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Coworkers' Lived Experiences of Being Exposed to Healthcare Professionals Misusing Substances

Juratu Garuba-Agbebaku
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Walden University

College of Management and Human Potential

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Juratu Garuba-Agbebaku

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Walden University
2025

Abstract

Coworkers' Lived Experiences of Being Exposed to Healthcare Professionals Misusing
Substances

by

Juratu Garuba-Agbebaku

MA, Bowie State University, 2001

BA, University of the District of Columbia, 1986

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Psychology

Walden University

February 2026

Abstract

Despite the harm of substances, coworkers in hospitals, healthcare facilities, and urgent care centers found themselves among healthcare professionals who misused substances such as alcohol and prescription medication. Grounded in social cognitive theory, the purpose of this qualitative descriptive phenomenological study was to explore the lived experiences of coworkers who have been exposed to healthcare professionals' substance misuse. The participants consisted of 12 healthcare professionals working in various hospitals, healthcare facilities, and urgent care centers in the United States. Data were collected using semistructured interviews. Through Colaizzi's seven-step analysis, five themes emerged: (a) emotional experiences, (b) ethical reflections, (c) cognitive awareness and sense making, (d) relational dynamics, and (e) organizational awareness. Findings revealed that coworkers often experience moral tension between protecting patient safety and supporting colleagues in crisis. Healthcare leaders can use these identified strategies to initiate organizational policies that balance accountability with empathy, provide structured rehabilitation programs, and enhance leadership engagement in creating safety, further education, supportive work environments, ethical culture, and resilience and workforce recovery. Recommendations include healthcare professionals implementing peer support interventions, establishing a leadership ethics framework, and providing ongoing training in ethical decision making and wellness. The implications for positive social change include the potential for healthcare leaders to promote a culture of openness and recovery-oriented practice, which develops organizational integrity, creates healthier workplaces, and fosters community trust in healthcare systems for optimal care.

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Dedication

I dedicate this study to my late husband, Thompson Abiodun Agbebaku, and both of my late sons, Wilson Thompson Agbebaku Jr. and Francis Seidu Agbebaku; you are greatly missed. Also, to the rest of my children: Juliana Agbebaku-Naylor and Cynthia Agbebaku. My grandchildren: Raniyah (Angel) Jackson, Andrea Juliet (Miracle) Peoples, and Giovannie (Wisdom) Naylor. To my son-laws, Gabriel Naylor and Donnell Chism, and friends, thanks for sharing your time and being good listeners at times that are most needed. Every coworker who has experienced exposure to the misuse of substances in their work environment, I also dedicate this to you. To those who are misusing the substances, I pray for God's mercy and deliverance over your lives.

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Chapter 1: Introduction to the Study

Substance misuse, including alcohol and illegal drugs, was a growing global issue. A recent report from the World Health Organization (2024) indicated that 2.6 million deaths annually were linked to alcohol consumption, accounting for 4.7% of all fatalities. In contrast, psychoactive drug use was responsible for 0.6 million deaths— notably, 2 million of the alcohol related deaths and 0.4 million of the drug-related deaths involved men. In 2021, cannabis was the most used drug by 219 million people, followed by amphetamines (36 million), cocaine (22 million), and ecstasy (20 million). Opioids caused the highest harm, affecting 60 million nonmedical users, with 31.5 million using heroin. Substance abuse led to chronic psychiatric disorders and compulsive behaviors (United Nations Office on Drugs and Crime, 2023).

Substance use among healthcare workers was an increasing concern, with 10% to 15% having misused drugs during their careers, and 6% to 8% having been diagnosed with substance use disorders, which impacted health and job performance related to depression and burnout. Institutions were required to invest in resources to address these issues (Shah et al., 2025). The physician survey and health programs showed that the level of healthcare professionals' substance use disorders (SUDs) was the same as that of the general population. Additionally, SUDs were an essential cause of physicians' mental unfitness, including depression, stress, and burnout (Shadakshari et al., 2022). Shadakshari et al. (2022) noted that challenges that occurred during work hours due to SUDs included abnormal behavior in the work environment of coworkers, overprescribing medication to patients, decreased quality of performance, decreased

productivity, unexplained leaves or absenteeism, tardiness, mood swings, and numerous job changes.

Excessive alcohol consumption cost the U.S. economy \$249 billion annually, including healthcare (\$28 billion), productivity losses (\$179 billion), accidents (\$13 billion), and criminal justice expenses (\$25 billion). Alcohol-related emergency visits cost \$1.22 billion, with Medicaid covering 35%. The financial burden of SUDs amounted to \$13.2 billion in medical expenses and over \$400 billion in total costs, affecting 12% of Medicaid beneficiaries aged 18 and older (National Institute of Health [NIH], 2022).

The rates of morbidity and mortality related to substance use were significantly high. In 2020, 50% of individuals aged 12 and above (138.5 million people) reported alcohol use within the past month (NIH, 2022). Alcohol-related deaths rose from over 39,000 in 2019 to more than 49,000 in 2020, representing a 25% increase. Provisional data for 2021 indicated a further rise to over 52,000 deaths, marking a 34% escalation from prepandemic levels (NIH, 2022). Opioid misuse and dependence were widespread chronic conditions in the United States; however, only approximately one-quarter of individuals with opioid use disorder (OUD) received specialized treatment (NIH, 2022). In 2020, 59.3 million individuals aged 12 and above reported using illicit drugs, with marijuana being the most prevalent at 49.6 million users, followed by prescription pain reliever misuse at 9.3 million (O'Donnell et al. 2021). Polysubstance use, which involved the combined use of multiple drugs, had been increasing, notably the combination of opioids with stimulants. Overdose deaths frequently involved combinations such as fentanyl with heroin, cocaine, methamphetamine, or benzodiazepines (O'Donnell et al.

2021). For the first time, from May 2020 to April 2021, the United States experienced over 100,000 drug overdose deaths in a single year. Synthetic opioids, especially fentanyl and illegal analogs, accounted for 64% of these deaths (O'Donnell et al., 2021). Outside the Western regions, illegally manufactured fentanyl related deaths often involved cocaine and heroin; in the West, methamphetamine and prescription opioids were more common (O'Donnell et al., 2021). Individuals who survived a nonfatal overdose were at a higher risk of experiencing another overdose (Shrestha et al., 2021). Nonfatal overdoses significantly contributed to opioid-related health issues, including respiratory depression and brain damage (NIH, 2022).

Deep et al. (2024) discussed the increasing global concern of substance abuse, which resulted in neurocognitive, physiological, and psychological consequences. Cultural norms played a significant role in affecting substance abuse; societal pressure could make abstinence difficult. Men often experienced more intense pressure to consume alcohol compared to women, who could find socially acceptable alternatives. The perception of social bonding often made non-drinkers seem as though they were violating norms, thereby compelling them to express social desires without consuming alcohol (Deep et al., 2024). The argument posited was that drugs were inherent to human society, suggesting coexistence rather than eradication (Chappard et al., 2025).

Similarly, the high rate of accessibility and purity of heroin, combined with reduced price partly because of the increased efficiency of its distribution channels, led to the rise in heroin use and heroin use disorder (Volkow & Blanco, 2021). The prevalence of lifetime heroin usage in the United States increased from 0.33% to 1.6%, and the

lifetime prevalence of heroin use disorder increased from 0.21% to 0.69%. In addition, deaths from fentanyl and other synthetic opioids increased from 2010 to 2017, rising from 3,000 (14.3% of opioid-related deaths) to over 28,466 (59.8%). Synthetic opioid drugs caused twice as many overdose deaths as prescription opioids or heroin (Volkow & Blanco, 2021).

Background of the Study

In the United States, significant efforts had been made to address substance misuse issues. Clinical and health services research, along with recent changes in healthcare legislation and financing, had a substantial impact on this issue. Moreover, comprehensive public health approaches had emerged as a promising strategy to tackle the multifaceted challenges posed by substance misuse. SUD arose when the habitual consumption of alcohol or drugs resulted in health complications or failure to fulfill responsibilities, as reported by the NIH (2022). According to NIH (2022), health issues related to substance use, particularly opioids, were increasing. Opioid overdose fatalities increased by 36.8% from 2019 to 2020, rising from 15.2 to 20.8 per 100,000 individuals. Additionally, deaths associated with synthetic opioids surged by 55%, while those from natural and semisynthetic opioids went up by 13.9% (NIH, 2022). This trend suggested a decline in the effectiveness of measures aimed at controlling opioid prescriptions and an increase in deaths due to potent opioids (NIH, 2022). In 2020, the highest overdose rates were observed among non-Hispanic American Indian or Alaska Native (28.1), non-Hispanic Black (26.6), and non-Hispanic White (25.5) populations. Despite the growing number of opioid-related deaths, only 9.9% of individuals aged 12 and older who

required treatment for drug use received care at specialized facilities, emphasizing the urgent need for improved access to treatment programs (NIH, 2022). Physician burnout and the implications for the physician's health and the healthcare organization contributed to the challenges that healthcare professionals faced daily in their job responsibilities, which occurred due to the increased stress levels in overworked physicians. Those healthcare professionals who experienced burnout were less productive and had the potential to leave at some point; as a result, the healthcare organization was affected economically by increasing costs of lower productivity and increased burnout. Sovold et al.'s (2021) findings showed the need for healthcare systems to completely replace their operating system with a positive mindset in reducing the increased burden or stress on healthcare professionals and promoting their health, well-being, and ability to provide care to achieve an optimal result.

The use of substances changed the physician's behaviors and therefore the work environment as well, with diverse responses from coworkers and the healthcare systems. SUD hinders the effectiveness of healthcare professionals' clinical care and service delivery. Healthcare professionals were found to have difficulty conducting procedures, and errors in documentation and prescription writing occurred (Shadakshari et al., 2022). Moreover, ethical issues in the workplace influenced the behavior of the healthcare professional's responsibility to the community and career growth (Shadakshari et al., 2022). An evidence-based overview of the poor mental health impact on healthcare workers during times of stressful work activities and other challenging working conditions highlighted the essence of prioritizing and protecting the mental health and

well-being of healthcare workers. In addition, the increased risk of stress, burnout, moral injury, depression, trauma, and other mental health challenges among healthcare professionals revealed the systemic changes that empowered healthcare workers and protected their mental health and well-being for the future. The healthcare system needed to reimagine its processes to reduce the increased burden or stress on healthcare professionals and promote their health, well-being, and thus their ability to provide care and achieve optimal results (Sovold et al., 2021).

The ethical and legal guidelines for investigating and reporting substance misuse behavior were critical in the role of the nursing manager in situations involving a nurse with a substance use disorder. The nursing manager took responsibility for educating the staff and held in-service education on substance use disorders. In addition, they disseminated resources, identified nurses with signs of SUD, and dispelled myths and misconceptions related to SUD. The researcher investigated substance misuse but found gaps in the literature. The gap was that the empirical studies had not explored the issue of substance misuse in a way that specifically addressed coworkers' lived experience of being exposed to healthcare professionals misusing substances.

Problem Statement

Despite the harm of substances, coworkers in hospitals, healthcare facilities, and urgent care centers found themselves among healthcare professionals (e.g., physicians and nurses) who misused substances, for instance, alcohol and prescription medication (Toney-Butler & Siela, 2022). Toney-Butler and Siela (2022) indicated that common behavioral signs among healthcare professionals using alcohol and prescription

medication included a disheveled appearance, isolation, and mood changes. Healthcare professionals who drank alcohol frequently used excessive amounts of mouthwash, gum, and mint to cover up the smell of the alcohol (Toney-Butler & Siela, 2022). Behaviors related to drug diversion by healthcare professionals who misused substances during working hours included altered orders for drugs, controlled substance discrepancies, frequent trips to the bathroom, frequent medical documentation loss, frequent corrections on medication records, higher-than-average opioid administration, higher-than-average opioid wastage, incorrect counts of a controlled substance, and patients complaining of poor pain relief because the healthcare professionals used the substance (such as opioids) that was supposed to be for the patient (Toney-Butler & Siela, 2022).

There was a gap in the empirical studies that did not explore the issue of substance misuse in a way that specifically addressed coworkers' lived experiences of being exposed to healthcare professionals misusing substances. Shadakshari et al. (2022) noted that physician surveys and health programs showed that the level of healthcare professionals' SUDs was the same as that of the general population. Additionally, SUDs were an essential cause of physicians' mental unfitness, including depression, stress, and burnout (Shadakshari et al., 2022). Due to the fear of reprisal, most states had developed mechanisms whereby coworkers could confidentially report a colleague directly to an agency that investigated and dealt with the issue (Toney-Butler & Siela, 2022). Health professionals who were under the influence could not safely perform their professional duties and responsibilities in the manner that was essential to the profession (Toney-Butler & Siela, 2022).

Purpose of the Study

The purpose of this descriptive phenomenological qualitative study was to explore the lived experience of coworkers who had been exposed to other healthcare professionals' substance misuse. The targeted population included 12 coworkers of healthcare professionals who worked in different hospitals, healthcare facilities, and urgent care centers located nationwide, as well as on social media. The selection of participating healthcare professionals was based on the demonstration of their lived experiences with other healthcare professionals who misused substances, including alcohol, opioids, and prescription medications. This criterion was deemed appropriate to ensure a well-informed and relevant group of individuals was selected for the study. Participants were assured of their confidentiality and privacy by being informed that the interview would be confidential. Through the exploration of coworkers' lived experiences of being exposed to healthcare professionals misusing substances, there was a better understanding of coworkers' lived experiences of being exposed to healthcare professionals misusing substances.

Research Question

The research question for this descriptive phenomenological study was “What are the lived experiences of coworkers who had been exposed to healthcare professionals' substance misuse?”

Conceptual Framework

The conceptualizations in Bandura's 1989 social cognitive theory (SCT) states that humans were not purposefully created and directed by the results of their

surroundings. The concept of this theory was that of social learning; how people learned new behaviors by observing the behavior of others and the outcome of their behavior (Nickerson, 2022). The social cognitive theory looked at people as active representatives who could be easily changed or controlled and influenced by their environment. SCT was considered social learning that involved the impact of cognitive processes (e.g., conceptions, judgment, and motivation) on a person's behavior as well as the environment that influenced them (Nickerson, 2022). Instead of the individual passively capturing the knowledge from the environment, the social cognitive theory stated argumentatively that they vigorously influenced their learning by interpreting the results of their work, which in turn affected the environments and personal elements that provided information in changing future behavior (Nickerson, 2022).

Firmansyah et al. (2022) noted that SCT conceptualized cognitive appraisals as triadic, reciprocal, and asymmetric in the environment, person, and behavior. Additionally, the set of ideas shaped by the model's cognitive dynamics processes reflect an individual's current view of the world (Firmansyah et al., 2022). This system equally guided behavior that was adapted towards desirable pursuits and away from undesirable outcomes. People tended to function in their environment, monitored and analyzed their work which reflected on the outcome, and reacted to the cause accordingly (Firmansyah et al., 2022).

Coworkers watched the actions taken by these hospitals, healthcare facilities, and urgent care centers as they related to the behavior displayed by healthcare professionals misusing substances. The SCT embraced individuals being punished for their behavior.

And the outcome of the behavior and the consequences of the behavior, in which the behavior may have been modeled. Nickerson (2022) stated that a behavior that was rewarded (positive or negative reinforcement) motivated people to imitate that behavior. However, if the behavior was punished, imitation was less likely to occur within the workforce or work environment. Influences on development could be created through learning the behavior that was demonstrated in the work environment in which the coworkers worked. Each behavior that was witnessed could easily change a coworker's way of thinking. Likewise, the environment in which a coworker worked could later influence their behavior, just as applicants for a new job position would determine the environment in which they liked to work.

The findings of this study helped provide recommendations to hospitals, urgent care centers, and healthcare communities on how to improve coworkers' lived experiences of being exposed to healthcare professionals misusing substances. These recommendations included educational, training, and counseling programs for the workers. Additionally, these programs assisted in building a healthy and effective working environment for the workers across the entities.

Nature of the Study

The specific research design that was used for this study's research question, sample, data collection/instrument to conduct the interviews, and data analysis was Colaizzi's descriptive phenomenological methodology (Appendix G). Data analysis conducted using Colaizzi's seven-step method, recognized for its rigor and thoroughness. This approach offers researchers a clear, logical, and systematic process for analyzing

qualitative data (Zhou et al., 2022). It was useful in understanding participants' lived experiences without any bias, leading to valuable insights. This research pertained to coworkers' lived experiences of being exposed to healthcare professionals' misuse of substances (see Balken & Koyucu, 2024). Colaizzi's method was used to examine the lived experiences of coworkers affected by healthcare professionals' substance misuse, leading to a deeper understanding of the work environment and potential improvements to workers' safety and well-being.

The data analysis included Colaizzi's procedural steps for analyzing phenomenological data. This design method helped provide answers to the research question on coworkers' lived experiences of being exposed to healthcare professionals misusing substances. I examined my presuppositions concerning coworkers' lived experiences of being exposed to healthcare professionals misusing substances based on Colaizzi's methodology. In this case, my beliefs, attitudes, and hunches about coworkers' lived experiences of being exposed to healthcare professionals misusing substances were carefully assessed to avoid any biases I might have had when investigating coworkers' lived experiences of being exposed to healthcare professionals misusing substances. Beck (2021) noted an example from Colaizzi that researchers should have asked themselves how their personal inclinations and predispositions relating to the research value influenced what they investigated.

To examine my presuppositions, I kept a file that contained a description of my preconceived beliefs about substance misuse, the knowledge that I had of it from the literature review, and my clinical experiences as a healthcare professional in patient care.

From time to time, I updated the file with any new beliefs, attitudes, or hunches that I had (Beck, 2021). Before the participants were interviewed and while analyzing the data, I took the time to reread all that I had written in this file to avoid any preconceived notions from interfering with the participants' information. The interview was conducted via Zoom. The collected qualitative data were analyzed by grouping responses of participants in terms of meaningful categories or themes that improved the understanding of the processes and skills through which the workers functioned in their work environment and interacted with each other.

With the descriptive phenomenological research design of Colaizzi, data were collected through in-depth interviews, and the findings were presented in detailed descriptions of the participants' experiences and then grouped into themes. The Colaizzi's method helped reveal emergent themes and their intertwined relationships (Jacobs & Mkhize, 2021). The interview questions in this format provided comparable, reliable data, and flexibility to ask follow-up questions, allowing easy comparison between respondents. The interviews for this study took 45-60 minutes to enable the collection of adequate information. Before completing the interview questions, each participant was asked to complete a consent form and a prescreening question (Appendix E) to ensure that the participant fit the criteria of my research. This helped identify the participants who qualified or did not qualify for the study and to implement a suitable methodology. A full explanation of the purpose of the research, written in simple language at a reading level suitable for the participants (equivalent to the 5th-7th grade), was provided to the entire population (Appendix A). Participants were assured of their

privacy and confidentiality in the informed consent form. The descriptive phenomenological qualitative data were collected using open-ended, semi structured interview questions that were recorded and transcribed on Zoom. Then, the interview data were analyzed into themes. In addition, the most significant factors (such as changes in behaviors, changes in the work environment, responses to coworkers, changes in job performance, absenteeism, productivity, and ethical issues at the workplace) were considered when the questions for the interview were developed.

The data included responses to the interview questions from coworkers of healthcare professionals who misused substances and worked in various hospitals, healthcare facilities, and urgent care centers nationwide and were available on public social media nationwide. Also, the data included responses regarding coworkers' lived experiences of being exposed to healthcare professionals misusing substances. Primary data and information gathered from the interview questions were used for this study. These included factors relating to coworkers' perspectives, influence by coworkers, substance access, and self-determination to answer my research questions. To be prepared, and for the participants to be comfortable, the questions were drafted before the date of the interview. A sample of the first five interview questions was included in the informed consent to inform participants of the types of questions they would be asked. Before the scheduled interview with the participants, I practiced with a friend to ensure my comfort during the actual interview.

A qualitative research methodology was best suited to address the research questions of this study. Additionally, the research methodology was appropriate for the

study since I explored coworkers' lived experiences of being exposed to healthcare professionals misusing substances. This specific research design included phenomenological research using the descriptive qualitative method to conduct interviews for gathering data on coworkers' lived experiences of being exposed to healthcare professionals misusing substances in multiple hospital and urgent care center settings. According to Dasom et al. (2023), data collected with the phenomenological research design through in-depth interviews helped present the findings in detailed descriptions of the participants' experiences, which were then grouped into themes. The benefits of using the qualitative method were that it provided access to consistent, precise, and reliable data, which assisted in understanding coworkers' lived experiences of being exposed to healthcare professionals misusing substances. Given the sensitive nature of this study, which related to healthcare professionals misusing substances, there was a prompt limitation of less data available to explain the complexity of the problem and what had been done to address it.

The research presented the misuse of substances among healthcare professionals as unethical conduct that interfered with the quality of services they delivered to the community. These professionals believed that they could control the substances they used, but they also became addicted, which affected their work. The controversial nature of the topic was that healthcare professionals had the knowledge they needed about the adverse effects of substance misuse; they educated patients about stopping unhealthy habits, yet with all this knowledge, they ended up misusing the substances and maybe attended to the patients when intoxicated. There was a gap in the literature that

contributed to coworkers' lived experiences of being exposed to healthcare professionals' misuse of substances and how the problem could be addressed. A search on this problem provided supporting articles regarding coworkers' lived experiences of being exposed to healthcare professionals misusing substances. Based on the information collected from the literature review, recommendations on methods that the hospital and urgent care center used to improve their current system were made available to them. This research study was significant because it filled the gap in understanding coworkers' experiences of being exposed to healthcare professionals misusing substances. Toney-Butler and Siela (2022) explained that all states added rules and regulations relating to the use of alcohol and prescription medication as the basis for disciplinary actions, including the healthcare system.

Definitions

Addiction: The state or condition of being dependent on a specific substance, activity, or behavior (Fluyau et al., 2024).

Burnout: A psychological condition caused by stress that led to emotional exhaustion, detachment, and decreased personal achievement (Tang et al., 2025).

Behavior change: Learning new behaviors through trial-and-error and imitation of others (Michaelsen et al., 2023).

Behavioral influences: The choice of activities, effort, persistence, achievement, and environmental regulation (Firmansyah et al., 2022).

Changes in the work environment: Alterations from external factors that transformed the mission, strategy, leadership, and culture of a system (Errida & Lotfi, 2021).

Coping: The thoughts and actions individuals used to manage stress, both internal (emotional or psychological) and external (environmental or social) (Algorani & Gupta, 2022).

Depression: A mood disorder characterized by a continuous sense of sorrow and a lack of interest in activities (Chand et al., 2023).

Environmental influences: Socially modeled impacts that affected people's motivational processes and outcomes (Firmansyah et al., 2022).

Fatigue: A common symptom that could significantly impact the quality of life for individuals with medical conditions (Billones et al., 2021).

Job or workplace or occupational stress: When employees could not meet the demands of their roles (Rathi et al., 2022).

Mental health: A constantly evolving condition of internal balance that allowed people to use their skills in alignment with the core values of the community (Buerkner et al., 2023).

Misuse of prescription drugs: Excessive prescribing or improper use of medications such as opioids and stimulants, which led to negative outcomes (Rodriguez et al., 2025).

Moral injury: A strong emotional and cognitive response to events that violated an individual's moral or ethical beliefs (Williamson et al., 2021).

Personal influences: Processes that helped to initiate and maintain motivation (Firmansyah et al., 2022).

Stress: A combination of physical and emotional reactions that individuals experienced when facing life's challenges (National Center for Complementary and Integrative Health, 2022).

Stressors: Distinct events that could disrupt or change normal psychological functioning related to one's job or substance misuse (Crosswell et al., n.d.).

Substance use disorders: The excessive use of nicotine, alcohol, and other illicit drugs, which led to harm in an individual's social life, performance, and work-related activities (Jahan & Burgess, 2023).

The influence of coworkers: The ways in which colleagues shaped an employee's work experiences (Morrell & Moake, 2022).

Trauma: The emotional reaction that could occur after experiencing a distressing event, such as an accident, sexual assault, or natural disaster (American Psychological Association, 2022).

Assumptions

Qualitative researchers assume that participants' reflections of individual lived experiences are delivered truly and experienced differently. Researchers are accustomed to various elements of the scientific method: designing studies, implementing interventions, collecting and analyzing data, and synthesizing findings (Clair et al., 2022). Clair et al. (2022) explained that assumptions served as mental shortcuts that enabled researchers to navigate our environment more efficiently. Yet, when researchers do not

actively reflect on and challenge these assumptions, they became complacent with their biases. For this study, my first assumption was that the data collected from the interviews would be rigorous enough to provide answers to the research questions. Because participants were asked to provide personal information on a topic that might have been sensitive to them, the information they chose to disclose may have been limited. A second assumption was that participants would become prepared, ready, and recall enough information to support a strong exploration of this study. Because participants were asked to recall information from their past experiences, the information that they shared may not have truly represented their responses. My third assumption was that the participants provided honest answers to the interview questions, and the responses that they gave reflected their real experiences.

Scope and Delimitations

Delimitations in a study refer to the specific boundaries established by the researcher, which defined what the study would and would not cover. These boundaries resulted from intentional decisions to include or exclude certain elements during the study's design, shaping the overall scope and focus of the research (Coker, 2022).

Delimitations also relate to the scope of the study or accepted parameters. The parameters of this study included coworkers who worked in different hospitals, healthcare facilities, and urgent care centers who experienced first-hand exposure to healthcare professionals misusing substances. The sample population also included participants who lived nationwide and were available on social media in the United States. A snowball and purposeful sampling method was used in this qualitative research to recruit participants

for data collection. For decades, the snowball sampling strategy has been effectively used in social science research. While it has certain limitations and its suitability was sometimes debated, this approach was widely regarded as methodologically sound and highly effective for accessing populations that were otherwise difficult to reach, particularly in qualitative studies (Gierczyk et al., 2023). Purposive sampling (PS) is a commonly used in approaches in qualitative research across a wide range of scientific disciplines (Ahmad & Wilkins, 2025). Despite its popularity, there is still no research-based framework for conducting, teaching and evaluating purposive sampling applications (Ahmad & Wilkins, 2025). To guarantee the transferability of this study, I furnished comprehensive descriptive information about the research methodology. This information encompassed my role as a researcher, data collection, and analysis. Additionally, I provided a detailed step-by-step guide on how data was collected and analyzed using Colaizzi's (1978) descriptive phenomenological data analysis approach, as explained by Beck (2021).

Limitations

Despite the study's careful methodological design and the use of multiple strategies to bolster trustworthiness, certain limitations must be noted. To recruit participants, I employed both purposive and snowball sampling across various organizational settings. While this helped ensure that participants had firsthand, relevant experiences, it may have resulted in sampling bias. Individuals recruited through professional, or peer connections could possess similar attitudes, workplace cultures, or coping strategies, which might restrict the range of viewpoints captured. Therefore, these

findings should be seen as offering context-specific insights rather than universally applicable conclusions.

Second, consistent with the nature of most qualitative research, the findings relied on participants' own descriptions and interpretations of their experiences. Such narratives are intrinsically subjective and could be shaped by factors like memory lapses, selective recollection, or the desire to present oneself favorably (Nowell et al., 2022). While I prioritized confidentiality and anonymity to mitigate these influences, it is possible that participants refrained from sharing certain information or altered their accounts due to professional concerns or loyalty to their organizations.

Third, the inherently interpretive process of qualitative analysis introduces another limitation. Even though methods like reflexive journaling, member checking, and peer debriefing were used to boost the study's credibility and confirmability, achieving full researcher objectivity is unlikely (see Levitt et al., 2023). My own background and interpretive perspectives may have subtly shaped the analysis and synthesis of themes, despite the efforts made to maintain reflexivity.

Fourth, differences in organizational culture, leadership models, and support systems among the institutions involved may have shaped the ways participants interpreted and described their experiences. Although this diversity contributed to a richer thematic analysis, it also introduced unique contextual factors that could hinder direct comparisons between organizations (Morse, 2022). Furthermore, since the research used a cross-sectional approach, it reflected experiences from only one moment in time and did not consider shifts in recovery paths or organizational dynamics that might have

taken place later (Patton, 2022). Lastly, as I prioritized an in-depth exploration rather than broad generalizability, the results should be understood as specific to the context studied and not assumed to apply universally.

Significance of the Study

This study is significant because it fills a gap in understanding coworkers' lived experiences of being exposed to healthcare professionals misusing substances. According to Toney-Butler and Siela (2022), rules and regulations in the United States regarding alcohol and prescription medication usage have consequences such as disciplinary actions for those who misuse the substances. Healthcare professional authorities handle the diversion of drugs from patients very harshly toward those who misused the substance. All states are mandated to report health practitioners suspected of impairment (Toney-Butler & Siela, 2022). Rules and penalties varied from state to state, and practitioners are encouraged to consult the rules and regulations for their profession when addressing issues related to the misuse of substances such as alcohol and prescription medications (Toney-Butler & Siela, 2022). An example of an exceptional state law relating to the use of controlled substances and the obligatory reporting of the behavior is the Florida Nurse Practice Act (Toney-Butler & Siela, 2022).

Summary and Transition

In this chapter, I provide an insightful overview of the research. The background information from the literature was discussed to support the coworkers' lived experience of being exposed to healthcare professionals misusing substances. The problem statement and purpose of the study were highlighted, emphasizing the importance of the research.

To further elaborate on the need for the study, the gap in current research was identified. I aimed to fill this gap by exploring the lived experience of coworkers who had been exposed to substance misuse by healthcare professionals. Overall, this research shed light on a critical issue and provided valuable insights.

In this chapter, I also provided an overview of the study's conceptual framework and how it related to the research question. I also detailed the study's approach, including the methods that were used for participant recruitment, data collection, and data analysis. Additionally, I presented the study's assumptions, delimitations, and significance. In Chapter 2 of this research, a comprehensive literature review of peer-reviewed or scholarly articles related to substance misuse, healthcare professionals, individuals, workers misusing substances, stress, burnout, fatigue, behavior change, signs of substance misuse, and coworkers' reactions was presented.

Chapter 2: Literature Review

The National Institute on Drug Abuse (NIDA, 2025) indicated that first-time users of the drug may feel positive effects and think they can control their consumption. However, substances can quickly dominate life. Long-term use often leads to a loss of interest in other activities, causing dependence on the drug for normalcy. Furthermore, these users struggle with cravings, negatively affecting themselves and those around them. Some may feel pressured to increase dosage or frequency early on, signaling addiction (NIDA, 2025).

This study's research problem addressed the lived experiences of coworkers being exposed to other healthcare professionals misusing substances. Despite the harm of substances, coworkers in hospitals, healthcare facilities, and urgent care centers still find themselves working among healthcare professionals (e.g., physicians, nurses, etc.) who misuse substances (such as alcohol, opioids, and prescription medication).

Shah et al. (2025) noted that institutions and the government should allocate resources and develop interventions to address harmful substance use among U.S. healthcare professionals, considering its impact on health service delivery and providers' mental and physical well-being. The purpose of this descriptive phenomenological qualitative study was to explore the lived experience of coworkers who have been exposed to their healthcare professionals' substance misuse. My aim was to provide a deeper understanding of coworkers' lived experiences when exposed to healthcare professionals misusing substances.

The Centers for Disease Control and Prevention, as reported by the National Institutes of Health (2022), indicated that excessive alcohol consumption results in significant economic losses for the United States. These costs, attributed to excessive drinking, include healthcare, workplace productivity, collision-related, and criminal justice expenses. The results of this study may help in understanding the lived experience of coworkers being exposed to healthcare professionals misusing substances, which is essential in developing and implementing strategies in hospitals and urgent care centers that would help in promoting positive social change among coworkers and healthcare professionals who misuse substances. According to Walden University (2016), to effectively apply social change, data analysis in qualitative research is highly required to identify the most significant problems in society and the work environment.

In Chapter 2, I focus on literature about coworkers' lived experiences of being exposed to healthcare professionals misusing substances, as well as works of literature that support the conceptual frameworks of Bandura's (1989) (SCT of behavior and environment (see Firmansyah et al., 2022)). This chapter includes a discussion of the literature search strategies, the databases used in conducting the searches, and the key terms definitions that were searched. In addition, the chapter contains a literature review related to key concepts and a summary and conclusion.

Literature Search Strategy

A literature-review search was conducted using the Walden University library's website to find peer-reviewed articles, books, journals, and other publications that relate to the healthcare professionals' misuse of substances and coworker reaction in a database

such as Thoreau multi-database search, APA PsycINFO, APA PsycArticle, SAGE Journals, Medline/Socindex Emerald Insight, ERIC, Cochrane, Journal Addiction Medicine, ProQuest, Complementary Index, CINAHL, Social Science Citation Index as well as using Google Scholar search engine. The search keyword and terms included *misuse, coworkers' lived experience of misusing substances by healthcare professionals, alcohol, employee behavior, exposure to the work environment, coworkers' reaction, consequences for behavior OR misconduct, social interaction, substance use AND addictive behavior OR behavioral health, community, healthcare worker coping with stress OR dealing, trauma-informed, and social interaction, workers, hospital or healthcare or healthcare facility, worker or professional or employee or healthcare worker in ED, opiate, substance, abuse or misuse or disorder, and emergency medicine.*

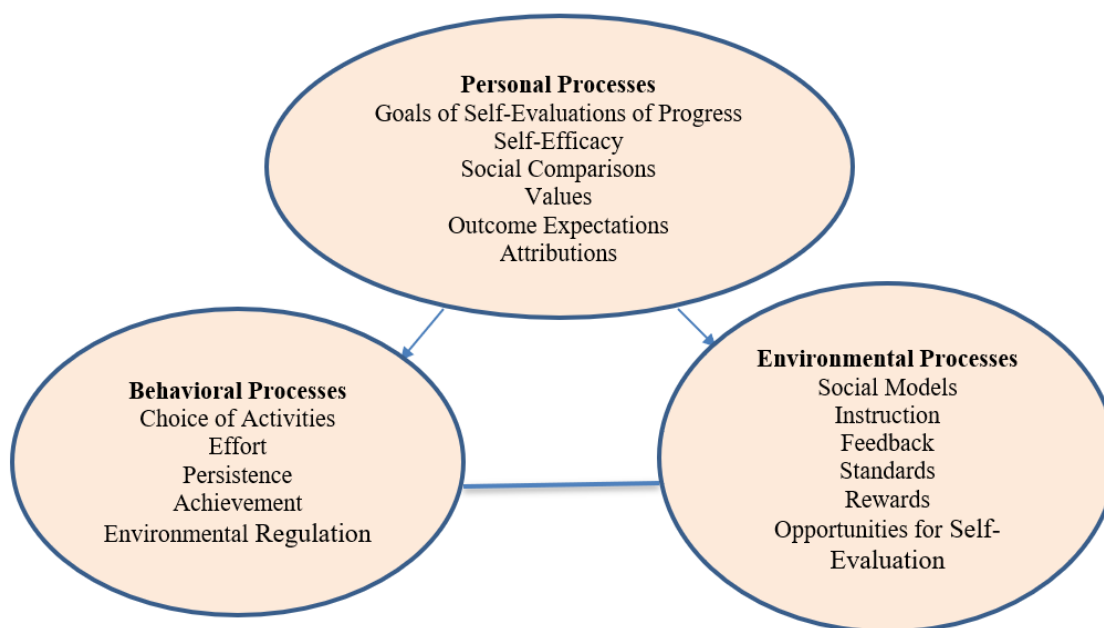
All the articles that were obtained for this research were within 5 years to obtain the most current information. The sources for this literature review were electronically attained.

The keywords and terms used on the Walden University library search engine and databases resulted in several works of literature, and I systematically reviewed publications from various authors. When the procedure generates many articles or references, it can be narrowed down by including additional keywords using Boolean operations like AND, OR, and NOT. The searches were refined twice by dates (for the most current articles from 2021-2025), and this helped to narrow the search to the specific articles that were relevant to my topic. Several articles were selected and reviewed to find the gaps that exist in the literature. The gaps were highlighted and evaluated to see what additional research could be done to be effective or answer the

questions raised by the identified gaps. All the sources used for this study are peer-reviewed related research from 2021 to 2025. In the case of little current research, I reached out to the Walden University librarian, who worked with me by showing me how to add more related terms to my topic.

Conceptual Framework

This research is based on Bandura's SCT, which emphasizes the interaction between behavior, environment, and personal processes (see Islam et al., 2023). According to Islam et al. (2023), the theory's constructs of observational learning, self-efficacy, behavioral capability, reinforcement, and self-control demonstrate how individual behavior, environmental influences, and personal processes interact and influence each other. It emphasizes that learning is shaped not just by personal experiences but also by observing others and the outcomes of their actions. Figure 1 illustrates the key processes involved in this framework.

Figure 1*Conceptual Framework*

Note. The diagram integrates social cognitive theory into motivation models (see Urhahne et al., 2023).

The SCT is an extension of Bandura's behavior and environment theory, developed in 1989 (Bandura, 1989). SCT was created initially to explain learning as an effective process where individuals observe the consequences of others' behavior, ultimately influencing their living and work environments (Nickerson, 2022). Firmansyah et al. (2022) argued that social cognitive theory is integral to the process through which individuals acquire knowledge. This theory attributes learning to observing others within social interactions, experiences, and external media influences. The American Psychological Association (APA; 2023) highlighted the addition of cognitive processes such as beliefs, judgment, and motivation to the theory's effects on individuals' behavior

and the environments that influence them. Rather than passively absorbing knowledge from environmental inputs, individuals actively shape their learning by interpreting the outcomes of their actions, which subsequently affect their environments and the personal factors that inform and transform future behavior (APA, 2023). According to APA, the emphasis on the interaction between behavioral, environmental, and personal factors is a defining characteristic of the theory. Several researchers have proposed different social cognitive perspectives, but the one introduced by Bandura in 1989 remains the most prominent and has been applied to many other topics (APA, 2023). Bandura (1989) began to recognize the distinctive way people seek and maintain behavior, considering the social environment in which they perform. Additionally, this behavior is a significant issue that affects the environment in which the individual functions or operates. Bandura conducted a deeper analysis of behavior and its relationship with the environment, focusing on social influence and internal and external social reinforcement (LaMorte, 2022). Social reinforcement is an effective strategy whereby an individual acknowledges and commends another's efforts, thereby providing positive attention. This concept was elaborated by Latorre-Coscolluela et al. (2022). Bandura emphasized that people are agents of their development and change, and their perceived self-efficacy and outcome expectations play a significant role in determining their actions (Islam et al., 2023). Firmansyah et al. (2022) stated that social cognitive theory focuses on the reciprocal interaction of the person, environment, and behavior, which describes the methods in which people begin and maintain behaviors with consideration to their social environment.

Firmansyah et al. (2022) outlined that social cognitive theory conceptualizes cognitive appraisals as triadic, reciprocal, and asymmetric, involving the environment, the person, and their behavior. Bandura formulated the conceptual framework of triadic, reciprocity, or reciprocal interactions among the three sets of influences, which are behavioral, environmental, and personal (Firmansyah et al., 2022). The dynamic is that conceptualization and motivational processes are personal influences that constantly change; they affect the behaviors of individuals, and in turn, these behaviors influence the environment (Firmansyah et al., 2022).

Nickerson (2022) and Firmansyah et al. (2022) explained that the theory identified learning as an effective process in which people observe the consequences of other people's behavior and find that the behavior later affects their living and work environment. The advantage of this study lies in its framework, which enhances comprehension of the phenomenon and elucidates how negative or positive behavior can significantly affect individuals within that environment. From the framework, recommendations can be made to the hospitals, healthcare facilities, and urgent care centers regarding the educational or treatment program strategies that best fit the needs of the workers. This can help healthcare professionals who misuse substances change and develop new behavior. Coworkers can express their feelings of wellness and a safe environment as soon as they realize their changed behavior. This can happen within the context of the workers' personal, behavioral, and environmental influences. Islam et al. (2023) noted that Bandura claims in his recent self-efficacy theory that every behavior change depends on a change in cognition.

The Main Concepts of Study

Change in Behavior

Behavior change can be difficult for many people, but there are effective ways to facilitate it, such as setting goals. Michaelsen et al. (2023) suggested that people learn new behaviors through two primary processes: trial-and-error and imitation of others. Having role models can significantly enhance the adoption of these new behaviors through several key mechanisms. First, outcome expectations help individuals understand the potential results of their actions. Second, self-efficacy boosts their confidence in their ability to achieve their behavioral goals. Third, identification allows individuals to connect with specific qualities or values of their role models (Michaelsen et al., 2023). Moreover, individuals are encouraged to develop plans for situations where they might struggle to maintain their desired behavior. These plans, known as implementation intentions, are believed to facilitate goal-directed responses during critical moments (Michaelsen et al., 2023).

Individuals aiming to change their health behaviors primarily rely on their ability to resist present bias. Their success is further influenced by several other resources, including their knowledge of the effects of behavior modification, their confidence in achieving success, their self-regulation skills, self-efficacy, an internal locus of control, engagement, and a sense of empowerment (Michaelsen et al., 2023). A review of the literature by Nadal et al. (2024) demonstrated that the most effective lifestyle interventions incorporating self-management techniques result in improved behaviors, including healthier diets, increased physical activity, and reduced smoking or excessive

alcohol consumption. For smoking cessation, strategies that promote commitment, social rewards, and identity shifts have been associated with positive behavior change.

However, to prevent a relapse into smoking, the most effective techniques involve problem-solving, maintaining abstinence, providing health information, and offering social support.

Espinosa-Salas et al. (2025) emphasized that unhealthy behaviors such as smoking, inactivity, substance misuse, and poor diet contribute to various health issues. The highlight of healthy behaviors can enhance well-being, reduce disease risk, and improve quality of life. It is essential to avoid harmful substances, maintain regular physical activity, eat a balanced diet, get sufficient sleep, and manage stress (Espinosa-Salas et al., 2025). Fava et al. (2023) explained that health-related attitudes and behaviors encompass feelings of anxiety and concern about illness, as well as denial, which can lead to delaying medical care or avoiding treatment plans. These attitudes may result in harmful health behaviors that can be difficult for healthcare professionals to navigate. To address this, developing effective strategies for healthcare providers could enhance patient outcomes (Fava et al., 2023). Furthermore, these health behaviors play a crucial role in recovery processes and self-management of chronic conditions, impacting overall healing and rehabilitation efforts. Therefore, understanding the range of health attitudes and behaviors is vital for promoting positive lifestyle changes and implementing safety measures within the community (Fava et al., 2023).

Worker's Health

The issue of retention is partly caused by elevated levels of stress from work, burnout, and low job satisfaction, which lead to inadequate care delivery. Healthcare professionals (e.g., physicians, nurses, etc.) may experience a range of health issues, including anxiety, insomnia, depression, migraines, irritability, absenteeism, and sometimes even alcoholism or drug abuse. Furthermore, most empirical studies indicate that healthcare is a highly stressful field, with extensive research revealing high rates of burnout, work-related stress, compassion fatigue, and poor mental health among professionals, alongside significant dropout rates (Flowers et al., 2024). The difficulties faced by healthcare professionals were also highlighted in a macro-inquest by the Spanish nursing organization, Consejería General de Enfermería (CGE, 2022) stated that these professionals are particularly vulnerable to occupational stress and burnout. The findings showed that 98.7% of nurses felt politically overlooked, and 85% believed their mental health had significantly deteriorated, with half of those surveyed considering leaving the profession (CGE, 2022). This underscores the critical nature of retention and job satisfaction challenges within the profession.

The personal effects of burnout on healthcare professionals encompass both physical and psychological burdens. Recent studies indicate that some effects of this stress include insomnia, depression, anxiety, irritability, migraines, chronic health issues, poor job satisfaction, increased absenteeism, and occasionally, alcoholism, drug misuse, and relationship problems (Membrive-Jimenez et al., 2022). When they are fatigued and struggling with mental health challenges, it is understandable that these factors can affect

the quality of their care delivery, leading to subpar standards and further burnout (Flowers et al., 2024).

Healthcare professionals are subjected to intense psychological stress and, therefore, are at risk of developing various psychological symptoms and mental health disorders (Lluch-Sanz et al., 2022). A recent review encompassing data from over 7,000 professionals found that the prevalence of PTSD symptoms ranged from 9.6% to 51%, while incidents of anxiety and depression varied between 20% and 75% (Lluch-Sanz et al., 2022). Additionally, a study of Italian health professionals reported high stress levels and somatic symptoms. Moreover, research by Kotera et al. (2021) in Japan revealed that physicians experienced more mental health disorders, felt more isolated, and exhibited less hope and self-compassion than the general population.

Healthcare Professionals' Well-Being

Researchers like Sovold et al. (2021) provided an evidence-based overview of healthcare workers' poor mental health during stressful work activities and challenging conditions, emphasizing the value of prioritizing and protecting their mental health and well-being. Sovold et al. also gave a comprehensive overview of the heightened risk of stress, burnout, moral injury, depression, trauma, and other mental health issues among healthcare professionals. Moral injury is a strong cognitive and emotional response that occurs following events that violate an individual or a worker's moral or ethical code (Williamson et al., 2021). Morally injurious scenarios can involve a worker's own or another worker's acts of omission or commission or betrayal through a trusted individual in a higher-risk situation (Williamson et al., 2021). For instance, coworkers who work

with healthcare professionals who misuse substances may experience a moral injury. The coworkers may also feel that they received inadequate training in recognizing signs of healthcare professionals' unacceptable behavior and are unfit to continue working in the same work environment as them. Sovold et al.'s (2021) findings show the need for healthcare systems to completely replace their operating system with a positive mindset in reducing the increased burden or stress on healthcare professionals and promoting their health, well-being, and ability to provide care to achieve an optimal result.

Substance Misuse and Alcohol Abuse

The National Institute on Alcohol Abuse and Alcoholism (NIAAA, 2022) provides a comprehensive analysis of alcohol consumption patterns within the United States. The findings indicate that a significant majority of individuals aged 18 and older have engaged in alcohol consumption at least once during their lifetime, with a reported 69.5% having consumed alcohol within the past year. Furthermore, the data reveal that approximately 59% of men and 51% of women in this age demographic have reported consuming alcohol in the preceding month.

In parallel, the 2022 National Survey on Drug Use and Health (NSDUH) highlighted a concerning trend regarding prescription medication misuse, identifying approximately 16.7 million individuals aged 12 and older as misusers of prescription drugs (Substance Abuse and Mental Health Services Administration [SAMHSA], 2023). Moreover, it is estimated that around 2.6 million individuals have been clinically diagnosed with a substance use disorder related to prescription medication and substance misuse (SAMHSA, 2023). These findings underscore the pervasive nature of substance

use issues, necessitating targeted interventions and public health strategies to address both alcohol consumption and prescription drug misuse within the population.

Prescription Medication Misuse

Prescription drug misuse (PDM) encompasses the inappropriate usage or excessive prescribing of medications, particularly opioids, central nervous system depressants, and stimulants, which can lead to grave consequences for individuals and society at large (Rodriguez et al., 2025). According to the American Medical Association, estimates suggest that between 3% to 19% of patients prescribed analgesics may develop a dependency, with nearly 45% transitioning to more readily available narcotics. This progression significantly heightens the risk of developing chronic opioid use disorder (OUD) and contributing to the alarming rates of fatal overdoses (Rodriguez et al., 2025). Furthermore, Rodriguez et al. report that from the years 1999 to 2016, over 350,000 fatalities in the United States were attributable to prescription drug overdoses. It is noteworthy that approximately 13% of Americans adults are reported to use benzodiazepines, with around 2% experiencing use disorder to these medications. Miller & Hoffman (2025) noted the rates of misuse of such substances differ considerably around the world. In the United States, roughly 1.4% of the population, which is about 3.9 individuals, reported having misused benzodiazepines in the last year.

Among young adults, the misuse of prescription stimulant is particularly prevalent, with 12.8% reporting use, 5.85% misuse, and 0.6% developing stimulant use disorders. The ramifications of this misuse extend beyond individual health, as it is linked to cardiovascular complications and various mental health disorders (SAMHSA, 2021).

In addition to the individual health impacts, PDM presents significant public health challenges and financial burdens, which include escalating healthcare costs, diminished productivity, and adverse effects on families and communities (Rodriguez et al., 2025).

In recent studies, researchers like Faller et al. (2023), Behrends et al. (2024), and Morse et al. (2023) have underscored the importance of addressing the complexities associated with prescription drug misuse and the necessity for effective, economical, practical, and sustainable interventions. Preventive strategies aimed at mitigating prescription drug misuse (PDM) can be systematically categorized into three distinct levels: primary, secondary, and tertiary prevention. Primary prevention focuses on efforts to diminish the incidence of PDM through educational initiatives, implementation of appropriate prescribing practices, and the introduction of robust regulatory measures. In contrast, secondary prevention is concerned with the early detection and timely intervention for individuals identified as being at risk for PDM. Lastly, tertiary prevention seeks to support individuals who are already affected by PDM, aiming to minimize harm and enhance their overall well-being.

The development of cost-effective strategies is paramount for the successful prevention of PDM. While numerous reviews have conducted comprehensive economic evaluations of various interventions targeting opioid misuse, cannabis, and illicit drug use, as well as strategies addressing drug overuse disorders, there remains a notable lack of focused analyses specifically pertaining to PDM. Moreover, Grant (2022) highlights that approximately 2.6 million individuals are diagnosed with a substance use disorder

related to prescription medications and substance misuse, emphasizing the critical need for targeted preventive measures in this area.

Self-Medication

In their comprehensive examination of self-medication, Baracaldo-Santamaria et al. (2025) characterized the phenomenon as the independent consumption of medications without the oversight or prescription of qualified medical professionals. This trend was notably prevalent in Brazil, where nearly half of the population engaged in self-medication practices. The escalation of this behavior became a cause for concern and was attributed to a multitude of interrelated factors. Significantly, healthcare professionals were not exempt from these practices; they often resorted to self-medication influenced by personal difficulties and the stresses associated with their occupational roles. Empirical evidence indicated that healthcare workers frequently self-administered analgesics, primarily due to their ready availability. Other substances commonly used in self-medication included psychotropics, antipyretics, and antibiotics. The motivations behind this tendency were multifaceted, encompassing the demands of grueling work hours, psychological strain stemming from heavy workloads, and a confluence of age demographics, alongside sociocultural factors. Consequently, the self-medication practices prevalent among healthcare professionals underscored a complex array of challenges, reinforcing the imperative for the development and implementation of policies and strategies aimed at alleviating the adverse consequences associated with this troubling trend (De Franca et al., 2025).

The misuse of medications engendered profound health risks, including but not limited to improper administration that overlooked critical considerations such as appropriate dosages, drug interactions, potential side effects, intoxication, and the risk of mortality (Miran Da Filho et al., 2021). Furthermore, the relentless pressures of daily life often culminated in stress and exhaustion, leading individuals to seek respite through the use of psychotropic medications. This behavior was frequently normalized and perpetuated within professional environments, as colleagues might have advocated for and promoted the use of these drugs based on their own experiences. However, such practices could have severely jeopardized health, particularly since psychotropic medications exerted significant effects on the central nervous system (CNS), altering behaviors and posing risks to both mental and physical well-being.

In light of these considerations, it was imperative to acknowledge that healthcare professionals demonstrated a heightened prevalence of medication consumption without prescription. Research substantiated that this behavior correlated strongly with prolonged and exhausting work hours, which placed these professionals under extreme stress. Therefore, many resorted to psychotropic drugs as maladaptive coping mechanisms to address insomnia and other mental and physical health challenges. Addressing this issue was essential for safeguarding the health of healthcare professionals and ensuring the integrity of the healthcare system as a whole.

Consequences of Misused Substances

The American Society of Addiction Medicine (ASAM) defined substance use disorder (SUD) as a complex interplay of cognitive, behavioral, and physiological

symptoms in which individuals persisted in engaging with substances like alcohol, nicotine, or various illicit drugs despite experiencing significant adverse consequences (Peta, 2024). Empirical research underscored the detrimental effects of substance abuse on individuals and their families; nonetheless, the global prevalence of substance use and misuse continued to rise (O'Donnell et al., 2021). In the United States, data collected between May 2020, and April 2021 revealed over 100,000 overdose-related fatalities, with 64% of these deaths linked to synthetic opioids, particularly illicitly manufactured fentanyl (O'Donnell et al., 2021). There existed a pronounced disparity between public perceptions of the risks associated with substance use and the actual dangers (United Nations Office on Drugs and Crime [UNODC], 2021). Furthermore, the UNODC identified commercially produced cannabis as the most widely abused substance globally.

Healthcare professionals were not immune to the negative consequences of social isolation; they increasingly experienced burnout and job dissatisfaction, primarily driven by widespread understaffing within the healthcare system (Lluch et al., 2022). The COVID-19 pandemic intensified the already existing crisis in the healthcare workforce, exacerbating stress levels among those who remained. Historical analyses of pandemics indicated that healthcare workers may have been predisposed to developing symptoms related to post-traumatic stress disorder, depression, and SUDs (Luurila et al., 2022). As posited by Fauteux (2022), healthcare professionals were as susceptible to substance misuse as the general population, particularly as maladaptive coping strategies emerged during crises. Evidence from prior pandemics indicated an urgent need for the implementation of effective interventions targeting substance use (Peta, 2024).

Peta further contended that the phenomenon termed COVID stress syndrome heightened the risk of substance use among essential workers. The estimated prevalence of SUD among healthcare professionals was reported to mirror that of the general population, ranging from 5% to 20% (Peta, 2024). Ethical responsibilities compelled healthcare professionals to report colleagues exhibiting signs of impairment or misconduct (International Council of Nurses [ICN], 2021); however, fears surrounding job security and the stigma involved in reporting significantly hindered accurate data collection regarding SUBs within the nursing profession (ICN, 2021). While some nursing boards established alternative to the discipline programs, the accessibility of such initiatives was not consistent across hospitals and nursing schools. Consequently, enhancing the education of nursing leaders regarding the rehabilitation of nurses struggling with substance dependencies could have been beneficial for individual health, promoted support within the nursing community and improved staffing levels (Trinkoff et al., 2022).

Shadakshari et al. (2022) conducted an investigation into SUDs among healthcare professionals, assessing the ramifications of their behavior not only on themselves but also on their responsibilities to the community. This study illuminated the multifaceted challenges faced by healthcare workers that contributed to the emergence of SUDs. Shadakshari et al. identified direct consequences stemming from the psychoactive effects of substances, as well as adverse repercussions on clinical care and service delivery. The findings also revealed impairments in punctuality and consistency, alterations in professional behavior, and diverse responses from colleagues and the healthcare system

regarding substance use. Such insights were pivotal in guiding healthcare systems towards formulating appropriate disciplinary measures, addressing ethical dilemmas within the workplace, and supporting the professional development of healthcare workers.

Summary and Conclusions

In Chapter 2 of this study, I provided an extensive review of literature from peer-reviewed and scholarly sources regarding substance misuse, healthcare professionals, individuals, workers misusing substances, stress, burnout, fatigue, behavior change, indicators of substance misuse, and consequences of misused substances. The use of social cognitive theory established a conceptual framework for the argument, enabling a deeper understanding of these experiences. This chapter also included a detailed investigation of the existing literature while outlining the search strategy that was used. Although previous studies have examined the effects of substance abuse in healthcare environments, there is still a significant lack of research specifically focusing on the experiences of coworkers impacted by this issue. This gap highlights the importance of further investigation into this crucial element of the literature.

Despite mounting empirical evidence highlighting the detrimental impact of substance abuse on individuals and their families, the global prevalence of substance use and misuse continues to escalate (O'Donnell et al., 2021). Healthcare professionals are not immune to the effects of social isolation; they frequently grapple with burnout and job dissatisfaction, predominantly attributed to systemic issues like understaffing (Lluch et al., 2022). The advent of the COVID-19 pandemic has further compounded the

healthcare workforce crisis, heightening stress levels among remaining healthcare professionals. Luurila et al.'s (2022) historical data from previous pandemics suggest that such pressures may lead to the development of symptoms associated with post-traumatic stress disorder (PTSD), depression, and substance use disorders (SUDs). As noted by Fauteux (2022), healthcare professionals are as vulnerable as the general population in resorting to substance abuse as a maladaptive coping mechanism.

In Chapter 3, I provided an in-depth exploration of the research design and rationale, offering a detailed account of the target population and sampling methodology, outlining participant engagement, articulating the research questions, and elucidating data collection procedures. A thorough overview of the instruments used in the study, alongside the methodologies for data collection and analysis are included. Potential threats to validity were meticulously addressed, and strategies implemented to mitigate these concerns were outlined. I also explained the ethical procedure adhered to throughout the study. In my role as the researcher, I emphasized the importance of providing a transparent methodology while addressing issues pertinent to the trustworthiness of the research.

Chapter 3: Research Method

The purpose of this descriptive qualitative phenomenological study was to explore the lived experience of coworkers who had been exposed to other healthcare professionals' substance misuse. Colaizzi's (1978) descriptive phenomenological qualitative methodology was used to examine the lived experiences of coworkers who had been exposed to healthcare professionals' substance misuse. Colaizzi's method served as a reliable technique for data analysis that assisted in exploring the structure of an experience by identifying themes and their relationships (Zhou et al., 2022). In this chapter, the research design, the rationale for the study, the role of the researcher, and the research methodology are discussed. Additionally, a review of the research question, details regarding the participants, and the interview protocol is provided. The data collection and analysis procedures are also explained. The issue of trustworthiness is discussed and addressed in this chapter. Lastly, a description of the ethical considerations and strategies employed to ensure participants' privacy and confidentiality is presented.

Research Design and Rationale

The research design of this study included Colaizzi's (1978) descriptive phenomenological qualitative research methodology to provide an answer to the research question: "What are the lived experiences of coworkers who had been exposed to healthcare professionals' substance misuse?" Phenomenology was a valuable approach to healthcare research (Zhou et al., 2022). The phenomenological qualitative studies were conducted to investigate the lived experiences that were observed or felt by individuals (participants) with different points of view. This research design helped me capture and

describe what the participants experienced and how they experienced it. Nonetheless, other qualitative research methods were considered; however, they were not the best fit for this study. An example was the generic design (Ellis & Hart, 2023). However, this approach was not appropriate because generic studies focused on the subjective opinions, attitudes, beliefs, or reflections of the participants' experiences of things in their world.

In Colaizzi's (1978) phenomenological research design, the primary objective is to comprehend the significant meanings as perceived by the participants and construct them through the interpretation of their lived experiences. This approach was particularly appropriate for my study, where I explored the experiences of coworkers who had been exposed to healthcare professionals who misused substances. In this research design, data were collected through in-depth dialogue interviews, and the findings were presented in detailed descriptions of the participants' lived experiences, which were then transcribed into themes (Jacobs & Mkhize, 2021). According to Beck (2021), Colaizzi emphasized that dialogue interviews provided rich data compared to written data and requires the researcher to pay attention to the participant's speech and nonverbal behavior.

Role of the Researcher

My role as the researcher was to capture the lived experiences of the participants and describe what they experienced and how they experienced it. This role was fulfilled during the semistructured interviews. I collected, analyzed, and interpreted the data gathered. I had no relationship with the participants in this research. I served as the main instrument for data collection and data analysis for the study. Any potential bias during the interviews was carefully managed. To minimize the potential for bias, any personal

relationships with the participants in the study were avoided and handled strictly professionally. To conduct an objective interview, I checked my preconceived beliefs about substance misuse. I reviewed all notes taken, relevant literature, and clinical experience to avoid bias and gather accurate information (see Beck, 2021).

I participated in the role of properly managing researcher bias by using bracketing. Bracketing is recognized as a process that included acknowledging and setting aside any personal assumptions, knowledge, interests, and preconceptions that could have influenced the researcher's data collection or interpretation (Creswell & Poth, 2023). Serving as the primary instrument for the study, bracketing was employed to identify and mitigate any personal biases related to the research. By doing so, I was able to set them aside during the interviews with the participants. Using bracketing for this study helped the researcher accept the accountability to check and recheck assumptions to ensure that the data collected and analyzed were not a result of their biases but were accurate reflections of the data that were collected.

I used analytic memos and field notes that were written during each aspect of the data collection process, as well as the transcribed data from the interview, as a guide. In addition, I realized how many roles I played in the research processes. As an interviewer, I had the opportunity to strategize the interview, ensuring I were well-prepared before the interview date and time. The digital audio recorder was checked before the interview to make sure it worked. As a researcher, it was my responsibility to find a location that was appropriate and safe for the interview. I also carefully monitored the time during the

interview and developed a rapport with the interviewee. I prepared the semistructured questions and conducted the interview. These were all parts of my role as the researcher.

The information provided for the study was based on the interpretation of the written memos and field notes documentation. The analytical memoing process shaped my experience of reading, interpreting, and integrating sources through the realization of how important it was to record thoughts during interviews. It was also helpful to reflect on the processes and keep writing and thinking about the bigger picture of the research. I learned that in qualitative research, writing should not only occur after the analysis process, but should also be done beforehand, during, and in line with an in-depth interpretation. A research journal and analytic memos were equally useful for this purpose during the data collection process. The memoing also helped in developing a vital level of narratives, such as an interface between the participant's data and the interpretation of the collected data. Additionally, using memos as part of a summary process helped articulate the interpretations of the data in a more concise format.

I did not foresee any ethical issues that could arise during the data collection process since participants were solicited from their workplace. Data were collected from coworkers (participants) of healthcare professionals who misused substances. Coworkers who worked in different hospitals, healthcare facilities, and urgent care centers nationwide, and on social media.

Methodology

Participant Selection Logic

Participants in this study were required to meet two or more of the following inclusion criteria before being interviewed: (a) employment at a hospital, healthcare facility, or urgent care center, (b) previous experience working at a hospital, healthcare facility, or urgent care center, (c) exposure to instances of healthcare professionals misusing substances, and (d) having known a healthcare professional thought to be abusing substances. Participants were recruited using both purposive and snowball sampling strategies. Both sampling strategies were suitable for this study because purposive sampling procedures were used in most research papers since they were found in any research paradigm and helped ensure that a quality sample was located without bias, increasing the reliability and trustworthiness of the findings (see Nyimbili et al., 2024). Snowball sampling helps collect data purposefully when access to the target population was difficult (Gierczyk et al., 2023). Snowball sampling involved selecting participants based on referrals from previously selected participants, particularly individuals with specialized knowledge of the phenomenon being studied. To use snowball sampling, selected participants were asked to refer other potential participants (Gierczyk et al., 2023). Snowball sampling was a method where one person being interviewed provided the name of at least one other potential interviewee to the researcher. The second person, in turn, provided the name of another potential interviewee, and the process continued, just like a rolling snowball, if more than one

referral per interviewee was provided. This method was often used when there was no sampling frame available (Gierczyk et al., 2023).

According to Campbell et al. (2020), using purposive sampling to select participants provided appropriate and meaningful information; in this way, cases that were limited in research resources were identified and selected effectively. Additionally, purposive sampling strategies moved away from random sampling and ensured that specific types of cases that could be included in the study were part of the final sample (Campbell et al., 2020). A purposive sampling method helped improve the rigor of the study and the trustworthiness (e.g., the credibility, transferability, dependability, and confirmability) of the data (Campbell et al., 2020).

Participants were recruited through a website, and social media platforms (X, formerly known as Twitter; Instagram; Facebook; and LinkedIn; see Appendix B), and flyers (Appendix C) that were posted nationwide, public websites (such as Positly and Centiment), the Walden University Participant pool, and in public directories. The website contained an invitation letter that explained the purpose of the study (Appendix A). A link and QR code scan were provided on the social media invitation and flyers for access to the website. Participants were asked to provide answers to the prescreening questions (Appendix E) posted on the website to ensure that they met the study criteria:

1. Were you employed in a hospital, healthcare facility, or urgent care center?
2. Did you have previous experience working at a hospital, healthcare facility, or urgent care center?

3. Had you experienced any exposure to instances of healthcare professionals misusing substances?
4. Had you known a healthcare professional through the rumor mill to be abusing substances?

If participants found themselves answering "yes" to most of the questions, they were likely qualified to participate in the study. After answering the last prescreening questions, a message popped up stating, "Thank you for your responses to section #1. Please read the informed consent form to participate in the research below." At the end of the informed consent form, participants were asked to indicate their consent by answering yes, I consent. Those who answered yes to at least two (either a/b or c/d) or more were asked to continue to the next section, which was to schedule their interview. Once a specific date and time was selected from the schedule, it disappeared to avoid double scheduling or conflicts with the schedule. If participants opted out, they were not asked for consent. A message would pop up saying, "Thank you for your time in participating in this study, please feel free to refer anyone who meets these criteria to this website." Participants who answered "no" to two of the prescreening questions were also qualified to participate in the study, but if they answered "no" to three of the questions, the participant was disqualified. A message popped up to submit a form, and after submitting the form, another message appeared stating, "Thank you for your time in participating in this study, please feel free to refer anyone who meets these criteria to this website."

A social media invitation was created (Appendix B) and posted nationwide on X (formerly known as Twitter), Instagram, Facebook, and LinkedIn. A link and QR code

scan were provided on the invitation for access to the website. Once they were on the website, participants read the invitation to the study and were presented with the prescreening questionnaire. A yes answer took the potential participant to the informed consent form, and then to the scheduler to schedule the interview. A no answer at any point of the prescreening disqualified the participants and asked them to submit a form, then took them to the next page that thanked the participant for their time and asked them to send anyone who met the criteria to the website.

A flyer was created and posted nationwide on public websites such as Positly and Centiment, public directories, and Walden University's participant pool (Appendix C) to obtain enough participants. A link and QR code scan for the website, as well as a link for the social media platforms, were provided on the flyers for potential participants to visit the various sites. In addition, the flyers, social media invitations, and participant invitation letters included my email and phone number so potential participants could contact me if they had any questions or needed additional information.

Sample Size

In this qualitative study, I described the lived experiences of 12 coworkers of healthcare professionals who misused substances from different healthcare systems. The sample size was determined by factors such as information richness, participant diversity, the scope of the research question, and coworkers' lived experiences of being exposed to healthcare professionals misusing substances. The data collection method and sampling strategy were crucial considerations. Available resources, data used, and the study's

purpose also influenced sample size. Choosing the right participants for the research was very crucial (Janis et al., 2022).

Saturation was a critical concept that significantly benefited qualitative researchers. By thoroughly understanding the meaning of saturation, as well as the different forms it could take, researchers are better equipped to confirm the credibility and trustworthiness of their findings. This in-depth knowledge not only helped safeguard the validity of qualitative studies but also enabled researchers to manage their time and resources more efficiently. Specifically, an awareness of saturation allows researchers to recognize the point at which further data collection no longer yielded new insights, thereby preventing unnecessary repetition and the collection of superfluous information. Consequently, saturation served as a guiding principle that supported both methodological rigor and practical efficiency in qualitative research projects (Rahimi & Khatooni, 2024).

Instrumentation

Proper instrument selection is important for accurate research. I used dialogue interviews for data collection (see Beck, 2021). All interviews were conducted on Zoom, and I used the Zoom recorder to record and transcribe the content. I attentively listened to the participants and paid close attention to their verbal cues to better understand their needs. Dialogue interviews are an effective method for producing rich data (Beck, 2021). I used tools such as a Zoom recorder and transcriber, a note-taking pad, and semistructured open-ended questions during the interview (Appendix D) for consistency and accuracy. Colaizzi's method of recording the conversation using a recording device

and transcribing it later was followed (see Beck, 2021). Roberts (2020) noted that the value of the data collected during the interview greatly depended on the competence of the interviewer and the quality of the interview questions.

Data Analysis Plan

Colaizzi's (1978) method was a reliable technique for data analysis that helped me explore the structure of a lived experience by identifying themes and their relationships (Balkan & Koyucu, 2024). It was useful in understanding participants' lived experiences without any bias, which led to valuable insights. This research pertained to coworkers' lived experiences of being exposed to healthcare professionals' misuse of substances. Colaizzi's method suited the purpose of this research, so the method was used to explore the lived experiences of coworkers affected by healthcare professionals' substance misuse, resulting in a deeper understanding of the work environment and potential improvements to workers' safety and well-being.

To achieve Colaizzi's steps of data analysis (Appendix G) for the outcome and understanding of coworkers' lived experiences of being exposed to healthcare professionals misusing substances, the following was done according to his methodology of phenomenological data analysis.

In this study of coworkers' lived experiences of being exposed to healthcare professionals misusing substances, I conducted each of the interviews personally. This approach helped me gain a holistic sense of the overall experience of each participant. Colaizzi (1978) recommended that the researcher should read the participants' narratives to acquire a feeling for their ideas to understand them. At the beginning of the research

study, I listened to each audiotape multiple times and read each of the transcripts several times. The thoughts, ideas, and feelings that came to mind during this stage were jotted down in my notebook to assist me with the bracketing and reflective process of the study. Grajzel (2025) explained that the purpose of bracketing was to set aside one's prior experiences and personal attachments, allowing researchers to gain a pure and unbiased understanding of human existence by viewing the world from an outsider's perspective. Achieving true objectivity, according to this approach, required the researcher to fully bracket their personal self. However, this idea had been debated, with some scholars arguing that it might have been impossible—or even unnecessary—to completely suppress individual experiences. In fact, some suggested that researchers should have intentionally incorporated their own perspectives into their studies (SmithBattle et al., 2024). Despite this ongoing discussion, bracketing was most commonly used to identify and mitigate researcher biases, thereby minimizing their impact on interpreting participants' experiences (Fischer & Guzel, 2023). Various methods could have facilitated bracketing, including keeping journals, writing memos, preparing positionality statements, and engaging in discussions (Grajzel, 2025). A reflective practice involved a comprehensive examination of an experience, including an analysis of personal feelings, thoughts, and behaviors.

Step 1: Extracting Significant Statement

In step 1 of this study, I continued the process of re-reading and reading the transcripts to identify and highlight the participants' experiences of being exposed to healthcare professionals' misuse of substances. According to Colaizzi (1978), researchers

are to extract significant phrases and statements from the transcripts that collectively conveyed the complete meaning of the participants' experience. In this case, I analyzed each transcript to identify statements that captured each participant's lived experience. I highlighted these statements on each page of the transcript, which allowed for a more focused examination of the content and its emphasis as articulated by the participants.

Subsequently, I extracted each statement from the relevant transcript and transferred it to a separate document, diligently noting the transcript, page, and the numbers for reference. This approach facilitated a more open re-reading of the original transcripts, thereby enabling the identification of early themes and the extraction of significant statements from the data.

Step 2: Formulation of Meanings

Colaizzi (1978) suggested that during this stage of analysis, the researcher should strive to formulate more general meanings from each significant statement taken from the text. The main idea was to maintain a reflective notebook, which would have aided in achieving bracketing. The contents of this notebook allowed for an examination of my assumptions and preconceptions, helping me to set them aside rather than conceal them. This practice also facilitated the exploration of thoughts, themes, ideas, and feelings throughout the data analysis process, guiding the focus and direction of my thinking. These practices were essential, as intuition and reflexivity were key to understanding the participants' experiences.

In this stage of the study, I identified the primary meaning of the significant statements. I sorted these formulated meanings and subsequently organized them into

clusters of themes and categories. The final outcomes of this study were compiled into a comprehensive description of the coworkers' lived experiences of being exposed to healthcare professionals who misused substances.

Step 3: Categorizing Into Clusters of Themes

Following the extraction of formulated meanings from significant statements, the subsequent step involved the organization of these meanings into thematic clusters, as delineated by Colaizzi (1978). In exploring the lived experiences of coworkers exposed to the substance misuse of healthcare professionals, I identified a range of formulated meanings that were systematically organized into clusters of themes. This organization facilitated the emergence of themes that captured the essence of coworkers' experiences concerning this critical issue.

The emergent themes encompassed the collective descriptions provided by participants regarding their observations of substance misuse among healthcare practitioners. To enhance the clarity and rigor of this dissertation, I articulated the methodological framework underpinning my interpretive choices and outlined the rationale behind the categorization of data into emergent themes. Furthermore, I included illustrative examples to elucidate my approach. The formulated meanings, directly linked to specific significant statements derived from the participant transcripts, were synthesized into cohesive units of meaning. These units were further refined into a central theme that concentrated on the evolving perceptions of coworkers in relation to their encounters with substance misuse in the workplace.

Step 4: Integrating Results into an Exhaustive Description of the Phenomenon

Colaizzi (1978) emphasized the importance of synthesizing all resulting ideas into a comprehensive description of the phenomenon during the analysis stage. In the current study, this comprehensive description is articulated in narrative form, meticulously capturing the multifaceted nature of the lived experiences of coworkers who have witnessed healthcare professionals engaging in substance misuse. These experiences encompass not only physical and psychological dimensions but also contribute significantly to the construction of individuals as cognitive, emotional, and moral agents. The role of coworkers is pivotal, their perceptions, values, and lived experiences serve as crucial determinants in facilitating healthcare professionals understanding of their substance misuse.

Moreover, establishing trust through effective communication emerges as a fundamental component in providing optimal support for healthcare professionals. Such communicative practices foster a safe and comfortable environment, encouraging coworkers to express their concerns and pose inquiries without hesitation. Consequently, this openness allows healthcare professionals to disclose their struggles, thereby enabling coworkers to extend support and cultivate a sense of hope during particularly challenging periods, like those characterized by stress or burnout.

Step 5: Describes the Fundamental Structure of the Phenomenon

In the analytical framework established by Colaizzi (1978), a pivotal step involves the reduction and structuring of extensive qualitative descriptions to distill the most salient information. Colaizzi asserts that this methodological refinement is essential for

elucidating the fundamental structure of the phenomenon under investigation. In the present study, I have adopted this approach by presenting the fundamental structure in bold typeface, thereby facilitating readers' comprehension of the findings in alignment with Colaizzi's methodology for qualitative data analysis.

Furthermore, I articulated the process through which I derived the essential structure of coworkers' lived experiences regarding the misuse of substances by healthcare professionals. These experiences are informed by the coworkers' personal beliefs, values, and professional backgrounds, all of which interplay to foster a safe working environment. The perceptions and experiences of coworkers concerning the substance misuse among healthcare professionals encapsulate a distinct amalgamation of values, beliefs, emotions, and reactions that shape their interactions with their colleagues and the situations they encounter. This nuanced understanding is instrumental for both the enhancement of workplace safety and the delineation of the socio-cultural dynamics within healthcare settings.

Step 6: Returning to the Participants

Colaizzi (1978) posited that the final validation of qualitative data analysis should ideally include a follow-up interview with participants. This approach would enable researchers to obtain insights into the fundamental structure of participants' lived experiences, particularly concerning the exposure of coworkers to healthcare professionals for misusing substances. Such validation could ensure that the analytical findings truly reflect the participants' experiences. Nevertheless, due to the sensitive

nature of the subject matter, participants were not reinterviewed. Instead, I opted to develop a concise questionnaire (Appendix I) to facilitate this process.

Upon completion of a detailed description of the study, I disseminated the summary transcription along with the short questionnaire to each participant via email for the purposes of member checking and validation. This methodological choice aimed to minimize potential misunderstandings by presenting participants with a comprehensive account rooted in their individual responses. Following a careful review of the feedback received, I systematically compiled all participant responses into a single spreadsheet, assessed the inputs, and implemented necessary revisions. This iterative process notably enhanced the credibility and validity of the data collection for the study.

Step 7: Incorporate and Integrate Into Existing Literature

I integrated the revisions proposed by the participants in the transcript to enhance the fidelity of the final description of the phenomenon, ensuring that it accurately encapsulated their experiences and perspectives. During this critical phase of my study, I revisited the data and undertook a thorough reexamination of the themes and coding employed in the initial analysis. If necessary, I adjusted the themes and conducted a re-analysis of the data to guarantee that the newly defined themes effectively captured the participants' feedback. This iterative process was repeated until I attained a high level of confidence that the emergent themes authentically represented the participants' insights.

The code functionality within ATLAS.ti is employed to facilitate diverse text searches for identifying codes that aligned with selected text segments. The codes were systematically grouped and categorized to enable a thematic presentation during the data

analysis phase. ATLAS.ti, as a computer-assisted qualitative data analysis software, concentrated on the analysis and interpretation of themes. The software facilitated the identification of quotations or themes associated with specific codes, which were subsequently used in the analysis. According to Janis (2022), code and meaning saturation were integral to the functionality of ATLAS.ti, aiding in the identification of similar meanings and interpretations within the collected data. The wall and Nevill (2021) emphasized that qualitative data comprises non-numerical information, encompassing responses gathered through interviews, observations, focus groups, or open-ended questionnaires. In this research, a semistructured (open-ended) interview questionnaire (Appendix E) was used to conduct interviews via Zoom. The pertinent data acquired from participants provided valuable information into the research questions.

Issue of Trustworthiness

Qualitative research benefited from the implementation of tables, which ensured trustworthiness and enhanced transparency throughout the data collection, analysis, and findings (Cloutier & Ravasi, 2021). This research method allowed for effective organization and analysis of extensive amounts of data, while providing multiple perspectives for examination (Cloutier & Ravasi, 2021). Transparency emerged as a crucial element in establishing the trustworthiness of a qualitative study, encompassing meticulous detailing of research techniques (Adler, 2022). Qualitative research focused on the comprehension of meaning through words and observations, with trustworthiness assessed through the lenses of credibility, transferability, dependability, and confirmability (Adler, 2022).

Credibility

The credibility of the research relied significantly on establishing trust and rapport with participants over time, which enabled researchers to gain deeper and more nuanced insights into the participants' experiences, behaviors, and beliefs. This ongoing relationship facilitated the uncovering of detailed information that might not have emerged during brief interactions. Furthermore, researchers who acknowledged their own biases engaged in bracketing, consciously setting aside preconceptions to approach data collection, analysis, and interpretation with heightened objectivity (Creswell & Poth, 2023). Such self-awareness mitigated the risk of distorting the study's findings. By employing multiple data collection methods or sources, researchers could cross-verify information from various perspectives, thereby enhancing the credibility of their interpretations and reducing the potential influence of bias resulting from reliance on a solitary approach or dataset (Ahmed, 2024).

The researcher demonstrated this approach by closely collaborating with participants. The transcribed notes from the interviews were shared with interviewees to ascertain whether any descriptions of their lived experiences were omitted from the transcripts. This process contributed to the accuracy of the outcomes. In qualitative research, credibility was equated with the internal validity and accuracy of the researcher's interpretations of the information provided by participants. According to Ahmed (2024), the findings of a qualitative research study are deemed credible primarily through the perspectives of the participants, who possessed the authority to legitimately assess the credibility of the study's outcomes. The concept of credibility in qualitative

research aligned closely with the notion of validity in quantitative inquiry. The semistructured interview questionnaire instrument was applied systematically and strategically in pursuit of a comprehensive understanding of participants' experiences. There was unequivocal reinforcement of the enduring credibility of the participants and their responses.

Triangulation is employed as a research method to bolster credibility through the cross-checking of information (Ahmed, 2024). One implementation of triangulation involved investigator triangulation, wherein team members cross-verified each other's work, which might have included transcribing interviews or having multiple team members review transcription to ensure consistency. Another method was member-checking, which involved research participants reviewing the analysis and results to confirm accuracy from their native perspective (Ahmed, 2024).

Transferability

In qualitative research, transferability refers to the degree to which the findings can be applied to situations or individuals outside the original study. Ahmed (2024) defined transferability as the process of adapting knowledge from one business to another. To enhance transferability, I provided a detailed description of the research context and the underlying assumptions. This included a comprehensive account of the research methods I used, my role as a researcher, as well as the data collection and analysis procedures.

I implemented Colaizzi's (1978) descriptive phenomenological analysis step by step, clearly outlining how data were collected and analyzed (see Beck, 2021). Purposive

sampling further supported transferability by selecting participants who had similar experiences or phenomena, ensuring that only those who met the study's criteria were interviewed. Additionally, I conducted a thorough literature review to establish the necessity of the study.

Dependability Strategies

Dependability is essential in qualitative research as it helps establish consistent and repeatable findings that can be trusted. Researchers work to validate their findings by ensuring they align with the raw data collected. This approach ensures that if other researchers examine the data, they will reach similar interpretations and conclusions. Consistency, a key component of dependability, is one of the four critical criteria for rigor and trustworthiness in qualitative research (Janis, 2022). To achieve this, I used ATLAS.ti, a computer-assisted qualitative data analysis software, to identify similar meanings and interpretations across the data. This methodology ensured consistency in the findings and confirmed that similar meanings and interpretations were derived (Janis, 2022).

Confirmability

Obtaining feedback from participants or subject matter experts was crucial in ensuring that my interpretations were accurate and in minimizing personal biases by incorporating diverse viewpoints. This process enhanced objectivity and supported the reliability of the results. Additionally, inviting participants to review and confirm their transcripts allowed their perspectives and experiences to be authentically represented,

thereby strengthening the research's credibility. This approach enabled participants to validate or suggest corrections to the interpretations (Ahmed, 2024).

To ensure the results could be confirmed by other researchers, I implemented various techniques, including reflexive journals, as recommended by Ahmed (2024). By using reflexive journaling throughout the research process, I was able to reflect on any personal biases, thoughts, and feelings that emerged, preventing them from influencing the collection and interpretation of data. This practice guaranteed that the results could be corroborated by others without negative factors complicating the findings. Furthermore, I engaged participants in confirming that the data collected during interviews accurately reflected their experiences. Overall, these techniques ensured that the study's findings were both accurate and verifiable by other researchers.

Ethical Procedures

The safety and well-being of all participants are prioritized throughout the research process. To ensure this, I sought approval from Walden University's Institutional Review Board (IRB) (Approval # 07-08-24-0896355) before beginning the study. The IRB is responsible for reviewing and approving research involving human subjects to ensure it adheres to ethical guidelines and regulations (White, 2020). This measure protected the rights and welfare of participants. They were informed of their right to withdraw from the study without facing any negative consequences. By prioritizing the safety and rights of participants, I conducted ethical and beneficial research for everyone involved.

I recognized the importance of safeguarding human rights during the research. To accomplish this, I followed strict ethical procedures and ensured accurate data collection (Chiumento et al., 2020). All participants carefully reviewed and signed informed consent forms, and I explained the measures taken to maintain confidentiality in clear and understandable language. The safety and well-being of all individuals involved in the research received the highest priority. To encourage participation, each participant was given a \$20 gift card.

The data collected during the research are securely stored on my personal computer for a minimum of 5 years, unless changes to state or federal regulations governing data destruction occurred (Retention of research standards and destruction of data, 2018). This measure is implemented to protect participants' information. Participants had the option to request access to their data at any time. After the retention period ended, or if the records are no longer needed, the data are permanently deleted using commercial software designed that removed all data from my computer storage (Retention of research standards and destruction of data, 2018). A detailed record documenting the personal information, data collected, analysis, etc. are kept when the data is destroyed (Retention of Research Standards and Destruction of Data, 2018).

Summary

Chapter 3 delineated the methodological approach underpinning this phenomenological study, encompassing the research design, criteria for participant selection, data collection processes, and analytical procedures informed by Colaizzi's (1978) descriptive qualitative phenomenological method. A significant emphasis was

placed on the maintenance of rigor, the assurance of trustworthiness, and the adherence to ethical standards, all aimed at authentically capturing the perspectives and lived experiences of healthcare professionals.

Building upon this robust methodological foundation, Chapter 4 presents the findings derived from the in-depth interviews and subsequent thematic analysis. Through a systematic process of coding, the grouping of significant statements, and the validation of emergent meanings, five core themes were identified: Emotional Experiences, Ethical Reflections, Cognitive Awareness and Sense Making, Relational Dynamics, and Organizational Awareness. Collectively, these themes provide a comprehensive insight into how healthcare professionals perceive and respond to substance misuse within clinical practice.

The subsequent chapter transitions from a descriptive to an interpretive lens, contextualizing these findings within the study's conceptual framework and linking them to broader concerns of ethical accountability, organizational awareness, and systemic responsibility. Chapter 4 is further enhanced by the inclusion of figures and tables that visually articulate the thematic structure and elucidate the complex interrelationships among participants' lived experiences. These visual elements are meticulously designed to systematically represent the thematic framework uncovered during the interview analysis, thereby offering readers a clear, accessible summary of the primary patterns and subjects identified. For example, thematic diagrams are employed to outline the five principal themes, Emotional Experiences, Ethical Reflections, Cognitive Awareness and Sense Making, Relational Dynamics, and Organizational Awareness, alongside pertinent

subthemes and participant quotations. This visual representation serves to demonstrate comprehensively how each theme is grounded in the collected data.

Moreover, these figures and tables facilitate the elucidation of the intricate connections within participants' lived experiences by visually linking various concepts, highlighting areas of overlap, and indicating the frequency with which specific themes emerge across the participant group. Flowcharts may illustrate the sequence of participants' responses or depict how particular experiences interest across diverse settings, both within the workplace and during interactions with colleagues facing challenges related to substance misuse. Network diagrams may also provide insight into the interrelations among emotional, ethical, and organizational components, underscoring the influence of broader systemic factors on individual experiences. By incorporating these visual tools, Chapter 4 enhances the clarity and engagement of the thematic analysis, allowing readers to better apprehend the perspectives of healthcare professionals. These graphics not only distill complex details but also offer robust support for the study's findings, resulting in a more concise and impactful presentation of participants' experiences within ethical clinical contexts.

Chapter 4: Results

The purpose of this descriptive phenomenological qualitative study was to explore the lived experience of coworkers who are exposed to other healthcare professionals' substance misuse. I addressed the following research question: What are the lived experiences of coworkers who are exposed to healthcare professionals' substance misuse? In this chapter, I present information on the pilot study, the setting of the interviews, the data collection process, and the demographic profile of the 12 participants interviewed to address the research question. The participants' demographic profile is described to emphasize how crucial they are to the study. Additionally, a comprehensive summary of the findings is provided, featuring participants' direct responses to the interview questions.

Pilot Study

A preliminary study was conducted with family members through in-person interviews. The volunteer participants were scheduled for interviews at times that worked best for them, and their personal emails are used to communicate with them. After the interviews, I held in-person debriefing sessions with each pilot volunteer. During these sessions, I inquired whether they find the questions clear and easy to answer. Based on their input, I made necessary adjustments to the interview questions, such as adjusting the language used in the interview to suit healthcare professionals. In addition, I phrased the questions to encourage respondents to provide answers that are complete and honest. Furthermore, the pilot program assisted in determining the suitable length for each

interview, ensuring that the study's consent form accurately reflected the time commitment required.

Research Setting

Participants interested in participating in this study were contacted through their personal email addresses. Initially, recruiting participants posed challenges, especially when posting the social media invitation in the local areas of the District of Columbia, Maryland, and Virginia (DMV). This difficulty limited my ability to reach the required number of participants. In response, I modified the IRB form to update and repost invitations and flyers on public platforms such as Positly and Centiment, along with public directories and Walden University's participant pool. This strategy allowed me to successfully broaden outreach and secure the 12 participants needed for the study.

The concept of an organizational work environment is crucial, as it greatly affects the health and effectiveness of healthcare professionals within the evolving context of contemporary healthcare (Raghu & Souza, 2024). Positive elements such as a nurturing workplace, effective leadership styles, and successful communication strategies improve the mental health, safety, performance, and overall well-being of healthcare providers. In contrast, Raghu and Souza (2024) noted that ineffective leadership, communication challenges, unhealthy work environments, and insufficient support negatively impact healthcare workers, which can influence their ability to make beneficial evaluations about their performance in both professional and personal settings.

Demographics

For this study, I used a sample of 12 participants, seven of whom were female. Each participant encounters instances of healthcare professionals misusing substances within a hospital, healthcare facility, or urgent care center. To ensure confidentiality, participants are described in a general manner. Their ages range from 24 to 45 years, and they reside in various states in the United States. Most participants balance full-time employment at healthcare organizations (such as hospitals, healthcare facilities, and urgent care centers) while concurrently attending nursing school. Additionally, they are married and have their own families.

Data Collection

The data collection process begins on October 2, 2024, following approval from Walden University's IRB on September 27, 2024. This approval allowed for reposting participant invitations and flyers nationwide across the same social media platforms. Recruitment efforts were broadened to encompass various locations throughout the United States.

The consent form for the research was included with the participant invitation, allowing potential participants to review and provide their consent if they wish to take part in the study. Before conducting interviews, I individually reviewed the consent form with each of the 12 participants to ensure their understanding before they gave their consent to participate. Participation was entirely voluntary, and no one was coerced into joining the study. Each volunteer received a \$20 gift card as an incentive for their participation. I conducted one semistructured interview with each participant, lasting

between 45 to 60 minutes. These semistructured audio interviews took place exclusively via Zoom, during which participants responded to 10 open-ended questions regarding their experiences with at least one healthcare professional who misused substances. The interviews were audio-recorded and transcribed instantly using Zoom.

Findings

In this chapter, I present the findings derived from the qualitative phenomenological analysis of participants lived experiences regarding substance misuse among healthcare professionals. Data were analyzed using Colaizzi's (1978) seven-step method, which included extracting significant statements, formulating meanings, clustering these meanings into themes, and validating the thematic structure against participants' transcripts. The analysis revealed five overarching themes: emotional experiences, ethical reflections, cognitive awareness and sense making, relational dynamics, and organizational awareness. These themes collectively represent a multidimensional understanding of how healthcare professionals perceive, experience, and respond to substance misuse within their professional environments.

Data Analysis

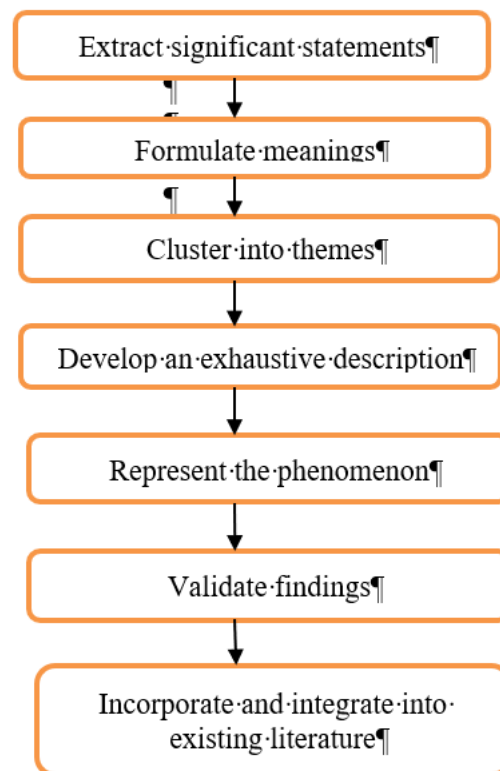
The research collected data through semistructured interviews, which were then analyzed using Colaizzi's seven-step phenomenological analysis. This method involved identifying key statements, deriving underlying meanings, organizing these meanings into thematic clusters, and confirming these themes with participants. Details of each step's application are explained below.

The Application of Colaizzi's Seven Steps in Analyzing the Data

Figure 2 is the validation flow which visually depicts the sequential steps of Colaizzi's phenomenological analysis as applied to this study from extraction of significant statements to formulation of meanings, clustering into themes, and validation with participants. This process ensured methodological rigor, ethical transparency, and fidelity to participants lived experiences. Ethical reflection emerged as a pivotal outcome of this iterative interpretive process.

Figure 2

Validation Flow of Colaizzi's (1978) Method



Note. The figure illustrates the process of analytical validation based on Colaizzi's seven step approach (Colaizzi, 1978).

Steps 1 – Familiarization

I initiated the process by carefully reading all interview transcripts several times. This repeated and attentive examination was designed to fully immerse in the range and depth of participants' lived experiences. Through this approach, I developed a detailed and insightful grasp of the views, emotions, and interpretations expressed by healthcare professionals from diverse backgrounds. This initial phase was essential for establishing a solid basis for further analysis, ensuring that the full context and significance of each participant's narrative were thoroughly understood.

Bracketing Statement

Consistent with Colaizzi's (1978) approach, I engaged in epoché prior to beginning the analysis. This involved setting aside any personal views, professional experiences, and theoretical assumptions including those related to addiction and organizational frameworks to ensure that the meanings were shaped solely by the participants' accounts. The subsequent clustering and interpretation are based entirely on the participants' key statements and the meanings distilled from them.

Steps 2–3 (Brief): Significant Statements & Formulated Meanings

The full statements of the participants are in the dataset; below are the succinct formulated meanings used for clustering.

- Observation of impairment (on-duty intoxication, performance decline, absenteeism)
- Patient-safety risk (errors, wrong prescriptions)
- Compensatory labor by coworkers (covering, double-checking)

- Emotional responses (shock, sadness, guilt, anxiety)
- Moral ambivalence about reporting (fear of ruining colleague vs duty to patients)
- Recognition of misuse motives (grief, depression, coping)
- Informal peer interventions (private conversations, encouragement toward treatment)
- Organizational gaps (unclear reporting, fear of reprisal, perceived managerial inaction)
- Outcomes observed (rehab, suspension, disciplinary action)

Step 4 — Clustered Meanings → Emergent Themes (Colaizzi Step 4)

The clustered meanings and themes in Table 1 were derived from Colaizzi's Method (1978).

Table 1*Clustered Meanings and Emergent Themes*

Emergent theme	Core meaning cluster	Representative participant quotes	Researcher interpretive summary
Emotional experiences	Emotional burden, stress, anxiety, burnout, sadness, devastation due to colleagues' substance misuse	"It was heartbreaking to learn that a healthcare worker...was misusing drugs rather than administering them properly." (Participant 3) "I felt sad for I got an increased workload as I took more responsibility for her tasks." (Participant 7) "Working in this environment can be quite stressful. I often experience anxiety regarding the potential risks to patient safety." (Participant 2)	Participants expressed intense emotional reactions, including sadness, stress, and frustration, which often arose from managing colleagues' substance misuse while trying to maintain patient safety and personal well-being. The emotional load reflects both empathy for colleagues and concern for patients.
Ethical reflections	Professional ethics, accountability, patient safety, legal and moral dilemmas	"I questioned how this could occur within a professional setting, particularly involving a medical professional." (Participant 5) "Professional disciplinary actions...may include suspension or revocation of a license and other sanctions." (Participant 8)	Healthcare professionals experienced ethical tension, balancing the duty to report substance misuse with loyalty, empathy, and concern for colleagues. Ethical reflection centered on patient safety, adherence to professional standards, and legal consequences.
Cognitive awareness and sense making	Understanding misuse, recognizing patterns, analyzing causes, sense making	"They know the harm these drugs can cause to them because they're healthcare professionals themselves. So, what was the reason they had to overlook the harm?" (Participant 2) "My colleague shared his	Participants sought to cognitively process why substance misuse occurred, distinguishing between intentional abuse and coping mechanisms. This theme reflects analytical awareness of contributing factors

Emergent theme	Core meaning cluster	Representative participant quotes	Researcher interpretive summary
		reasons, and I learned to approach such situations with understanding.” (Participant 6)	(stress, personal tragedy, depression) and the need to understand colleagues’ perspectives.
Relational dynamics	Interpersonal relationships, communication, support, trust, stigma	“I will say to individuals who suspect a colleague of misusing substances, to document their concerns and consult a trustworthy supervisor or HR.” (Participant 9) “We communicated with her about the seriousness of her actions, and after honest conversation, she revealed that depression fueled her drug use.” (Participant 4)	Participants highlighted the importance of relational strategies to address misuse: communication, support, empathy, and structured intervention. Trust and stigma shaped interactions, influencing whether issues were reported or handled informally.
Organizational awareness	Policies, monitoring, training, reporting, leadership support, rehabilitation	“They should be properly monitored because you cannot say that because of the fact they are healthcare officials, they won’t go back to misusing drugs.” (Participant 1) “Management should create a safe environment where employees feel comfortable reporting concerns without fearing for their jobs.” (Participant 6)	Organizational structures and policies were central to mitigating substance misuse. Awareness of reporting systems, rehabilitation programs, and leadership support influenced staff ability to maintain patient safety and provide ethical care.

Step 5 — Exhaustive (Textural) Description — “What” was Experienced by the Participants

Participants described frequently observing coworkers exhibit a pattern of escalating behavioral changes—starting with brief withdrawal, shifts in mood, missed workdays, and eventually a decline in job performance, sometimes culminating in clear signs of impairment at work. Many respondents reported taking immediate steps to protect patients, such as covering responsibilities or double-checking medical orders, all while grappling with emotional reactions like shock, sadness, guilt, and ongoing concerns for patient safety and their own reputations. Several individuals attempted to intervene informally through personal conversations and by encouraging colleagues to seek treatment. Outcomes varied: in some instances, coworkers entered rehabilitation and were able to return to their roles, whereas in other cases, formal disciplinary measures—such as suspension or dismissal—were implemented. Participants also pointed out organizational shortcomings, including ambiguous reporting procedures and perceived lack of action from management, which heightened both their ethical conflicts and practical challenges.

Step 6 — Structural Description — “How” it was Experienced

Across accounts, the lived experience unfolded as a dynamic, temporal sequence:

1. Early noticing: subtle changes such as mood shifts, isolation, or tardiness.
2. Accrual of evidence: repeated signs led coworkers from suspicion to concern.
3. Immediate action: coworkers took protective measures—covering duties and monitoring care.

4. Interpersonal engagement: private, supportive conversations aimed at encouraging treatment.
5. Moral tension: internal conflict about reporting versus protecting the colleague.
6. Organizational escalation: where risks persisted, reporting or disciplinary steps were taken.
7. Aftereffects: lingering moral distress, workload strain, and altered interpersonal trust.

Organizational ambiguity (unclear pathways, fear of reprisal) was an important background condition shaping decisions at each step.

Step 7 — Fundamental Structure (Principle)

The experience of coworkers witnessing substance misuse by healthcare professionals is characterized by ongoing moral conflict—compassion for their struggling colleague is intertwined with a strong ethical duty to safeguard patients. This creates a continual process involving noticing issues, offering informal support, weighing difficult moral decisions, and, when necessary, taking formal actions. Organizational uncertainties and shortcomings further amplify these ethical challenges, making it harder for staff to seek help or report concerns.

Interpretive Vignettes (Illustrative Participant-Derived Excerpts)

Throughout the analysis, special attention is given to maintaining the authenticity of participants' perspectives while uncovering common themes within their narratives. This comprehensive analysis resulted in five primary themes: (1) Emotional Experiences,

(2) Ethical Reflections, (3) Cognitive Awareness and Sense Making, (4) Relational Dynamics, and (5) Organizational Awareness.

Theme 1: *“I felt sad for I got an increased workload as I took more responsibility for her tasks.”*

Theme 2: *“Professional disciplinary actions ...may include suspension or revocation of a license and other sanctions.”*

Theme 3: *“They know the harm these drugs can cause to them because they’re healthcare professionals themselves. So, what was the reason they had to overlook the harm?”*

Theme 4: *“We communicated with her about the seriousness of her actions, and after honest conversation, she revealed that depression fueled her drug use.”*

Theme 5: *“They should be properly monitored because you cannot say that because of the fact they are healthcare officials, they won’t go back to misusing drugs.”*

Thematic Findings

Theme 1: Emotional Experiences

The first central theme, emotional experiences, reflects the range of feelings participants had when they saw or learned about substance misuse among their healthcare peers. Their stories highlighted significant emotional conflict spanning from sadness, disappointment, and empathy to frustration, anxiety, and moral distress. Many described a deep internal struggle, torn between their responsibility as professionals and their natural sense of compassion. The accounts frequently mentioned feelings of emotional

exhaustion, secondary trauma, and burnout, showing how these situations took a toll on their mental health and moral strength.

For some, witnessing substance misuse was described as “heartbreaking” and “pathetic,” underscoring the clash between the expectation of caregivers and the reality of a colleague’s actions. Others felt anger and disbelief that a healthcare professional entrusted with the safety of patients could knowingly put others at risk due to impaired performance. This emotional strain was heightened by the added responsibility of having to monitor or cover for colleagues who were struggling, which further increased their stress and sense of moral fatigue.

These emotional responses also revealed mixed feelings and ethical uncertainty. Many participants found themselves fluctuating between understanding and judgment, recognizing that personal hardships such as grief, trauma, or burnout could lead to substance misuse, yet feeling let down when professional standards were violated. Altogether, this theme shows that emotional involvement, while central to caregiving, can make healthcare workers especially vulnerable when trust and safety are compromised by substance misuse among colleagues.

Table 2*Clustered Meanings and Significant Statements for Theme 1*

Participant	Significant statement	Formulated meaning
P1	“It was disturbing to know of a healthcare professional, who is trained to help others, is misusing drugs rather than administering them properly.”	Expresses deep sadness and disillusionment upon discovering a professional peer engaging in substance misuse.
P2	“I felt so bad for them, when I witness that they are the ones misusing these drugs because as healthcare professionals, they are very much aware of the dangers.”	Reflects compassion mixed with moral disappointment toward impaired colleagues.
P3	“It was a very pathetic experience, especially for a healthcare professional herself... It was surprising to discover that a nurse was misusing drugs.”	Demonstrates shock and pity at the contradiction between professional identity and substance misuse.
P5	“My initial reaction was one of significant disappointment and distress. I questioned how this could occur within a professional setting.”	Reveals moral distress and cognitive dissonance regarding the breach of professional ethics.
P7	“I get really exhausted most of the time and all of that... burnout fatigue, emotional stress—it’s very challenging.”	Connects emotional strain and occupational burnout to the broader context of healthcare stressors contributing to vulnerability.
P9	“It takes a downturn in our emotions because we know these things could be avoided.”	Highlights secondary trauma and empathetic fatigue arising from preventable professional misconduct.
P11	“When trust is broken, it creates an environment where others are fearful... This situation can take a toll on your mental health.”	Illustrates the emotional consequence of broken trust and psychological strain within teams.
P12	“It was stressful for me, even in my organization where people come with cases of misuse—it affects our emotions and our work.”	Reflects cumulative emotional distress and workplace impact caused by recurring substance misuse cases.

Note. Theme 1 illustrates the participants’ collective emotional burden, ranging from sorrow to moral fatigue, in response to colleagues’ substance misuse.

Theme 2: Ethical Reflections

Participants consistently expressed a deep sense of moral tension when confronted with cases of substance misuse among healthcare professionals. This theme captures the moral awareness, ethical dilemmas, and professional accountability that shape how participants interpreted and responded to such situations. Ethical reflection extended beyond formal codes of conduct; it encompassed participants' personal beliefs, professional identity, and emotional conflict in balancing compassion with accountability. Many described internal struggles about whether to report a colleague, offer support, or protect patient safety—illustrating the lived complexity of moral reasoning within healthcare practice.

Table 3*Clustered Meanings and Themes Derived from Colaizzi's (1978) Method- Theme 2*

Significant statements	Formulated meanings	Clustered meanings / interpretive notes
"It was bad if drugs are misused, but it's even worse if the drugs are misused by a healthcare professional who is supposed to administer them."	Substance misuse by healthcare professionals represents a profound ethical contradiction.	Participants identified professional hypocrisy and moral failure as central concerns, reflecting a breach of trust and ethical responsibility.
"I questioned how this could occur within a professional setting, particularly involving a medical professional."	Participants expressed disbelief and moral disappointment upon learning of misuse among colleagues.	Moral dissonance was evident—participants perceived such behavior as a violation of the professional code of ethics.
"I tried to make the decision whether to report the behavior of a colleague misusing substance or not, knowing it could potentially ruin her life."	Ethical reflection often involves moral conflict between compassion and justice.	Participants experienced emotional distress while balancing empathy with the obligation to protect patients and uphold integrity.
"I told her that if she gets caught, she could lose her job, and to take her job seriously and stop misusing those drugs."	Participants emphasized the consequences of unethical behavior to reinforce accountability.	The ethical discourse frequently included warnings about professional sanctions, reflecting a sense of moral duty.
"Even though she knew the potential harm, the immediate relief they offered was compelling."	Ethical reasoning was often overshadowed by emotional needs and situational pressures.	Participants recognized that moral choices are influenced by psychological distress, revealing the complexity of human behavior in ethical decision-making.
"There are no people who want to talk to these people and understand their point of view."	Compassionate understanding is viewed as a form of ethical care.	Participants expressed that ethical reflection must include empathy and nonjudgmental dialogue to promote healing and accountability.

Theme 3: Cognitive Awareness and Sense Making

Participants undertook a deliberate process of reflection and interpretation as they tried to make sense of substance misuse among healthcare workers. This theme highlights the way in which participants mentally processed what they observed, worked to reconcile the gap between their professional standards and actual experiences, and created meaning from these situations. Their increased cognitive awareness was marked by a keen observation of behavioral changes, attempts to rationalize unethical actions they witnessed, and personal growth stemming from these encounters. Many reported an initial sense of confusion or skepticism that eventually gave way to deeper understanding of systemic challenges, individual susceptibility, and the importance of maintaining vigilance. According to Bandura's Social Cognitive Theory, this journey illustrates the interplay between thought processes, environmental factors, and actions—demonstrating how people interpret social situations to develop moral perspectives and guide their future behaviors.

Table 4*Clustered Meanings and Themes Derived from Colaizzi's (1978) Method- Theme 3*

Significant statements	Formulated meanings	Clustered meanings / interpretive notes
"At first, I didn't realize what was happening; it took time to connect the dots."	Participants experienced delayed recognition and gradual cognitive awareness.	Awareness developed progressively, influenced by familiarity and trust within the workplace.
"I started noticing things that didn't add up—their mood swings, absences, and missing supplies."	Participants engaged in cognitive analysis of behavioral inconsistencies.	Observational learning allowed them to infer misuse patterns through environmental and social cues.
"Afterward, I thought deeply about how stress could lead to such behavior."	Participants reflected on underlying causes to make sense of the phenomenon.	Sense making involved integrating emotional, psychological, and systemic explanations.
"I felt like I learned something about human behavior—how easy it is to slip when no one is watching."	Participants gained insight into human vulnerability and moral fallibility.	Cognitive reflection produced new awareness about ethical vigilance and accountability.
"Now I see the warning signs earlier; I'm more observant."	Awareness evolved into preventive knowledge and behavioral change.	Cognitive insight led to learning outcomes that shaped future professional awareness.
"It made me question if the system itself creates these situations—too much pressure, too little support."	Participants linked personal behavior to broader systemic factors.	Cognitive sense making connected individual misuse to organizational and cultural stressors.

Theme 4: Relational Dynamics

Participants' experiences revealed the profound influence of interpersonal and professional relationships in shaping their responses to colleagues' substance misuse. This theme highlights how relational bonds both supportive and strained, affected disclosure decisions, empathy levels, communication, and team cohesion. Participants navigated a delicate balance between professional loyalty, emotional attachment, and moral obligation. The dynamics often involved trust, betrayal, silence, and solidarity. Within healthcare teams, interpersonal relationships became a site of ethical negotiation, emotional containment, and shared moral responsibility.

Table 5*Clustered Meanings and Themes Derived from Colaizzi's (1978) Method- Theme 4*

Significant statements	Formulated meanings	Clustered meanings / interpretive notes
"We were close friends, so I didn't know how to confront her about what I was seeing."	Relational closeness complicated intervention and ethical decision-making.	Trust and friendship constrained direct communication and fueled emotional conflict.
"Some coworkers didn't want to get involved; they said it wasn't their problem."	Team dynamics influenced collective responsibility and bystander behavior.	Relational avoidance reflected fear, moral disengagement, or professional detachment.
"I wanted to help, but I also needed to protect the patients and my license."	Balancing compassion and self-preservation shaped interpersonal responses.	Relationships were tested by the tension between empathy and professional accountability.
"We all talked about it quietly but never said anything to management."	Peer communication was characterized by covert discussions and avoidance of formal reporting.	Informal relational networks shaped moral discourse but lacked organizational follow-through.
"When it finally came out, everyone felt betrayed—we trusted her."	Discovery of misuse caused emotional rupture within professional relationships.	Feelings of betrayal disrupted team cohesion and psychological safety.
"After everything, I think we became more supportive of one another, more aware."	Crisis experiences strengthened empathy and peer understanding over time.	Relational repair and resilience emerged as adaptive outcomes of shared adversity.

Theme 5: Organizational Awareness

Organizational awareness emerged as a critical dimension of the participants lived experience, shaping not only how substance misuse was detected and addressed but also how coworkers processed and responded emotionally and ethically. Participants consistently described how organizational culture, structure, and leadership responses influenced the recognition and management of substance misuse among healthcare professionals. This theme reflects the collective understanding of how institutional policies, communication practices, and support systems affect coworkers' experiences. Participants recognized that while some organizations had mechanisms for monitoring and intervention, others lacked adequate protocols or fostered cultures of silence. Many noted the absence of safe, nonpunitive environments for disclosure or assistance, which perpetuated secrecy and fear of reprisal.

Table 6*Clustered Meanings and Themes Derived from Colaizzi's (1978) Method- Theme 5*

Significant statements	Formulated meanings	Clustered meanings / interpretive notes
“In our organization, there are no proper procedures for dealing with substance misuse among staff.”	Lack of structured organizational response mechanisms.	Participants identified systemic gaps that hinder effective intervention.
“People are afraid to report because they think management will retaliate or blame them.”	Culture of fear and mistrust discourages reporting.	Organizational silence perpetuates ethical and safety risks.
“We need more open conversations and training about these issues.”	Desire for proactive education and transparency.	Organizational learning is viewed as essential to prevention.
“When management ignores it, it sends a message that such behavior is tolerated.”	Leadership indifference normalizes unethical behavior.	Organizational modeling of accountability—or its absence—shapes collective ethics.
“It’s not just the individual; it’s a system failure when no one steps in to help.”	Recognizing the systemic nature of the problem.	Participants framed substance misuse as an institutional, not solely personal, issue.
“Policies should protect both the patient and the professional who is struggling.”	Advocacy for compassionate accountability within policy.	Organizational awareness involves balancing care with control.

Summary

Chapter 4 detailed the results of the phenomenological analysis focused on healthcare professionals' lived experiences with substance misuse in clinical settings. Applying Colaizzi's (1978) method, the analysis revealed five closely related themes: Emotional Experiences, Ethical Reflections, Cognitive Awareness and Sense-Making, Relational Dynamics, and Organizational Awareness. Together, these themes highlighted the complex interplay of ethical understanding, accountability, and systemic responses within healthcare organizations. The thematic representations in Figures 1 through 5 illustrate how ethical reflection, cognitive awareness, relational dynamics, and organizational culture interact to influence both personal and institutional behavior.

Building on this thematic groundwork, Chapter 5 shifts from describing the findings to interpreting and synthesizing them. This chapter places the results within the context of the study's conceptual framework which includes organizational awareness, ethical accountability, and systemic responsibility and incorporates Bandura's Social Cognitive Theory (SCT) to explore how individual cognition, behavioral modeling, and environmental influences contribute to ethical behavior in healthcare settings.

The final chapter discusses the practical implications of these findings for leaders, policy makers, and healthcare practitioners. It also offers recommendations for organizational reforms, approaches for strengthening ethical competencies, suggestions for future research, and considerations for advancing positive social change.

Chapter 5: Discussion, Conclusions, and Recommendations

In this descriptive phenomenological research, I aimed to examine how coworkers experience and perceive substance misuse within healthcare environments, as well as the implications for ethical responsibility, organizational understanding, and systemic accountability. Insights from Chapter 4 highlighted five interconnected themes—(a) emotional experiences, (b) ethical reflections, (c) cognitive awareness and sense making, (d) relational dynamics, and (e) organizational awareness—that together illustrate the multifaceted relationships among individual thought processes, moral judgment, and organizational norms. These themes were analyzed using the study’s conceptual foundation, which underscores the mutual dependence of organizational awareness, ethical accountability, and systemic responsibility as key components for upholding moral standards and ensuring safety in healthcare settings.

Bandura’s (1986) SCT added depth to this conceptual approach by explaining how human actions, mental processes, and environmental influences interact through observational learning, moral self-regulation, and social reinforcement. Within the framework of this study, Bandura’s triadic model—linking environment, cognition, and behavior—served as the theoretical basis for understanding participants’ experiences with ethical dilemmas, peer interactions, and organizational climate. By merging these theoretical perspectives, the findings are situated within a larger context of moral growth and professional responsibility, demonstrating that healthcare professionals’ ethical choices are shaped by both introspection and the external systems that offer guidance and oversight.

In Chapter 5, I provide an in-depth discussion of the results in relation to existing research and the conceptual model, then presents practical implications, actionable recommendations, future research opportunities, and considerations for promoting positive social change. This section broadens the insight into how organizational structures and professional cultures can either support or undermine ethical behavior and resilience among healthcare practitioners.

Discussion

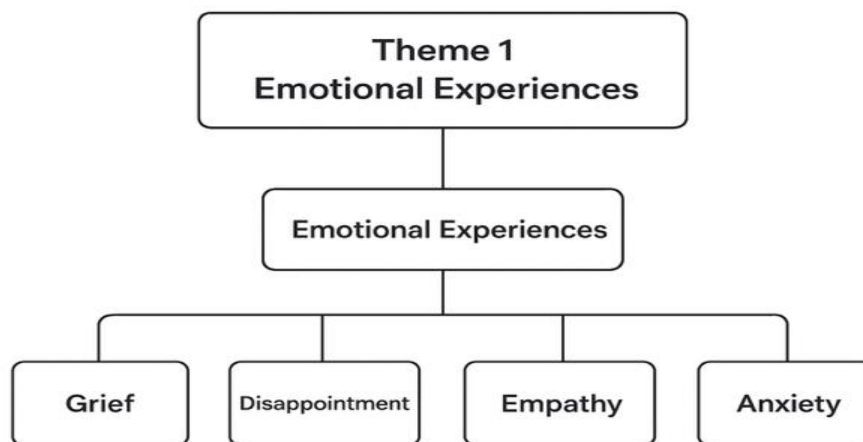
The results of this research demonstrated that substance misuse in healthcare settings should not be viewed solely as an individual behavioral issue. Rather, it should be understood as a multifaceted ethical and organizational problem that operates at several interconnected levels. The interaction among the five central themes: emotional experiences, ethical reflections, cognitive awareness and sense making, relational dynamics, and organizational awareness points to a shared moral and systemic responsibility to maintain ethical standards of care, as illustrated in Figures 2 through 6.

Regarding the first theme, participants' emotional experiences revealed frequent feelings of moral distress, guilt, and compassion fatigue when confronted with substance misuse among coworkers. These emotions were deeply rooted in their sense of professional identity and ethical obligation, not merely isolated reactions. In my experience, emotional strain frequently arose when my ethical principles as a healthcare professional conflicted with the demands of the workplace. This dissonance resulted in considerable internal turmoil and sustained moral unease. Participants noted that when emotional burdens were left unaddressed and organizations neglected to recognize them,

it could escalate into more severe consequences, such as moral injury, and erode trust among healthcare professionals. Emotional responses—including grief, disappointment, empathy, and anxiety (refer to Figure 3)—were closely tied to both the moral and professional responsibilities of caregiving. These emotions contributed to a broader psychological strain, connecting their personal feelings with their duties as professionals. Collectively, these subthemes suggested that emotional awareness significantly shapes, and sometimes disrupts, how staff respond to substance misuse among peers. This internal conflict underscores the intricate balance between compassion and ethical obligations in the clinical environment.

Figure 3

Emotional Experiences

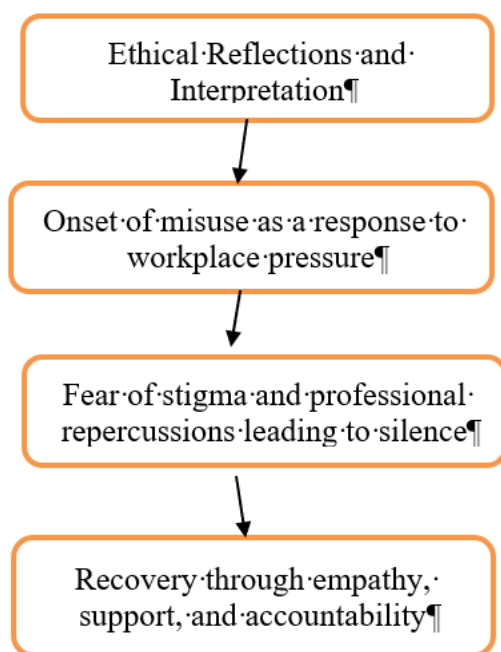


This theme aligns with Bandura’s concept of moral agency within SCT, where individuals weigh personal values, professional norms, and social expectations in shaping ethical behavior.

The second theme, ethical reflections revealed how participants made sense of their duties and moral boundaries in complex healthcare environments (see Figure 4). Ethical reasoning was often challenged by institutional pressures to maintain productivity, loyalty, or silence, especially in situations involving colleagues' impairment. This aligns with contemporary studies emphasizing the significance of moral courage and organizational transparency in mitigating ethical compromise (see Johnson & Kerr, 2024). Participants demonstrated an evolving ethical consciousness as they navigated between professional codes and human compassion, mirroring Bandura's (1991) premise that moral conduct is guided by self-regulatory mechanisms shaped through social influence and institutional feedback.

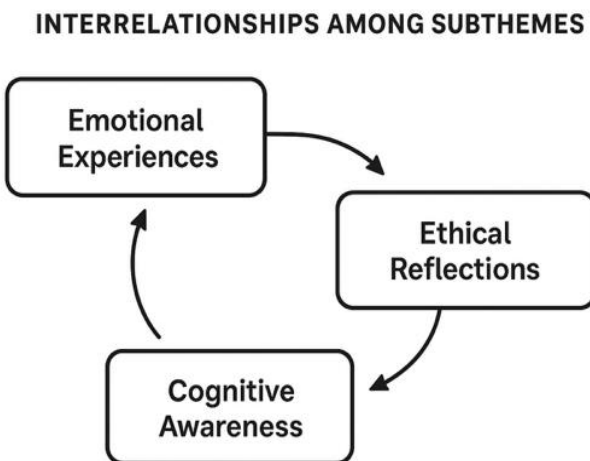
Figure 4

Ethical Reflections



The figure demonstrates that ethical reflections act as a crucial framework for interpreting healthcare professionals' real-world experiences, especially regarding substance misuse in clinical environments. The uppermost element highlights the central role of ethics, stressing that this issue extends beyond individual behavior to encompass broader moral and organizational challenges influenced by work-related stress, emotional strain, and institutional deficiencies.

The third theme, cognitive awareness and sense making, proved essential in how participants recognized signs of impairment, evaluated risks, and chose their responses. This awareness combined cognitive understanding with practical experience, shaped through ongoing encounters with ethical challenges and reflective practice (Figure 5). According to Bandura's SCT, this mental process illustrates the concept of reciprocal determinism—where observation, interpretation, and moral judgment guide future actions. Additionally, participants' approaches to sense making were shaped by organizational factors such as clearly defined policies, leadership reactions, and the behavior modeled by peers, which could either promote or hinder ethical responsibility (Bandura, 2001; Nguyen et al., 2022).

Figure 5*Interrelationships Among Subthemes*

The figure visually demonstrates the interconnections among subthemes across the study's findings. The diagram depicts how emotional experiences, ethical reflections, and cognitive awareness interact dynamically, shaping participants' relational and organizational perceptions. This interconnected structure reflects the cyclical nature of meaning-making, consistent with phenomenological inquiry and Bandura's triadic reciprocal determinism, where personal cognition, environmental factors, and observed behaviors influence one another continuously.

The fourth theme, relational dynamics, underscores the centrality of social context and professional relationships in shaping ethical behavior (see Figure 6). Participants described an intricate balance between empathy, collegial loyalty, and duty of care. This theme aligns with Bandura's (2016) emphasis on social modeling and vicarious learning: individuals' moral standards are largely acquired and reinforced through observing

others' actions and the organizational responses that follow. When institutions responded inconsistently to substance misuse by either concealing or excusing misconduct, participants reported diminished trust and moral dissonance. Conversely, environments characterized by open dialogue and compassionate accountability fostered greater ethical alignment and professional solidarity (Stewart & Adams, 2023).

Figure 6

Relational Dynamics and Social Influence Cycle

RELATIONAL DYNAMICS AND SOCIAL INFLUENCE CYCLE



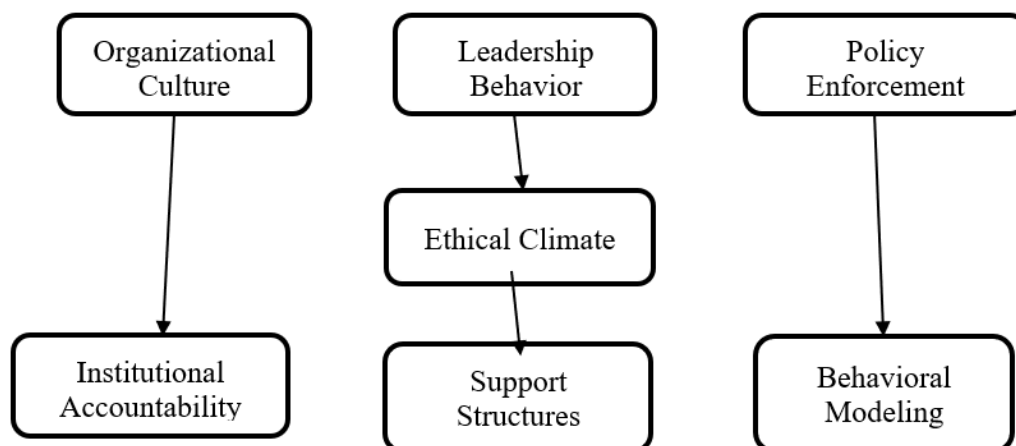
Figure 6 illustrates the cyclical interaction among key relational forces identified in the study: trust, communication, loyalty, and accountability. These elements dynamically influence one another—trust fosters loyalty, loyalty may suppress accountability, and communication mediates between empathy and ethical action. This figure displays how coworkers' relationships both constrained and enabled ethical

engagement within healthcare teams, reinforcing Bandura's view of social interaction as a determinant of moral behavior.

Finally, Theme 5 which is organizational awareness integrated the preceding dimensions by revealing how organizational culture, leadership behavior, and policy enforcement create the ethical climate in which healthcare professionals operate (see Figure 7). The data suggested that organizational ethics must be intentionally cultivated rather than assumed. Participants identified gaps between policy and practice, noting that ethical culture often depended on the moral tone set by leadership and the transparency of communication channels. Consistent with Bandura's environmental dimension of SCT, this theme reinforces the idea that institutional systems serve as both the context and catalyst for ethical behavior (see Bandura, 1986; Taylor et al., 2024). Thus, systemic responsibility and organizational awareness are not peripheral but central to sustaining ethical conduct and supporting recovery-oriented interventions within healthcare settings.

Figure 7

Organizational Awareness Model: Systemic Responsibility and Ethical Culture



The figure illustrates the structural relationship between organizational culture, leadership behavior, policy enforcement, and ethical climate. The arrows demonstrate a feedback loop between organizational accountability, support structures, and behavioral modeling, echoing Bandura's triadic interplay between environment, cognition, and behavior.

Recommendations

Develop Leadership Ethics Frameworks

My first recommendation is to develop leadership ethics frameworks that prioritize ethical mindfulness, foster moral resilience, and promote transparent communication. These frameworks should guide leaders to model integrity, encourage open dialogue about ethical challenges, and build psychological safety across the organization. By integrating clear ethical principles, ongoing education, and

accountability measures, organizations empower leaders to address dilemmas with compassion and transparency, supporting early intervention and reducing stigma around substance misuse. Such frameworks ultimately reinforce an ethical culture that balances empathy with accountability and sets a standard for responsible leadership in healthcare.

Implement Peer-Support Programs

My second recommendation is to create confidential peer-support systems within the organization that actively identify, refer, and assist colleagues facing substance-related challenges. These programs should empower staff to recognize early warning signs, provide nonjudgmental support, and facilitate timely intervention. Integrating ongoing education, clear referral pathways, and consistent follow-up ensures that affected professionals receive compassionate help while safeguarding their privacy. Such initiatives foster an environment of trust and accountability, reduce stigma around substance misuse, and contribute to a resilient, ethically grounded workplace culture.

Strengthen Ethical Oversight

I recommend that regular, systematic reviews of organizational policies are conducted to ensure a consistent, transparent approach to addressing impairment among staff. These reviews should prioritize safeguarding confidentiality and upholding the dignity of all individuals involved. By continuously evaluating and updating protocols, organizations can maintain ethical integrity, foster trust, and create an environment where staff feel supported to seek help without fear of stigma or reprisal. This proactive oversight not only protects both professionals and patients but also reinforces a culture of compassionate accountability and ethical resilience across the healthcare setting.

Foster Reflective Supervision

An additional recommendation is to encourage ethics-focused supervision sessions where staff can openly discuss emotional challenges, ethical dilemmas, and uncertainties arising in clinical practice. These sessions should provide a confidential, supportive environment for professionals to reflect on their experiences, process moral distress, and seek guidance on navigating complex situations. By integrating structured reflection, open dialogue, and targeted ethical support, organizations empower healthcare professionals to build moral resilience, strengthen ethical decision-making, and enhance overall wellbeing. This proactive approach not only addresses emotional burdens and uncertainty but also cultivates a culture of ethical accountability and psychological safety across the institution.

Integrate Ethics and Wellness in Training

I recommend that leadership should combine clinical competency with moral reasoning and self-care practices throughout professional education. Redesign professional education to weave together clinical skills, ethical reasoning, and wellness practices from the outset. Incorporate real-world scenarios and reflective exercises that challenge learners to apply moral judgment, recognize ethical dilemmas, and prioritize self-care as a core professional responsibility. Ensure ongoing curriculum development includes experiential learning, peer support, and simulation-based modules that foster ethical resilience and cultivate habits of emotional wellbeing. By embedding these elements throughout healthcare training, institutions empower future professionals to

balance technical expertise with compassionate decision-making, creating a foundation for both ethical excellence and sustainable personal wellness in clinical practice.

Implications

Implications for Leadership

Leaders play a critical role in shaping ethical awareness and establishing psychological safety in the workplace. The study's findings emphasize the need for transformational and ethically grounded leadership that models moral behavior and accountability. Leaders who demonstrate transparency and compassion can normalize open discussion about ethical dilemmas, thus reducing stigma around substance misuse and encouraging early intervention (Loes et al., 2022).

Implications for Organizational Practice

Healthcare institutions must foster an ethical culture that balances accountability with empathy. Developing integrated wellness programs, peer-support initiatives, and structured recovery pathways ensures that ethical care is sustained across individual and systemic levels. Institutional awareness should be operationalized through consistent policy enforcement, ethical audits, and routine staff training on recognizing and responding to impairment (Jones & Miller, 2022).

Implications for Policy

Policies should emphasize compassionate accountability, where disciplinary actions are balanced with rehabilitation opportunities. The findings indicate that punitive approaches alone undermine trust and hinder self-reporting. Evidence-based policies

must align with professional codes and integrate behavioral health resources that promote ethical resilience and workforce recovery (O'Connor et al., 2023).

Implications for Education

Ethics education in healthcare must evolve beyond rule-based training to include experiential learning, reflective dialogue, and simulation-based scenarios that develop moral reasoning. Embedding Bandura's SCT principles such as observational learning and moral modeling—into professional development curricula can strengthen ethical cognition and empower professionals to respond confidently to substance misuse (Bandura, 2016; Patel & Lin, 2024).

Limitations of the Study

Despite the study's careful methodological design and the use of multiple strategies to bolster trustworthiness, certain limitations must be noted. To recruit participants, I employed both purposive and snowball sampling across various organizational settings. While this helped ensure that participants had firsthand, relevant experiences, it may have resulted in sampling bias. Individuals recruited through professional, or peer connections could possess similar attitudes, workplace cultures, or coping strategies, which might restrict the range of viewpoints captured. Therefore, these findings should be seen as offering context-specific insights rather than universally applicable conclusions.

Second, consistent with the nature of most qualitative research, the findings relied on participants' own descriptions and interpretations of their experiences. Such narratives are intrinsically subjective and could be shaped by factors like memory lapses, selective

recollection, or the desire to present oneself favorably (Nowell et al., 2022). While I prioritized confidentiality and anonymity to mitigate these influences, it is possible that participants refrained from sharing certain information or altered their accounts due to professional concerns or loyalty to their organizations.

Third, the inherently interpretive process of qualitative analysis introduces another limitation. Even though methods like reflexive journaling, member checking, and peer debriefing were used to boost the study's credibility and confirmability, achieving full researcher objectivity is unlikely (see Levitt et al., 2023). My own background and interpretive perspectives may have subtly shaped the analysis and synthesis of themes, despite the efforts made to maintain reflexivity.

Fourth, differences in organizational culture, leadership models, and support systems among the institutions involved may have shaped the ways participants interpreted and described their experiences. Although this diversity contributed to a richer thematic analysis, it also introduced unique contextual factors that could hinder direct comparisons between organizations (Morse, 2022). Furthermore, since the research used a cross-sectional approach, it reflected experiences from only one moment in time and did not consider shifts in recovery paths or organizational dynamics that might have taken place later (Patton, 2022). Lastly, as I prioritized an in-depth exploration rather than broad generalizability, the results should be understood as specific to the context studied and not assumed to apply universally.

Identifying these limitations offers an important basis for future research.

Upcoming investigations might use longitudinal or mixed methods approaches to track

how professional recovery, ethical decision-making, and organizational backing develop over time (Tuthill et al., 2021). By broadening the participant pool to encompass a wider range of demographic and professional backgrounds from various institutions and regions, researchers can enhance the study's transferability and external validity (Saunders et al., 2023). Additionally, conducting comparative studies across diverse organizational cultures or leadership frameworks could provide deeper insights into how different institutional support mechanisms affect professional well-being, resilience, and ethical accountability (Turner & Kim, 2025). These efforts would expand on the current results, increasing their significance and applicability across a broader array of organizational environments.

Future Research

While this study delivered meaningful insights into the ethical, emotional, cognitive, relational, and organizational dimensions of substance misuse among healthcare professionals, several promising avenues remain for future research. Comparative studies across professional roles, such as nursing, pharmacy, medicine, and allied health could deepen understanding of how professional identity, training, and ethical frameworks influence individual and team responses. Additionally, examining variations across diverse cultural and organizational environments may uncover how systemic responsibility is shaped by factors such as leadership models and the availability of resources (Chengere & Bekele, 2024). In my understanding, qualitative research indicates that moral distress and views on the ethical climate differ among various disciplines. This suggests to me that professional socialization and the organizational

environment play a significant role in shaping ethical experiences. Longitudinal and mixed-method studies would also be valuable for tracing how moral reasoning, emotional regulation, relational trust, and perceptions of organizational accountability evolve over time, particularly in response to interventions such as peer support or structured rehabilitation. Recent qualitative research highlights that leadership engagement and system-level investment in wellbeing are critical for mitigating moral distress and promoting resilience among healthcare teams (Ghezzi et al., 2024). Following professionals longitudinally could therefore illuminate trajectories of moral recovery, coping, and ethical resilience.

Additionally, there is a need to evaluate the effectiveness of organizational interventions derived from this study's recommendations such as confidential peer-support networks, ethics reflection rounds, rehabilitative pathways, and leadership ethics training. Implementation science approaches could measure how these interventions translate into tangible improvements in ethical climate, team cohesion, practitioner wellbeing, and patient outcomes. Recent evidence suggests that structural inequities and stigmatizing attitudes within healthcare education and policy remain barriers to such implementation (Martinez et al., 2022). Further research should also address the educational dimensions of professional ethics and recovery. Investigating how curricula, simulation-based training, and mentorship programs shape attitudes toward substance misuse and accountability would help design early interventions. For example, a recent systematic review emphasized the need for comprehensive, embedded harm-

reduction education within undergraduate and graduate medical training (Nelson & Kim, 2023).

Finally, future inquiry should adopt a social justice and equity lens, exploring how systemic inequities such as stigma, discrimination, or access to rehabilitation affect both practitioners and patients. Cross-cultural research demonstrates that moral evaluations of substance misuse are influenced by demographic and cultural factors, which in turn shape professional empathy and stigma (Rácz & Bajnok, 2023). Addressing these inequities through inclusive and restorative frameworks aligns directly with this study's positive social change agenda, reinforcing the call for dignity, fairness, and shared responsibility in healthcare. Through sustained interdisciplinary investigation, future researchers can build on these insights to develop evidence-based models of compassionate accountability that bridge ethical theory, clinical practice, and organizational reform. Such research will continue advancing a culture of care that supports both the healer and the healed, ensuring that the transformation envisioned in this study becomes a lived reality across the healthcare system.

Positive Social Change

The implications of this study contribute directly to positive social change by advancing ethical awareness and compassionate accountability within healthcare organizations. By identifying how systemic responsibility, organizational ethics, and cognitive awareness intersect, this research offers pathways for fostering safer, more humane clinical environments. Promoting ethical leadership and organizational mindfulness enhances trust, protects patients, and supports healthcare professionals in

recovery and restoration. Through intentional cultivation of ethical culture, organizations can model the transformative potential of moral responsibility—aligning professional care with societal well-being. The study’s findings advocate for a shift from punitive or stigmatizing approaches toward restorative and rehabilitative models of care, both for healthcare providers and patients. By emphasizing shared responsibility, empathy, and systemic reform, this research contributes to a culture of openness and recovery-oriented practice that enhances organizational integrity and promotes community trust in healthcare systems.

The findings of this study contribute to positive social change by illuminating a pathway toward a more compassionate, ethically grounded, and recovery-oriented healthcare culture. The five themes which are ethical reflections, cognitive awareness and sense-making, relational dynamics, emotional experience, and organizational awareness collectively emphasize that sustainable transformation in healthcare does not arise from isolated policy reforms, but from an integrated realignment of values, relationships, and systems. As professionals grapple with ethical dilemmas and emotional burdens in addressing substance misuse, the study reveals the pressing need to move beyond blame toward understanding, accountability, and healing.

From a positive social change perspective, this means redefining how healthcare organizations view impairment and error, not as moral failings but as opportunities for learning, growth, and systemic improvement. Implementing supportive structures such as peer mentorship, confidential reporting mechanisms, and rehabilitative interventions fosters environments where staff can seek help without fear of punishment or stigma.

This approach humanizes professional practice and models a culture of care that extends from the healthcare professionals to the patient, reinforcing public trust and professional integrity. Furthermore, the emphasis on relational and organizational awareness underscores the social ripple effect of institutional ethics. When leadership models are compassion and fairness, and when teams function on trust and shared accountability, the result is not only healthier workplace climates but also better patient outcomes and safer care delivery. Such cultural transformation represents a meaningful form of social change, one that elevates both individual and collective well-being within the healthcare system.

Ultimately, the integration of ethical reflection, emotional intelligence, and structural responsibility points toward a paradigm of compassionate accountability, where professional competence and human empathy coexist. By translating these findings into practice and policy, healthcare systems can evolve into restorative, supportive communities, embodying the essence of positive social change through the promotion of dignity, equity, and moral resilience across all levels of care.

Conclusions

This qualitative study offered a nuanced exploration of the ethical, cognitive, relational, and organizational aspects of substance misuse among healthcare workers, focusing on organizational insight, moral responsibility, and systemic accountability. Guided by Bandura's Social Cognitive Theory (SCT), the research demonstrated that individual actions in clinical settings are shaped through ongoing interactions among the work environment, mental processes, and role modeling behaviors.

Five core themes—Emotional Experiences, Ethical Reflections, Cognitive Awareness and Sense-Making, Relational Dynamics, and Organizational Awareness—collectively illustrated persistent moral strain, ethical disagreements, and silence within healthcare organizations, often arising from insufficient structural support and unclear accountability. These interconnected elements show that both personal commitment and institutional enforcement are essential for building ethical resilience in practice.

Together, the themes present a comprehensive picture of how healthcare professionals perceive and respond to the complex challenges of substance misuse in clinical settings. Rather than existing separately, these themes form a continuous process, ranging from individual moral tension to broader system change. Ethical reflections serve as a foundation, revealing the discomfort professionals feel when balancing compassion and accountability. This unease drives cognitive awareness, as individuals work to reconcile workplace expectations with their own values. These efforts are strongly influenced by relationships—trust, collegiality, and support within professional circles. When these relationships weaken, emotional strain becomes evident, as shown in the theme of emotional experience capturing anxiety, frustration, guilt, and exhaustion.

Organizational awareness brings personal and relational experiences into a larger structural context. The stories shared by participants highlight how policies, leadership, and support systems can either worsen or relieve the pressures faced by frontline staff. Ultimately, the five themes demonstrate a cyclical and systemic connection, where personal values, clear thinking, trust, emotional strength, and workplace culture continually affect one another. This synthesis suggests a need for compassionate

accountability—a unified approach where ethical standards are paired with empathy and clear organizational responsibility. Recommendations—including structured rehabilitation programs, peer and professional support, open ethical communication, and leadership-driven reforms—illustrate how these themes are interdependent and show that addressing substance misuse demands both individual skill and collective moral courage.

The study's findings hold significant implications for positive social change. By reimagining professional impairment and ethical challenges through a lens of compassion, recovery, and systemic accountability, the research advocates moving away from punitive models toward restorative, person-focused approaches. Healthcare organizations that introduce supportive, stigma-free mechanisms, confidential reporting, and inclusive educational efforts foster environments of trust and safety. This transformation improves practitioners' psychological well-being, advances ethical awareness, and boosts public trust in healthcare systems. Furthermore, when leaders demonstrate empathy and fairness and when teams operate with mutual respect and accountability, the resulting culture positively influences the broader community—providing patients with safer, more caring treatment, helping professionals rediscover meaning in their work, and establishing institutions as models of resilience and integrity. In this way, the study's outcomes transcend academic discussion, offering a vision for social transformation rooted in dignity, equity, and a shared commitment to healing.

Using its conceptual framework, the study expands understanding of how ethical responsibility and organizational culture combine to either lessen or worsen professional impairment and risks to patients. The conclusion stresses that restoring ethical culture

depends on proactive leadership, transparent policy enforcement, and nurturing psychological safety. When organizations lead with moral responsibility and compassionate management, healthcare professionals are encouraged to act early in response to signs of distress or misconduct.

Drawing on Bandura's SCT, the research highlights the power of learning by example and moral self-regulation within care systems. Since behaviors are shaped by both environmental cues and cognitive understanding, developing ethically aware leaders and positive peer models is vital for maintaining ethical workplaces. Organizational ethics are thus not just procedural—they are continually created and reinforced through shared beliefs and accountable actions.

In summary, this study adds both theoretical and practical depth by redefining substance misuse in healthcare as an organizational moral issue rather than only a personal one. It calls for a model of compassionate accountability that links policy with empathy, ensuring that ethical integrity and human dignity are at the heart of healthcare practice. With ongoing focus on ethical leadership, collective learning, and teamwork, the healthcare sector can evolve toward a climate of trust, safety, and moral stewardship, upholding the highest standards of service and humanity.

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Appendix A: Participant Invitation Posted on the Website



Research Topic: Coworkers' Lived Experience of Being Exposed to Healthcare Professionals Misusing Substances

- Are you employed in a hospital, healthcare facility, or urgent care center?
- Do you have previous experience working at a hospital, healthcare facility, or urgent care center?
- Have you experienced any exposure to instances of healthcare professionals misusing substances?
- Have you known a healthcare professional through the rumor mill to be abusing substances?

If you answered yes to any of the above-listed inclusion criteria, then I need your help! You are invited to participate in an interview that will help gather valuable information for organizations in making decisions that could offer support to employees, especially when dealing with a coworker who is misusing substances. I am completing this research as a partial requirement of my doctoral program. Lived experiences are considered personal knowledge of the world gained by direct, firsthand involvement in everyday life events. Misuse of substances is the act of taking someone else's prescription medication to feel or get high.

The benefit of being part of this research is to help gather valuable information for organizations in making decisions that could offer support to employees, especially when dealing with a coworker who is misusing substances. To get started, please answer the questions below.

Please feel free to contact me if you have any questions about this study (email redacted).

Thank you,
 Juratu Agbebaku
 Doctoral Student at Walden University

Appendix B: Social Media Invitation

Coworkers' Lived Experience of Being Exposed to Healthcare Professionals Misusing Substances

There is a new study about the lived experience of coworkers exposed to healthcare professionals misusing substances. You have been invited to take part in an interview to share your insights and experiences regarding healthcare workers who have knowledge of substance misuse among other healthcare professionals. This study could provide valuable insights for organizations in making decisions that could offer support to employees, especially when dealing with a coworker who is misusing substances. I am completing this research as a partial requirement of my doctoral program. Misuse of substances is the act of taking someone else's prescription medication to feel or get high.

About the Study:

- One 45-60 minutes Zoom interview that will be recorded and transcribed.
- You will receive a \$20 Visa gift card as a thank-you.
- To protect your privacy, the published study will not share any names or details that identify you.

Volunteers must meet any of the following inclusion criteria:

- Employment at a hospital, healthcare facility, or urgent care center,

- Previous experience working at a hospital, healthcare facility, or urgent care center,
- Exposure to instances of healthcare professionals misusing substances,
- Known a healthcare professional through the rumor mill to be abusing substances

This interview is part of the doctoral study for Juratu Garuba-Agbebaku, a Ph.D. student at Walden University. The interviews will take place from September to October.

To participate in this study, please visit: (email redacted) or scan the QR code:



Contact Information: You can ask me any questions by email at (email redacted) or call (phone number redacted).

Appendix C: Participant Invitation Flyer

Participants needed for a research study regarding coworkers' lived experiences of being exposed to healthcare professionals misusing substances



- Are you employed in a hospital, healthcare facility, or urgent care center?
- Do you have previous experience working at a hospital, healthcare facility, or urgent care center?
- Have you experienced any exposure to instances of healthcare professionals misusing substances?
- Have you known a healthcare professional through the rumor mill to be abusing substances?

If you said yes to any of the listed inclusion criteria above. I need your assistance! You have been asked to participate in an interview to gather data that will shed light on the experiences of healthcare workers who have knowledge of the misuse of substances by other healthcare professionals. This study could provide valuable insights for organizations in making decisions that could offer support to employees, especially when dealing with a coworker who is misusing substances. I am conducting this research as part of my doctoral program requirements. The act of misusing substances involves taking prescription medication that belongs to someone else in order to experience a high or altered state.

About the Study:

- One 45-60 minutes Zoom interview will be audio recorded and transcribed.
- You will receive a \$20 Visa gift card as a thank-you.
- To protect your privacy, the published study will not share any names or details that identify you.

This interview is part of the doctoral study for Juratu Garuba-Agbebaku, a Ph.D. student at Walden University.

To participate in this study please visit (email redacted) or scan the QR code:



Appendix D: Interview Questions

1. How do you define the misuse of substances by healthcare professionals?
2. Do you work at a hospital, or a healthcare facility, or an urgent care center?
3. Do you work with a healthcare professional in a hospital, healthcare facility, or urgent care center who misuses substances?
4. What are the challenges you have faced while working in your work environment?
5. What opportunities have you had to handle this problem?
6. What consequences have you noticed that the hospital, or healthcare facility, or urgent care center presents to healthcare professionals who engage in misusing substances in the work environment?
7. How are you made aware of problems that relate to substance misuse in the work environment?
8. Based on your lived experience of the healthcare professionals' behavior of misusing substances, in what way has it affected your mental health?
9. What other information would you like to share about your feelings concerning the ways that the hospital or urgent care center is handling the issue?
10. Over recent weeks, have you experienced any situations where you tried to prevent healthcare professionals who misuse substances from engaging in any kind of unhealthy behavior? If so, please explain.

Appendix E: Prescreening Questions

1. Are you employed in a hospital or urgent care center in the DMV area?
 Yes No
2. Do you have previous experience working at a hospital or urgent care center?
 Yes No
3. Have you experienced any exposure to instances of healthcare professionals misusing substances?
 Yes No
4. Know a healthcare professional through the rumor mill to be abusing substances?
 Yes No

Appendix F: Demographic Information

1. Please state your area of employment: _____
2. How long have you worked in this location _____
3. What is your age _____
4. What is your gender _____
5. What is your ethnicity _____
6. What is the age of the healthcare professional who misused the substance _____
7. What is the gender of the healthcare professional who misused the substance _____
8. What is the ethnicity of the healthcare professional who misused the substance _____

Appendix G: Colaizzi's Steps of Data Analysis Process

Step	Action	Purpose
1	Extracting significant statements	Is to generate information pertaining directly to the phenomenon has been studied
2	Formulating meanings	Is to illuminate meanings hidden in different contexts of the phenomenon
3	Categorizing into clusters of themes	Is to identify experiences common to all validating with the original text participants
4	Integrating results into an exhaustive	Is to generate a prototype of a theoretical model description of the phenomenon
5	Formulating an exhaustive description	Is to identify the fundamental structure into a statement
6	Returning to participants	Is to validate the findings
7	Incorporating any changes based on	Is to present a theoretical model that the participants' feedback comprehensively reflects the universal features of the phenomenon

Source: Beck, C. T. (2021). Introduction to phenomenology: Focus on methodology, p. 22.

Appendix H: Short Questionnaire for the Exhaustive Description Validation

Exhaustive Description Validation

To ensure that the attached exhaustive description accurately captures the significance of the interview, please answer the validation questions and email both the exhaustive description and this questionnaire back to me at (email redacted) to help identify any gaps in the description.

Please provide answers in the space right below each of the following questions:

1. Did the description accurately reflect the content of the interview?

2. Is the description easy to understand?

3. Is there anything important missing from the interview that should be added to the description?

4. Is there anything in the description that was not discussed in the interview?

5. Is the description too short or too long?

***You can use the space at the back of this sheet if you need additional space for your answers. Please make sure you indicate which question the answer belongs to.**