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Educating Health Care Workers to Reduce Stigma and Create a Supportive Environment for Individuals with Substance Use Disorder

Rosette Nakiyemba Wakanabo
Walden University

Walden University

College of Nursing

This is to certify that the doctoral study by

Rosette Wakanabo

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.

Review Committee
Dr. Theresa Parenteau, Committee Chairperson, Nursing Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
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Executive Summary: Staff Education Project

Educating Health Care Workers to Reduce Stigma and Create a Supportive Environment for Individuals with Substance Use Disorder

by

Rosette Wakanabo

MS, Walden University, 2024

BS, Grand Canyon University, 2000

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Summary

This doctoral project was a staff education project aimed at addressing a critical practice problem within nursing related to stigma faced by individuals with substance use disorder (SUD) in health care settings. The practice-focused question guiding the project addressed whether structured education and skill building could reduce stigma among health care workers toward patients with SUD. The purpose of this project was to enhance health care workers' understanding of stigma and to equip them with practical tools and strategies to foster inclusive, empathetic, and effective care environments. The training was delivered in a workshop format that combined evidence-based strategies with role-playing to support experiential learning and promote behavior change. Participants completed a pre- and posttest to assess knowledge and attitude. Descriptive statistics were used to analyze data. The results indicated a measurable improvement in participants' knowledge and a modest but consistent reduction in stigmatizing attitudes following the intervention. Major project products included a structured training curriculum, communication toolkits, and an evaluative framework for self-reflection. Recommendations emphasize institutional adoption of stigma-reducing practices, continuous staff development, and integration into organizational culture. The project has significant implications for nursing practice to improve care quality and foster patient trust. The project may contribute to positive social change by advancing diversity, equity, and inclusion in health care because reducing stigma may help dismantle systemic barriers, promote ethical and person-centered care, and ensure that individuals with SUD are treated with dignity and respect regardless of background or circumstance.

Background

In health care settings, stigma toward individuals with SUD remains pervasive, often appearing as negative attitudes, assumptions, and behaviors that compromise care quality and patient trust. Van de Glind et al. (2025) reported that mental health disorders rose globally by 50% between 1990 and 2019, contributing to increased disease burden and disproportionately high emergency service utilization among affected individuals. This persistent gap in practice underscores the need for targeted provider education to promote more equitable and effective treatment approaches. Beverly (2020) emphasized that health care workers who recover from SUD often face dual layers of stigma from colleagues and patients, highlighting the depth of stigma within professional environments and the need for empathy-driven interventions. Hajizadeh et al. (2024) conducted a global scoping review, finding that professionals, peer-led recovery groups, and advocacy organizations have collectively advanced anti stigma efforts, emphasizing trauma-informed and patient-centered practices. In support of these trends, Marks et al. (2024) demonstrated that structured psychoeducation programs can significantly improve provider attitudes, inform clinical practice, and foster policy updates, including the integration of stigma-reducing strategies across health care systems.

At the project site, staff lacked training in evidence-based, compassionate approaches to SUD, with minimal exposure to trauma-informed and harm-reduction strategies. Additionally, the project site showed evidence of stigma as it manifests in staff attitudes, self-perception, institutional policies, and provider behavior, significantly undermining care outcomes for patients struggling with SUD. This gap led to inconsistent

care, poor communication, and a decline in patient trust, highlighting the need for targeted education to ensure equitable and effective treatment.

This staff education project was designed to address the lack of knowledge among staff relating to patients with SUD. The practice-focused question that guided the project addressed whether an educational session could improve the clinic staff's knowledge and attitudes regarding SUD and reduce stigmatizing behaviors. The purpose of the project was to increase provider insight and empathy, equipping health care workers with the skills necessary to foster respectful, nonjudgmental, and supportive interactions with patients and their families.

A literature search was conducted using the Walden University Library, specifically through CINAHL, PsycINFO, and ProQuest Dissertations and Theses databases. Keywords included *substance use disorder*, *stigma reduction*, *healthcare providers*, *trauma-informed care*, and *educational intervention*. The search yielded over 85 peer-reviewed articles, of which 12 were selected based on relevance, recency, and alignment with the project's objectives. Marks et al. (2024) found that brief, structured psychoeducation, particularly when emphasizing the neurobiological and medical basis of addiction, trauma-informed care, and effective communication, can significantly reduce provider stigma. Additionally, a global scoping review by Hajizadeh et al. (2024) identified a range of comprehensive, evidence-based strategies, including stakeholder-driven educational interventions that effectively address mental health stigma across multiple societal levels. Taken together, these findings provide strong Level II–III evidence, as derived from quasi-experimental studies and an integrative review in support of this project's approach, reinforcing that concise, evidence-informed training can

positively shift provider attitudes and foster a more empathetic and inclusive clinical culture.

Staff Education Project Development

The staff education training was implemented at a community-based outpatient clinic serving patients with complex physical and behavioral health needs. The participating team consisted of six staff members. The participants included an RN, a physician, allied health professionals, and an administrative assistant. Participants came from a variety of roles, including support staff, therapists, managers, licensed practical nurses, and psychiatric mental health nurse practitioners, highlighting the broad relevance of the training content.

A PowerPoint educational presentation was developed, incorporating clinical case discussions and facilitating dialogue (see Appendix A). The educational intervention covered key topics including understanding SUD, the definition and types of stigmas, mechanisms of stigma formation, stigma in health care settings, impact on patient care and outcomes, evidence-based interventions for stigma reduction, case studies with group discussion, and a final knowledge check and reflection. A handout for participants was developed and provided for notetaking (see Appendix B).

As part of the ethical protocol, participants were assigned a deidentified numeric number ranging from 1 to 6, used on both pre- and post-surveys to maintain confidentiality and comply with Walden University's ethical research standards. Adhering to Walden University's ethical and confidentiality standards, participants completed pre and post knowledge check training surveys, which included Likert-scale items to capture quantitative changes in knowledge and attitudes (see Appendix C). Data

were analyzed using descriptive statistics. Participants completed an anonymous end-of-course evaluation using a structured survey that assessed content relevance, delivery, practical application, and overall satisfaction (see Appendix D).

The evaluation outcomes from the training indicated overwhelmingly positive feedback across all assessed domains. Key outcomes included increased awareness of stigma's impact, enhanced provider empathy, and individualized action plans for ongoing practice transformation. Staff also reported greater confidence using non stigmatizing language, applying motivational interviewing, and promoting inclusive care policies. Post training results demonstrated a marked improvement in staff knowledge, attitudes, and perceived competence in caring for patients with SUD.

Results

Postimplementation results showed a notable impact on participant knowledge scores (see Table 1). Participant scores rose from 46% before the training to 96.7%, a gain of over 50 percentage points.

Table 1

Pre- and Post knowledge Check Results and Comparison

Participant	Pre education	Post education
1	42%	100%
2	58%	90%
3	32%	92%
4	28%	100%
5	66%	100%
6	50%	98%
Total average	46%	96.7%

Figure 1 highlights the consistency and magnitude of improvement across all participants, reinforcing the project's broader implications that intentional, evidence-based education can produce measurable shifts in clinical understanding, even within a single day. Additionally, Figure 1 visually reinforces the data from the table, illustrating a substantial increase in post training scores across all individual participants and the overall average, which highlights the effectiveness of brief, structured workshops in enhancing clinical knowledge about SUD, particularly in recognizing, reducing, and avoiding stigma and bias in patient care. Moreover, the training enabled participants not only to change their attitudes and behaviors but also to serve as informed advocates and peer educators in fostering a more empathetic and inclusive health care environment.

Figure 1

Change in Participant Knowledge About SUD and Associated Stigma

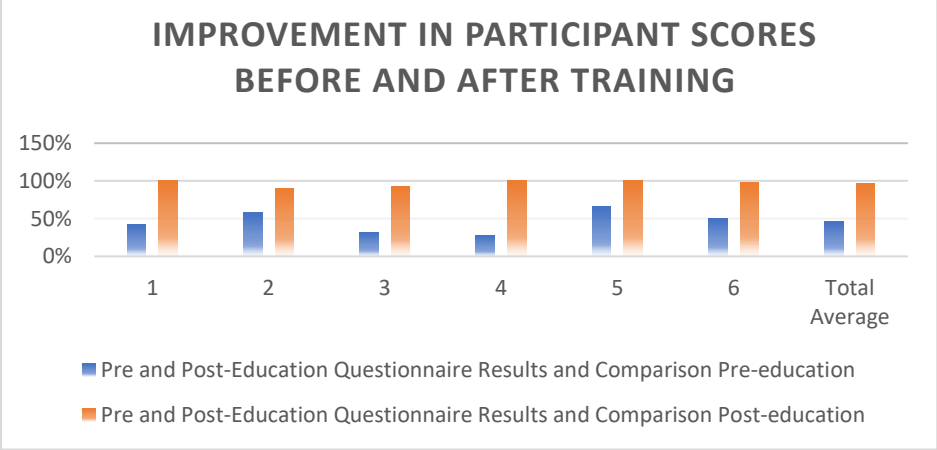
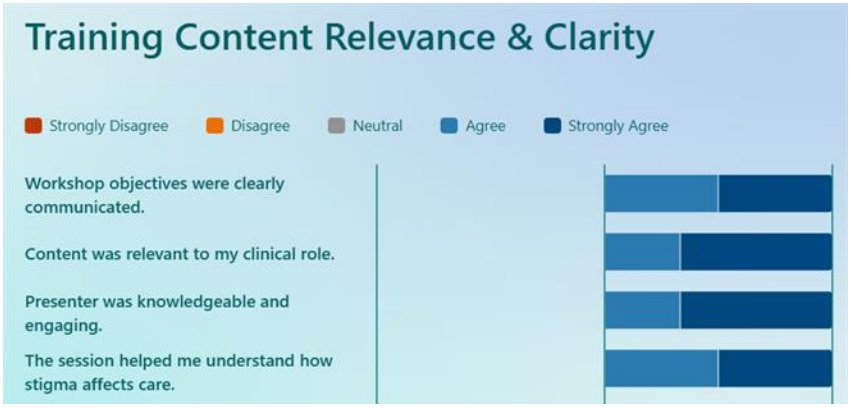


Figure 2 further reinforces the training's success and shows that all participants agreed or strongly agreed that the training content was explicit, relevant, and applicable to their clinical roles. Participants reported that the sessions enhanced their understanding of stigma, provided practical tools for use in the workplace, and increased their

confidence in performing job responsibilities. No participants selected neutral or negative responses, indicating both the clarity of communication and the effectiveness of the training. These results suggest that the training successfully met its learning objectives and had a meaningful impact on participants' attitudes and practical skills.

Figure 2

Relevance of Training



In addition to measurable gains in knowledge, participants reported increased empathy, greater comfort in patient interactions, and heightened awareness of stigma and clinical implications. Feedback from the participants revealed enhanced communication during team huddles, greater use of inclusive language in care planning, and a more substantial commitment to trauma-informed, person-centered practices.

A notable organizational impact was the emergence of more collaborative dialogue during clinical discussions involving patients with SUD. This suggests a cultural shift within the team toward greater shared responsibility and supportive care planning, effects that extend beyond individual learning to affect team dynamics and patient outcomes. Participants showed significant improvement after the 1-day training, which

had an impact on staff knowledge, attitudes, and perceived competence regarding care for patients with SUD.

Although the results are promising, limitations include the small sample size (N = 6) and the lack of long-term follow-up to assess sustained behavior change. The evaluation relied on self-reported attitudes and confidence levels, which may not have fully captured actual changes in practice. Additionally, results from a single community-based outpatient clinic may not be generalizable to all health care settings without contextual adaptation. However, the positive outcomes observed in this setting highlight the potential value of brief, targeted educational interventions and suggest a need for further study in diverse clinical environments and beyond the local setting. The structured format, practical content, and rapid impact make this training model adaptable for broader implementation in similar clinical environments seeking to enhance cultural competence, reduce bias, and promote equity in health care delivery.

Conclusions

This staff education training demonstrated that a brief, well-structured educational intervention can improve health care staff's knowledge and attitudes toward individuals with SUD by addressing foundational topics such as the neurobiology of addiction, trauma-informed care, and harm-reduction principles. Post training results showed a marked improvement in knowledge, with average scores rising from 46% to 96.7%, in addition to self-reported gains in empathy, communication, and provider confidence. Informal feedback also suggested improved teamwork and more inclusive clinical dialogue, indicating early shifts toward a more supportive care environment.

These findings reinforce the potential of targeted education to serve not only as a clinical tool but also as a vehicle for promoting ethical, patient-centered care. When strategically designed and implemented, staff development initiatives may help dismantle persistent biases and contribute to more equitable health care practices. To sustain and expand these gains, it is recommended that stigma-reduction education be embedded into staff orientation and ongoing professional development. Enhancements such as scenario-based learning, peer-led facilitation, and long-term tracking of outcomes may help maintain momentum and foster deeper systems change. Continued institutional investment in such efforts may help reduce stigma and improve health care experiences for individuals with SUD.

For nursing practice, this project reinforces the role of nurses as advocates for equitable, patient-centered care, positioning them as leaders in stigma reduction through daily interactions and systemic improvements. Promoting inclusive care environments also aligns with the nursing profession's ethical obligation to advance health equity and uphold the dignity of all patients. By fostering more empathetic communication and cultural responsiveness, these initiatives support broader goals of positive social change, including promoting diversity, equity, and inclusion within health care systems. Major project products included a structured training curriculum, communication toolkits, and an evaluative framework for self-reflection. Recommendations emphasize the organizational adoption of stigma-reducing strategies, continuous workforce education, and the integration of inclusive values into the clinical culture.

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Beverly, C. A. (2020). *Stigma and the life experiences of recovering counselors* [Doctoral dissertation, Walden University]. Walden ScholarWorks. https://scholarworks.waldenu.edu/dissertations/9052

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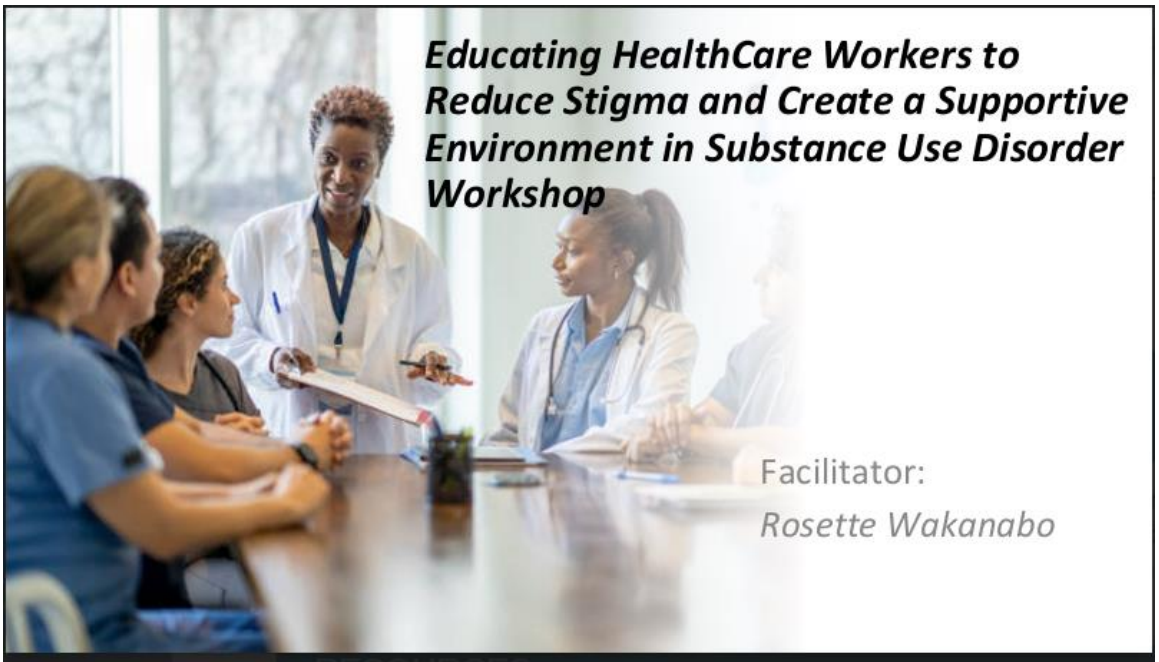
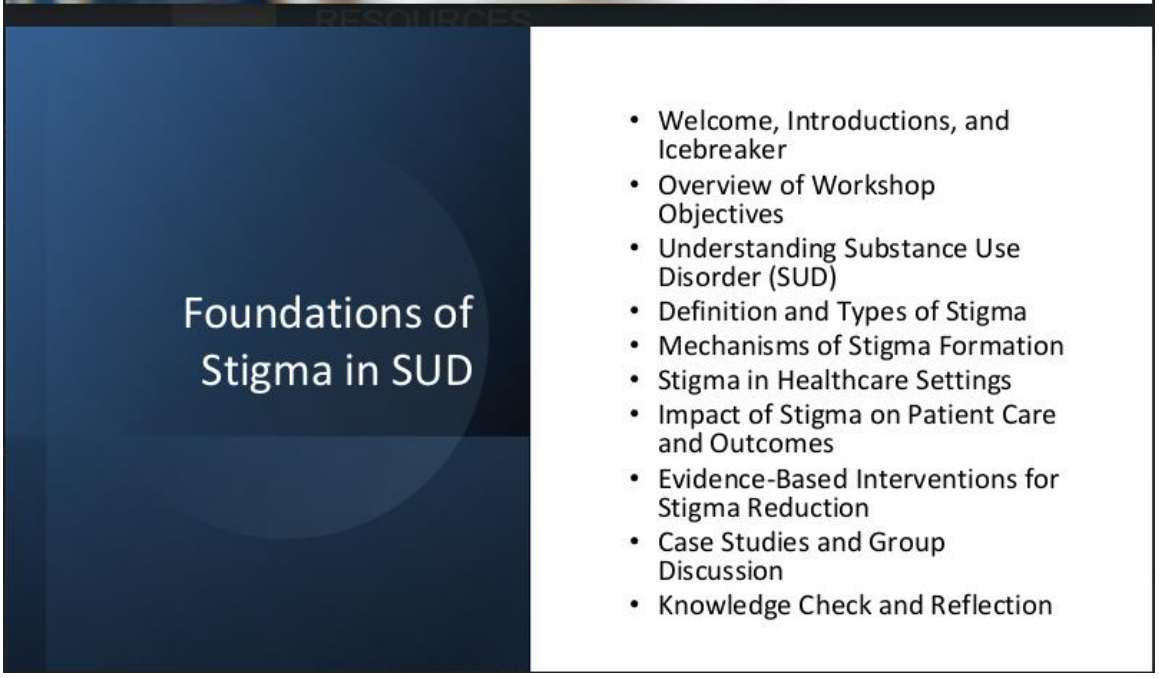
Appendix A: PowerPoint Presentation





Workshop Objectives

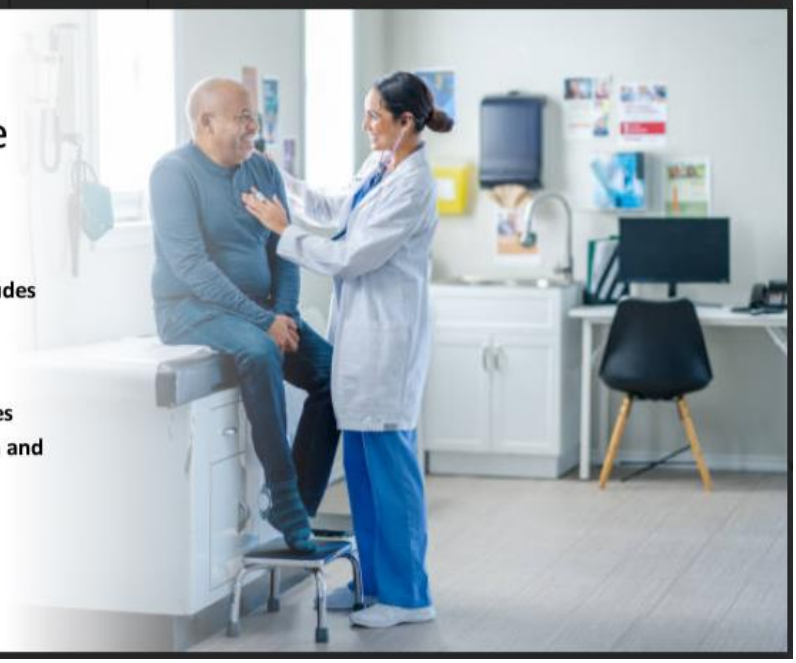
- Define stigma and its types
- Identify how stigma manifests in healthcare
- Understand the impact of stigma on people with SUD
- Review evidence-based strategies to reduce stigma
- Build empathy and communication skills

What is Substance Use Disorder (SUD)?

Understanding Stigma

- Public stigma: societal attitudes
- Self-stigma: internalized beliefs
- Structural stigma: institutional policies
- Courtesy stigma: associated persons

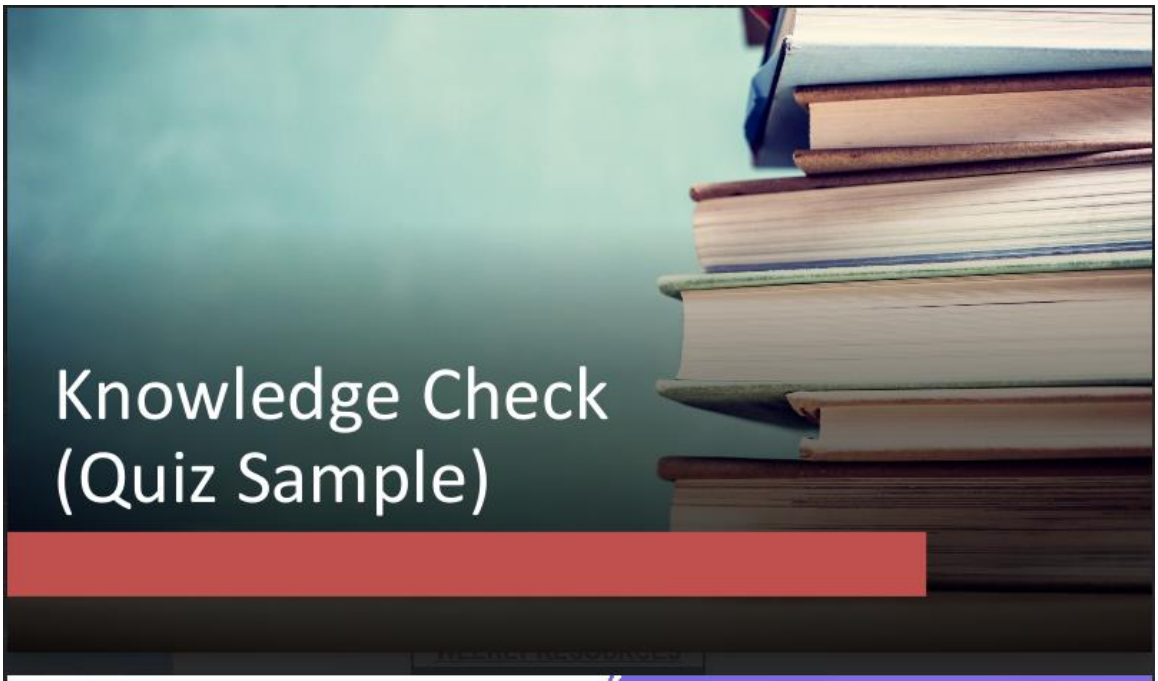
Stigma in Healthcare Settings



- **Negative provider attitudes and labels**
- **Delayed or denied care**
- **Impact on treatment adherence and outcomes**
- **Examples from research and case studies**

Case Discussion Prompt

Evidence-Based Interventions



Reflection

1. What surprised you today?
2. What have you learned about your own biases?
3. How might this knowledge impact your care approach?

Part II: Applying Skills and Building Confidence

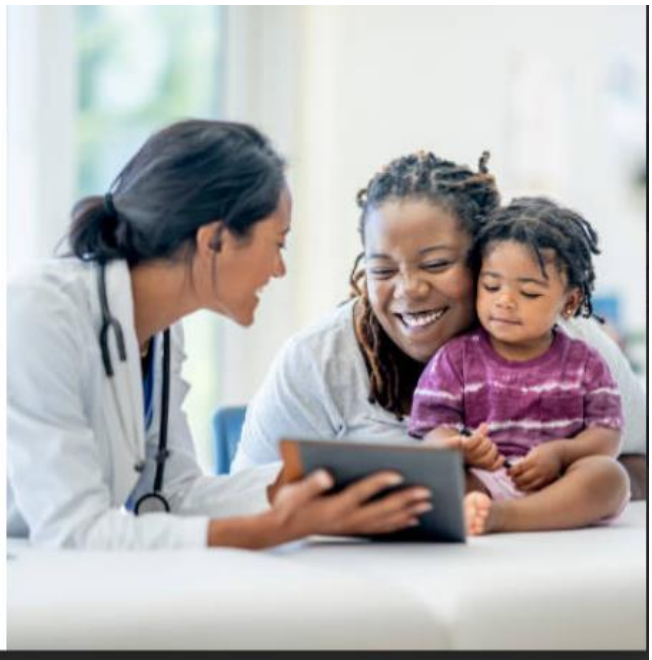
Review of Key Concepts from Part I

- Communicating Without Stigma
- Role-Playing Scenarios and Feedback
- Recognizing and Managing Implicit Bias
- Building Confidence through Skill Practice
- Personal Action Planning
- Post-training Knowledge Assessment
- Wrap-Up and Next Steps

Effective Communication Strategies

Implicit Bias and Self-Reflection

- Recognizing unconscious attitudes
- How **bias** influences behavior and judgment
- Simple tools for ongoing self-assessment



Developing Personal Action Plans

Workshop Evaluation & Feedback

1. What did you find most helpful?
2. Suggestions for improvement
3. Would you recommend this training?
4. How has this training changed your perspective on patients with substance use disorder?
5. What specific tools or strategies from the training do you plan to apply in your work setting?

- Discuss dates for the close out presentation with your Faculty Member and c

Role Play Scenarios

Workshop Evaluation & Feedback

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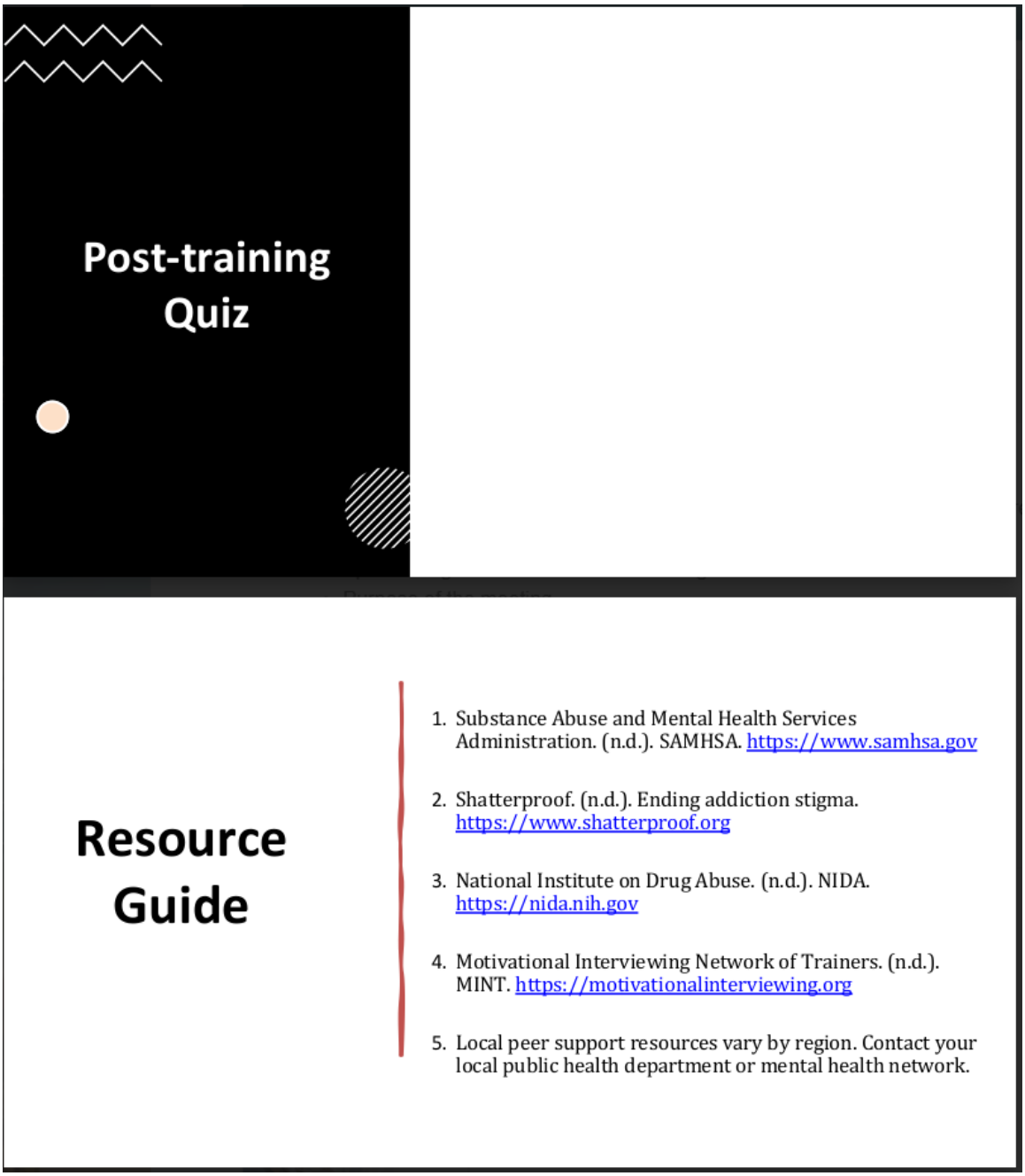
Developing Personal Action Plans


Post-training Quiz
Resource Guide
1. Substance Abuse and Mental Health Services Administration. (n.d.). SAMHSA. https://www.samhsa.gov
2. Shatterproof. (n.d.). Ending addiction stigma. https://www.shatterproof.org
3. National Institute on Drug Abuse. (n.d.). NIDA. https://nida.nih.gov
4. Motivational Interviewing Network of Trainers. (n.d.). MINT. https://motivationalinterviewing.org
5. Local peer support resources vary by region. Contact your local public health department or mental health network.

Appendix B: Presentation Handout

Understanding Stigma

- Definitions and types of stigma (public, self, structural, courtesy)
- Impact of stigma on care for patients with substance use disorder (SUD)
- Evidence-based approaches for reducing stigma

Skills Application

- Communication strategies: person-first language, empathy
- Role-playing and bias reflection
- Developing personal action plans for practice change

2. Note-taking Guide

Use this space to write down key takeaways, questions, and insights.

Topic 1: _____

-
-
-

Topic 2: _____

-
-
-

Topic 3: _____

-
-
-

Topic 4: _____

-
-
-

Topic 5: _____

-
-
-

3. Pre/Post Quiz

1. What do SUD patients commonly experience: three types of stigma?
2. How can stigma impact treatment adherence?
3. List one strategy for reducing provider bias.
4. On a scale of 1–5, how confident are you in providing care to individuals with SUD?
5. List one myth about SUD you have heard or believed.

4. Role-Play Scripts

Scenario 1: Emergency Room

A nurse expresses frustration seeing a repeat SUD patient. Role-play how another staff member might respond empathetically.

Scenario 2: Discharge Planning

A physician discharges a patient with a history of opioid use—practice using person-first, non-judgmental language during handover.

Scenario 3: Family Concerns

A caregiver voices blame toward a patient with SUD. Explore how to educate the family while supporting the patient.

5. Resource Guide

- SAMHSA: Substance Abuse and Mental Health Services Administration – samhsa.gov
- Shatterproof.org – National nonprofit focused on ending addiction stigma
- National Institute on Drug Abuse (NIDA) – nida.nih.gov
- Motivational Interviewing Network of Trainers – motivationalinterviewing.org
- Local peer support groups and regional SUD resources

Appendix C: Pre- and Post Knowledge Check

1. **Which of the following best defines structural stigma?**
   a) When an individual feels ashamed of their condition
   b) When family members of patients are treated differently
   c) When policies or procedures disadvantage people with SUD
   d) When healthcare workers express frustration

2. **Which type of stigma involves societal attitudes toward individuals with SUD?**
   a) Courtesy stigma
   b) Structural stigma
   c) Public stigma
   d) Internalized stigma

3. **What is a common myth about substance use disorder?**
   a) It is a chronic, relapsing condition
   b) It is a moral failing
   c) It co-occurs with mental health disorders
   d) Recovery is possible with support

4. **Which of the following is NOT a common effect of stigma in healthcare settings?**
   a) Increased treatment adherence
   b) Delayed care
   c) Reduced patient trust
   d) Labeling by providers

5. **Which of the following strategies is considered evidence-based for reducing stigma?**
   a) Avoiding patients with SUD
   b) Using scare tactics
   c) Education and contact-based approaches
   d) Blaming family members

6. **Which term refers to the stigma experienced by people associated with someone who has SUD?**
   a) Public stigma
   b) Courtesy stigma
   c) Structural stigma
   d) Reciprocal stigma

7. **According to the DSM-5, Substance Use Disorder is best described as:**
   a) A moral weakness
   b) A chronic relapsing brain disease

c) A temporary lifestyle choice
d) A legal violation

8. **Which of these tools helps manage implicit bias?**
   a) Punishment-based training
   b) Avoiding patients with bias triggers
   c) Reflective practice and self-assessment
   d) Assuming neutrality without action

9. **What communication technique is encouraged for addressing patients with SUD?**
   a) Authoritative direction
   b) Motivational interviewing
   c) Passive listening
   d) Diagnostic labeling

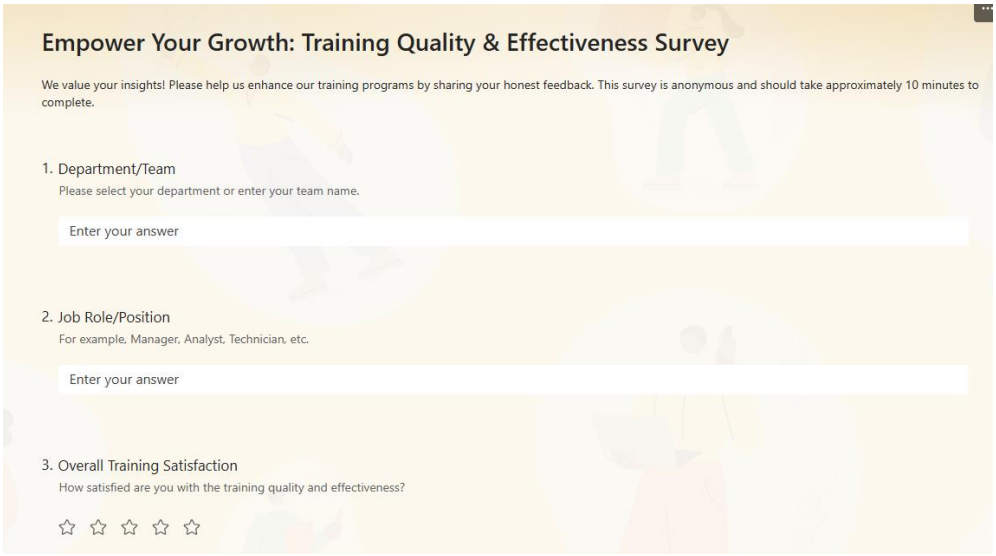
10. **Using "person-first language" means:**
    a) Avoiding all mention of the disorder
    b) Referring to people as their illness
    c) Emphasizing the individual over the condition
    d) Using medical jargon to describe the person

11. **One impact of negative provider attitudes is:**
    a) Improved patient-provider relationships
    b) Increased adherence to treatment
    c) Avoidance of medical care by patients
    d) Faster emergency room discharges

12. **What is a core goal of the stigma reduction workshop?**
    a) Diagnose patients more quickly
    b) Enforce drug policies
    c) Build empathy and improve communication
    d) Teach the legal penalties of drug use

Appendix D: End-of-Course Evaluation Form

Form URL: https://forms.office.com/r/7RAhV1GG6T



Empower Your Growth: Training Quality & Effectiveness Survey

We value your insights! Please help us enhance our training programs by sharing your honest feedback. This survey is anonymous and should take approximately 10 minutes to complete.

1. Department/Team

Please select your department or enter your team name.

Enter your answer

2. Job Role/Position

For example, Manager, Analyst, Technician, etc.

Enter your answer

3. Overall Training Satisfaction

How satisfied are you with the training quality and effectiveness?

☆ ☆ ☆ ☆ ☆

4. Training Content Relevance & Clarity

Please indicate your level of agreement with the following statements:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Workshop objectives were clearly communicated.	○	○	○	○	○
Content was relevant to my clinical role.	○	○	○	○	○
Presenter was knowledgeable and engaging.	○	○	○	○	○
The session helped me understand how stigma affects care.	○	○	○	○	○
I feel more confident working with patients with SUD.	○	○	○	○	○
I plan to apply what I learned in my clinical practice.	○	○	○	○	○
The training environment was inclusive and respectful.	○	○	○	○	○
I would recommend this workshop to colleagues.	○	○	○	○	○

5. Training Delivery & Engagement

Please indicate your level of agreement with the following statements:

	Very Poor	Poor	Neutral	Good	Excellent
The trainer maintained a dynamic and engaging delivery style.	◯	◯	◯	◯	◯

6. Practical Application & Skills Development

Please indicate your level of agreement with the following statements:

	Very Poor	Poor	Neutral	Good	Excellent
The training equipped me with practical skills I can apply immediately at work.	◯	◯	◯	◯	◯
I feel more confident in my job responsibilities after the training.	◯	◯	◯	◯	◯

7. Overall Rating of the Workshop

Please indicate your level of agreement with the following statements:

	Very Poor	Poor	Neutral	Good	Excellent
This workshop should be done by every healthcare worker	◯	◯	◯	◯	◯

8. Additional Comments or Suggestions

Please share any further insights or recommendations to help us improve our training programs.

Enter your answer

Submit