

2022

## Staff Nurses Lack of Knowledge and Opioid Use at the Veteran Administration

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# Walden University

College of Nursing

This is to certify that the doctoral study by

Cathy Ramey

has been found to be complete and satisfactory in all respects,  
and that any and all revisions required by  
the review committee have been made.

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Walden University

2022

Abstract

Staff Nurses' Lack of Knowledge and Opioid Use at the Veteran Administration

By

Cathy Ramey

MS, University of Phoenix, 2014

BS, Chamberlain University, 2008

Dissertation Submitted in Partial Fulfillment

Of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

November 2022

## Abstract

Opioids are often prescribed for pain management, which may have led to high rates of opioid addiction among veteran populations. The problem identified in this DNP project was the nurses' lack of knowledge regarding pain management and the use of opioids in the veteran's (VA) hospital where the project commenced. Using the Analyse, Design, Develop, Implement, and Evaluate (ADDIE) model as a conceptual framework, the purpose of this DNP project was to plan, implement, and evaluate a continuing education (CE) program on pain management and opioid addiction for the staff nurses of the VA hospital for which the project was developed. One practice-focused question guided this project, whether there would be an increase in knowledge related to pain management and opioid addiction after the implementation of a CE program, as evidenced by a pre-test or post-test survey. Six staff nurse participants were given pre-test and post-test surveys, and scores were compared using paired samples t-test to determine whether there was a significant increase in knowledge. Results indicated that nurses demonstrated a 12.9% increase in knowledge. Therefore, this project addressed the identified gap by increasing the awareness among VA nurses regarding pain management and appropriate prescription of opioids while reducing the improper prescription of opioids for pain management among VA patients. Better pain management can occur with alternative strategies, and this knowledge may be instrumental in addressing the opioid crisis. As a result of this project, positive social change may occur as patients may be impacted positively when they experience better pain management, improved health outcomes, and reduced rates of addiction and opioid misuse or overdose.

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## Dedication

My DNP project is dedicated to my husband Attorney Jerome Ramey Sr. and my son Jerome Ramey Jr. Thank you for all your support, guidance, and patience. You have been inspirational in this journey, and I love you both.

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## Section 1: Nature of the Project

Prescription opioids comprise clinically approved drugs derived from the poppy plant, also used for synthesizing heroin, one of the most dangerous and addictive opioids (National Institute on Drug Abuse [NIDA], 2019). Due to an increase in the use of opioids in treating chronic pain in the United States, addiction, diversion, and opioid overdose deaths have increased significantly over the past 2 decades (Alford et al., 2016; Tiffany et al., 2015). The underlying reason for opioid misuse and addiction, diversion, and overdose is its widespread clinical use in treating moderate to severe pain, which turns out to be highly addictive (NIDA, 2019). Misuse of prescription opioids used for pain relief occurs when prescription opioids are used in a way or dose other than prescribed, such as taking someone else's prescribed opioids or taking prescription opioids without pain (NIDA, 2019). Common prescription opioids used in the United States include hydrocodone (Vicodin<sup>®</sup>), oxycodone (OxyContin<sup>®</sup>, Percocet<sup>®</sup>), oxymorphone (Opana<sup>®</sup>), morphine (Kadian<sup>®</sup>, Avinza<sup>®</sup>), codeine, and fentanyl (NIDA, 2019).

Many veterans face clinical issues related to pain from injuries sustained during combat when on active duty (Gellad et al., 2017). Opioids are often prescribed for pain management, which may have led to high rates of opioid addiction (Califf et al., 2016; Compton et al., 2016; Kaye et al., 2017), particularly among the veteran population (Chaudhary & Compton, 2017, Pasero et al., 2016). Nurses should play a key role in addressing the issue of opioid addiction among the veteran population due to their positions in managing opioid prescriptions, addressing pain management, and helping to

prevent and treat opioid addiction (Gellad et al., 2017; Oliva et al., 2018; Pasero et al., 2016). However, researchers have identified a lack of knowledge among nurses regarding opioid addiction and the causes of addiction (Gellad et al., 2017; Oliva et al., 2018).

Therefore, the purpose of this Doctor of Nursing Practice (DNP) project was to plan, implement, and evaluate a continuing education (CE) program on pain management and opioid addiction for the staff nurses of the veterans (VA) hospital for which the project was developed. The project contributes to social change by addressing and potentially improving the nursing staff's knowledge regarding pain management to increase the awareness surrounding opioid use in the VA hospital. By enhancing the nursing staff's knowledge, the current project may help to improve their ability to manage opioid prescriptions for proper pain management and prevent opioid addiction and overdose among VA patients. This section discusses the problem statement, purpose statement, nature of the doctoral project, and significance of the project.

### **Problem Statement**

The problem identified in this DNP project was the nurses' lack of knowledge regarding pain management and the use of opioids in the VA hospital where the project commenced. Researchers have attributed inappropriate opioid prescription and pain management in VA patients to nurses' lack of knowledge regarding the responsible use of opioids and best opioid administration practices (Barry et al., 2018; Gellad et al., 2017; Hadlandsmayth et al., 2018; Oliva et al., 2018). Oliva et al. (2018) revealed that nurses were not always adequately informed of the responsible practices regarding opioid use or the prescription of opioids. Additionally, the authors found that nurses could not

always make necessary clinical decisions when other pain-relieving medications could be administered instead of opioids, which might reduce the number of veterans misusing opioids and opioid-based mortalities (Oliva et al., 2018). The significance of this current study in the nursing field lies in improving nurses' understanding and commitment to the best practices in pain management, including the responsible use of opioid prescriptions. Such increased understanding can facilitate the best outcomes for a patient's physical, mental, and emotional well-being.

### **Purpose Statement**

The purpose of this DNP project was to plan, implement, and evaluate a CE program on pain management and opioid addiction for the staff nurses of the VA hospital for which the project was developed. A knowledge gap exists between VA nurses' expertise in pain management and the appropriate prescription of opioids. Best practices can be found in the literature about evidence-based pain management, including the use of opioids (Chaudhary & Compton, 2017; Gellad et al., 2017; Kay et al., 2018; Oliva et al., 2018; Pasero et al., 2016; Snow & Wynn, 2018). The project aimed at educating nurses regarding opioid prescriptions during a changing health care environment, coupled with the growing need for better practices in pain management (American Psychiatric Nurses Association, 2016). The meaningful gap in practice addressed in this project was the gap between evidence-based pain management practices and implementing these pain management mechanisms. The gap in practice addressed in this project was implementing evidence-based practices for pain management and prescribing opioid medications.

The practice-focused question of this project included the following:

RQ: Will there be an increase in knowledge related to pain management and opioid addiction after implementation of a CE program as evidenced by a pretest or posttest?

Therefore, the current DNP addressed the identified gap by increasing the awareness among VA nurses regarding pain management and appropriate prescription of opioids while reducing the improper prescription of opioids for pain management among VA patients.

### **Nature of the Doctoral Project**

#### **Sources of Evidence**

There were two areas of evidence presented in this DNP. One area included sources obtained to support the DNP. A literature review was conducted throughout the DNP project process to provide background and context for the DNP. The literature review included a compilation and assimilation of the preexisting knowledge in this domain from peer-reviewed publications, journal articles, doctoral dissertations, and master's theses. Most sources reviewed were published between 2015 and 2020 to ensure the relevance of the articles selected for the review. Section 2 includes the presentation of relevant literature.

The second area was the evidence produced after implementing the program and the results of the program. After Institutional Review Board (IRB) approval was granted for the continuing education project manual (CEPM), the planning step gathered evidence produced following an evaluation of the curriculum by the content experts. The content

validation index of the pretest or posttest items was presented. Evidence was presented based on the pretest or posttest results following the project's implementation and the program's evaluation by participants.

After IRB approval was granted for the CEPM, evidence was produced during the planning step in the form of formative evaluation by the content experts of the curriculum. The content validation index of the pretest or posttest items was discussed and served as the summative evidence for the project. Finally, the content experts completed and summarized the evaluation of the project, process, and my leadership.

### **Approach**

Based on the Walden University (2019) *Manual for Staff Education*, the CEPM followed the steps of the manual and incorporated the phases of the Analysis, Design, Development, Implementation, and Evaluation (ADDIE; see Appendix A) to develop the CE program. The education included planning, implementing, and evaluating the program.

#### ***Step 1 Planning***

The CEPM involves analyzing and designing phase. The problem was defined after being assessed by the departmental chair to determine if the project met the requirements of a DNP staff educational project. A review of the literature was ongoing throughout the project. The review was graded using Melnyk et al.'s (2010) tool (Buccheri & Sharifi, 2017). With the approval of the dissertation for this DNP, a CE application was submitted to the site.



A development phase followed the analysis and design phase. The content and materials were developed to include an evidence-based curriculum plan from the evidence (see Appendix A). This process included evaluating the curriculum plan by content experts (see Appendix B) and the curriculum plan by the CE's summary (see Appendix C). The curriculum included objectives, content, evidence from the literature, presentation method, and evaluation method. I also developed a pretest or posttest process from the objectives and content of the curriculum evaluated by the content experts (see Appendices D and E).

A Ph.D. expert in assessment reviewed the construction of the test items. The second expert was identified from the VA hospital. An individual in a leadership role belonging to the VA hospital was selected as an additional expert (see the content expert letter in Appendix F). Site authorization was obtained for the VA hospital in which this study was conducted. I have already discussed the project with the VA hospital authorities for the program's initial approval. Approval from the project site and the Walden IRB board was initiated using Form A, and when approval was received, the project proceeded. Finally, a PowerPoint presentation of the project was developed (Appendix G).

### ***Step 2 Implementation***

In this step, I confirmed the functional state of the necessary materials required for nursing education (see Jones, 2014). The program, along with the information of the pretest and posttest, was presented to the nursing staff participants. Based on the Walden University (2019) *Manual for Staff Education*, the CEPM followed the steps of the

manual and incorporated the phases of the ADDIE model (see Appendix A) to develop the CE program.

### ***Step 3 Evaluation***

There were three areas of evaluation for this project. The first was provided by the content experts during the planning step and included a formative evaluation of the curriculum plan and content validation of the individual pretest/posttest items. Secondly, impact evaluations occurred during the implementation step of the project. They included the change in knowledge from pretest to posttest and the evaluation of the educational program related to the objectives by participants. Finally, upon completion of the project, the content experts completed a summary evaluation of the project, process, and my leadership.

### **Significance**

The stakeholders included nursing staff, VA hospital administrators and VA patients. Patients might be positively impacted if the nursing staffs improve their pain management knowledge. As addressed in this project, better pain management might positively contribute to nursing practice because the increased knowledge and awareness of VA nursing staff could result in improved health outcomes in pain management, reduced rates of addiction, and reduced opioid misuse or overdose. During the evaluation of the project, if the project is found successful in improving nursing staff knowledge, this project model may be replicated and implemented in other VA hospitals throughout the United States to improve the well-being and health of VA patients. The improved care in pain management and appropriate opioid use may bring about positive social change and

improve health outcomes for veterans needing care by improving their physical, mental, and emotional well-being.

### **Summary**

The purpose of this DNP project was to plan, implement, and evaluate a CE program on pain management and opioid addiction for the staff nurses of the VA hospital for which the project was developed. Most of the U.S. population prescribed opioids for pain management includes veterans, leading to an increase in opioid addiction among them. There was a lack of knowledge among nurses regarding the proper prescription of opioids for pain management. The CEPM followed the Walden University (2019) Manual for Staff Education steps, incorporating the ADDIE model (see Appendix A) in the CE program meant for dissemination of clinical knowledge and focused on providing veterans at VA hospitals with improved pain management care.

This section described the introduction, problem statement, purpose statement, questions, nature of the doctoral project, approach, and significance of the project. In Section 2, the background and context of the project are presented. Section 2 discusses the ADDIE model, a review of relevant literature, an in-depth review of the background, and the context related to this current project. My role and the role of the content experts are also discussed in detail.

## Section 2: Background and Context

The problem identified in this DNP project was the nurses' lack of knowledge regarding pain management and the use of opioids in the VA hospital for which the project occurred. The practice-focused question of this project included the following:

RQ: Will there be an increase in knowledge related to pain management and opioid addiction after implementation of a CE program as evidenced by a pretest or posttest?

The purpose of this DNP project was to plan, implement, and evaluate a CE program on pain management and opioid addiction for the staff nurses of the VA hospital for which the project was developed. The current project addressed the identified gap by improving VA nurses' knowledge of pain management. It facilitated the appropriate prescription of opioids by reducing the improper prescription of opioids for pain management among VA patients.

### **Analysis, Design, Development, Implementation, and Evaluation Model**

The conceptual framework guiding the CEPM was the ADDIE model (see Appendix A), which was created by the Center for Educational Technology at Florida State University and initially developed for the U.S. Army (Branson et al., 1975; Göksuet al., 2017). ADDIE was an instructional design and project management tool that allowed for the development, testing, and evaluation of the process to improve the project's performance. The ADDIE model has been commonly used to develop education programs (Jones, 2014), and most instructional design models were developed based on

the ADDIE model (Göksu et al., 2017). The components of ADDIE included the following:

- Analyze: Conduct needs analysis
- Design: Design support model
- Develop: Develop work functions
- Implement: Implement the key work functions
- Evaluate: Evaluate the impact of each function (Danks, 2011)

Regarding CE for nurses, Hsu et al. (2014) used the ADDIE model to develop online courses on caring for hospital nurses in Taiwan. Some researchers first developed an analysis; they identified caring and uncaring behaviors through the interviews of patients and nurses (Hsu et al., 2014). These findings were used to develop instructional videos and live-action movies for nurses to take online (Hsu et al., 2014). The evaluation tools included quizzes, self-evaluations, focus group interviews, and measurement of caring behaviors (Hsu et al., 2014). Patients also used these tools to evaluate nurses. The study's results yielded positive self-evaluation in nurses, while no differences were found in patient evaluations pre and postcourse (Hsu et al., 2014). Based on these findings, the researchers concluded that the ADDIE model was useful because the model provided a way to use research data, presenting results to introduce organizational change.

Oh et al. (2019) applied the ADDIE model when developing the skills of nurses at the undergraduate level. The ADDIE model was used to develop flipped learning classes by using film clips in an online nursing informatics course. ADDIE provided the researchers with the ability to evaluate the effectiveness of the method of teaching and to

analyze student responses. The study resulted in improvement in the core concepts of nursing informatics. Students also expressed their intention to recommend the class to others (Oh et al., 2019).

As reflected in the findings of these studies, the ADDIE model was effective in not only developing projects to improve the knowledge and skills of learners but was also useful in receiving feedback to evaluate the effectiveness of the course, as well as participant satisfaction after the conclusion of the course or intervention (Oh et al., 2019). I used the ADDIE model to help design a program that would meet the specific needs of nurses by improving their knowledge of proper opioid prescription and opioid addiction. In this process, the ADDIE model provided structure to analyze, develop, and refine the model so that the learning outcomes could be improved by making changes to the model (see Danks, 2011). In the case of the DNP, this process was important to develop, implement, and evaluate the course.

### **Definitions**

*Diversion:* Diversion of prescription opioids refers to the misuse of opioids due to an individual passing on or falsifying a prescription (Alford et al., 2016; Tiffany et al., 2015).

*Naloxone:* Naloxone is a short-acting opioid antagonist that the Food and Drug Administration has approved to reverse opioid overdose (Tiffany et al., 2015). Naloxone can be administered via intravenous, intramuscular, or subcutaneous injections or intranasally (Tiffany et al., 2015).

*Opioid:* The term opioid includes prescription and nonprescription analgesics. Prescription analgesics include buprenorphine, codeine, Darvocet, Darvon, Demerol, Dilaudid, Fioricet, Fiorina, hydrocodone, methadone, morphine, oxycontin, Percocet, Percodan, propoxyphene, Talwin, Tylenol with codeine, Tylox, Ultram, and Vicodin (Barry et al., 2018).

*Opioid addiction:* Also referred to as opioid use disorder or, more generally as drug use disorder/ substance use disorder, addiction relates to the dependence on the use of opioids and is associated with withdrawal symptoms (Barry et al., 2018; Gellad et al., 2017).

*Opioid misuse:* Misuse of prescription opioids refers to using prescription opioids in a way or dose other than prescribed, taking someone else's prescribed opioids, and taking prescription opioids for the effect it causes rather than for pain (NIDA, 2019).

*Opioid overdose:* An opioid overdose occurs when an individual is exposed to a lethal dose of an opioid, causing life-threatening symptoms or even death. Overdose of opioid medication often causes breathing to slow or even stop, which can decrease the amount of oxygen that reaches the brain and result in coma, permanent brain damage, or death (NIDA, 2019).

### **Relevance to Nursing Practice as Nurses Lack Knowledge of Pain Management and Opioid Use**

This project is significant to nurses in the process of proper pain management, proper use of opioids, and prevention and management of subsequent opioid problems. As mentioned, the major problem is nurses' lack of knowledge regarding pain

management and the use of opioids, which contributes to the opioid crisis and poor patient pain outcomes (e.g., Barry et al., 2018). Therefore, the project addressed the lack of knowledge; thus, at the end of the project, the nurses could provide proper prescriptions for the right pain level, avoid excessive and unnecessary use of opioids, and increase patient-centered focus on pain to determine alternative approaches to managing the pain. Therefore, the study is of relevance, having a direct impact on the knowledge of nurses.

Nurses play a central role in helping patients manage opioid addiction. Nurses' knowledge and understanding are crucial in helping patients reduce dependency on opioids. Nurses require better knowledge to make better decisions to aid these patients in managing pain. Nurses can use existing alternatives and develop new pain management methods after this project, which increases the project's relevance.

Besides being informative and increasing knowledge, the relevance of this project is expected to go beyond and inspire nurses to be proactive and engage in advocacy for the patients. After understanding how their knowledge of opioid prescriptions for pain contributes to poor pain management and opioid addiction in patients, nurses may be inspired to engage in improving the well-being of their patients by encouraging patients directly while advocating for changes in regulations and laws to make it harder to access opioids and easier to use alternative medications for pain management.

The project is important to patients once nurses understand their roles in proper pain management. The patients may benefit from avoiding unnecessary opioid use, proper pain management to facilitate safe healing, and improved health and well-being. The



benefits of patients in reduced opioid addiction may have a wider impact on society through improved social and economic outcomes for people affected by constant pain due to poor management or the opioid addiction problem. Furthermore, the government, both local and federal, may benefit from a lower number of people becoming addicted.

The current patients directly affected by the outcomes of the CE program to educate nurses on pain management and opioid use included veterans based on the location of the hospital site. Veterans are particularly vulnerable to social, economic, and psychological problems, especially those returning home after serving in deployments overseas, conflict regions, and combat zones (Gellad et al., 2017). Veterans are also vulnerable to direct physical injuries from training or combat; thus, they are highly susceptible to pain (Oliva et al., 2018). This information makes pain management an essential part of knowledge for nurses. Therefore, this project planned to complete successful nurse education on the problems of pain management and opioid use. The goal was to improve veterans' outcomes by increasing their quality of life by reducing addiction and ensuring pain-free lives.

### **Educating Nurses About Opioids and Pain Management**

Developing projects for the continued education and training of nurses were studied to address the issue of opioid addiction and improper prescription of opioids for pain management among veterans. For instance, Niemtzow et al. (2018) developed and implemented the Acupuncture Training Across Clinical Settings (ATACS) to provide acupuncture training to Military Health System staff and Veterans Health Administration. Providers were trained on acupuncture as an additional non-pharmacological pain

management option to address the issue of prescribing opioids for pain management among veterans. The curriculum content and structure were developed and refined throughout the project. Participants received hands-on training for improving skill proficiency; after that, providers were asked to complete an evaluation survey on their experience with ATACS (Niemtzow et al., 2018). The results showed that over 19 months, 2,712 providers completed the training; due to an increased demand for training, additional training faculty were trained and recruited to deliver the courses (Niemtzow et al., 2018). The participants expressed high satisfaction with the courses (Niemtzow et al., 2018). Based on these results, the researchers concluded that the information and lessons learned during the program could be used to improve future training programs further. Niemtow et al. also identified a need for additional research on examining the effectiveness of these techniques in real-life settings and outcomes.

Bounthavong et al. (2019) evaluated implementing academic detailing and the Opioid Overdose Education and Naloxone Distribution (OEND) program to increase naloxone access to prevent opioid overdose mortality in veterans. Unlike this DNP, Bounthavong et al. used a retrospective cohort design with fixed-effect models. However, the study focused on academic detailing, which represented outreach education for health care professionals in the context of raising clinical awareness regarding Naloxone (Bounthavong et al., 2019). The researchers found that the implementation was not uniform and led to different levels of intervention. These levels impacted the clinical use and prescription of Naloxone; however, there was a positive relationship between academic detailing and Naloxone prescribing (Bounthavong et al., 2019). Providers

exposed to academic detailing were more likely to prescribe Naloxone. Based on these findings, Bounthavong et al. concluded that the importance of academic detailing must be highlighted, and the implementation process must be considered to improve the effectiveness of the intervention.

As reflected in the results of these studies, CE programs to increase clinical staff knowledge can improve clinical outcomes. Therefore, evidence supports using a practice-focused project to improve nursing staff knowledge, which is the primary focus of this DNP. One limitation described by Niemtow et al. (2018), which has also been addressed in Section 1, was that the results of the DNP involve evaluating the effectiveness of the DNP on nursing staff outcomes with the help of pretest or posttest and participant surveys. Additional research evaluating the association between training programs and reductions in opioid addiction would be necessary to determine the effectiveness of these training on patient outcomes. In the following section, the phases of analysis, design, development, implementation, and evaluation of the DNP using the ADDIE model (see Appendix A) are further described as related to the current methodology.

### **Local Background and Context**

As a CE project, the research design for this project followed the Walden University (2019) *Manual for Staff Education*. As described in Chapter 1, the project followed the ADDIE model. The ADDIE model was selected because it had been commonly used to develop education programs (see Jones, 2014). The outcome of this project included a literature review matrix, a curriculum on opioid addiction for nursing staff, and a pretest/posttest. The curriculum, summative of the project, process, my

leadership, and content of the pretest/posttest were evaluated by content experts before the implementation, along with the validation of test items. If implemented, the project included the results of the pretest/posttest and presented the evaluation report of the CEU program as assessed by participants answering a participant survey.

The development of projects for the continued education and training of nurses was used in studies to address the issue of opioid addiction and improper prescription of opioids for pain management among veterans. For instance, Niemtow et al. (2018) developed and implemented the ATACS to train Military Health System and Veterans Health Administration staff in acupuncture for pain relief. Healthcare providers were trained on acupuncture as an additional non-pharmacological pain management option to address the indiscriminate prescription of opioids for pain management among veterans. The curriculum content and structure were developed and refined throughout the project. Participants were provided hands-on training and coached to improve skill proficiency; after that, providers were asked to complete an evaluation survey on their experiences with ATACS (Niemtow et al., 2018). The study showed that over 19 months, 2,712 providers completed the training; due to an increased demand for training, additional training faculty were trained and recruited to deliver the courses (Niemtow et al., 2018). The participants expressed high satisfaction with the courses (Niemtow et al., 2018). Based on these results, the researchers concluded that the information and the lessons learned during the program implementation could be used to improve future training programs further. Niemtow et al. also identified a need for additional research examining the effectiveness of these techniques in real-life settings and outcomes.

In a more recent study, Bounthavong et al. (2019) evaluated implementing academic detailing of the OEND program to increase access to Naloxone to prevent opioid overdose mortality in veterans. Unlike the current project, Bounthavong et al. (2019) used a retrospective cohort design with fixed effects models. However, the study focused on academic detailing, which represented outreach education for healthcare professionals to raise clinical awareness regarding Naloxone (Bounthavong et al., 2019). The researchers found that the implementation was not uniform and led to different levels of intervention. These levels impacted the clinical use and prescription of Naloxone; however, there was a positive relationship between academic detailing and Naloxone prescribing (Bounthavong et al., 2019). Providers exposed to academic detailing were more likely to prescribe Naloxone. Based on these findings, Bounthavong et al. (2019) concluded that the importance of academic detailing must be highlighted, and the implementation process must be carefully considered to improve the effectiveness of the intervention.

As reflected in the results of these studies, CE programs to increase clinical staff knowledge can result in improved clinical outcomes. Therefore, substantial evidence supported using a practice-focused project to improve nursing staff knowledge, which was also the current project's focus. One limitation described by Niemtzow et al. (2018), as addressed in Section 1, was that the current DNP's results involved evaluating the DNP's effectiveness on nursing staff outcomes with the help of pretest or posttest and participant surveys. Additional research evaluating the association between training programs and reductions in opioid addiction would be necessary to determine the

effectiveness of these training on patient outcomes. In the following section, the phases of analysis, design, development, implementation, and evaluation of the DNP using the ADDIE model (see Appendix A) are further described as related to the proposed DNP as part of the methodology.

### **Role of the Doctor of Nursing Practice Student**

Content experts supported the evaluative process of the project, with the major stakeholders being the nurses who would improve their practices of providing the best care to patients and their families. As a master's prepared nurse with a master's in business administration (MBA) and working as a manager for a major hospital in mental health, I currently work as a manager in an inpatient psychiatric and mental health unit. Many patients on my unit are OUD patients. Although the hospital provides care to patients with opioid use disorder, the hospital only has therapists, providers, and unlicensed support staff or staff nurses. Thus, I chose the veteran administration hospital, where I retired as a registered nurse (assistant manager) for 10 years. As an assistant manager, I worked in collaboration with the director of nursing and the director of staff education to coordinate nursing functions and activities and educate nurses in my role as an assistant manager. My leadership experience as an RN-nurse manager helps me appreciate how educating staff nurses about opioid usage and pain management is instrumental and essential in changing nurses' knowledge of opioid pain management.

The project also supported the mission of Walden University (n.d.) in promoting positive social change. The university reiterates its mission through its "A Mission of Change" statement: "Through online programs that reflect current market trends and

promote positive social change, Walden is committed to helping you achieve your goals, enabling you to make a difference in your career and community as a Walden graduate (Walden University)” (Walker, 2017, p. 20). Walden University (n.d.) defined positive social change as a deliberate process of creating and applying ideas, strategies, and actions to promote the worth, dignity, and development of individuals, communities, organizations, institutions, cultures, and societies. Positive social change results in improving human and social conditions. This definition of positive social change provides an intellectually comprehensive and socially constructive foundation for the programs, research, professional activities, and products created by the Walden academic community. In addition, Walden supports positive social change through developing principled, knowledgeable, and ethical scholar-practitioners who are and will become civic and professional role models by advancing the betterment of society (Walden University, n.d.).

### **Role of the Content Experts**

Incorporating the phases of the ADDIE model within the planning, implementation, and evaluation steps of the Walden University (2019) *Manual for Staff Education* provided a formal framework for this project. Content experts supported the evaluative process of the Curriculum Plan Evaluation project (see Appendix C) and the Pre/Posttest Content Validation by content experts (see Appendix D). The content experts also completed the summary evaluation of the program by content experts, process, and my leadership after completing the ADDIE model. They offered suggestions for further improvement. An outside Ph.D. educator who was an expert in the assessment

reviewed the construction of the pretest/posttest items. The major stakeholders were the nurses who would improve their practices of supplying the best care to patients and families.

### **Summary**

In this section, the ADDIE model and the project's relevance to nursing practice, local background and context, and the role of the DNP student in this project were presented. As described in this section, the ADDIE model was used in this DNP project to address the lack of adequate knowledge in pain management and opioid prescription among nursing staff in the VA context. The purpose of this Doctor of Nursing Practice (DNP) project was to plan, implement, and evaluate a CE program on pain management and opioid addiction for the staff nurses of the VA hospital for which the project was developed. Therefore, this DNP may improve VA nurses' knowledge of pain management and lead to the more appropriate prescription of opioids, reducing the improper prescription of opioids for pain management among VA patients.

Section 3 describes the sources of evidence, collection, analysis of evidence, and ethical considerations for this DNP. Section 3 presents the practice-focused questions that guide the evidence from the literature to develop the CEEBP in this project. The participants in this project were content experts and the nurses who received the education. Analysis and synthesis of the evidence generated from the project were put forth, and all participants of this study were protected through adherence to the IRB guidelines, concluding Section 3.



### Section 3: Collection and Analysis of Evidence

The problem identified in this DNP project was the nurses' lack of knowledge regarding pain management and the use of opioids in the VA hospital for which the project occurred. The purpose of this DNP project was to plan, implement, and evaluate a CE program on pain management and opioid addiction for the staff nurses of the VA hospital for which the project was developed. Researchers have identified a need for additional research to fill the gap in the literature concerning VA nurses and their knowledge of responsible opioid use and best practices (Gellad et al., 2017; Oliva et al., 2018). Oliva et al. (2018) revealed that nurses were not always adequately informed of responsible practices with opioids or prescribing opioids. Additionally, the authors found that nurses could not always discern when other types of medications would work in lieu of opioids, which could substantially reduce the number of veterans who misuse opioids while reducing opioid-based mortalities (Oliva et al., 2018).

As presented in Section 2, over the past 2 decades, the dangerous and inappropriate use of opioid medication has significantly risen, leading to the need to disseminate adequate knowledge to caregivers and patients to curb these adverse effects. This DNP project focused on improving the prescribing of opioids. It encouraged appropriate use of opioids among veterans by addressing the lack of knowledge amongst nursing staff at a local VA hospital. Section 3 addresses the practice-focused questions, the sources of evidence generated for and by the project with ethical considerations, and the methods of analysis and synthesis.

### **Practice-Focused Question**

The practice-focused question addressed in this DNP included the following:

RQ: Will there be an increase in knowledge related to pain management and opioid addiction after implementation of a CE program as evidenced by a pretest or posttest?

The current DNP project addressed the identified gap by increasing the awareness among VA nurses with regards to pain management and appropriate prescription of opioids, while reducing the improper prescription of opioids for pain management among VA patients.

### **Sources of Evidence**

Databases and search engines, such as Google Scholar, PubMed, and other sources, were used to conduct searches for literature relevant to the current project. A literature review matrix was developed using sources of evidence to address the practice-focused question and graded using levels of evidence, as described by Melnyk et al. (2010). Most sources reviewed were published between 2015 and 2020 to ensure the relevance of the articles selected for the review of relevant literature.

The sources of evidence generated by the project included the following:

- Evaluation of Curriculum by Content Experts (see Appendix B)
- Curriculum Plan (see Appendix C)
- Pretest/Posttest (see Appendix D)
- Pre/Posttest Content Validation by Content Experts (see Appendix E)
- Evaluation of the Staff Education Program by Participants (see Appendix H)

- Summary Evaluation of the Staff Education Project by Content Experts  
(Appendix I)

### **Participants**

The participants for the DNP included the content experts for the formative evaluation of the curriculum and the content validation of pretest/posttest items. They also provided a summary evaluation of the program's conclusion to cover the project, process, and my leadership. The second group of participants was the staff who participated in the education program. It provided impact evidence from the CE program evaluation and evidence revealed from the change in knowledge from the pretest to the posttest.

### **Procedures**

The procedures used in the project are detailed in this section. Templates for the project were developed by the chair of my committee for organizational purposes only; therefore, no reliability and validity were needed.

### ***Content Validity Index Scoring Instrument***

Content validity was a critical requirement for educators seeking high-quality measurements of test items. A scale with high-degree content validity must contain an appropriate quantity of items about the specific topic of interest. The Content Validity Index Scoring Instrument was used for the pretest/posttest items in the project (see Polit & Beck, 2008).

### ***Content Expert Packet***

The content expert packet included the Evaluation of the Curriculum Plan by Content Experts (see Appendix B), the Curriculum Plan (see Appendix C), the Pre/Posttest Content Validation by Content Experts (see Appendix D), the Pretest/Posttest (see Appendix E), and the Content Expert Letter (see Appendix F). The items in the content expert packet were identified only by numerical code, with no content expert identifying information. The packet was delivered anonymously to each content expert by a colleague. The content expert had a week to complete their work, and they returned the packet to the identified colleague, who returned it to my mailbox for analysis and synthesis.

### ***Evaluation of the Staff Education Program by Participants***

After completing the staff education project, participants completed an impact evaluation of the program related to curriculum objectives (see Appendix J). I assigned a group member to gather the evaluations in a blank envelope after I left the room. That person delivered the envelope to my mailbox, after which I analyzed the results.

### ***Summary Evaluation of the Staff Education Project by Content Experts***

After completing the project, I distributed the Summary Evaluation of the Staff Education Project to the CEs (see Appendix K). There were no identifying marks on the evaluations. Each content expert anonymously returned the completed form to my mailbox, after which I analyzed the results.

***Protection***

The protection for this DNP project was ensured by adherence to the Walden University (n.d.) IRB guidelines. All work was anonymous. The pretest/posttest was numerical only. All written material will be kept in a locked file for 5 years and then shredded. There should be no anticipated outliers or missing information for this DNP project. Protections were ensured through the DNP Staff Education Project Manual Site agreement form.

**Analysis and Synthesis****Curriculum Plan Evaluation by Content Experts Summary**

The curriculum evaluation was completed by the CEs using a “met” or “not met” dichotomous scale. The results of the three evaluations were quantitatively averaged using the Evaluation of the Curriculum Plan Summary by Content Experts (see Appendix B).

**Pre/Posttest Content Expert Validity Index Scale Analysis**

Each item was validated by content experts using a Likert scale. The analysis resulted in the content validation index score and was reported on the Pre/Posttest Content Expert Validity Index Scale Analysis (see Appendix E).

**Summary of the Evaluation of the Staff Education Program by Participants**

Nurse staff participants evaluated the educational program using a dichotomous response of “met” or “not met” about each objective. The results were reported on the Summary Evaluation of the Staff Education Program by Participants (see Appendix K) and analyzed using descriptive statistics measuring the extent to which the objectives were met or not met using frequency counts and percentages.

### **Pretest/Posttest Change in Knowledge Results by Participants**

Participants' pretest/posttest change in knowledge was analyzed using SPSS and reported using descriptive statistics to represent the percentage of improvement in individuals and inferential statistics using a paired *t*-test for group change in knowledge. The Continuing Education Application includes all pertinent information from the procedure and analysis and synthesis topics (see Appendix J).

### **Summary Evaluation Results of the Staff Education Project, Process, and the Researcher's Leadership by Content Experts**

The findings from the summary evaluation by the CEs were compiled in the Summary Evaluation Results of the Staff Education Project, Process, and My Leadership by Content Experts (see Appendix K). The evaluation included a thematic summary of responses to help me in future staff education projects.

#### **Summary**

Section 3 reviewed the DNP project and identified problems related to the practice-focused question. The purpose of this (DNP) project was to plan, implement, and evaluate a CE program on pain management and opioid addiction for the staff nurses of the VA hospital for which the project was developed. Therefore, included within Section 3 were the sources of evidence to support implementing the project and produce evidence generated by the project.

The procedures for collecting the evidence included identifying and supporting the use of CEs. Additionally, evidence was collected that illustrated the need to support the staff nurse participants who received the education. The protection of participants is

paramount. Protection of all persons involved adherence to the Walden University (n.d.) IRB guidelines. Finally, the analysis and synthesis of evidence were discussed.

The following section is Section 4. Section 4 contains a discussion of the findings and implications for practice. Additionally, Section 4 discusses the recommendations from the findings, the role of the CEs, and the project's strengths and limitations.

#### Section 4: Findings and Recommendations

The primary objective of this intervention entailed assessing the association between staff nurse lack of knowledge and the use of opioids in veteran administration. Section 3 detailed the method to obtain the outcomes discussed in this section. Section 4 analyzes the findings and recommendations. The section presents the discussion of the findings based on the secondary and primary research, with a comparison between the outcomes and the literature review. The discussion of the findings leads to a better assessment of the implications of the research on the policy areas, practice, research, and social change. The section also features the research's strengths and limitations, ending in a dissemination plan conducting an analysis of self and a summary closing the research.

#### **Findings and Implications**

Table 1 shows the descriptive statistics of the pretest and posttest scores. Based on the results, the mean pretest score was 5.17, with a range of scores from 3 to 9. The mean posttest score was 5.83, with a range of scores from 4 to 9. The pretest and posttest scores were compared using paired samples *t*-test to determine whether there was a significant increase in knowledge scores from pretest to posttest.

**Table 1**

*Descriptive Statistics of Pretest and Posttest Scores*

	<i>N</i>	Minimum	Maximum	Mean	<i>SD</i>
Pretest	6	3.00	9.00	5.17	2.32
Posttest	6	4.00	9.00	5.83	1.83

Before the *t*-test, Shapiro-Wilk's tests were conducted to determine whether the pretest and posttest scores were normally distributed. If the data were normally distributed,



paired samples  $t$ -test was used. However, if data were not normally distributed, the nonparametric counterpart of paired samples  $t$ -test called Wilcoxon Signed Rank test was conducted.

Table 2 shows the results of the normality tests. The results showed that both the pretest (Shapiro-Wilk's = .886,  $p$ -value = .299) and the posttest (Shapiro-Wilk's = .847,  $p$ -value = .149) scores were normally distributed. Therefore, paired samples  $t$ -test was used.

**Table 2**

*Shapiro-Wilk's Normality Test of Pretest and Posttest Scores*

	Shapiro-Wilk		
	Statistic	$df$	Sig.
Pretest	0.886	6	0.299
Posttest	0.847	6	0.149

Table 3 presents the result of the paired samples  $t$ -test. The result showed that the mean difference between the pretest and posttest was -0.667 ( $SD = 2.160$ ). The analysis result showed no significant difference between pretest and posttest scores,  $t(5) = -0.756$ ,  $p = .484$ . Therefore, there was no significant improvement in the knowledge related to pain management and opioid addiction after implementing a CE program.

**Table 3***Paired Samples T-Test Result*

	Paired differences					<i>T</i>	<i>df</i>	Sig. (2-tailed)
	<i>M</i>	Std. deviation	Std. error <i>M</i>	95% confidence interval of the difference				
				Lower	Upper			
Pretest/posttest	-0.667	2.160	0.882	-2.934	1.600	-0.76	5	0.484

**Summary of the Evaluation of the Staff Education Program by Participants**

The educational program was evaluated by nurse staff participants using a dichotomous response of “met” or “not met” concerning each objective. The results were reported in the Summary of the Evaluation of the Staff Education Program by Participants (see Appendix K) and analyzed using descriptive statistics. The goal was to measure the extent to which the objectives were met or not met using frequency counts and percentages. Table 4 shows the findings of the evaluation. All participants received an evaluation of “not met.”

**Table 4***Summary of the Evaluation*

	Posttest	Points	Evaluation
1		43	Unmet
2		65	Unmet
3		65	Unmet
4		65	Unmet
5		65	Unmet
6		65	Unmet

## Discussion of Findings

### Nurses' Lack of Knowledge of Pain Management Strategies and Clinical Use of Opioids

The pretest and posttest knowledge of the participants affirmed the knowledge gap in pain management and the clinical use of opioids. The paired samples *t*-test revealed no statistically significant difference between the mean scores of the pretest and posttest results,  $t(5) = -0.756, p = .484$ . Regarding percentage change (Table 5), there was an average increase of 12.9% in nurses' knowledge; however, two out of six participants' scores decreased after taking the posttest.

**Table 5**

*Percent Change in Knowledge Scores*

Participant	Pretest scores (correct out of 20)	Pretest scores (correct out of 20)	Percentage change
1	6	9	50%
2	4	5	25%
3	9	7	-22.22%
4	3	5	66.67%
5	6	4	-33.33%
6	3	5	66.67%
Mean	5.166666667	5.833333333	12.90%

Taken together, the intervention produced positive increases in knowledge for four out of six individuals; as a group, the impact was less evident.

Tiffany et al. (2015) reviewed research and revealed an increasing misuse of opioids with the development of addictions and diversions in the past 2 decades. The increase in opioid misuse had emanated from the absence of knowledge and sufficient pain management strategies that would have reduced its availability and ill handling.

Califf et al. (2016) supported the above assertion, indicating that increasing prescriptions of opioids to patients as a pain management drug had exposed misuse with the lack of knowledge by nurses having a positive impact. Relating these with the pretest knowledge further affirmed a gap in research that pointed to limited knowledge in nurses contributing to higher rates of misuse of opioids.

In the veteran population, the same problem had manifested. Chaudhary and Compton (2017) affirmed the growing misuse of opioids in veteran populations emanating from the limited knowledge held by the nurses and staff charged with this responsibility. Barry et al. (2018) dwelled on the opioid crisis currently facing the healthcare sector, affirming that the lack of knowledge evidenced in nurses had contributed to its occurrence. Continued emphasis on opioid use for pain management further points to a worsening scenario, with more numbers of veterans and other members of the population engaging in abuse of the drugs. Researchers and content experts engaged in this research affirmed that an improvement in nurse knowledge would positively affect this problem, further affirming that the lack of knowledge was the main cause.

The absence of knowledge on alternative strategies for pain management also revealed the above outcomes. Nurses are advised to seek alternatives in pain management to address the knowledge gap and reduce the opioid crisis. However, there is a need to address the veteran population's vulnerability in this process to be effective (Gellad et al 2017) emphasized that the veterans formed a vulnerable group, suffering from social, psychological, and economic challenges. The physical injuries suffered during training

and combat have inflicted higher pain levels on this population, exposing them to opioids and other pain management drugs (Oliva et al., 2018). Such an outcome and the nurses' absence of knowledge of such problems, in addition to limited alternatives besides opioids for pain management, have escalated the problem. Therefore, nurses' lack of knowledge on opioid misuse and pain management alternatives has contributed to the current predicament.

### **Educating Nurses on Pain Management as Best Practice(s) in Patient Care**

The posttest outcomes revealed that educating the nurses on pain management and opioids would improve patient care. The absence of knowledge is remedied by providing knowledge in areas the nurses lack. Niemtow et al. (2018) exemplified the effect of training on performance in their study of ATACS. The strategy improved the nurses' knowledge, enhancing their contributions, which led to better outcomes. The study also affirmed acupuncture as an alternative to opioid use, which provided a non-pharmaceutical method contrary to opioids. Bounthavong et al. (2019) also examined the role played by training and the development of alternatives in managing pain. The use of academic detailing and training was seen to reduce opioid overdose, with education on the same used by the nurses to equip other members with knowledge. This knowledge led to better handling of opioids and pain management strategies. Bounthavong et al. also introduced an additional option besides opioids, indicating that the OEND programs had created an alternative to opioids. The method enhances the nurses' knowledge and provides them with alternatives to addressing pain. However, the attainment of the

desired outcome through training depended on content experts and those with knowledge in the area.

Training programs should focus on including experts within the workforce to provide continued training to those joining the field. Content experts ensure continuity and pass on knowledge instrumental in addressing pain management. The experts also come with additional knowledge of alternative strategies that the team can use in understanding pain management and addressing opioid misuse.

### **Role of Continuing Education Programs as Alternatives in Improving Knowledge in Pain Management and Opioid Addiction**

A further critical assessment of opioid use in pain management manifested in CE programs. CE programs not only progressively enhance the nurses' knowledge but also remain up to date with their knowledge and information on pain management and opioid use. Niemtow et al. (2018) revealed that a focus on the knowledge of the staff nurses was crucial in permanently addressing the opioid crisis. The focus would provide a basis for the education of the nurses, contributing positively to their knowledge and abilities. However, the knowledge and CE programs should focus on continuous improvement after training, as one-time training would not suffice. The CE programs ensure continuity in training and regular improvement to ensure the nurses remain updated with their information on opioid misuse.

The pretest and posttest outcomes affirmed the necessity of these programs as the training provided improved outcomes posttest. The existing literature, including Califf et al. (2016), affirmed the absence of knowledge among nurses as a major concern with CE

programs, revealing existing gaps while creating a lasting solution. Therefore, implementing CE programs facilitates learning on pain management and opioid use while equipping nurses with knowledge of alternative strategies for managing pain.

This section affirmed that the research question was adequately answered. The research approach embracing the primary and secondary data covered the research question and solved the research problem. The research has implications for policy, practice, research, and society, as elaborated further in the subsection following.

### **Implications**

#### **Policy**

Suggestions on policy implementation and changes start with research on the subject area. Sectors such as pain management in the healthcare industry have influenced higher policy effects, including the introduction of medicine management in the pharmaceutical industry. However, the misuse of opioids affirms the growing dissatisfaction with the policies in place to manage their distribution and accessibility. For instance, Hadlandsmyth et al. (2018) and Wilson et al. (2018) identified the lack of knowledge in the responsible use of opioids as an example of failures that reflected necessary policy changes. The above failures have manifested in areas of veteran administration hence the need for policy changes and improvements. Introducing a policy requiring nurse training and knowledge abilities before the engagement of patients would enhance service delivery.

Additionally, influencing policy restrictions on nurse handling of opioids and other pain management drugs would contribute toward better outcomes, as these would

lead to better nursing practices. Lastly, adding the pain management aspects under the nursing area for nursing practice would ensure those entering the field have a firm grasp of opioid use and management of the same for the diverse areas under nursing.

Coordinating this finding with the CE suggestions made by Califf et al. (2016) would positively affect policy changes.

### **Practice**

Human resource management in healthcare facilities involving opioids for pain management obtains knowledge on the ideal approaches to improve the abilities of their staff from research. Knowledge attained through that possessed by the individual staff would positively impact patient management and handling of veterans in the administration of opioids. Research such as this reveals the areas of staff improvement necessary in practice, with programs such as CE having a positive effect (e.g., Califf et al., 2016). For instance, better scheduling of training programs to improve the knowledge and skills levels of the staff comes from research in the areas, as done here. A further improvement in inpatient satisfaction also comes from research conducted here, making it possible to improve staff pain management and handling of opioids in veterans' administration.

### **Research**

Researchers make positive contributionstoward solving social problems in sectors including health. However, their participation emanates from existing information in the research area of interest. For instance, research on the knowledge of the staff nurses on opioid use and misuse in veteran administration adds to the already existing wealth of



research material in this area. However, research on opioid use and misuse based on the nurses' knowledge remains less adequately handled, with gaps existing in the current research (Pasero et al., 2016; Snow & Wynn, 2018). Future scholars may still investigate the subject area by examining the effect that introducing such areas to the nursing study curriculum may have on staff knowledge. Further research on possible improvements in the practice may become a contributing factor to better outcomes. Therefore, this research makes positive contributions to pain management and opioid use as an area of research, with current and future scholars benefiting from it.

### **Social Change**

Walker (2017) affirmed that institutions like Walden University would be responsible for influencing social change. Evidence like this project influences the attainment of this objective. The positive social change includes improving the management of opioid use for veterans and society. Opioid use has implications affecting members of society, including family members of the veterans. The presence of adequately trained and equipped nurse staff would ensure social awareness of the dangers of misusing opioids, resulting in a positive effect on society.

Additionally, the research contributes to increased awareness of opioid use, which is key for the staff, veteran groups, and society. In extension, the role of the government in advocating for social change also becomes eased in the presence of institutional support. Such an approach may influence future research on alternatives in managing pain, resulting in better outcomes in society.

## **Strengths and Limitations of the Project**

### **Strengths**

Secondary research used provided evidence of the research problem being researched widely. More research on a problem draws solutions, encouraging improvements in service delivery and the level of practice in place. For instance, Niemtow et al. (2018) suggested ATACS as a possible solution to pain management, which also applies to veterans. Additionally, practices such as evidence-based practices in healthcare rely on secondary research to solve social problems in the sector, as Chaudhary and Compton (2017) suggested for pain management. Thus, the research emphasized evidence-based practice in addressing opioid use in pain management. Secondary research also saves the researcher time from collecting the data directly from the field, with less of the latter applied in this research. The combination of secondary research with some primary content encouraged better outcomes on the research problem, with the limitations of one method addressed with the other. Despite the above, the research created an avenue for comparison between outcomes which increased the research's effectiveness and answered the research question.

### **Limitations**

The research relied more on secondary data than primary data. The use of secondary data limited the research on the relevance of the data, considering that already conducted research did not adequately answer the current research question. The level of accuracy from secondary research also revealed a limitation. Secondary research used already existing content to assess the research subject. The current research used

existing literature from databases, including PubMed, to examine the research problem. The databases provided information that fell short of accuracy, considering its development was intended to solve another research problem contrary to the current investigation. However, the use of systematic reviews suggested by Coffa and Snyder (2019) enabled better handling of the secondary data, resulting in higher accuracy. The researcher also did not provide a sufficient quantitative assessment of the research problem, with the descriptive statistics insufficiently covering the research topic. Lastly, secondary research would expose researchers to incomplete information. The data gathered for another research did not fit entirely for new research, which was incomplete for new research purposes.

### **Recommendations**

The above research yielded recommendations that impact practice and future scholarly works on pain management and the use of opioids. The practice of pain management should focus on improving practitioner knowledge as a means of enhancing outcomes. The lack of knowledge stems from insufficient research and engagement with content that may trigger better handling of pain and opioids used in veteran care. Recommendations of practice-based training to enhance the knowledge of the nurse staff may improve their contributions to veteran care and pain management. Also, improving the human resource contribution to knowledge capacity in the facilities has focused on hiring staff with knowledge recommended to address the existing knowledge gap.

Future scholars should engage more in aspects of training and patient care knowledge for nurse staff to support their abilities to handle patients. Further engagement

in this research should target training and development and restrictive handling of opioids to reduce their misuse in veteran care. Lastly, future scholars can investigate how technology may contribute to better knowledge management inpatient pain management.

## Section 5: Dissemination Plan

### **Analysis of Self**

Throughout this research, my level of knowledge in the research and topic under study improved significantly. In the beginning, my level of knowledge in research was limited, with fewer ideas and abilities to conduct an in-depth analysis of a research problem. However, the experience improved overtime, with more research materials reviewed and studied, providing insights on the ideal approach and areas that needed improvement. The commitment to study and improve the areas of limited abilities made it possible to reach the last section of this research. It also ensured that the research question developed in the first chapter was answered.

As a scholar in the areas of nursing, the research conducted on opioid use and pain management enhanced my knowledge and skills in this healthcare problem. The challenges examined in the research would not be like mine; however, I used continued development in the key area of having a permanent ability to deal with pain management using other alternatives besides opioids. The knowledge gained also contributed to my better management of veterans using opioids. Future long-term professional development started with the initial entry into nursing school, continued research and development enabling more accumulation of knowledge. The individual practice of research contributed to the positive outcomes registered. Therefore, the research enhanced my current state of knowledge surrounding opioid use in veteran pain management and influenced my future pursuit of professional care in the same area.

One thing of note was that the completion of the project was challenging. The primary challenge highlighted was insufficient knowledge of the research problem. For instance, the absence of knowledge in statistical research limited my reliance on quantitative outcomes, with secondary research facilitating the research process. However, reviewing and investigating existing secondary literature made it possible to gain insights and execute the current project. Therefore, primary benefits emanated from existing scholarly works that provided the necessary guidance. A continued review of peer-reviewed journal articles would further enhance my knowledge in research with continued education, making it possible for more discoveries and solutions in healthcare.

### **Summary**

The doctoral project studied the association between lack of knowledge by staff nurses handling veterans. The extension of the project examined opioid misuse and its current prevalence in the veteran population. The research affirmed the existing gap in practice emanating from the absence of knowledge, with training and CE programs key in filling in the gap. However, the training and development of the knowledge and skills of the nurse staff should integrate alternative pain management remedies besides opioids to positively contribute to the opioid crisis. Nurse staff exposed to alternative training methods may easily embrace such methods and shift from relying on opioids to enable better pain management in veterans. Therefore, better pain management can occur with alternative strategies if nurses know about them, and this knowledge may be instrumental in addressing the opioid crisis.

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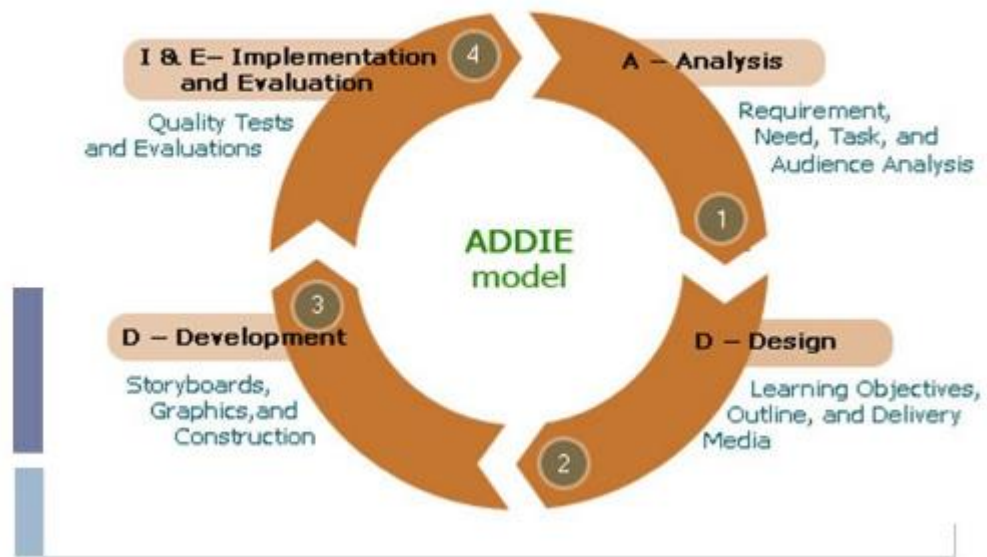
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## Appendix A: Analysis, Design, Development, Implementation, and Evaluation Model

### The ADDIE Model



ADDIE model.

- Analyze: Conduct needs analysis
- Design: Design support model
- Develop: Develop work functions
- Implement: Implement the key work functions

Source: (Danks, 2011)

## Appendix B: Evaluation of the Curriculum Plan by Content Experts

**Date:**

Student:

Content Expert Letter:

**Products for Review:** Curriculum Plan, Complete Curriculum Content, Literature Review Matrix**Instructions:** Please review each objective related to the curriculum plan, content, and matrix. The answer will be a met or not met with comments if there is a problem understanding the content or if the content does not speak to the objective. At the conclusion of this educational experience, the participant will be able to:

Objective Number	Objective Statement	Met	Not Met	Comment
1	Participants will be able to explain OUD and how it affects one's health, quality of life, and economy.	X		Objective #1 is relevant
2	Participants will be able to talk about how OUD affects the way the brain looks and works.	X		Objective #2 is relevant and necessary
3	Participants will name at least two unfavorable attitudes and how they affect the nursing treatment of patients who are opioid addicts.	X		Objective #3 relevant and needed
4	The ability to list at least two advantages of teaching nurses on opioid use disorder will be demonstrated by the participants.	X		Objective #4 is relevant
5	Participants will be able to list at least two strategies for enhancing the interaction between nurses and OUD patients, as well as the compliance and standard of treatment.	X		Objective #5 is relevant, timely, and needed

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## Appendix C: Curriculum Plan Evaluation by Content Experts Summary

Met = 1 Not Met = 2

At the conclusion of this educational experience, learners will be able to:

Objective Number and Statement	Evaluator A	Evaluator B	Evaluator C	Average Score
1. Participants will be able to explain OUD and how it affects one's health, quality of life, and economy.	1	1	1	1
2. Participants will be able to talk about how OUD affects the way the brain looks and works.	1	1	1	1
3. Participants will name at least two unfavorable attitudes and how they affect the nursing treatment of patients who are opioid addicts.	1	1	1	1
4. The ability to list at least two advantages of teaching nurses on opioid use disorder will be demonstrated by the participants.	1	1	1	1
5. Participants will be able to list at least two strategies for enhancing the interaction between nurses and OUD patients, as well as the compliance and standard of treatment.	1	1	1	1

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## Appendix D: Pretest/Posttest Content Validation by Content Experts

**Title of Project:****Student:****Respondent No. (A, B, C)****Accompanying Packet: Curriculum Plan, Pretest/Posttest with answers,  
Pretest/Posttest Expert Content Validation Form****INSTRUCTIONS: Please check each item to see if the question is representative of  
the course objective and if the correct answer is reflected in the course content.**

Test Item #	1	2	3	4
1	Not Relevant ___	Somewhat Relevant___	Relevant___	Very Relevant___
	Comments:			
2	Not Relevant___	Somewhat Relevant___	Relevant___	Very Relevant___
	Comments:			
3	Not Relevant___	Somewhat Relevant___	Relevant___	Very Relevant___
	Comments:			
4	Not Relevant___	Somewhat Relevant___	Relevant___	Very Relevant___
	Comments:			
5.	Not Relevant___	Somewhat Relevant___	Relevant___	Very Relevant___
	Comments:			
6	Not Relevant___	Somewhat Relevant___	Relevant	Very Relevant___
	Comments:			
7	Not Relevant___	Somewhat Relevant___	Relevant	Very Relevant___
	Comments:			
8	Not Relevant___	Somewhat Relevant___	Relevant	Very Relevant___
	Comments:			
9	Not Relevant___	Somewhat Relevant___	Relevant	Very Relevant___
	Comments:			
10	Not Relevant___	Somewhat Relevant___	Relevant	Very Relevant___
	Comments:			

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## Appendix E:Pre/Posttest Content Expert Validity Index Scale Analysis

*Rating on X-Items Scale by Three Experts on a 4-point Likert Scale*

Pretest/Posttest items	Expert 1	Expert 2	Expert 3	Total rating	Item CVI
1 Average no. of veterans dying on Opioid overdose.	1	2	3	6	1
2 Approximate amounts spent on patient care.	3	4	4	11	1
3 Percentage of victims that abuse the drug.	2	1	4	7	1
4 Staff nurses have negative attitude on victims.	4	3	3	10	1
5 Victims of opioid overdoses suffer from anxiety, social isolation, and stress.	1	2	2	5	1
6 Opioid addiction is induced by behavior	4	4	2	10	1
Total					
Proportion relevant				S-CVI	
				2.72	

I-CVI, item-level content validity index.

S-CVI/UA, scale-level content validity index, universal agreement calculation method Adopted from Polit, D. F., & Beck, C. T. (2006). The content validity index.

## Appendix F: Content Expert Letter

Dear Content Expert,

Educating Staff Nurses on Opioid Use Disorder is the subject of my doctoral nursing thesis, and I appreciate your willingness to serve as a content expert for it. In addition to this letter, there are five other documents in the bundle that are sent for your inspection. Every file has a numbered number allocated to it to protect your identity, along with directions for completing the materials at the top. To safeguard my privacy, the files have also been mailed to you by someone other than myself. Please complete the packet and send it to me in the accompanying envelope, which includes your return address as well as the address of the person responsible for gathering and disseminating the information. The data will then be placed in a fresh envelope without any identifying marks. You are welcome to reach out to me at any time through the stated phone number or email.

Thanks,

Student Name...

Contacts...

## Appendix G: Presentation of Education Program

### **Administration of Pretest**

- ❖ Pre and posttest participation is optional.
- ❖ Don't put your name or other identifying information on the pretest question paper.
- ❖ Try your hardest to answer every question.
- ❖ Place the pretest questions you've finished in the appropriate envelope.

### **Learning Objectives**

The participant will be able to:

- ❖ Describe opioid use disorder and its effects on health, life, and the economy after completing this educational experience.
- ❖ Explain the ways that OUD alters the structure and operations of the brain.
- ❖ List at least two unfavorable attitudes and how they affect the nursing care of patients who are opioid addicts.
- ❖ List two or more advantages of teaching nurses about opioid use disorder.
- ❖ Include at least two strategies for enhancing patient adherence, the nurse-patient interaction with OUD patients, and the quality of care.

### **Introduction**

- ❖ What the term "opioid use disorder" (OUD) means.
- ❖ Chronic brain condition with a high risk of relapse.
- ❖ Characterized by a revolving door of neurobiological alterations in the brain (Alford et al., 2016).

- ❖ Leads to the 4 Cs of behavior—loss of control, craving, continuing use, impulsive use, and compulsive use of opioids despite their negative effects—by causing disruption of the healthy brain’s structure and function.
- ❖ Involves alterations to the long-term learning, stress, and reward pathways in the brain.
- ❖ Neurobiological Effects: Substance use disorder is influenced by genetics.

### **The Science of OUD**

- ❖ Risk factors for OUD include those related to neurobiology and genetics.
- ❖ Opioid Effects on Brain Architecture and Function:
  - ❖ The main neurotransmitter is dopamine.
  - ❖ The brain tries to keep things in balance by reducing Dopamine production. Activation of the reward system causes an increase in Dopamine in the ventral tegmental and prefrontal cortex.
- ❖ Dopamine deficiency causes emotional and behavioral abnormalities, such as low mood, low motivation, lack of enjoyment, impulsivity, and poor decision-making and encourages continued opioid use to treat these symptoms (ANA, 2016).

### **Medicine-Assisted Therapy (MAT)**

- ❖ Medication-Assisted Treatment definition:
  - ❖ MU-Opioid partial agonists and antagonists, or MAT, are drugs that lessen or stop opioid cravings.

- ❖ Suboxone [Buprenorphine (agonist) and Naloxone (antagonist)] and methadone are two examples of MAT (Barry et al., 2018).

### **Several Important Facts**

- ❖ 53% of Americans believe that addiction is an illness, while 44% believe that addiction is a sign that a person lacks discipline or willpower (Barry et al., 2018).
- ❖ Many nurses lack training in treating patients with OUD and knowledge about OUD.
- ❖ Disparate treatment of OUD patients due to stigmatization, stereotyping, less nurse-patient engagement, delayed pain response, and decreased empathy and compassion (Barry et al., 2018).
- ❖ The nurses' ignorance of OUD presents obstacles for OUD patients' diagnosis, treatment, and recovery.
- ❖ Results in subpar treatment and poor patient outcomes.

### **Increasing Nurse-Patient Interaction**

- ❖ Employing compassion and empathy.
- ❖ Transforming one's own prejudices and unfavorable attitudes empowering patients fostering societal support.
- ❖ Recognize the patient's disease process and be receptive to their care needs.  
Treating the patient with respect and dignity.

### **Understanding Social Change for the Better**

- ❖ Encourages accountability, dedication, and compassion in the treatment of OUD sufferers.

- ❖ Enhances the treatment of patients.
- ❖ Encourages beneficial societal transformation.
- ❖ Compassionate treatment encourages a sense of empowerment and gives OUD patients hope.
- ❖ Enhances the social and human situations of patients, their family, and the community

### **Summary**

- ❖ In conclusion, opioid use disorder is not an illness caused by behavior but a chronic neurodegenerative condition with a possibility of relapse.
- ❖ Leads to a disruption of brain activity that affects behavior and leads to loss of control, need, persistent use, impulsive use, and compulsive use of opioids despite their negative effects.
- ❖ OUD is linked to comorbid conditions including stress, anxiety, pain, and sleeplessness, as well as low self-esteem and social alienation.
- ❖ Causes the U.S.economic strain and rates of sickness and death to grow.

### **Question Posttest Administration**

- ❖ The posttest inquiries are optional.
- ❖ To ensure anonymity, do not put your names or other identifying information on the posttest question paper.
- ❖ Try your hardest to answer every question.
- ❖ Your completed posttest questions should be placed in the appropriate envelope.

## Appendix H: Evaluation of the Staff Education Program by Participants

Objective Statement	Were the objectives met? Please circle.	Comments
Participants will be able to increase their knowledge regarding Opioid use and veteran administration.	YesNo	
Participants will be able to improve their attitude regarding Opioid use and its impact on healthcare.	YesNo	
Participants will be able to become reliable toward provision of healthcare to patients addicted to opioids.	YesNo	
Participants will be able to be exceptional Staff Nurses with effective communication skills to improve the quality of care.	YesNo	
Participants will be able to demonstrate the ability to provide patient centered care, especially among the veteran patients.	YesNo	
Additional Comments:		

## Appendix I: Summary Evaluation of the Staff Education Project by Content Experts

**Title of Project:****Student:**

**Thank you for completing the Summary Evaluation on my project. Please complete and send anonymously via interoffice mail to:**

- I. Content Expert Approach
  - a. Please describe the effectiveness (or not) of this project in terms of communication, and desired outcomes etc.
  - b. How do you feel about your involvement as a content expert member for this project?
  - c. What aspects of the content expert process would you like to see improved?
- II. There were outcome products involved in this project including an educational curriculum and pre/posttest.
  - a. Describe your involvement in participating in the development/approval of the products.
  - b. Share how you might have liked to have participated in another way in developing/approving the products.
- III. The role of the student was to be the leader of the project.
  - a. As a leader how did the student direct you to meet the project goals?
  - b. How did the leader support the you in meeting the project goals?
- IV. Please offer suggestions for improvement.

Moon/Aug 2020



## Appendix J: Continuing Education Application

**Continuing Education Application**

Employee's Name \_\_\_ Employee ID \_\_\_\_\_

Email address Phone \_\_\_ Dept Name \_\_\_\_\_

Are you seeking a degree (check one): Yes \_\_\_ No \_\_\_

Have you been accepted into a degree program? Yes \_\_\_ No \_\_\_

Degree working on: Associates \_\_\_ Bachelors \_\_\_\_\_ Seminary/Masters

Doctorate \_\_\_\_\_

Period of award (academic year); please select one: Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer

\_\_\_\_\_

**Course Information**

Course Title:

Institution:

Class Schedule:

Check if applicable: Whether the course is scheduled at work hours.

I have read and agree to the terms and conditions of the Continuing Education Policy.

Employee's Signature

Supervisor's Approval

Registrar Signature

HR Approval

Appendix K: Summary Evaluation Results of the Staff Education Project, Process, and  
the Researcher's Leadership by Content Experts

**Title of Project:**

**Student:**

**Thank you for completing the Summary Evaluation on my project. Please complete and send anonymously via interoffice mail to:**

V. Content Expert Approach

- a. Please describe the effectiveness (or not) of this project in terms of communication, and desired outcomes etc.

Evaluator A	Evaluator B	Evaluator C
The program is relevant	The program is needed	The program is timely

- b. How do you feel about your involvement as a content expert member for this project?

Evaluator A	Evaluator B	Evaluator C
"I enjoyed being asked to evaluate the program"	"I enjoyed the opportunity to evaluate the program"	"I am honored being a Content Expert"

- c. What aspects of the content expert process would you like to see improved?

Evaluator A	Evaluator B	Evaluator C
"None"	"None"	Program is well organized

VI. There were outcome products involved in this project including an educational curriculum and pre/posttest.

c. Describe your involvement in participating in the development/approval of the products.

Evaluator A	Evaluator B	Evaluator C
"I liked being asked to evaluate project"	"I liked the opportunity to evaluate the project"	"I am privileged being a Content Expert"

d. Share how you might have liked to have participated in another way in developing/approving the products.

Evaluator A	Evaluator B	Evaluator C
"I like being asked to evaluate project"	"I liked the opportunity to evaluate the project"	"I appreciate being a Content Expert"

VII. The role of the student was to be the leader of the project.

a. As a leader how did the student direct you to meet the project goals?

Evaluator A	Evaluator B	Evaluator C
"Was respectful"	"Project leader was communicative"	"He was professional"

b. How did the leader support the you in meeting the project goals?

Evaluator A	Evaluator B	Evaluator C
"Was respectful"	"Project leader was"	"He was professional"

	communicative”	
--	----------------	--

VIII. Please offer suggestions for improvement.

Evaluator A	Evaluator B	Evaluator C
“I hope the outcomes will impact nurses in various settings”	“I believe the program is effective”	“Nurses should stay committed to benefit from this program”

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