social research. The research has evidenced the effectiveness of the theory in describing and understanding human behavior as well as how attitude and intentions influence such behaviors. The

theoretical implication of this study is that it extends the literature and presents new knowledge regarding the attitude and beliefs of women regarding alcohol use in a healthcare position.

Positive Social Change

The findings of this study have several positive social implications. The first implication regards social change and supports the understanding of the impacts of COVID-19 on women's alcohol use and how their belief and attitude toward alcohol use was influenced during COVID-19. Aimed to understanding how beliefs and attitudes influence women's use of alcohol will help in developing strategies that will help women overcome alcohol abuse and addiction, or simply reduce consumption in the future. However, the current study's findings revealed that alcohol consumption was intentional and mostly occurred during social events. The finding that stress associated with COVID-19 increased alcohol consumption calls for strategies and programs to help women in healthcare manage stress or gathering in social settings without using alcohol. The current study notes that participant’s beliefs and attitudes influence their intention and actual use of alcohol. While previous researchers could not describe women's beliefs and attitudes toward alcohol, the current findings from these participants use the psychological and mental impacts of COVID-19 to explain why they used alcohol in the healthcare profession.

Conclusion

This qualitative descriptive research aimed to explore women's experiences in healthcare positions regarding alcohol use during the COVID-19 pandemic. The problem

being addressed in this study was the limited understanding of the relationship between attitudes toward alcohol and actual drinking behavior in women in healthcare positions residing in Mississippi. The current findings revealed that although some women consume alcohol during social events, many working in healthcare facilities increased their consumption of alcohol during the COVID-19 pandemic (Kliemkiewicz et al., 2021; Neil et al., 2020).

COVID-19 increased the workload, burnout, fatigue, and stress that, increased the likelihood of women in healthcare positions using alcohol to distress and relax. Galehdar et al. (2020) demonstrated work associated burnout due to COVID-19 increased healthcare professional' consumption of alcohol. Comparable results were reported by Farsi et al. (2021) and Halcomb et al. (2021) revealed that fatigue associated with increased workload due to COVID-19 led to healthcare professionals consuming alcohol to relax.

Though alcohol consumption was intentional among the study participants, more research is needed to enhance understanding of beliefs and attitudes toward alcohol use without a trying time of increased workload during a pandemic. Overall, the discussion on the impacts of participants' beliefs and attitudes on their intention and actual use of alcohol revealed that the belief that consuming alcohol mitigated work-related stress, burnout, and fatigue due to COVID-19 increased both the participants' intentions and actual use of alcohol. Although healthcare workers increased their consumption of alcohol during the COVID-19 pandemic, they stated that their consumption rate was normal and often was during social events and for relaxation purposes; thus, their

drinking could potentially be perceived as abuse. It can be concluded that though COVID-19 increased the consumption of alcohol, the rates of consumption were influenced by belief and attitude of women in healthcare influence their consumption of alcohol.

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Appendix A: Recruitment Tool

There is a new study about the lived experiences of women in healthcare positions regarding alcohol use during the COVID-19 pandemic. This study will help to implement public health initiatives in the healthcare sector by understanding the attitudes, behaviors, and intention of alcohol use in women.

About the study:

- One 30 to 60-minute telephone or Zoom interview that will be audio recorded with your consent
- To protect your privacy, the data will be anonymous, and the published study would use alphanumeric codes for each participant

Volunteers must meet these requirements:

- 21 years old or older
- Mississippi Resident
- Female
- Use alcohol at least twice weekly
- Currently holding a healthcare position with at least 1 year experience

This interview is part of the doctoral study for Amber Olsen, a Ph.D. student at Walden University. Interviews will take place between, September through December 2022.

Please call 770-468-8742 during the hours of 08:00 to 20:00 to let them know of your interest. Once interest is shown, a Zoom meeting number and passcode will be provided, or a scheduled telephone call set up.

Appendix B: Interview Questions

1. Please confirm you are of legal age to buy and consume alcohol in the state of Mississippi.
2. Please confirm you have held a healthcare position in Mississippi for at least one year.
3. How many alcoholic beverages are you consuming in a single occasion (i.e., party, dinner, wedding)?
4. What does your social support consist of?
5. What do your experiences with alcohol use look like?
6. What is your own lived experience regarding alcohol use during the COVID-19 pandemic?
7. What challenges have you experienced that led to alcohol use during the COVID-19 pandemic?
8. How has that experience changed your intention to use alcohol during the COVID-19 pandemic?
9. What can you tell me about your experience with COVID-19 and alcohol usage during this pandemic?
10. Tell me how you feel about your relationship with alcohol.
11. What were the circumstances surrounding your usage of alcohol during the pandemic?
12. Tell me more about your COVID-19 pandemic experience that led you to consume alcohol.

13. Since the pandemic began, tell me about a typical day in your workplace.
14. Do you believe you consumed too much alcohol during the pandemic?
15. What was the most difficult part about managing stress related factors during the pandemic?
16. Please tell me about how you are managing alcohol usage currently?
17. What is the most important thing you are doing to help you deal with workplace burnout and stress?
18. What is the maximum number of drinks containing alcohol that you drank within a single occasion during the pandemic?
19. Tell me about the role of your family during this pandemic.
20. What support or resource do you think would have made your lockdown experience easier to identify patterns with alcohol usage, if any?
21. Do you feel as though you have social support for alcohol use or workplace burnout and stress?
22. How did your alcohol usage change surrounding how you were feeling after completing work for the day?
23. Do you believe you should have access to alcohol counseling during stressful times, such as the COVID-19 pandemic?
24. How would you feel if coworkers confided in you, saying they had a drink after work?
25. Does anything change the way you feel about alcohol usage in women holding healthcare positions or their intentions to use alcohol?

26. Is there anything else you would like to add or clarify?