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Nurses' Experiences Caring for Patients With Opioid Use Disorder

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Abstract

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MSN Ed, University of Phoenix, 2017

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Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Abstract

Over the past 2 decades, opioid use in the United States has taken thousands of lives, reached the level of epidemic in 2017, and has been an area of study among scholars. The problem is health care professionals, including nurses, lack training on how to care for people with opioid use disorder (OUD). Nurses are at the frontline of patient care and understanding the nurses' experiences in the care of patients with OUD may help to improve the patients' quality of care. The purpose of this qualitative descriptive study was to develop an understanding of the experiences of nurses with various skill levels in managing pain while caring for patients with OUD in an East Coast metropolitan region. The theoretical underpinning for this study was Benner's novice to expert theory, derived from the Dreyfus model of skill acquisition. The research question focused on the experiences of nurses with various skill levels in caring for patients with OUD. Data were obtained from one-on-one Zoom interviews with eight participants and were analyzed using thematic analysis. The results showed that regardless of their background levels, nurses' face challenges and uncertainty managing pain and are unsure of how to care for people with OUD. Recommendations were made for future studies to develop guidelines geared towards teaching nurses how to assess patients for addiction and teaching patients with OUD about seeking help. The study findings could lead to positive social change by being used by health care administrators and schools of nursing to develop new assessment guidelines aimed at improving the care of patients with OUD.

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Dedication

I dedicate this dissertation in loving memory of my mother and father, Ivy and David Campbell. Mamma, you have been a blessing in my life. You have taught me that anything is possible if I put my mind to it. I have put my mind and soul into writing this dissertation, and finally, I have reached the finish line. Papa, you have been an inspiration in my life. You were there for me at the start of this journey wholeheartedly, and I know that you and mamma are here in spirit to see me achieve this goal. I am very proud to say these words "my beloved parents, you have a Dr. Campbell in the family!"

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To my chair, Dr. Martin, and my committee member, Dr. Valdez, thank you for helping me along this journey. Your valuable feedback helped me to shape this dissertation, and I am appreciative of that. And finally, to Dr. Hayden, thank you for your input and comments that helped improve my work. Sincerely, Pamella.

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Chapter 1: Introduction to the Study

Over the past 2 decades, the United States has seen a dramatic increase in opioid use (Compton & Jones, 2019). Both overprescribed and illicit opioids have created challenges across the country, and problematic patterns of their use have led to opioid use disorder (OUD) in some individuals (Boudreau et al., 2020). In the 2013 *Diagnostic and Statistical Manual of Mental Disorders, 5th Edition* (*DSM-5*), OUD is described as a problematic pattern of the use of opioids resulting in distress or impairment (American Psychiatric Association, 2013). In 2017, the opioid epidemic was declared a public health emergency (Bipartisan Policy Center, 2019). By 2018, opioid overdosing took the lives of 128 people daily in the United States (National Institute on Drug Abuse, 2020).

Nurses are at the frontline of patient care and understanding the nurses' experiences in the care of patients with OUD may help to improve the patients' quality of care. Horner et al. (2019) emphasized that the nurses' perspectives should be heard as their voices could help reduce stigma, clinical burnout, and improve patient care. In this qualitative, descriptive study, I investigated the experiences of nurses from different background levels who care for people with OUD in an East Coast metropolitan region. Conducting this study was important because understanding the experiences of nurses with various skill levels in managing pain while caring for patients with OUD can offer insight into how nurses can best provide quality care to patients within this population.

A potential social implication of this study is sparking awareness and bringing about changes in the attitudes and perceptions of nurses towards patients with OUD. Nurses are uniquely positioned to obtain valuable information during the care of patients

with OUD that can inform their nursing skills and practice as well as clinical guidelines geared towards enhancing the outcomes of patient care. Therefore, the results of this study could potentially be used to improve the care of people with OUD and, thereby, contribute to positive social change.

I begin this chapter by providing background information on the topic of this study as well as presenting the existing gap in literature, problem statement, purpose, and research question. The theoretical framework, nature of the study, definitions of key terms, assumptions, scope, delimitations, and limitations of the study are also provided. I conclude Chapter 1 with a discussion of the significance of the study and a transition to Chapter 2.

Background

There is scarce amount of research on nurses' experiences in caring for people with OUD, but the voices of nurses are necessary to improve the outcomes of patient care (Horner et al., 2019). In the 1980s, the opioid crisis began when clinicians received false information about the addictive potential for an opioid prescription (Fancher & Terando, 2020; Leung et al., 2017; Neville & Foley, 2020; Rummans et al., 2018; Salmond & Allread, 2019). More recently, physicians have admitted to their role in the opioid epidemic: overprescribing (Fancher & Terando, 2020; Sceats et al., 2020; Sokol et al., 2020).

In a qualitative study, Sceats et al. (2020) focused on surgeons receiving little training concerning the prescribing of opioids and its long-term effects. Other studies have focused on improving the culture and attitudes of the work environment surrounding

opioids. For example, Sokol et al. (2020) conducted a study in a clinic in Boston to improve opioid prescribing that resulted in residents and physicians receiving buprenorphine-naloxone training, while all other staff members received training on how to respond to an opioid overdose using naloxone. In a similar study, Horner et al. (2019) focused on nurses' attitudes, perceptions, and training needs in the inpatient setting, finding that meaningful skill opportunities and cultural changes within organizations are necessary to improve the outcomes of care for people with OUD.

Nurses make up the largest group of health care professionals and play a powerful role in addressing the opioid crisis (Compton & Blacher, 2020). Among a list of occupations, nurses continue to rate the highest in honesty and ethics (Gallup, 2020), and their voices should be heard for the improvement of patient care (Horner et al., 2019). This study was necessary because it provided nurses with an opportunity to share their experiences that could bring about changes in clinical guidelines concerning the care of people with OUD.

Currently, the opioid epidemic is a serious public health emergency (Salmond & Allred, 2019; Singh & Cleveland, 2020). The U.S. Department of Health and Human Services (2021) reported 70,630 deaths related to drug overdose in the United States in 2019. In the state of Maryland alone, 2,087 deaths in 2018 were caused by drug overdose, and close to 90% were opioid related (National Institute of Drug Abuse, 2020). Studies have also shown that nurses are at the forefront but lack training on how to care for patients with OUD (Hodgins et al., 2019; Horner et al., 2019; Kennedy et al., 2018; Smyth, 2019).

Although studies have been conducted about nurses' experiences regarding care of patients with OUD, I found no previous research that focused specifically on acute-care nurses in the DC, Maryland, Virginia (DMV) area. Horner et al. (2020) conducted a study in Boston, Massachusetts to assess the attitudes, perceptions and training needs of nurses who care for people with OUD but only interviewed nurses in pediatrics, internal medicine, and surgery. Johansson and Wiklund (2016) conducted a study about OUD but concentrated on the experiences of psychiatric nurses in a hospital in Sweden, and Reese et al. (2021) conducted a similar study in a hospital in Utah but focused on the experiences of nurses and nursing assistants in a postpartum unit. The current study differs from previous studies because I focused specifically on nurses in the DMV, where the WalletHub Statistics & Studies ranked the DC area as having the fourth highest drug use in the nation in 2020 (Kiernan, 2020).

A gap exists in understanding the experiences of nurses with various skill levels in managing pain, and a further gap existed in providing nurses with teaching about how to care for patients with OUD. Nurses lack knowledge about pain management with opioids (Chen et al., 2020; Guest et al., 2017; Issa et al., 2019; Onsongo, 2020; Tallman et al., 2019). Literature has also shown that nurses have inadequate training on how to care for patients with OUD (Hodgins et al., 2019; Horner et al., 2019; Kennedy et al., 2018; Smyth, 2019). However, I found no studies that focused on the experiences of nurses with various skill levels in managing pain while caring for patients with OUD, specifically in the DMV region. Allowing nurses in this area of the country to share their experiences revealed characteristics of the nurses' skill levels that could enable hospital

administrators and schools of nursing to set guidelines to improve nursing care, lower the rates of readmission, and contribute to saving more lives.

Problem Statement

Opioids are potent, narcotic, analgesic substances often prescribed for injuries, post-surgery, and medical conditions such as cancer (Higgins & Simons, 2019). However, in the 1980s, the opioid epidemic began when physicians received misleading information that caused them to believe that opioids had a low risk for addiction in patients when prescribed for chronic pain (Fancher & Terando, 2020; Leung et al., 2017; Neville & Foley, 2020; Salmond & Allread, 2019). According to Salmond and Allread (2019), the misconception stemmed from a non-evidence-based, five-sentence letter published in the *New England Journal of Medicine* by Porter and Jick (1980), who claimed that only four patients out of 11,882 became addicted after receiving at least one narcotic. Leung et al. (2017) concluded that the five-sentence letter contributed heavily to the North American opioid crisis.

Meanwhile, Purdue Pharma, the manufacture of Oxycontin, promoted literature and made references to the letter to downplay the danger of addiction to opioids, citing it as less than 1% addictive (Jiang, 2020). Similarly, The Joint Commission published a book in 2000 in which they cited studies of physicians who claimed there was no evidence that addiction is a significant issue for patients receiving opioids for pain (Hirsch, 2017; Salmond & Allred, 2019). In that same period, the American Pain Society introduced pain as the fifth vital sign, without implementing any devices to measure the pain objectively (Hirsch, 2017). In the meantime, the Centers for Medicare and Medicaid

Services shifted to a pay for performance, which includes a patient satisfaction survey that patients complete to rate their satisfaction with their pain control (Hirsch, 2017). Lee et al. (2017) stated the survey could unintentionally incentivize physicians to overprescribe opioids to guarantee a positive patient satisfactory rating and hospital reimbursement. Lastly, Hirsch (2017), stated the role physicians play in the opioid epidemic is overprescribing.

In 2018, West Virginia had the highest prescription opioid related death rate (Centers for Disease Control and Prevention, 2020a). Although the United States saw a 4.1% decline in opioid related deaths in 2018, the overall death toll from drug overdoses remained high at 67,000, of which nearly 70% involved opioids (Centers for Disease Control and Prevention, 2020b). In many cases, nurses in the clinical setting spend the most time with patients with OUD (Horner et al., 2019). However, the problem is that health care professionals, including nurses of various levels, lack proper training on how to care for patients with OUD (Alnajar et al., 2019; Bell & McCurry, 2020; Goodwin et al., 2019; Horner et al., 2019; Kaiser, 2020; Lewis & Jarvis, 2019; Mahmoud et al., 2018). A large body of literature exists about OUD, including research related to nurses' lack of knowledge about and attitudes towards patients with addiction. However, I found no extant literature that addressed the experiences of nurses with various skill levels in managing pain while caring for patients with OUD in an East Coast metropolitan region.

Nurses are at the frontline of patient care, including the assessment of pain and the patient's behavior. The findings of this study provide valuable information from nurses that health care administrators and schools of nursing can use to develop new

guidelines aimed at improving the care of patients with OUD. The findings could also provide an understanding of how nurses' biases and beliefs may adversely impact their care of people who abuse drugs.

Purpose

The purpose of this qualitative, descriptive study was to develop an understanding of the experiences of nurses with various skill levels in managing pain while caring for patients with OUD in an East Coast metropolitan region. I determined that it was most appropriate to examine the nurses' experiences through a qualitative descriptive study because this research method and design would allow for the collection and analysis of common themes reported by individual participants to be clustered together in a comprehensive thematic summary to present the data (see Willis et al., 2016). The study gave nurses the opportunity to share their experiences, including challenging moments, with the care of patients with OUD. The data obtained can be used to inform gaps in nursing skills and practice as well as assist in determining the need for modification of the guidelines for providing care for patients experiencing OUD.

Research Question

The following research question guided this study: What are the experiences of nurses with various skill levels in managing pain and providing teaching while caring for patients with OUD?

Theoretical Framework for the Study

The theoretical framework for this study was based on Benner's (1982) novice to expert theory derived from the Dreyfus (1980) model of skill acquisition. In the theory,

Benner suggested that an individual transitions through five levels of proficiency: (a) *novice,* (b) *advanced beginner*, (c) *competent,* (d) *proficient,* and (e) *expert*. Benner's novice to expert theory aligned with the current study because it takes into account nursing skill, experience, and education. More specifically, the theory centers on the view that over some time, nurses develop skill and understanding of patient care from both a combination of strong educational background and personal experiences (Petiprin, 2016). Thus, using Benner's novice to expert theory as a guide helped to determine the nurses' skill level in caring for patients with OUD.

Nature of the Study

In this study, I employed a qualitative method with a descriptive design, which involved a comprehensive summary of detailed events. I used this approach to gain an understanding of the experiences of nurses with various skill levels in managing pain and providing teaching while caring for patients with OUD. Participants were selected by purposive sampling based on the following inclusion criteria: only registered nurses (RNs) who either currently or in the past worked with patients with OUD in an acute-care setting. I conducted semi-structured interviews with participants via Zoom meetings to obtain rich, thick, in-depth information. Data were collected in its natural state without any attempts to manipulate or interfere with the normal unfolding of the events (Pati, 2016). I used Braun and Clarke's (2006) six-step thematic analysis approach to sort and analyze the data. I read and re-read the transcribed data to identify similarities and/or differences to discover themes and categories.

Definitions

The following key terms are defined to add clarity to the study:

Addiction: A relapsing disorder that is chronic and characterized by habitual drug-seeking behavior regardless of adverse consequences (National Institute on Drug Abuse, 2020).

Attitude: In the context of nursing is an emotional concept exhibited through feelings, beliefs, and behavior (Akhrani et al., 2018).

OUD: A problematic pattern of the use of opioids resulting in distress or impairment (American Psychiatric Association, 2013). OUD is also described as a lifelong chronic disorder with the potential to cause serious consequences, such as disability, relapse, and even death (American Psychiatric Association, 2018).

Personal experiences: Knowledge derived from a person being directly involved in a circumstance, situation, or event (Gray et al., 2017).

Substance use disorder: Frequent use of alcohol, drugs, or a combination causing extensive impairment, such as health issues; disabilities; and inability to meet significant responsibilities at home, work, or school (Substance Abuse and Mental Health Services Administration, 2020).

Assumptions

An assumption is believed to be true without having proof (Gray et al, 2017). The primary assumption made in this study was that there would be a number of participants available and willing to take part in this study. I also assumed that the participants would answer the interview questions honestly. The participants were assumed to be sincere

about being a candidate in the study and did not have other motives, such as expecting payment from the published work. These assumptions were critical and meaningful to the outcome of this study because they are directly related to the research process and the integrity of the study's result (Gray et al., 2017).

Scope and Delimitations

The scope and boundaries of this study included a population of only RNs in an East Coast metropolitan area. The inclusion criteria were RNs who currently worked or in the past had worked with OUD in an acute-care setting. These criteria were necessary because these specific participants had first-hand experiences working with people with OUD and could provide in-depth data. I used purposive sampling to recruit eight participants who fit the criteria. Patton (2015) specified that purposeful sample sizes are relatively small with a focus on information-rich cases that will illuminate the question(s) being studied.

The phenomenological inquiry framework relates to the type of research that I conducted, but I did not choose this research design for the study because it focuses on describing what individuals experience and how they have come to experience the experience (see Patton, 2015). This design also looks at how participants incorporate the phenomena they experience to make sense of the world and, thus, develop a worldview (Patton, 2015). Although I attempted to find out the participants' worldviews, my aim was not to describe how participants come to experience what they experience; therefore, I did not choose this design. The quantitative approach also relates to this area of study but was not chosen because it would involve measuring the various perspectives and

experiences, then categorizing and assigning numbers according to the responses (see Patton, 2015). I did not aim to measure the nurses' perspectives and experiences but wanted to gain an understanding; therefore, I used a qualitative descriptive approach to obtain an understanding of the experiences of nurses with various skill levels in managing pain while caring for patients with OUD.

I explored different models for use in this study, such as Watson's theory of human caring and Leininger's culture care theory. Watson's model is based on the humanistic, spiritual, and ethical dimensions of care (Riegel et al., 2018). The model takes into consideration the characteristics of the human beings and their bio-psycho-spiritual-social needs, which could contribute primarily to the growth of holistic critical thinking and the character of the nurse in the field of caring, teaching, and research (Riegel et al., 2018). This theory would have been appropriate because it focuses on holistic patient care of various dimensions that nurses could provide details about their "caring moments" with patients with OUD. However, I did not choose this theory because this study was focused on understanding the experiences of nurses who care for patients with OUD and not how they provide care to patients. Leininger's culture care theory is based on the notion that nurses understand and address the culture and behaviors of those individuals they serve to provide holistic care (Steefel, 2018). Although use of this model would have allowed nurses to provide details about providing culturally congruent care to this population, it was not chosen because this study focused only on the experiences of nurses caring for patients with OUD.

In terms of transferability, the findings of this study may have potential in other parts of the country where RNs work with people with OUD in an acute-care setting. The current, published literature represents nurses in various areas of the country but not nurses in the DMV area. In this study, I provided a clear description of the setting, sample, and method so that readers of the study can use their judgment to decide whether the study applies to their particular scenarios (see Burkholder et al., 2016). The rich details about the setting, sample, and the method used in this study enables transferability of the findings to other population of interest (see Gray et al., 2017). Caring for people with OUD may be the same in settings similar to this study, and the findings could therefore be transferable.

Limitations

Limitations in a study identify weaknesses in the study's design and/or methodology (Burkholder et al., 2016). This qualitative descriptive study has several potential limitations. The first limitation was that the recorded and transcribed data for the study were collected via Zoom interviews. Conducting the interviews via this platform could have affected the data collection due to the lack of social interaction; however, due to the current COVID-19 pandemic, use of this platform was necessary because participants were less likely to meet in person for a face-to-face interview. The Zoom platform also provided each participant with the option of clicking on either visual/audio or audio-only interview. Seven of the eight participants chose to be interviewed by only audio, which prevented me from observing their facial expressions

and body language. I overcame this limitation by collecting the participants' rich, in-depth responses to the interview questions.

Another limitation of the study was that I included only nurses who worked either previously or currently with patients with OUD in an East Coast metropolitan acute-care setting. This limitation excluded nurses who worked in diverse clinical settings in other regions of the country and may have different experiences. Additionally, the nurses interviewed in this study included only female nurses. Male nurses may have different experiences. Lastly, as the researcher, I have worked with patients with OUD, which may pose certain biases. However, I was mindful to address this issue through reflexivity and self-awareness throughout the entire research process.

Significance

This study addressed the gap in the literature related to understanding the experiences of nurses with various skill levels in managing pain and providing teaching while caring for patients with OUD. In this study, I also identified the support and skill needs of the nurses. Previous studies have examined nurses' lack of training and negative attitudes towards patients with substance use disorder (SUD) (Hodgins et al., 2019; Horner et al., 2019; Kennedy et al., 2018; Smyth, 2019), which includes OUD, but I found no published studies that investigated the experiences of nurses with various skill levels in managing pain while caring for patients with OUD in an East Coast metropolitan region. Therefore, this study represents an original contribution to nursing practice by providing insight into the experiences of nurses in an East Coast metropolitan region. The data attained could be used to improve care, help to empower nurses, and

encourage support and education for nursing practice regarding care of patients with OUD.

Horner et al. (2019) emphasized the perspectives of nurses should be heard and addressed proactively. In so doing, professionals in the nursing field could become better informed of the nurses' needs. The data obtained from this study could perhaps bring about a positive social change by using nurses' voices and experiences to help bring about policy changes in nursing practice, advance the nursing profession, and improve patient care as well as human and social conditions.

Summary

In Chapter 1, I provided the background information on the topic and identified the gap in the literature. In the problem statement, I reviewed the problem regarding nurses with a lack of training on how to care for people with OUD. Further review of this problem could provide valuable information with which to improve the care of people with OUD. My purpose in this study was to develop an understanding of the experiences of nurses with various skill levels in managing pain in patients with OUD in an East Coast metropolitan region. I used a qualitative descriptive approach to elicit rich, thick information from nurses about their experiences. The research question and the theoretical framework comprising Benner's novice to expert theory, derived from the Dreyfus model of skill acquisition, helped to guide the study. The nature of the study, key definitions, and assumptions were identified. The scope and delimitations and limitations were also discussed. I described the significance of the study in helping to identify the

nurses' need for empowerment and support in providing care for patients with OUD, which could lead to a positive social change.

Chapter 2 will begin with an introduction that is followed by a discussion of the literature search strategy, the theoretical foundation, the literature review related to the key concepts, and a summary.

Chapter 2: Literature Review

The purpose of this qualitative, descriptive study was to develop an understanding of the experiences of nurses with various skill levels in managing pain while caring for patients with OUD in an East Coast metropolitan region. I determined that the nurses' experiences were most suitably examined through the qualitative method because this approach enabled nurses to share and describe their experiences of working with patients with OUD. The goal of this study was to contribute to the improvement of care of people with OUD by identifying characteristics of the nurses' skill levels in managing pain and providing teaching while caring for patients with OUD.

When nurses are educated about opioids and take time to do patient teach-back, the patient's understanding can be established, documented, and improved (Waszak et al., 2018). Most importantly, Horner et al. (2019) specified that the voice of nurses should be heard to reduce stigma, burnout, and enhance patient care. Thus, I conducted this investigation of nurses' experiences related to care of people with OUD to help identify characteristics of the nurses' skill levels. In this section, I discuss the literature search strategy, theoretical foundation, and the literature review that guided this study.

Literature Search Strategy

I conducted a comprehensive review of the peer-reviewed literature on the experiences of nurses who care for patients with OUD in various clinical settings with different skill levels. The databases I searched were EBSCO, CINAHL Plus, Google Scholar, MEDLINE, PubMed, and ProQuest. The key terms and combinations of search terms used in each database to identify germane scholarship were: *qualitative study*

opioid epidemic and nursing, qualitative study of OUD and experiences of nurses, nurses AND perception AND opioid, nurses AND patients AND opioid epidemic AND study AND qualitative, nurses AND patients AND opioid epidemic AND study, nurses AND experiences AND patients AND OUD, OUD AND nurses AND perception, qualitative study nurses' perception of patients with OUD, opioid AND nurses AND perception, opioid crisis, and *nurses AND study.* Most of the studies were published in the United States, but some were international studies. Due to the low number of six relevant articles found on the topic, I extended the search to further include the experiences of student nurses and advanced practice registered nurses (APRNs). Most of the articles included in this study were published within the last 5 years, ranging from 2016 to 2021, but two seminal papers relevant to the study dated back to the 1980s.

Theoretical Foundation

This qualitative descriptive study was guided by a theoretical framework composed of Benner's (1982) novice to expert theory, which was derived from the Dreyfus (1980) model of skill acquisition. The model resulted from a study of chess players and pilots conducted by professors Hubert Dreyfus and Stuart Dreyfus at the University of California, Berkeley, entitled *A Five-Stage Model of the Mental Activities Involved in Directed Skill Acquisition* (Benner, 1982). Dreyfus and Dreyfus (1980) proposed that students pass through five stages of development while acquiring a skill by way of instruction: novice, competence, proficiency, expertise, and mastery. Dreyfus and Dreyfus also proposed that students are less dependent on abstract principles and more dependent on concrete experiences as they gain skill. The authors then concluded that

skill training procedures of any kind must be based on a skill acquisition model so that each learning stage can be addressed concerning the appropriate matters involved in enabling advancement (Dreyfus & Dreyfus, 1980).

Delineations

In this subsection, I provide the delineations of the assumptions of the five stages.

Stage 1: Novice

In this first stage, the beginner student can recognize features without the need of experience, then given rules for determining an action based on these features (Dreyfus & Dreyfus, 1980). Dreyfus and Dreyfus (1980) referred to this domain as nonsituational. In other words, features that can be recognized without previous experience in the instructional domain are referred to as nonsituational. In this stage, the novice requires monitoring either by instructional feedback or by self-observation to advance towards the conformity of the rule (Dreyfus & Dreyfus, 1980).

Stage 2: Competence

This stage is reached only after the student gains considerable experience in coping with real situations that either the student or the instructor can point out repeated meaningful patterns (Dreyfus & Dreyfus, 1980). This domain is referred to as situational in that the student has an understanding of their environment (Dreyfus & Dreyfus, 1980). The professors also pointed out that during this phase, a brain-state record is stored, and the instructor can formulate principles dictating action regarding these aspects. Dreyfus and Dreyfus (1980) referred to the presupposed experience-based meaningful elements as guidelines.

Stage 3: Proficiency

In this stage, the student has been exposed to a wide range of typical whole situations in which each situation, for the first time, obtains a meaning that is relevant to achieving a long-term goal (Dreyfus & Dreyfus, 1980). The researchers further explained that the brain-state in correlation with the student's experiencing a whole situation from a certain viewpoint is organized and stored in a way that provides the student with a basis to recognize similar future situations (Dreyfus & Dreyfus, 1980). In other words, in this stage, the student uses principles from memory that Dreyfus and Dreyfus (1980) referred to as maxim to determine the appropriate action.

Stage 4: Expertise

In this phase, the student has reached the final stage in the stepwise improvement mental processing by using the rule, guideline, or maxim to connect a general situation to an action. In this stage, the student has now developed a vast range of experienced situations in that each specific situation receives an immediate intuitive appropriate action (Dreyfus & Dreyfus, 1980). In other words, intuition is made possible because the student at this stage has developed a specific response for each type of previously encountered situation.

Stage 5: Mastery

In this stage, Dreyfus and Dreyfus (1980) asserted that although the level of expertise is the highest level according to their model, the expert has the capability of rising to levels of intense absorption in this craft, demonstrating skill that transcend its usual high performance.

Benner's Novice to Expert Theory

Benner's novice to expert theory centers on the view that over some time, nurses develop skill and understanding of patient care from both a combination of strong skill background and personal experiences (Petiprin, 2016). Benner (1982) posited that an individual transitions through five levels of proficiency:

1. Novice: Beginner with no previous experience.
2. Advanced beginner: Persons with minimal performance level gained from the actual nursing situations.
3. Competent: Persons with an average of 2 or 3 years of experience in the same field.
4. Proficient: Persons who have a more comprehensive understanding of nursing.
5. Expert: Persons are intuitive and have immense background experience.

Previous studies guided by the Dreyfus model of skill acquisition show how the theory has been applied in ways similar to the current study. Benner (1982) conducted a study using the Dreyfus (1980) model of skill acquisition and found the model could be applied to nursing because it takes into consideration skilled performance in increments based upon experience and levels of education. Benner also found the model provides a basis for the development of clinical knowledge and career advancement in clinical nursing. Similarly, Maddy and Rosenbaum (2018) used the Dreyfus model of skill acquisition to classify general leadership levels. Cheng et al. (2020) used the model to show how debriefing skills develop over time, and Driver et al. (2017) used it to analyze the effectiveness of a tool they developed to determine the skill progression of learners.

Benner's (1982) novice to expert theory served as the foundational framework of the current study. In the theory, Benner described steps specific to skill levels and considers the various levels of nursing skill, experience, and education. Thus, it enabled me to identify characteristics of the nurses' skill level in caring for patients with OUD, which could help to promote the creation of new guidelines for teaching and learning opportunities. Benner stated that when the model is applied to nursing in combination with the interpretive approach, it enabled the development of guidelines for career and knowledge development in the field of nursing. Therefore, Benner's theory was the most appropriate choice because the data collected revealed different patterns in characteristics of care based on the nurses' experiences. The aim of this study was to explore the experiences of nurses with various skill levels in managing pain while caring for patients with OUD; consequently, the knowledge obtained could be used to build upon Benner's existing theory.

Literature Review Related to Key Concepts

Four major constructs discussed within the literature reviewed regarding nurses include personal experiences, pain management, opioids, and patient teaching. To date, published studies addressing nurses' experiences regarding care of patients with OUD have been minimal. On close investigation, a review of the literature produced no published studies that addressed the experiences of nurses with various skill levels in managing pain while caring for patients with OUD in an East Coast metropolitan area.

Personal Experiences

Personal experiences in nursing allow an individual to obtain skills and expertise by providing care to patients in a clinical setting (Gray et al., 2017). Horner et al. (2019) conducted a qualitative study at a medical center in the United States using a grounded theory approach to assess the attitudes, perceptions, and training needs of nurses regarding the care of patients with OUD. Their study showed that nurses experienced challenges with pain management, communication, and concerns of threats to their personal safety, including feelings of burnout. Nurses in their study also perceived they lacked the skill required to care for this population. These challenges were evident in other areas of health care as well. For instance, in a qualitative study using Eriksson's theory of caring, Johansson and Wiklund (2016) described the care encounter experiences of nurses in the inpatient psychiatric care unit with patients suffering from substance and OUD as multifaceted vigilance and an internal struggle. They then suggested that nurses' interactions with patients with OUD posed a challenge, and nurses may find it difficult to maintain structure on the unit as they try to develop caring and credulous relationships with patients.

Other researchers have identified different types of challenges nurses have experienced. For example, Hodgins et al. (2019) conducted a qualitative case study of a team of community health care workers in a U.S. hospital to identify the needs of pregnant and postpartum women with OUD. Their findings showed, among other things, that health care workers, including nurses, experienced challenges with establishing trusting relationships with patients. Similarly, Shaw et al. (2016) conducted a qualitative

study using grounded theory and semi-structured interviews to explore the perceptions of obstetric nurses providing inpatient care to pregnant and parenting women with histories of opioid abuse. They found that nurses experienced challenged feelings, concerns for mother and infant, knowing the truth, and the need for more knowledge. In another study, St. Marie (2016) used a qualitative narrative approach to explore the experiences and perceptions of U.S. APRNs as they cared for patients with coexisting SUD and chronic pain. Their findings showed that APRNs experienced an increase of patients with SUD in their practice, along with many barriers to safe and effective care because physicians lacked the time or were restricted from providing this type of care based on policies or regulations. The barriers included lack of insurance, lack of access to addiction specialists and psychologists, and nonmedical modalities. APRNs also applied their knowledge and skill without formal education or training concerning care for patients with SUD.

Nurses have experienced illegal drug activity during care of people with OUD. In a more recent qualitative, descriptive study, Strike et al. (2020) focused on the illicit drug use of hospitalized patients and how health care providers and the patients describe, respond to, and attempt to manage the problem. Their findings showed that many of the patient participants admitted to using illicit substances during their admission, while some health care providers were either unaware, acknowledged the illegal activity occurred, or could not recall a hospital policy centered around illicit drug use. Most of the health care providers applied their principles to guide their actions to the challenges of illicit drug activity by ignoring or increasing the observation of the patients. Similarly, Bearnot et al. (2019) conducted a qualitative study using a grounded theory approach to

explain the prior experience of care of patients with OUD-associated endocarditis and health care providers who delivered the care. Like the previous studies, their findings showed the nurses' caring experiences of patients requiring long-term simultaneous treatment of OUD and endocarditis were challenging and complex. Mędrzycka-Dąbrowska et al. (2018) conducted a descriptive, exploratory survey at a Polish hospital to identify the experiences and perceptions of nurses regarding barriers to the management of pain in postoperative, older adults. They found that a significant barrier was the lack of professional publications available in the Polish literature and the nurses' inability to critically analyze scientific articles published in English.

One strength of the abovementioned studies was that the qualitative approach used enabled nurses to share rich, insightful information. One weakness was that most of the studies were conducted at only one hospital site, and therefore, the results may not be transferable to other settings in hospitals across the country.

Pain Management

According to Veritas Health (2021), "pain management is a medical approach that draws on disciplines in science and alternative healing to study the prevention, diagnosis, and treatment of pain" (para. 1). Often, pain is undertreated in hospitals due to nurses' caution to administer opioids (Guest et al., 2017). Since pain is subjective, effective pain management of patients with OUD due to perceived drug-seeking problematic characteristics (Strike et al., 2020) remains controversial. Many published studies have examined the barriers to effective pain management. Guest et al. (2017) conducted a quantitative study at two London hospitals and one northern German hospital to identify

the model-influencing factors that contribute to nurses failing to administer opioids. The study's findings showed that nurses applied both analytical and the affective mental model when making decisions to administer opioids. The study also found that the nurses' attitudes and emotions towards opioids, influenced by their cultural backgrounds and experiences, rather than from formal teaching were barriers to effective pain management.

Moore's (2020) peer-reviewed article provided valuable information about caring for hospitalized patients with OUD. Among the argument presented in the article was ways nurses can identify addiction such as assessing for withdrawal symptoms, checking the patient's skin for needle marks, abscess, and cellulitis. The article also referred to a condition known as opioid-induced hyperalgesia (OIH). It is a type of hypersensitivity of pain in patients brought on by long-term use of opioids. Providing adequate pain management is a topic of discussion crucial to delivering optimal care to patients with OUD, and many scholars continue to argue that nurses require proper learning.

Onsongo (2020) conducted a study in Kenya using a focused ethnographic method to explore the barriers to cancer pain management among nurses who care for cancer patients in the oncology ward. The study's result showed that lack of training in pain management, fear of opioids, patients with advanced disease, workload, burnout, lack of clear pain policies, lack of specialization, and negative attitudes were barriers to providing effective pain management. The study suggested that management of pain due to cancer can be improved when nurses in subcultures share the same knowledge, skill, beliefs, and attitudes concerning pain management. Likewise, Tallman et al. (2019)

conducted a qualitative cross-sectional descriptive study in a midwestern hospital system in the United States to examine the perception of nurses' barriers regarding pain management for patients with OUD. The study's findings showed that nurses were apt to use nonpharmacological means for managing pain such as imagery, physical therapy, and other holistic measures. The barriers found in the study included the patient's self-report of pain, the nurses' assessment of the patient's pain behavior, and a lack of support from physicians. The findings also showed that nursing texts included considerable amounts of inaccurate information regarding addiction, and until corrections are made the problem concerning pain management will persist (see Tallman et al., 2019).

Additionally, Chen et al. (2020) conducted a study of members of the American Association of Heart Failure Nurses, using a cross-sectional online survey to investigate nurses' perceptions regarding pain management in patients with heart failure. The findings were that inadequate pain management for heart failure was due to nurses’ lack of knowledge of opioid use, lack of awareness and consideration for pain, no pain assessment guidelines, and complex pain management of patients with multiple chronic conditions. In another study conducted in Palestine, Haneen et al. (2019) used a cross-sectional survey to assess knowledge, practices, perceived barriers, and the delaying of procedures related to the management of cancer pain. The findings were that inadequate pain assessment, inadequate knowledge regarding pain control, and strict regulation concerning opioid use were the most perceived barriers. Contacting the physician for the pain medication order was reported as the main cause for delay in the pain management process. In a recent study, Dunwoody et al. (2019) used an interpretive phenomenology

approach to obtain an understanding of the collective meaning of opioid-induced sedation and shared practices in the setting of postoperative management of pain by expert post anesthesia care unit nurses during pain management with opioids. The findings showed that nurses' practical understanding and knowledge of pain management with opioids is an iterative process based on their experiences. In other words, the nurses adapted their practices regarding pain management with opioids based on their perception of the patient's level of sedation.

Similarly, Rahman et al. (2021) examined nurses' knowledge, characteristics, and attitude regarding pain management. The findings showed that emergency department nurses and oncology nurses scored higher than nurses on the general units. But overall, nurses require continuous education. Most nurses expressed having feelings of inadequacy in the ability to care for patients with OUD, and their knowledge concerning pain treatment came from their work experience and their colleagues. Also, most of the nurses viewed the patient's describing of their pain as dishonest and exaggerated, while one-third held the belief that opioid use for pain relief contributed to opioid addiction. Moreover, the study suggested that nurses have shortcomings as it relates to competency in evaluating and treating pain. One strength of the studies above was that most were cross-sectional studies that are relatively inexpensive to conduct. One weakness was that one of the studies conducted in Palestine used a convenience sample in which the result of the study may not be generalizable to all nurses. Another study included nurses with high levels of skill and extensive clinical knowledge, which nurses with less knowledge may have a different result.

Other studies highlighted nurses' inadequacy of pain management of patients with OUD. For example, Shoqirat et al. (2019), conducted a mixed-method study to explore the attitudes and the experiences of Jordanian nurses concerning opioids, particularly morphine, within the surgical setting. The findings showed the majority of nurses expressed that morphine was the last resort they administered for pain management. The study concluded that nurses had a negative attitude and lacked knowledge regarding the use of morphine for pain relief in the surgical setting. In an integrative review, Fournier and McCurry (2020) researched studies from the United States and Australia to explore OUD educational programs offered to practicing nurses in the medical-surgical settings and to identify the methods used to evaluate their effectiveness. The result of the integrative review reviled there are no established standardized process designed to educate acute care nurses on OUD, and instruments to measure the effectiveness of educational intervention were lacking.

Bearnot, et al. (2019) conducted a qualitative study to elucidate the prior experience of care concerning patient with opioid use disorder-associated endocarditis and those health care providers who delivered the care. The study's findings showed that care for this population is complex and requires long-term simultaneous treatment of OUD and endocarditis. Also, both the patients and the health care providers agreed that the current health care system is not well-prepared to meet the complex needs of this population. Additional studies have found that Hispanic nurses (Bloch, 2017), and nurses in Saudi Arabia (Panlican et al., 2020), Ghana (Adams et al., 2020; Menlah et al., 2018), South Africa (Lourens et al., 2020), and Egypt (Khalil, 2018) have inadequate knowledge

and negative attitudes regarding pain management. One strength of the above studies was the common findings which were the nurses' lack of knowledge concerning pain management. One weakness of the above studies was that most were conducted at one hospital site, and nurses in other hospitals may have different views.

Opioids

Opioids are a class of drugs which include narcotics such as heroin, morphine, fentanyl, hydrocodone (Vicodin), oxycodone (OxyContin), codeine and a list of other drugs (National Institute of Drug Abuse, n.d.). Lewis and Jarvis (2019) conducted a qualitative study to examine the experiences of nursing students and their attitudes regarding their interactions, perceptions, and educational preparedness to care for people with OUD. The study concluded that nursing students may be easily influenced by experienced nurses with a negative attitude and inadequate training which could perpetuate misinformation, stigma, and improper care of patients. The study suggested that skills used to manage difficult situations should be included in nursing education to reduce avoidance behavior and moral distress in nursing students towards people with OUD. Similar results were found in Mahmoud et al.'s (2018) pilot study that tested the efficacy of Screening, Brief Intervention, and Referral to Treatment (SBIRT) education and training for undergraduate nursing student's working with patients with opioid and alcohol problems. The findings showed that after a 15-week semester of applying the SBIRT training, student's stigma of people with SUD decreased in perceived dangerousness, fear, and social distance.

Other studies have had similar arguments. Alnajar et al. (2019) conducted a descriptive cross-sectional study on an oncology unit in a Jordanian hospital to evaluate knowledge and attitudes towards cancer pain management among Jordanian nurses. The study's findings showed that nurses who worked on the oncology unit had a fair knowledge about the guidelines of cancer pain management, but were unknowledgeable about pharmacological management and showed a negative attitude concerning opioid addiction. The study also suggested a lack of pain management education in the nursing curricula, and pain education programs in hospitals linked to nurses' deficient knowledge and attitude. Goodwin, et al. (2019) conducted a qualitative descriptive study to gain an understanding of the views of registered nursing staff in the way they deliver medication education to undergraduate mental health nurses. The result of the study showed nursing students had insufficient knowledge with medication groups, side effects, and interpreting the Kardex and charts which could lead to medication errors. Also, experienced nurses indicated that nursing programs are not always adequate in preparing students in medication management.

Similarly, Kaiser (2020) used a survey to assess the general knowledge concerning opioids among nurses in a nonprescribing patient care role. The findings showed that nurses were knowledgeable about basic pharmacology, including non-opioids pain relievers and chronic versus acute pain in patients. However, the study suggested that pain management related to the use of opioids should be included in nursing education. Furthermore, in an integrative review of qualitative and quantitative studies, Bell and McCurry (2020) found that an update of knowledge and skill which

includes assessment of the patients, strategies for evaluation, and therapeutic interventions are needed to properly care for people with OUD. One strength of the above studies was the shared knowledge that appropriate nursing education impacts patient outcomes. One weakness was that only nurses in the medical setting were interviewed in the studies and nurses in other settings may have different views.

Other studies focused on the inclusion of opioid education for nurses through various means. For example, Carlson et al. (2020) conducted a descriptive, cross-sectional survey of the State Boards of Nursing throughout the United States to determine the kinds of content and to what degree each State Board of Nursing in the United States provide data and education to nurses towards mitigating prescription opioid misuse and diversion. The findings showed that less than one third of the states had mandatory pain management or opioid prescribing education for nurses and nurse practitioners. The recommendations were that all states provide mandatory teaching, especially to APRNs to assist nurses with mitigating opioid misuse, diversion, and prescribing. Markocic et al. (2016) used a pre-post-test design to develop an opioid education program geared towards identified knowledge deficits and to evaluate the effects of the customized skill program on knowledge of safe prescribing and administration of opioids. The findings were that the opioid education program was effective with improving pain management knowledge of nurses and junior physicians regarding the prescribing and administering of the narcotic.

At a medical school in the United States, Dumenco et al. (2019) developed a patient panel interprofessional educational workshop on OUD to address nurses' beliefs

and attitudes towards people with OUD. The findings showed that incorporating a patient panel within an interprofessional educational workshop for health care students led to a positive change in the attitude of future health care professionals toward people with OUD. Jackman et al. (2020) conducted a quantitative study and also found that workshops are effective with improving attitudes towards patients with addiction. Campbell (2020) conducted a qualitative descriptive study to examine the perspectives of nursing faculties who teach pain management content in prelicensure nursing programs. They found that faculties perceived the opioid crisis differently from the legitimate use of pain medication and that the nursing curriculum should improve pain management learning in nursing education.

Additional studies focused on opioid education. Padgett et al. (2020) used an unfolding case study of an entire family that focused on the ramifications of opioid addiction on the family unit after an adult client involved in a motorcycle accident became addicted to opioids. The study concluded that the unfolding case studies can be integrated into the nursing curriculum for assessment and critical care which allows for interdisciplinary use. Compton and Blacher (2019) conducted a review that provided an overview of the curricular elements required for integration in the nursing curriculum to prepare students to care for patients with opioid addiction. They concluded that addiction and chronic pain causes suffering for patients, and nurses play a key role in reducing the pain and addressing the opioid crisis. The review also showed that classroom and clinical learning should include competencies that emphasize the use of multimodal and

nonpharmacologic pain management approaches, opioid-centered patient teaching, and teaching ways to identify and advocate for patients with SUD.

In a study conducted in the United States, Costello (2016) used a quasi-experimental pretest-posttest design on a gastrointestinal surgical unit to determine if an educational intervention would improve nurses' and subsequently the patient's knowledge safely using opioids. The study's results showed an increase in nurses' knowledge regarding opioid use, storage, and disposal which coincided with an increase in patient education about their opioid prescriptions during discharge. An increase in nurses' knowledge was also evident in Jun et al.'s (2021) study that explore the experiences of nurses using an opioid sparing protocol for post cesarean patients. Nurses reported the protocol was effective, designed well, and flowed well with their routine. They were also surprised at how well the patient's pain was managed without opioids, stating it was better than prior pain regimens.

One strength of the above studies was that pain management improved with education, and purposive sampling used in some studies enabled rich information from the participants. One weakness in the above studies was that the survey was long, and the sample represented mostly adult inpatient nurses. Nurses in other areas such as long-term care, pediatrics, and behavioral health were underrepresented. Other weaknesses included small samples and interviews of nurses from acute-care settings only, whereas nurses from other health care setting may have different views.

In studies outside of the United States, Salim et al. (2019) conducted a quantitative-experimental study of nurses in Dubai and found that educational sessions

helped to improve attitude and pain knowledge. In the United Arab Emirates, Al-Atiyyat et al. (2019) conducted a descriptive, correlational, cross-sectional study of nurses' cancer pain management and concluded that more evidence-based educational programs for pain management are needed. Germossa et al. (2018) conducted a quasi-experimental study at a University Medical Center in Ethiopia and found that nurses' knowledge and attitude related to pain management improved significantly after completing an educational program. In the country of Eritrea, located in Africa, Kahsay and Pitkajarvi (2019) conducted a cross-sectional quantitative study to determine nurses' knowledge level, attitude and perceived barriers regarding pain management and found that nurses had inadequate knowledge and poor attitude regarding pain management. Also, nurses with higher levels of education and training demonstrated a higher degree of knowledge for pain assessment and pain management. Ufashingabire et al. (2016), in Rwanda, also studied nurses' knowledge and attitude of pain using a quantitative descriptive survey and found that nurses were deficient in knowledge and had a negative attitude towards managing pain. The study also concluded that the nurses' level of education, as well as the hospital's high-quality standards that included regular refresher courses, had a major impact on the nurses' attitude regarding pain management, and suggested continuous training on pain management for nurses.

Additional studies have shown that pain management education has significant effect on nurses' attitude and management of pain and recommended nurses receive continuous pain management education in hospitals and undergraduate nursing curricula (Gadallah et al., 2017; Issa et al., 2019; Karaman, et al., 2019; Nuseir et al., 2016;

Samarkandi, 2018). One strength of the above studies was the common outcome of recommendations that supports the view that nursing education is needed to improve pain management. One weakness was that all of the studies were done in one specific setting in the hospital and may have a different result in other parts of the hospital.

Patient Teaching

Studies have shown a lack of patient teaching concerning proper disposal and storage of opioids upon discharge. For example, Merrill et al. (2019) conducted a mixed-method study to examine opioid prescription practice, how patients use opioids following a laparoscopic cholecystectomy, and the patient's knowledge regarding disposal of the unused narcotic. The study's findings showed that 71% of the patients perceived they had been prescribed too many pills, and 88% could not recall being taught how to properly dispose of the excess pills. The study suggested that nurses should provide patient teaching regarding the proper use and disposal of opioids. It also recommended the use of multimodal pain management and updates of postoperative protocols. Odom-Forren et al. (2019) used a mixed-method descriptive survey to study peri-anesthesia nurses' knowledge and how they go about promoting safe usage, storage, and disposal of opioids to patients in a United States ambulatory surgery setting. The study's findings showed that 82% of peri-anesthesia nurses discussed side effects with patients, 27% promoted safe usage, 23% promoted safe storage, and 18% promoted safe disposal of opioids with every patient.

Similarly, Lemay et al. (2019) conducted a qualitative study to gain understanding from the perspective of patients concerning the need for postoperative pain management

education. The study's findings revealed that patients were given preoperative information, but many reported they were not given postoperative information. Also, patients reported the need for obtaining postoperative information during the preoperative phase. Lemay et al. also reported that interventions should include narcotic education related to opioid use and abuse as well as nonmedication approaches for pain management. Thus, understanding the experiences of nurses with various skill levels regarding pain management is crucial for the delivery of optimal pain relief in patients with OUD. One strength of the above studies was that the overall research was geared towards preparing nursing students and nurses on how to provide better care for people with OUD. One weakness of these studies was that little information was provided on how schools of nursing and health care facilities may go about incorporating educational programs for nurses and nursing students to better provide care to people with OUD, which could perhaps lend itself to future research.

Chosen Methodology

For the current study, I used a qualitative descriptive approach to explore an understudied area concerning the experiences of nurses with various skill levels in managing pain while caring for patients with OUD, but specifically in the DMV area. The geographical location is important because the area has the fourth highest drug use in the nation (Kiernan, 2020), and no study was found in that region that focused on the nurses' experiences regarding managing pain to patients with OUD. As shown in the above literature review, most studies focused on a mixture of nurses and other health care provider's perspectives in caring for people with SUD which includes OUD. However,

the focus of the above studies was not on nurses in the East Coast metropolitan region. Using the qualitative approach allowed interpreting and clustering common themes and ideas from participants to represent the data as a comprehensive summary (Willis et al., 2016). The qualitative descriptive approach was the most appropriate and meaningful design of choice as the goal of the descriptive research is to provide a straightforward description of the phenomena and its characteristics (Nassaji, 2015).

Summary and Conclusion

In my literature review, I have provided insight into the published studies that have explored nurses' personal experiences regarding pain management, opioid education, and patient teaching for people with OUD. The majority of themes in the literature underscored the nurses' lack of knowledge in providing care to patients with OUD, inadequate pain management skill, and the need for nursing education concerning opioids. The studies fill a gap in the literature by identifying characteristics of health care provider's deficiency of knowledge in the care of patients with addiction that includes OUD (Hodgins et al., 2019; Horner et al., 2019; Kennedy et al., 2018; Lewis & Jarvis, 2019; Shoqirat et al., 2019). However, no study was found that explored understanding the experiences of nurses with various skill levels in managing pain while caring for patients with OUD in an East Coast metropolitan region. Thus, additional study is needed to examine the experiences of nurses within this region.

In Chapter 3, I will apply a qualitative descriptive approach to obtain an understanding of the experiences of nurses with various skill levels in managing pain while caring for patients with OUD in an East Coast metropolitan region. Additionally,

Chapter 3 will include a discussion of the research design and rationale; my role as the researcher; methodology; the procedures for recruitment, participation, and data collection; data analysis; and issues of trustworthiness and ethical procedures.

Chapter 3: Research Method

The purpose of this qualitative, descriptive study was to expand on the existing literature regarding understanding the experiences of nurses with various skill levels in managing pain while caring for patients with OUD, specifically in the DMV area. In this chapter, I discuss the research design and rationale; my role as the researcher; the methodology; the procedures for recruitment, participation, and data collection; data analysis; and issues of trustworthiness and ethical procedures.

Research Design and Rationale

The research design is the specific approach the researcher uses to answer the research question (Burkholder et al., 2016). The research question for this study was: What are the experiences of nurses with various skill levels in managing pain and providing teaching while caring for patients with OUD? In this study, I examined nurses' experiences in the care of patients with OUD in an East Coast metropolitan region in the hopes of improving patient care within this population. In this study, I used a qualitative, descriptive approach because qualitative, descriptive studies are used to describe health care and nursing-related phenomena (see Kim et al., 2017). This study was focused on obtaining rich data from various nurses who have cared for patients with OUD in an East Coast metropolitan region. Willis et al. (2016) stated that the findings of the qualitative, descriptive study may be reported as a comprehensive thematic summary consisting of common ideas of multiple, individual reports. The qualitative descriptive design was therefore the most suitable approach for this study.

Role of the Researcher

In this study, my role as the researcher involved recruiting participants for the study, conducting interviews, and collecting and analyzing data. I asked questions of the participants, listened to their responses, took notes, recorded, and answered questions or concerns. My duties included applying ethical principles, such as ensuring the data I collected were kept confidential in a safe place under lock and key. I maintained reflexivity, which Ravitch and Carl (2016) described as the constant awareness and monitoring of the researcher's role and the significant ongoing effect on the study. Reflexivity mitigated the potential for biases during the investigation because this action takes into account not only the researcher's role, but their culture, personal background, and experiences that could potentially shape the interpretation and meaning of the data in the study (see Creswell & Creswell, 2018).

Methodology

Participation Selection Logic

The population for this study included only RNs. I used the purposive sampling strategy to select participants. Purposive sampling is a deliberate selection of a group of people based on their unique ability to answer the research questions (Ravitch & Carl, 2016). This strategy enabled me to recruit participants with experiences relating to the research questions (see Ravitch & Carl, 2016). However, at first, I did not obtain an appropriate sample size to reach data saturation, so I included snowball sampling to achieve the necessary sample size.

The inclusion criteria were that each participant had to have worked or was currently working in an acute-care setting in an East Coast metropolitan region. The nurses also had to have experience working with patients with OUD and the ability to speak English fluently. The participants were known to meet the criteria based on an assumption that is believed to be true without having proof (see Gray et al, 2017). The primary assumption made in this study was that there would be a sufficient number of participants willing to take part in this study and they would answer the interview questions honestly.

Sample size is important in any study; therefore, the researcher should justify the appropriateness because insufficient sample size can diminish the credibility and quality of the outcome of the study (Gray et al., 2017). In this study, I recruited eight participants because this study had a clear focus, and fewer individuals are needed to acquire rich quality data when the topic of the study is clear (see Gray et al., 2017). I used LinkedIn, Facebook, and snowball sampling to recruit participants. Individuals who met the criteria and were willing to volunteer to take part in the study reached out to me on LinkedIn, or I contacted them by either phone or email. In a qualitative study, there is a relationship between saturation and sample size in that an adequate number of participants is achieved when saturation is achieved (Gray et al., 2017). I enrolled participants until I achieved data saturation and there were no new themes emerging from participants' interview responses.

Instrumentation

In a qualitative study, the researcher is the primary instrument (Ravitch & Carl, 2016). The semi structured, in-depth, one-on-one, Zoom meeting interviews lasted approximately 15 minutes to 1 hour. The semi structured interview approach allowed me to ask the same specific questions of all participants, but the order of the questions, the wording, and the follow-up questions, if needed, were unique to each individual (see Ravitch & Carl, 2016). As the primary instrument for the study, I asked each participant the same five interview questions:

Q1: How many years of nursing experience do you have?

Q2: What is your nursing education level?

Q3: What is your age?

Q4: What are your experiences with managing pain in people with OUD?

Q5: What are your experiences with teaching patients with OUD?

Creswell and Creswell (2018) recommended using only one or two central research questions and no more than five to seven subquestions, including the central research question(s), the icebreaker, and the wrap-up question. I included probing questions to gain rich data and obtain extensive descriptions of the participants' personal experiences.

I recorded the interviews via the Zoom platform and transcribed the participants' responses verbatim using an application called Otter. Participants were interviewed only once. I encouraged each participant to feel free to ask questions at any time during the interview because this action could help to build rapport. The semi structured, one-on-

one, in-depth, Zoom meeting interviews were sufficient to answer the research question of this qualitative, descriptive study. Microsoft Word and Braun and Clarke's (2006) six-step thematic approach were other instruments I used to assist with sorting, categorizing, and identifying themes. Together, these data collection tools were sufficient to help me with the answer to the research question.

Procedures for Recruitment, Participation, and Data Collection

Recruiting participants involves the ability to identify, access, and communicate with people who are representatives of the target population (Gray et al., 2017). Upon receiving approval from the Walden University Institutional Review Board (IRB), I commenced the recruitment of participants for the study. Initially, nurse participants were identified by posting flyers on LinkedIn and Facebook. When there were too few participants recruited for the study, I used snowball sampling, asking participants to recommend other potential participants for the study. If I still did not gain enough participants, my plan was to extend the participants to include nursing assistants.

To begin collecting data, I conducted a one-on-one, Zoom meeting interview with each participant. Each participant was interviewed once. The duration of the interviews took approximately 12 minutes for each participant. I recorded the interviews via the Zoom platform and transcribed them verbatim using an application called Otter. Once the recorded transcripts were fully uploaded and transcribed, I cut and pasted each one into Microsoft Word, arranged them, then labeled each with the participant's fictitious identity. Upon completion of the interview, the participant's participation ended with a debriefing. I thanked each participant for their valuable time and informed them their

participation was of great value and importance to assist in social change. I asked each participant if they had any questions or concerns and provided my phone number and email address so they could contact me at a later date. For follow up, I informed them they would receive a copy of their transcript to review and make corrections if needed. The interview script and interview questions are in the Appendix.

Data Analysis Plan

Qualitative research should be conducted in a manner that is rigorous and methodical to yield results that are meaningful and useful (Nowell et al., 2017). Burkholder et al. (2016) asserted that the way to achieve rigor is by presenting the methods in a manner that is as transparent as possible. To ensure trustworthiness, the researcher must demonstrate the data analysis has been applied in a way that is consistent, precise, and exhaustive through systematizing, recording, and disclosing the methods of analysis with detailed information so that readers can decide whether the procedure is credible (Nowell et al., 2017). Thus, the extent of details provided in the method and the sample are important (Burkholder et al., 2016).

I conducted this qualitative, descriptive study to understand nurses' experiences by reporting multiple perspectives to draw a larger picture of the issues (see Creswell & Creswell, 2018). I applied Braun and Clarke's (2006) six-step thematic analysis approach to analyze the qualitative data obtained from the interviews. Thematic analysis looks for common themes by identifying similarities and differences among categories during the coding process (Burkholder et al., 2016). The procedure involved reading and re-reading the transcripts. I then generated the initial codes before beginning to find the themes. The

themes were then reviewed, from which smaller categories were created and report of the analysis was produced. I used Microsoft Word to list, categorize, and highlight codes to develop themes.

Discrepancies can affect the validity of the study. However, this issue can be addressed through transparency in reporting by presenting the results of the data analysis in the form of a table that shows the themes in the first column and quoted examples in the second column (Gray et al., 2017). The use of tables in this manner increases transparency and interpretation of the analysis.

Issues of Trustworthiness

Trustworthiness is a critical feature of the qualitative study, is derived from rigor, and is essential for the study to be considered reliable and valid (Ravitch & Carl, 2016). Credibility, transferability, dependability, and confirmability are four critical aspects of trustworthiness that the qualitative researcher must establish. I address each of these features in the following subsections.

Credibility

Credibility attempts to produce a true picture of the phenomenon from the view of the participant (Ravitch & Carl, 2016). Some appropriate strategies that I used to establish credibility for this study included achieving data saturation, reflexivity, member checking, and the use of rich thick descriptions. Applying any of these strategies can help to add validity to the research findings (Creswell & Creswell, 2018). To establish credibility, I reached data saturation by interviewing participants until the categories and themes no longer revealed new insights (see Creswell & Creswell, 2018).

Transferability

Transferability refers to the study providing sufficient details that enable the reader to select whether the study can be used in a similar situation (Ravitch & Carl, 2016); therefore, using thick description in the analysis section of the qualitative study is crucial. Gray et al. (2017) stated that if the findings of the study are determined to be valid and trustworthy, a researcher should inspect the usefulness in applying it to practice. I established transferability in this study by providing thick descriptions of the interviews, the demographics, and evidence that supports the findings.

Dependability

Dependability refers to evidence of consistency in the data collection, analysis, and reporting process and changes or adjustments in methodologies that are made publicly transparent (Burkholder et al., 2016). Appropriate strategies used to support dependability in the qualitative study are audit trails and triangulation (Burkholder et al., 2016). Audit trails may include details about the journals, memos, location of the data collection, and reasons for code definitions and analysis (Gray et al., 2017). Triangulation involves soliciting data from various sources, such as additional participants, as a way of cross-checking and verifying evidence to reveal a theme (Rudestam & Newton, 2015). In this study, I established dependability through evidence of consistency by creating audit trails consisting of recorded transcripts, line-by-line coding, and merging of codes to develop themes. I also made journal notes that reflected my thoughts and feelings during the interviews.

Confirmability

Confirmability involves the researcher showing the steps taken that led to how the findings emerged from the data without the researcher's bias (Shenton, 2004). Reflexivity was an appropriate strategy that I employed in this study by recording ongoing notes of my role in the study. In the qualitative study, the researcher should maintain awareness by constantly monitoring their role and the effects it has on the study (Ravitch & Carl, 2016). In this study, I provided a clear explanation of the steps I took to show how the codes emerged to form themes, how the findings led to my conclusions, and how the thematic analysis approach assisted in the process. I used intracoder reliability to analyze the interviews and transcripts. Intracoder reliability refers to examining the repetition of a coding procedure by a single coder to estimate how the same results are produced (Jacinto et al., 2016).

Ethical Procedures

Ethical considerations are crucial in conducting research. Before conducting the study, the researcher must have the research plan reviewed by the IRB on the university campus for approval (Creswell & Creswell, 2018). The approval number I received from Walden University IRB for this study is 06-07-21-0899524. I also received a certificate through the Collaborative Institutional Training Initiative program for completing a human subjects protections training course. The certification number is 41982169.

Once approved, I began the recruiting process by posting flyers on LinkedIn and Facebook asking for volunteer participants for a study to investigate nurses' experiences in caring for patients with OUD. I also ended up using snowball sampling to recruit

participants. I emailed consent forms to volunteer participants who met the criteria for the study. Informed consent refers to ensuring that participants are fully aware of the nature of the study, the risk involved, and their willingness to freely participate (Rubin & Rubin, 2012). Before starting the interview, I reminded each participant that the interview was audio/video recorded. I read my script to ensure they understood what the study was about, what the risk and benefits were, that their identity and information would be kept confidential, and that they had a right to withdraw from the study at any time. The participants were also thanked again for consenting to participate before I asked if they were ready to begin. Each participant responded "yes."

As an RN who worked with people with OUD, I brought researcher bias to this study that could have posed ethical risks and influenced how the participants answered the interview questions based on their perception of my partiality (Gray et al., 2017). To avoid researcher bias, Gray et al. (2017) posited the researcher should avoid leading the participants with hints, gestures, or facial expressions for the purpose of obtaining the perspective the researcher wants from the participants. I made every effort to ensure objectivity as I am aware my biases grounded by my experiences could have shaped how I viewed, understood, and interpreted the data I collected.

Researchers are also obligated to ensure harm does not come to the interviewee as a result of the study (Rubin & Rubin, 2012). Rudestam and Newton (2015) emphasized that researchers must be sure the participants fully understand the project and the risks involved, such as emotional stress. I informed all participants of the risk and benefits. To protect participants from harm due to emotional stress, I provided a full

disclosure of the study's topic prior to starting the interview. I informed each participant about the study's purpose and privacy as well. The participant's name was not shared, and their inquiry responses was kept confidential. I also reminded each participant of their right to stop the interview at any time they felt uncomfortable. None of the participants admitted to feeling stressed. However, if any participant became stressed to the point of being harmful during the interview, my plan was to stop the interview and refer them to speak with a free licensed online therapist on Talkspace. At the end of the interview, I gave each participant a $10 eGift card to show my appreciation for their valuable time and a reminder it was no coercion to participate.

Maintaining the confidentiality or anonymity of all participants in a study is another obligation of the researcher. To ensure concealment, I assigned each participant an alphabet pseudonym to protect their identity. Also, I reassured them that neither their names nor anything that could identify them would appear in the study. Their identity was kept strictly confidential. Only myself, my committee chair, and committee members reviewed the data. Additional protection included storing data related to the study on a password protected USB drive. The data for this study will be destroyed after 5 years per the guidelines of Walden University.

Summary

In the qualitative descriptive study, interviewing is an appropriate data collection method used to answer the research inquiry. I used Zoom meetings to obtain information-rich viewpoint from each participant about their experiences working with patients with OUD. Burkholder et al. (2016) posited that the qualitative study should demonstrate rigor

through transparency. In the current study, I analyzed data using Braun and Clarke's (2006) six steps thematic analysis approach. It allowed me to find codes and themes that led to a final summary of the nurse's responses. Chapter 4 will follow with a discussion of the results of the study.

Chapter 4: Results

The purpose of this qualitative, descriptive study was to develop an understanding of the experiences of nurses with various skill levels in managing pain while caring for patients with OUD in an East Coast metropolitan region. To contribute to the improvement of care of people with OUD, it is necessary to identify the characteristics of the nurses' skill level in managing pain in people with OUD. To obtain this understanding, I used a qualitative, descriptive approach that involved using open-ended interview questions to elicit answers concerning the participant's experiences in caring for people with OUD. Common themes were seen as reported by the participants, and I clustered them together in a comprehensive thematic summary to present the data (see Willis et al., 2016).

In this chapter, I describe the setting, demographics, and data collection and data analysis procedures. The evidence of trustworthiness and the results are also presented. The research question I sought to answer was: What are the experiences of nurses with various skill levels in managing pain and providing teaching while caring for patients with OUD?

Setting

Recruitment for this study took place between July 4 and August 9, 2021. I joined a nurse group in both LinkedIn and Facebook and posted my flyers on both social media platforms. My recruitment material explained what the study was about and provided contact information for those who were interested and met the criteria to participate. I also used snowball sampling to recruit participants. Potential participants contacted me

either by phone or email to arrange an interview if they met the inclusion criteria. Two nurses did not meet the criteria, and two nurses agreed to do the interview but did not follow through. All the interviews were conducted and recorded via the Zoom meeting platform. I used an application called Otter to transcribe the interview recordings verbatim.

Demographics

I interviewed eight nurses for this qualitative study and recorded their responses via individual, Zoom meetings. Seven of the participants currently live in the East Coast metropolitan region and work with patients with OUD. One participant worked as a nurse with patients with OUD in an East Coast metropolitan region but currently lives on the West Coast. The age ranges of the nurses were 33 to 52 years old. The median age was 44. The nurses were all female with years of nursing experience ranging from 2 to 32 years with an average of 20 years of nursing. Four of the nurses had a master's degree in nursing, three had a bachelor's degree, and one had an associate degree in nursing at the time of the interview. The participants' demographic information is provided in Table 1.

Table 1

Participant's Demographic Information

Participant's demographic information	Number of participants (*N* = 8)
Gender	
Male	0
Female	8
Age range	
20–25	0
26–35	3
36–45	1
46–55	4
56–65+	0
Education	
MSN	4
BSN	3
ADN	1
Years of experience	
1–5 years	1
6–10 years	2
11–15 years	1
16–20 years	1
21–30 years	2
➢ 30 years	1

Note. MSN (Master of Science in Nursing), BSN (Bachelor of Science in Nursing), and ADN (Associate Degree in Nursing). *N* refers to the total number of participants.

Data Collection

During the data collection process, a total of 12 participants agreed to take part in the study. Of the 12 participants, only eight were interviewed via Zoom meeting. Two nurses did not meet the criteria, and two did not follow through with getting interviewed. Of the eight who were interviewed, only one participant opted to do a visual/audio

interview. The other seven participants chose to only use audio communication while being interviewed.

Location, Frequency, and Duration of Data Collection

Before proceeding with data collection, I received approval from the Walden University IRB (Approval Number 06-07-21-0899524). The data collection process began with posting a recruitment flyer on LinkedIn and Facebook. The flyer included the criteria for participating in the study, a time range the interview would last, and my contact information. I recruited nurses who either currently or in the past had worked with patients with OUD in an East Coast area. I also used snowball sampling in which I asked participants to invite other nurses to participate in the study.

I conducted a semi structured, one-on-one, in-depth interview with each of the eight participants through the Zoom meeting platform. The interviews occurred between July 4 and August 9, 2021. The average duration of the interviews was 12 minutes. I used open-ended questions to elicit genuine, in-depth responses from each of the participants. The interview questions I asked the nurses were:

Q1: How many years of nursing experience do you have?

Q2: What is your nursing education level?

Q3: What is your age?

Q4: What are your experiences with managing pain in people with OUD?

Q5: What are your experiences with teaching patients with OUD?

Probing questions should be asked immediately and sparingly (Rubin & Rubin, 2012). A probing question I asked one participant was: “Can you give me more details on that?” It

allowed further explanation and provided more rich details in answering the research question. Follow-up questions were unique to each participant. The interview script with the interview questions can be found in the Appendix.

Before taking part in the study, I provided each participant with a consent form via email with information about the study to ensure they understood the study and that their consent to participate was voluntary. Upon agreeing to take part in the study, each participant provided a time that was convenient for them to be interviewed. I then created and emailed a Zoom meeting link inviting them to join me in a meeting at the scheduled time.

All eight interviews were recorded in the Zoom meeting platform. I also used an audiotape recorder for backup. Each participant was informed that they were being recorded, and no one objected. After recording the interviews in the Zoom meeting platform, I uploaded the data to be transcribed in Otter. The Otter application provided verbatim transcripts. I read through each transcript while listening to the recordings and made corrections as needed. I also kept a journal of my thoughts and feelings while carefully reading the transcripts line by line, highlighting and creating codes for each salient word or phrase relevant to the research question. The codes were then sorted according to similarities and the data were summarized from each transcript separately to create themes. After reviewing the different themes from each transcript, I integrated the data to form a complete picture to explain what the participants said.

I maintained confidentiality by ensuring only the assigned alphabet letters were used to identify each participant in the transcript before sending a copy to each

participant as promised. Before being interviewed, one participant opted not to receive a copy of the transcript; therefore, I sent seven transcripts out to the remaining participants to check for accuracy. None of the participants replied with corrections.

During the data collection process, slight variations occurred concerning the data collection instruments. Initially, my plan was to use NVivo to assist with sorting, categorizing, and identifying themes. Instead, I decided to manually analyze the data following Braun and Clarke's (2006) six-step analysis process to sort, code, and categorize the data to find themes. I encountered only one unusual circumstance during the interview process in which background noise from one participant created distraction. However, the problem was corrected with the participant repeating herself and speaking louder for the recording.

Data Analysis

Upon completing all the interviews, I followed Braun and Clarke's (2006) six-step thematic analysis approach to analyze the qualitative data. To stay organized, I used Microsoft Word to list, categorize, and highlight codes that were similar and created a chart to show narrowing of the data and the themes. The first step was to become familiar with the data (Braun & Clarke, 2006). I did this by analyzing the data through reading and re-reading the transcripts and taking notes. After reading each line of the transcripts, the second step involved generating the initial codes by identifying and coding words and phrases that stood out across the entire data set (see Braun & Clarke, 2006). This process was done by writing a word or a phrase to describe the meaning of each phrase or statement. The third step was finding the themes (Braun & Clarke, 2006). Rubin and

Rubin (2012) described themes as a summary of a statement that suggests or explains what is happening and categories refer to labeling the themes. I completed this step by searching for patterns in the codes across the data set of all the interviews to find themes. The fourth step was to review the themes (Braun & Clarke, 2006). In this step, I reviewed the themes to ensure the themes work in relation to the codes and the entire data set. I did this by re-reading the transcripts to ensure I included all the important data. I then began to create smaller categories by merging data that were similar into the different categories. Similarities among the categories were noted and generalized the nurses' experiences in caring for patients with OUD. The generalized statement encapsulated the essence of the nurses' experiences. Step 5 involved recognizing and naming the themes (Braun & Clarke, 2006). In this step of the process, I named themes and subthemes that related to the research question and spent time interpreting the story the participants were telling as a whole. The three major themes that emerged were:

- Challenges and uncertainty: This theme describes the complexities the participants faced with managing pain and includes the subthemes of inadequate pain management, challenges with care, the patient's own plan for treatment, uncertainty about pain, and being unsure how to provide care.
- Witnessing signs of addiction: This theme describes the participants' report of physical signs of drug abuse, such as track marks; low pain tolerance; frequent requests for pain medication; and illicit drug use during the patient's hospital stay.

- Teaching and showing support: This theme describes how the participants helped the patients and includes the subthemes of educating, building trust, being nonjudgmental, providing resources, and showing support and encouragement.

Then in Step 6, I produced a report of the analysis which includes examples from the transcript.

Evidence of Trustworthiness

Credibility

Achieving data saturation is one of the appropriate strategies used to establish credibility (Ravitch & Carl, 2016). For this study, I reached data saturation by interviewing eight participants and identifying recurrent salient words and phrases until the categories and themes no longer revealed new insights (see Creswell & Creswell, 2018). I used reflexivity as an ongoing process during the interviews to keep myself in a state of awareness as to not interject my feelings into the interview. I accomplished this by writing my thoughts down about my feelings regarding each of the interviews. Member checking was also used, which is another important strategy for establishing credibility because it allows participants to verify the interpretation and accuracy of the researcher's analysis (see Ravitch & Carl, 2016). In the beginning of the study, one participant opted to not receive a transcript, so I sent seven of the eight participants a copy of their transcript to check for accuracy and respond if they needed to make changes. None of the participants responded back.

Transferability

Transferability refers to providing a clear description of the setting for readers to make their own decision about what can or cannot be applied to their scenarios (Burkholder et al., 2016). In this study, I used thick descriptions to provide the setting of the interview, stated the number of participants, and provided details of the evidence that supports the findings. Providing this level of detail may enable interested readers to apply it into practice.

Dependability

Dependability refers to the data collection being conducted in a manner that is consistent (Ravitch & Carl, 2016). The data I collected in this study were derived completely from the participant interviews. I used the thematic analysis technique to steadily analyze the data, form an audit trail, and endorse transparency to assure dependability. The audit trail is a thorough process that allows others to follow the steps taken in a study and reach the same conclusion (Creswell & Creswell, 2018). The audit trail for this study consisted of the recorded transcripts, line-by-line coding, and merging of the codes to form themes. It also included journal notes that reflected my thoughts and feelings about each of the interviews.

Confirmability

Confirmability involves acknowledging and exploring the ways in which the researcher's biases and prejudices may be inserted into their interpretation of the data (Ravitch & Carl, 2016). To achieve confirmability, I applied reflexivity by recording ongoing notes of my thoughts and feelings while being mindful not to inject those

emotions into my interpretation. I also provided a clear explanation of the steps taken to show how the codes emerged to form themes and how those themes led to my conclusions.

Results

The research question was, what are the experiences of nurses with various skill levels in managing pain and providing teaching while caring for patients with OUD? Three themes resulted to answer the research question. The themes derived from an in-depth analysis of the recorded transcripts using hand coding. The themes were: challenges and uncertainty, witnessing signs of addiction, and teaching and showing support.

Theme 1: Challenges and Uncertainty

In this study, most participants expressed feelings of challenges and uncertainty as they cared for people with OUD. Several of the nurses talked about feeling unsure about how to care for people with OUD and that managing pain can be challenging. A code word used to describe how the nurses felt about managing pain was the word "challenging." The theme challenges and uncertainty were described as difficulty providing care and feeling unsure by some nurses. For example, Participant A stated, "I find it a little bit difficult treating them because they want more than you can help them." Participant A also said that "Sometimes it is hard using the pathway as far as the guidelines. They come in with their cocktail, so to speak." Participant C simply stated, "It's complicated. That's what I would say." She also said, "No one can tell you whether you're in pain or not but then, when you're dealing with someone who abuses opioids, it's

harder to trust." Participant D said her experience with this population is that "There's usually set parameters and times to give medications, and a lot of times before that medication is due again, the patient is usually excessively calling for medication." Participant G made a similar comment by stating, "When you say the pain mediation will be given every 4 hours, after 4 hours, they will call you whether they are in pain or not, they will call you. How do you manage those types of patients?" Participant G also said,

> Working with patients with opioid disorder is kind of challenging, in the sense that we have to…make sure that we are really treating their pain because some of them will say they are in pain, while they are not in pain, they just want the medication.

Participant H shared her experience about an opioid addicted patient she described as difficult. She said, "There was no amount of opioids that we gave, that could sort of take care of that pain. I saw it more abusing it than actually, you know, using it for what it's intended for." These statements helped form the categories "facing challenges" and "expressing uncertainty," which led to the overreaching theme of challenges and uncertainty.

Theme 2: Witnessing Signs of Addiction

Caring for patients with OUD can be difficult, but during the interview, some of the nurses spoke about their experiences regarding signs of drug addiction in patients. The word "observing" was another code from the interviews, which involved what the nurses observed as they cared for patients with OUD. I named this, witnessing signs of addiction because it involves the nurses' description of the patient's behavior or

appearance. For example, Participant B stated, “If they're used to a lot of analgesics, especially opiates, their tolerance for pain is low. And they're, you know, just highly functioning normal. So that's what I've noticed.” Participant D shared that,

> I tend to have patients that come in with various track marks on their bodies to the point where I'm unable to do blood draws because they have blown all their veins from shooting needles or drugs up their arms. Particularly cocaine or heroin is a lot of their drugs of choice. So, their bodies build tolerance, where the pain medication is not, is not reducing or eliminating their pain.

Participant G said, “For the pain seeker, most of the times, are those who are on the clock, when you say the pain medication will be given every 4 hours.” The same participant also said, “They will call you whether they are in pain or not, they will call you.” A similar statement from Participant D was that “before that medication is due again, the patient is usually excessively calling.” Participant H said this about what she witnessed, “Sometimes his friends will visit, and we realize that anytime they come in and they leave, he's knocked out. So, we're suspecting that people who were visiting, were bringing in stuff.” The same nurse also said, “I saw it more abusing it than actually, you know, using it for what it's intended for.” And Participant B talked about her experience with surgical patients with addiction, she said, “If they're on, say heroin or methadone, they have very, very low tolerance to pain so, you pinch them, and they scream as if you cut their finger off. Okay, they need more medications to get the relief that they're seeking.” Participant D made a similar comment by stating, “Their bodies build tolerance, where the pain medication is not, is not reducing or eliminating their

pain." These statements help form the category "effects of addiction" which led to the theme "witnessing signs of addiction".

Theme 3: Teaching and Showing Support

The nurses also expressed the importance of educating and showing support for their patients. In the interviews, the word "teaching" was a code word used to describe the nurses' educating patients with OUD. All of the participants shared their experiences about teaching the patients and addressing their needs. I named this theme teaching and showing support because all nurses provided thick descriptions about educating the patients and considering their needs even after discharge. For example, Participant A said she taught her patients that, "There are other things to use instead of, for example, instead of oxycodone. How about gabapentin, if it's a nerve pain? How about maybe even a touch of Tramadol? How about regular Tylenol because you have arthritis?" In terms of support, Participant A also said, "The majority of the time I would refer them to pain management." A similar statement by Participant E was, "I get the assistance of the substance abuse counselors to help me approach them and to help me treat them."

Participant B showed support by stating that, "If I see signs that there may be IV drug abuse, I talk to them and what I tell them is, you know, there's no judgment." Participant E described showing support by making referral for the patient, she said, "I get the assistance of the substance abuse counselors to help me approach them and to help me treat them." Participant F said, "Most important thing is to manage their pain, but then educating them as well, on how to manage their pain, and not to misuse or abuse of pain medications." Participant G said, "I would advise them not to stick on the, on the

pain medication. If they don't have to." She also said, "I will guide them to take the medication as needed." Participant H taught her patient and showed support when she stated she tells her patient, "Let's talk about this movie. Let's take a walk in the hallway." She stated that, "It's also part of our job to see that we don't overdose these patients and get them more addicted." These statements help to form the category "showing support." They also led to the theme, "teaching and showing support". Collectively, the nurses expressed teaching and showing support for this population was important. The themes are further illustrated in Figure 1 and Table 2.

Figure 1

Three Common Themes

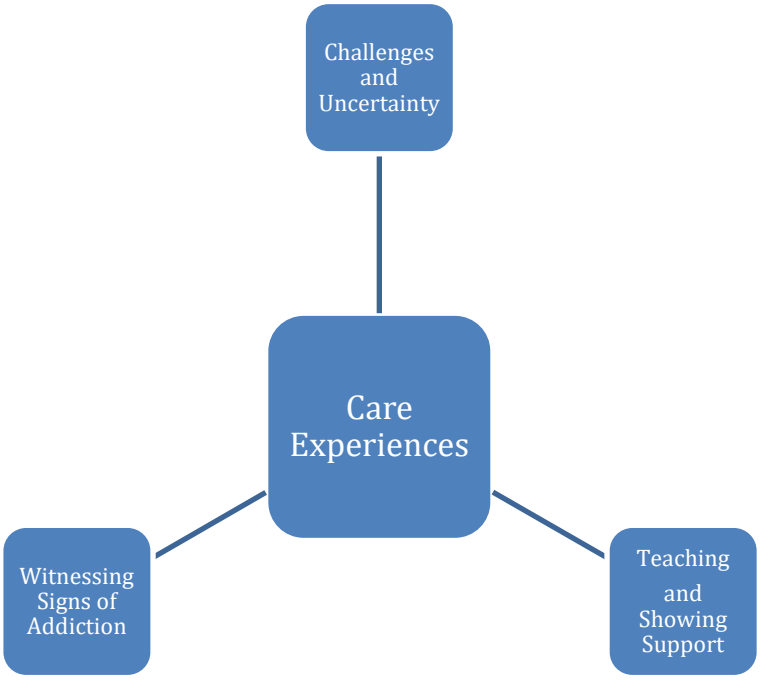

Table 2

Main Themes and Quotes

Main themes	Quotes
Challenges and uncertainty	"They come with their own scripts in mind on what to do for them."
	"No one can tell you whether you're in pain or not but then, when you're dealing with someone who abuses opioids, it's harder to trust."
	"When you say the pain mediation will be given every four hours, after four hours, they will call you whether they are in pain or not, they will call you."
	"How do you manage those types of patients?"
	"A lot of times before that medication is due again, the patient is usually excessively calling for medication."
	"Before that medication is due again, the patient is usually excessively calling for medication."
	"There was no amount of opioids that we gave, that could sort of take care of that pain."
	"When it comes to pain, pain is subjective. So, if the patient says they are in pain, I overlook their opioid overuse."
	"So how do you, how do you know if the patient is in pain, or the patient is not in pain?"
	"It's complicated."
	"It's a very it's a slippery slope."

Main themes	Quotes
	"I mean, I don't know I mean, it's just so many things."
	Discrepant cases
	"When it comes to pain, pain is subjective. So, if the patient says they are in pain, I overlook their opioid overuse."
	"I still treat pain as pain, and pain is subjective."
	"If it's ordered for q4 hours, then I try to stick to q4 hours."
	"I would say nurses should always advocate for these patients, because I will say most of this addictive behavior, we, we will take part of the blame."
Witnessing signs of addiction	"If they're on, say heroin or methadone, they have very, very low tolerance to pain. So, you pinch them, and they scream as if you cut their finger off."
	"Their bodies build tolerance, where the pain medication is not, is not reducing or eliminating their pain."
	"A lot of times before that medication is due again, the patient is usually excessively calling for medication."
	"They will call you whether they are in pain or not, they will call you."
	"We were suspecting that people who were visiting, were bringing in stuff."
	"I find it a little bit difficult treating them

Main themes	Quotes
	because they want more than you can help them."
Teaching and showing support	"As far as teaching with the population I deal with, like I said, I would send them to pain management."
	"Let's talk about this movie. Let's take a walk in the hallway."
	"It's also part of our job to see that we don't overdose these patients and get them more addicted."
	"The majority of the time I would refer them to pain management."
	"I get the assistance of the substance abuse counselors to help me approach them and to help me treat them."
	"I will guide them to take the medication as needed."

Discrepant Cases

Some participants expressed very different views concerning their care of people with OUD. While all of the nurses showed compassion in their care, some of the nurses were less judgmental in their care than others. Some nurses used the phrase "pain is subjective" as a guide for managing pain, while others were conscientious about frequent dosing or ambivalent in their responses about managing pain. One nurse verbalized that nurses' play a role in opioid addiction. Nevertheless, the overwhelming themes the nurses experienced was challenges and uncertainty, witnessing signs of addiction, and teaching

and showing support for patients with OUD. For example, Nurse B shared that she is non-judgmental towards patients with addiction. She stated,

> If I see signs that there may be IV drug abuse, I talk to them and what I tell them is, you know, there's no judgment. I know that if you're used to narcotics, then your tolerance is high. We're not a police reporting, you know, we don't judge. So, I don't have to be as conservative with you as I would with a little old lady that has never taken a Percocet in life.

Participant F said, “When it comes to pain, pain is subjective. So, if the patient says they are in pain, I overlook their opioid overuse.” Participant E was also nonjudgmental in her views. She said, “I still treat pain as pain, and pain is subjective. So, it's just a substance abuse problem.” Also, concerning pain medication orders, Participant E response was, “If it's ordered for q4 hours, then I try to stick to q4 hours.”

On the other hand, Nurse H displayed consciousness in her view. She said, “You know, so, I would say nurses should always advocate for these patients, because I will say most of this addictive behavior, we, we will take part of the blame.” Participant A said that she, “Tried to use other ways and means, other than opioids.” Participant G said, “Most of the time they are drug seekers.”

Meanwhile, others expressed uncertainty. For example, Participant C said, “So, I mean, it's a very it's a slippery slope.” Participant C also said, “I mean, it's just so many things.” Participant G asked two questions, “So how do you know if the patient is in pain, or the patient is not in pain? So how do you manage those types of patients?” Participant D only talked about what she experienced with patients with addiction. She said, “their

bodies build tolerance, where the pain medication is not, is not reducing or eliminating their pain." She only stated what she had observed, and I was unable to decipher her overall view. The discrepant cases were factored into the analysis by including both confirming and disconfirming statements in the categories, the themes of the analysis, and in the study's result.

Summary

The research question I used to guide my study was, what are the experiences of nurses with various skill levels in managing pain and providing teaching while caring for patients with OUD? To answer the research question, I interviewed eight participants of various skill levels who shared their experiences. The three main themes that resulted from the study were challenges and uncertainty, witnessing signs of addiction, and teaching and showing support. Many of the nurses reported difficulty providing care and feeling unsure how to care for people with OUD. These experiences emerged into the theme, "challenges and uncertainty". The theme, witnessing signs of addiction, emerged from the nurse's description of the patient's conspicuous behavior or physical appearance. And the theme titled teaching and showing support emerged from the nurses providing a rich thick description about educating the patients while considering their ongoing needs after discharge. Data from the interview explain what the nurses experienced in their daily care of patients with OUD.

In this chapter, I provided details of the setting, the demographics of the participants, and the process involved in the data collection and analysis for my study. I also provided evidence of trustworthiness which included documentation of credibility,

transferability, dependability, and confirmability. In addition, I presented the research question and the results of the study which included verbatim quotes from the interview transcription. I included discrepant cases as well. In Chapter 5, I will present my interpretation of the findings and limitations of the study. It will also include recommendations and describe the study's potential implications for positive social change.

Chapter 5: Discussion, Conclusion, and Recommendation

The purpose of this qualitative, descriptive study was to expand on the existing literature regarding the experiences of nurses with various skill levels in managing pain while caring for patients with OUD, specifically in the DMV area. I employed a descriptive qualitative method that involved a comprehensive summary of detailed events. I conducted semi structured interviews with eight participants via the Zoom meeting platform to gain an understanding of the nurses' experiences. All participants worked either in the past or present with patients with OUD in an acute-care setting. Data analysis resulted in three major emergent themes that described the nurses' experiences caring for patients with OUD: challenges and uncertainty, witnessing signs of addiction, and teaching and showing support.

Interpretation of the Findings

I used Benner's (1982) novice to expert theory as the framework for this qualitative, descriptive study because it takes into account various levels of nursing skill, experience, and education. In alignment with Benner's novice to expert theory, the current research question focused on nurses with various skill levels, and this research question assisted me with identifying the following themes that answered the research question: challenges and uncertainty, witnessing signs of addiction, and teaching and showing support. The findings in this study suggested that regardless of their background levels, nurses' face challenges and uncertainty managing pain and are unsure of how to care for people with OUD. Nurses also witnessed signs of addiction but continued to

teach and show support to patients with OUD. The results in this study were supported by the extant, peer-reviewed literature.

Theme 1: Challenges and Uncertainty

The first theme that emerged from the data analysis was challenges and uncertainty. Many of the nurses said that caring for patients with OUD was challenging. Some nurses were also uncertain about how to care for people with OUD. Previous studies confirmed these findings. Horner et al. (2019) showed that nurses experienced challenges, such as pain management, and lacked the skill required to care for this population. In another study, Shaw et al. (2016) found that nurses experienced challenged feelings and required more knowledge.

In the current study, the nurses came from various backgrounds, and as previous studies have shown, their pain management skills varied depending on their experiences. Guest et al. (2017) identified the model-influencing factors contributing to nurses failing to administer opioids and showed that nurses applied both the analytical and affective mental models to administer opioids. The nurses' attitudes and emotions towards opioids, which were influenced by their cultural backgrounds and experiences rather than formal teaching, were also barriers to effective pain management. In a similar study, Dunwoody et al. (2019) found the nurses' practical understanding and knowledge of pain management with opioids was an iterative process based on their experiences.

Additionally, Tallman et al. (2019) examined the perception of nurses' barriers regarding pain management for patients with OUD. The barriers included the patients' self-reports of pain, the nurses' assessment of the patient's pain behavior, and a lack of

support from physicians. Similarly, nurses in the current study were uncertain about the patients' behavior to their self-reported pain score. Shoqirat et al. (2019) found that nurses had a negative attitude and lacked knowledge regarding the use of morphine for pain relief in the surgical setting.

Still, other literature confirmed the findings of the current study that nurses face challenges and uncertainty regarding pain management in people with OUD. Johansson and Wiklund (2016) described the care encounter experience of nurses as multifaceted vigilance and an internal struggle. Bearnot et al. (2019) found that care for this population is complex. In a study that addressed how nurses manage pain during the prenatal period of women with OUD, Renbarger and Drauker (2021) found that nurses should confront their biases of pregnant women with OUD and receive training on managing aggressive behavior. These findings supported the results of the current study that showed nurses experienced challenges and uncertainty regarding care of people with OUD.

Theme 2: Witnessing Signs of Addiction

Witnessing signs of addiction was the second theme that emerged in the current study. This theme resulted from the nurses' descriptions of patients' frequent requests for pain medication and their high tolerance for narcotics and low tolerance for pain. Other signs of addiction the nurses described were patients' excessive calling, wanting only pain medication, and exhibiting rude behavior. Some nurses touched on the issue of trust among the nurse and the patient that previous literature has also supported.

In their study of health care workers including nurses, Hodgins et al. (2019) found that health care workers experienced challenges with establishing trusting relationships

with patients. In the current study, nurses had some mixed feelings regarding trust. One nurse said, patients with OUD are “harder to trust,” while another nurse said, patients with OUD are “more giving of the truth” after she reassured them they would not be judged. Among other results, Strike et al. (2020) revealed that health care providers faced challenges related to patients’ illicit drug activity. Similarly, in the current study, one participant suspected illegal drug activity during the care of one of her patients. Some nurses also observed needle marks and patients with hypersensitivity to pain. Moore (2020) suggested the nurses can identify patients with addiction by checking for withdrawal symptoms and checking the patient’s skin for needle marks, abscesses, and cellulitis. Nurses should also learn about OIH, a type of hypersensitivity of pain in patients brought on by long-term use of opioids (see Moore, 2020). The terms challenging, complicated, and difficult used in the abovementioned studies were also codes used by the participants in the current study to describe their experiences. The use of these codes supports the findings in the current study.

Theme 3: Teaching and Showing Support

The third theme to emerge from the current study was teaching and showing support. Despite their challenges, all the nurses provided teaching and showed support. However, to provide better teaching, nurses may need guidelines for the care of people with OUD. Lewis and Jarvis (2019) studied nursing students’ attitudes, interactions, perceptions, and education preparedness to care for people with OUD. Their findings indicated that managing difficult situations should be included in nursing education. The nurses in the current study also faced difficult situations and could perhaps benefit from

training or the development of guidelines regarding managing difficult situations. Mahmoud et al. (2018) conducted a similar study with nursing students and found that applying SBIRT education and training reduced students' stigma of people with SUD in perceived dangerousness, fear, and social distance. Campbell (2020) suggested that the nursing curriculum should improve pain management learning in nursing education. St. Marie (2016) explored the experiences and perceptions of APRNs as they cared for patients with coexisting SUD and chronic pain showing that in addition to experiencing barriers to safe effective care, APRNs applied their knowledge and skills without formal education or training concerning care for patients with SUD. These studies support the current study findings because some nurses in the current study questioned how to care for people with OUD and showed that a guideline may be beneficial.

Guidelines for care of people with OUD are crucial. Other studies, such as Merrill et al.'s (2019), suggested that nurses provide patient teaching regarding the proper use and disposal of opioids. Odom-Forren et al. (2019) conducted a similar study and found that although 82% of peri-anesthesia nurses discussed side effects with patients, only 18% promoted safe disposal of opioids with each patient. Similarly, Lemay et al. (2019) revealed that patients received preoperative teaching, but many patients reported they did not receive postoperative teaching. Lemay et al. also reported that interventions should include narcotic education related to opioid use and abuse as well as nonmedication approaches for pain management. These studies support the findings in the current study that guidelines are needed for nurses to provide a more effective systematic way for teaching patients with OUD.

Additional studies have shown that Hispanic nurses (Bloch, 2017) and nurses in Saudi Arabia (Panlican et al., 2020), Ghana (Adams et al., 2020; Menlah et al., 2018), South Africa (Lourens et al., 2020), and Egypt (Khalil, 2018) also have inadequate knowledge and negative attitudes regarding pain management. In the current study, the nurses' experiences concerning pain management were mixed, some nurses mentioned that pain is subjective and, therefore, patients should be medicated accordingly. On the other hand, some nurses were unsure about administering frequent doses. One nurse believed that nurses contribute to patients' addiction.

Overall, the combined data in the current study is similar when compared to previous studies about nurses' experiences caring for patients with OUD. In both the current study and prior research, the nurses described their experiences using words or phrases that were either the same or similar about their experiences. Those words included difficulty treating pain, complicated, hard to trust, challenges managing pain, uncertain about pain, and pain management referrals. In general, both the current study and previous studies have concluded that nurses of various background levels are faced with challenges when it comes to caring for patients with OUD.

Limitations of the Study

Trustworthiness

This study had several limitations. The first limitation was that the interviews were conducted via Zoom meetings, and only one of the eight participants selected an audio/visual interview. This limitation could have greatly affected the overall data collection because I was unable to observe the facial expressions and body language of

the majority of participants who selected audio-only interviews. Nevertheless, this limitation was overcome by the in-depth responses each participant shared in answering the interview questions.

Another limitation was that only nurses who worked either previously or currently with patients with OUD in an East Coast metropolitan acute-care setting were included in this study. This limitation could have affected the outcomes of the study because nurses in other regions of the country and working in other clinical settings may have different experiences. In addition, this study included only female nurses, which could have also affected the results because non-female nurses may have different views and experiences. Nonetheless, these limitations were overcome because the results from this study contain thick, detailed descriptions that Ravitch and Carl (2016) asserted is a method used in the qualitative research to achieve transferability.

As the researcher, I have worked with patients with OUD, and this experience could have posed certain biases in the study. Rubin and Rubin (2012) emphasized the researcher needs to be aware of their biases and how they can affect the research. Therefore, I addressed this limitation by employing reflexivity and maintaining self-awareness throughout the entire research process. Lastly, the findings in this study are not generalizable outside of the study sample or setting because generalizability is not sought in qualitative research (see Ravitch & Carl, 2016).

Recommendations

The following three themes emerged from this study: challenges and uncertainty, witnessing signs of addiction, and teaching and showing support. The central theme was

teaching and showing support. The findings in this study suggested that regardless of their background levels, nurses faced challenges and uncertainty managing pain and are unsure of how to care for people with OUD. Nurses also witnessed signs of addiction but continued to teach and show support to patients in this population to the best of their knowledge. For this reason, I recommend that future studies include the development of guidelines geared towards teaching nurses how to assess for signs of OUD addiction and teaching patients with OUD.

Participants in this study uniquely described how they go about teaching and showing support to patients with OUD. Like previous studies, there were no systematic way of teaching or assessing the patient. St. Marie (2016) found that APRNs did not receive formal training with SUD. Guest et al. (2017) concurred, sharing their findings that nurses' attitudes and emotions towards opioids were influenced by their cultural backgrounds and experiences rather than from formal teaching.

Recommended guidelines for teaching patients with OUD could include the assessment of the patient for signs and symptoms of OUD. This guideline could help to improve nurses' understanding of how to manage pain by using standardized protocols. For example, Moore (2020) explained that people with OUD can develop OIH from the long-term use of opioids. OIH is a paradoxical phenomenon in which treatment with opioids heightens nociceptive sensitivity (Shaheed et al., 2021). In other words, opioids increase the patient's sensitivity to pain (Kum, 2020). Therefore, OIH is different from having a low tolerance to pain, whereas a higher dose of an opioid could produce relief (Moore, 2020). Using an assessment protocol could help nurses to identify patients with

OIH and could allow nurses to assist with coordinating outpatient treatment upon discharge. Moore reported that identifying factors are those patients who constantly score their pain 10/10 and wince when removing a blood pressure cuff.

The guideline could also educate nurses that methadone and buprenorphine reduce cravings and withdrawal symptoms and help to restore balance in parts of the brain affected by addiction (see National Institute on Drug Abuse, 2016). Methadone also treats severe pain without the euphoric effect (National Library of Medicine, 2021), although it has a slower action than morphine (WebMD, 2021).

In 2016, the Centers for Disease Control and Prevention (n.d.) recommended using nonopioid therapy to treat chronic pain aside from cancer, end-of-life, and palliative care and using the lowest dose possible of opioids if prescribed. Patients who exhibit characteristics linking to opioid addiction could benefit from referrals to treatment programs. To treat OIH, Moore (2020) suggested using nonopioid analgesics in combination with adjuvant pain treatment, such as applying warm or cold packs. Kum (2020) found that most clinicians endorsed reducing opioid doses and encouraged the use of adjuvant nonopioid therapy. In one study, nurses were surprised at how well pain was managed with nonopioids (Jun et al., 2021). Another treatment modality for OIH is to administer opioids concurrently with a low-dose opioid antagonist, such as naltrexone or naloxone (Shaheed et al., 2021). However, the ultimate treatment for OIH is methadone or buprenorphine that requires weeks of treatment in a treatment center (Moore, 2020).

Information about this phenomenon included in the guideline for care could help to ensure that nurses become knowledgeable about the psychological effects of OUD and

thereby provide proper treatment. In addition, a standardize assessment could help to ensure that patients with addiction are identified to receive follow-up care upon discharge. And, finally, I further recommend that similar future studies include more diversity in gender to obtain a different perspective of care, as patients with OUD may respond differently to a gender other than female nurses.

Implications

The results in the current study are supported by previous research findings that nurses face challenges and uncertainty managing pain and are unsure of how to care for people with OUD regardless of their background levels. Nurses in this study also witnessed signs of addiction while teaching and showing support to patients with OUD. The study's findings could be used to make a positive social change that health care administrators and schools of nursing can use to develop new assessment guidelines aimed to improve the care of patients with OUD. In addition to pain assessment, such a guideline could include assessment of the patient's behavior and physical appearance. People with OUD are not "behavioral problems," but both the disease of addiction and the behavior that may have led to the addiction requires treatment modalities (Mumba, 2020) to improve care. Therefore, documentation of the patients' behavior and appearance could help to identify characteristics of opioid addiction. Accordingly, health care providers could use the data to assist patients with referrals to outpatient pain clinics or rehabilitation centers. As a result, nursing care of people with OUD may improve and lead to a positive social change as patients receive better quality care. Also, the study

could help to identify the nurses' need for empowerment and support in providing care for patients with OUD, which could also lead to a positive social change.

Benner's novice to expert framework guided this study. It enabled me to examine nurses of various background levels and identify characteristics of care of patients with OUD. The findings from this study revealed that nurses of all background levels experience difficulty in caring for patients with OUD. Previous studies have confirmed this finding.

My recommendation is that nurses of all background levels receive guidelines that include assessment of people with OUD. The guidelines should include a systematic assessment of the patient's behavior and appearance in addition to assessing their pain. Nurses should follow this protocol to help determine if patients will need referral to a pain management clinic or a rehabilitation center upon discharge. Incorporating such a guideline could improve care of people with OUD. It could also mitigate rates of readmission, perhaps save lives, and ultimately lead to a positive social change.

Conclusion

Nurses of various background levels encounter people with OUD in their daily work assignments. I successfully interviewed eight participants with different background levels and extensively analyzed the data they provided using a thematic analysis approach. Key findings from this study resulted in three major themes: Challenges and uncertainty, witnessing signs of addiction, and teaching and showing support. The overwhelming theme that emerged was teaching and showing support.

The result of the study revealed that nurses of all background levels faced challenges caring for people with OUD. The recommendations based on this study's findings are that nurses should be given a guideline for assessing patients with OUD. Information obtained from the assessment can be used to determine if patients will need pain management or rehabilitation treatment after being discharged. Implementing a guideline could ultimately improve quality care, reduce readmission rates, and perhaps save lives of people with OUD.

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Appendix: The Interview Script and Interview Questions

Introduction to the Script

Hello [participant's name]. I want to thank you for your time and your consent to take part in this study. I will conduct a one-on-one, audio-recorded Zoom meeting interview with participants. As a reminder, transcriptions of this recorded Zoom meeting interview will be analyzed as part of this study. You will receive a copy of the transcript to check for accuracy. Participating in this interview will not pose any risks beyond those of typical daily life. There are no benefits to you. However, a $10 eGift card will be emailed to you after completing the interview. You have the right to withdraw from this study at any time. Measures will be taken to ensure the confidentiality of your identification and storing of your responses. The purpose of this qualitative descriptive study is to develop an understanding of the experiences of nurses with various skill levels in managing pain while caring for patients with OUD in an East Coast metropolitan region. The valuable information obtained about nurses' experiences regarding their care of patients with OUD could contribute to improving care within this population and promote a positive social change. If you have any questions after the interview session, you may contact me by email at mailto:XXXXXXXX, text message or call me at XXXXXXXX.

This interview will take only 15 minutes to 1 hour of your time. I will ask you five questions regarding your experiences working with patients with OUD. You may provide details when answering the questions. May we begin?

Interview Questions

Q1. “How many years of nursing experience do you have?”

Q2. “What is your nursing education level?”

Q3. “What is your age?”

Q4. “What are your experiences with managing pain in people with OUD?”

Q5. “What are your experiences with teaching patients with OUD?”

Closing Script

Thank you. This ends the interview session. I would like to thank you again for your time. Your participation in the research is of great value and importance to assist in social change by identifying characteristics of the nurses’ skill level in the care of patients with OUD. This in turn will hopefully aid to improve existing nursing policies and procedures towards the improvement of care for people in this population.