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## Lived Experiences of People with Substance Use Disorder as Healthcare Education to Develop Empathy for this Population

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**Lived Experiences of People with Substance Use Disorder as Healthcare Education  
to Develop Empathy for this Population**

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### **Abstract**

The negative attitudes and feelings of healthcare workers towards patients with substance use disorder are well documented. These include, but are not limited to, believing a person with this disease is “drug seeking”, “violent”, and “unmotivated”. While this population has challenging issues to address, these beliefs can decrease the quality of care provided and results in less people seeking out needed treatment. Reducing stigmas through alternative education methods, like learning the life story of a patient, can help health care workers develop feelings of empathy and compassion. Subsequently, this education can result in better care and outcomes for these patients. Relevant research included in this study were those discussing the experience of patients with substance use disorder (SUD) in healthcare settings, providers' experiences treating patients with SUD, and studies that used various interventions related to increasing empathy levels among nursing students towards the SUD patient population. Healthcare workers need to be nonjudgmental and have the ability to empathize with their patients. The theory of caring by Jean Watson is a valid framework to improve the interaction between patient and provider; it fosters acceptance and compassion. If these changes are made, patients who use drugs or have struggled with addiction will feel they are in a safe and trusting environment and will continue to seek care when it is needed. This study will recruit undergraduate nursing students enrolled in a psych-nursing course, occurring in their sophomore year. Additionally, the same students will be asked to participate once they are seniors, enrolled in their community health course. Each participant will be provided pre- and post-intervention surveys testing empathy levels. The intervention will consist of a presentation given by a doctor specializing in addiction and a registered nurse diagnosed with SUD. This RN will speak on their life story and experiences with addiction. When the same student participants are seniors, they will take the same survey in order to assess long-term effects of this intervention. This intervention addresses a vital gap in healthcare education—learning how to be compassionate and empathize with another’s situation or experience. As most healthcare workers will care for people with addiction issues in their career, it is important to develop empathy towards this population for better patient health outcomes. Key words for this research include: addiction, stigma, lived experiences, healthcare, negative attitudes, empathy.

## Introduction

There are many stigmas that develop among healthcare workers when working with patients with substance use disorder (SUD). These include, but are not limited to, believing a person with this disease is “drug seeking”, “violent”, and “unmotivated”. While this population has very challenging issues to address, these beliefs can decrease the quality of care provided and results in less people seeking out needed treatment. Furthermore, “...drug overdose deaths rose from 2019 to 2021 with more than 106,000 drug overdose deaths reported in 2021” (National Institutes of Health, 2023). It is necessary that health care workers be trusting advocates for this population and attempt to reduce unnecessary deaths. Healthy People sets healthcare goals for each decade. For 2030, one goal is to reduce drug and alcohol addiction. One of the most important qualities a provider can possess is the ability to show empathy. The Oxford definitions states that empathy is the ability to understand and share the feelings of another. If healthcare workers present themselves as empathetic, trust can begin to form between the health care worker and patient. Building a trusting relationship allows the patient to be more receptive to help and suggestions. Health care workers can be advocates for these patients and help them find ways to succeed in recovery. This research is crucial to expand any healthcare workers’ understanding of this disease. Stigmas result when a person does not understand or care to understand a person that is different than them. Negative attitudes can result and affect the kind of care that is given to the patient. It is important to show the life experiences of a person who has substance use disorder (SUD). This knowledge can change a person’s perspective and show what people go through dealing with this disease. Reducing stigmas and negative attitudes through alternative education methods, like learning the life story of a patient, can help healthcare workers develop feelings of empathy. This education can result in better care given to SUD patients, as well as more positive health outcomes.

## **Problem Statement**

Healthcare education on addiction should include the lived experiences of people with substance use disorder to develop empathy and reduce the stigmas associated with this population. This research examines how learning the life story of a person with substance use disorder (SUD) affects the development of empathy in healthcare workers towards this population

## **Review of Literature**

### **Patient Perspective**

When searching for relevant literature, keywords used included: addiction, stigma, negative attitudes, healthcare workers, substance use, nursing education, and lived experiences. The databases accessed were CINAHL, Cochrane, Google Scholar, PsychInfo, and PubMed. Studies included in this research had to show evidence of stigmatizing behavior towards patients with SUD. Relevant research included those discussing the patient with SUD's experience in healthcare settings, providers' experiences treating patients with SUD, and included different educational interventions related to increasing empathy levels towards this population. It is important to see if patients with SUD are still experiencing stigma when receiving healthcare. Healthcare workers can learn what areas of care need improvement by listening to the patient experience and perspective.

### ***Experiences of Stigma***

McCurry et al., 2022 examined whether patients with OUD (opioid use disorder) experienced stigma and negative attitudes of providers within healthcare settings. For this research, they incorporated Goffman's theory and definition of stigma. Goffman explains that stigma "discredits" and "devalues" an individual based on what society deems normal and acceptable. He also divides stigma by internal or the self-acceptance of societies' negative beliefs, and external or the negative beliefs that occur outside of oneself. External stigma often occurs in healthcare settings when individuals with OUD have negative experiences with their providers based on their drug use. This study did receive approval from the IRB. Purposive snowball sampling was used to find participants for this research; 10 participants in total

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joined. Along with uncovering stigma related to OUD, this study looked at any barriers and facilitators to care within this population. This research contains qualitative evidence collected from semi-structured interviews. Researchers were able to find eight themes from the data, including: stigmatizing language, being labeled, inequitable care, OUD as a chronic illness, insurance barriers, stigma associated with medications to treat OUD, resources/community and nursing knowledge and care.

Stigmatizing language used in healthcare settings towards members of the OUD community included: “dirty urine”, “drug addict”, “junkie”, and others. Participants explained that this language is disempowering and can affect a patient’s desire to seek treatment. “Being labeled” included participants feeling that healthcare providers only saw their addiction issues and treated them as a diagnosis. One participant explained, “We want to be seen, we want to be validated, we want people to believe in us when we do not believe in ourselves” (McCurry, et al., 2023). Additionally, participants felt they had received inequitable care; this study showed direct quotes of individual experiences of healthcare workers not treating them with respect, or like other patients in their care. This led to less effective care given to patients with OUD. Participants mentioned that it was important for healthcare workers to treat OUD as a chronic illness; they believe this can decrease the stigma related to OUD. Providers may then identify necessary treatment options and preventative measures.

Insurance barriers appeared to be a major problem when talking with participants. Insurance covers only certain treatment options, making recovery from OUD difficult. Naltrexone is a medication used to reduce cravings; however, this medication can be very expensive and many patients cannot afford it. This research found that stigma is associated with using medications to treat OUD. Examples of this include that certain professions are not accepting of the use of these medications among their employees, participants fear seeing people they know in these clinics, as well as community members not accepting this treatment method. Participants believe that more education on these therapies is important to reduce stigma and increase acceptance. Community resources were identified as a barrier and also a facilitator to care. Participants had issues finding available beds in facilities that treat OUD. They also noted that the use of programs, like DART (drug assistance resource teams)—with knowledge on the disease process—gave them helpful information on their diagnosis and treatment options.

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The last theme found, “nursing knowledge and care” described the lack of knowledge nurses have on the disease. Participants noted that healthcare workers are often overworked and understaffed, but claimed that better training is needed to help patients with OUD. Participants also claimed that many nurses were “unaware of the available community resources in recovery...” (McCurry, et al., 2023). Many of the participants did feel that nurses wanted to help them, but did not know how. This study’s strengths include the use of direct quotes from participants. This illustrates the healthcare experience for this population and the relationship between providers and patients with addiction. Thematic analysis identified major themes on the topic. However, it is recommended that this research is done with a larger number of participants and in different areas of the U.S. It would be helpful to receive data within healthcare facilities, as this study relied on the memory of past experiences.

### *Strategies to Avoid Stigma*

A qualitative study examined the experiences of people who use drugs and the strategies they undertake to avoid experiences of stigma and inequitable care (Biancarelli, et al, 2019). This research used Goffman’s definition of stigma and its “discrediting attribute” to identify the negative attitudes of healthcare providers (Biancarelli, et al., 2019). Participants were acquired through community programs like syringe service programs and STI testing centers. Criteria for participation included having to have injected drugs within the last month, be 18 or older, and HIV-uninfected. Forty-five minute interviews were used to collect data, covering topics such as substance use behaviors and healthcare utilization. Stigma in healthcare settings was a major theme found from the data. To further break down stigma, sub themes were created. These included: previous experiences of stigma in healthcare settings, internalizing and resisting stigma, and strategies used to avoid these experiences.

Participants explained that healthcare providers assumed they were seeking pain medication. Participants also felt dehumanized by their interactions. “While participants acknowledged that some individuals may seek pain medication inappropriately, they rejected this as common practice for most PWID (people who inject drugs) because, as Donna (a participant) explained, it was easier and less shameful to “get it on the street”” (Biancarelli, et al., 2019). Mistreatment was commonly felt by participants when seeking health care. Consequently, participants described feeling shameful and



embarrassed in these settings. One participant reflected on the perception that addiction is a moral choice, “this isn’t how we want to be. It’s a disease. We want help, it’s just that we don’t know how to get it, we don’t know how to change” (Biancarelli, et al., 2019). Other participants had learned to not let these negative attitudes effect them, but noted that it did initially. In general, participants felt blamed for their addiction or that they were not trying hard enough. They also agreed that the care they received was of lower quality.

This study found that the participants used four main strategies to avoid experiences with stigma: delaying healthcare, not disclosing drug use, downplaying need for pain medication, and seeking alternative services (Biancarelli, et al., 2019). On hospital admission, participants stressed not needing pain medications hoping to have a better experience. Participants also utilized smaller, more community-based healthcare facilities for treatments. One participant being treated by a healthcare team trained in addiction noted a positive experience and that they treated her “like a human”. (Biancarelli, et al., 2019). This study notes that delaying care can result in more severe health outcomes. Additionally, the researchers claimed that more addiction education is needed in healthcare to reduce negative stigmas. “Strategies to improve provider empathy towards PWID could be increased through direct or indirect interactions with people who use drugs, including PWID, or those in recovery” (Biancarelli, et al., 2019). Hearing a person’s lived experience of addiction could help provide empathy among healthcare workers. A strength of this study is that it examined the patient’s perspective and described how PWID delay healthcare. It also explained why this is an issue and how it could be prevented. A limitation of this study was that it was done in one area of the US. It would be helpful to collect data from other locations to further understand the extent of this issue. Another limitation was that this study didn’t originally focus on stigma and some relevant data may have been overlooked.

### ***Experiences of Discrimination***

The final study used to depict the healthcare experience of patients with addiction was done by Meyerson et al, 2019. This study is mixed methods, gathering both quantitative and qualitative data. Their objective was to determine healthcare experiences among the population who uses drugs in Arizona. This research was approved by The University of Arizona’s Institutional Review Board. In order to acquire

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participants, researchers used convenience sampling and social referral among those who had responded initially. Participant criteria included: age of 18 years or older, identify as using drugs, and a resident of Maricopa County in Arizona; in total, 185 participants joined the study. This research used an anonymous survey with yes/no answers, as well as items allowing personal descriptions of healthcare experiences. This study found that, "...34.2% (of participants) reported that they did not seek needed healthcare because they were afraid of being treated badly by medical providers for using drugs..." (Meyerson, et al., 2021). Additionally, most participants felt that they were discriminated against by healthcare professionals. This included, "...not addressing the primary medical complaint, providing wrong or inadequate treatment, and refusal of appropriate medication" (Meyerson, et al., 2021). Participants claimed that providers focused entirely on their substance use, ignoring other and more important health concerns. They felt that they were seen as "junkies" and not worthy of care. Additionally, patients described feeling punished by providers for their drug use. One participant stated, "they didn't listen to me when I told them I was in pain and kept giving me laxatives even though I said I didn't need them. They said that because I was addicted to opiates, I had to take laxatives, but it was more to punish me... and I was already hurting from being hit by the truck. But to have all the laxatives too was awful" (Meyerson, et al., 2021). This quote shows how providers are untrusting of patients who use and drugs and can let this affect the quality of care they provide. Participants described conversations with providers that made them feel talked-down to, "the nurses seemed scared of me. I got lectured about using drugs and told I did this to myself" (Meyerson, et al., 2021). Along with verbal abuse, some participants had experienced physical abuse by providers. The patients felt that the providers wanted to "teach them a lesson".

This study noted that if patients with other chronic conditions were to have these experiences, it would be deemed unacceptable. However, authors believe that mistreatment towards people who use drugs is widely acceptable and therefore doesn't change. This study also claimed that healthcare workers believe addiction to be a moral choice and not medically-related. This suggests that healthcare providers need more education on substance use disorder. This research further demonstrates the need for change, in order for all patients with addiction to receive quality care in healthcare settings. Hearing the detailed personal experiences of patients who use drugs was a strength in this study. This research also provided

policy change as an intervention for this problem; it suggests healthcare performance reports with patients who use drugs and possible penalization for negative outcomes. This study was limited by data retrieved in one location within the US. It would be helpful to examine data from other locations in comparison. Another limitation was not knowing the provider's perspective.

### **Healthcare Worker's Perspective**

The next group of studies look at the perspective of healthcare providers when treating people with substance use disorder (SUD). It is important to understand why providers may have negative attitudes towards this patient population in order to find viable solutions and interventions.

#### ***Healthcare Workers' Attitudes on Addiction***

Van Boekel, et al., 2013 did a systematic review about the negative health care outcomes associated with the stigmatizing attitudes healthcare providers have of patients with substance use issues. This study analyzed 28 studies done on this topic within Western countries. Additionally, this study was cited in several research papers when assessing the literature. This review collected data from studies taking place in Australia, the UK, the US, Canada, and Ireland. It accessed research through online databases like Pubmed, Psychinfo, and Embase. They excluded research from Asia, Africa, and South America based on the cultural differences of substance use. This research aimed to understand what the healthcare attitudes are towards SUD, what were the explanations for these attitudes, and how these attitudes affected healthcare delivery. Boekel et al. used thematic analysis for analyzing the data.

Researchers found that healthcare professionals generally think less of those who use drugs related to patients with other chronic conditions, like diabetes. One study found that healthcare workers lacked empathy or willingness to help these individuals. Comparatively, another study looking at the attitudes of mental health professionals, found that they had more positive and nonjudgmental attitudes when caring for patients with SUD. Overall, healthcare professionals specializing in addiction, had more positive outlooks when providing treatment and care. Providers with personal or familial experience with addiction had more positive attitudes towards patients with SUD. As for the explanations for negative attitudes, one study found that nurses felt unsafe or that care for this population was challenging. Another study claimed that providers feel these patients are manipulative, violent, and not responsible. Feelings of

stress came up as a common problem for providers when dealing with patients with SUD. One study described why these attitudes may exist, "...health professionals have low levels of knowledge about substance use disorders, and have the feeling they lack specific knowledge and skills in caring for this particular patient group" (Boekel, et al., 2013). Few studies showed positive outcomes when health professionals were given more education and training related to SUD.

The research only found a few studies that examined the consequences related to these negative attitudes held by healthcare workers. "One study confirmed that patients who reported greater perceived discrimination by health professionals and dissatisfaction with the treatment, were less likely to complete their treatment" (Boekel, et al., 2013). This shows that poor health outcomes for patients with SUD can result from these negative attitudes. This review found that these stigmatizing beliefs can affect a patient's self-esteem and influence treatment success. This study discovered that, "...more and specific education and training of health professionals may be needed to improve the attitude of health professionals towards patients with substance use disorders" (Boekel, et al., 2013). This study had many strengths, including its compilation of various studies and the analysis of data across studies. Additionally, longitudinal study designs are recommended as beneficial for further research. Some limitations include not collecting data from studies done in other languages, as well as not using studies that did not provide their full-text. There may be helpful information that was missed based on this study's inclusion and exclusion criteria.

### ***Addiction Resource in the Hospital***

Englander et al., 2016, examines whether integrating hospital resources, like SUD care teams, helps decrease the negative attitudes of healthcare workers when treating patients with SUD. This qualitative study used an intervention with hospital providers called "IMPACT" or the Improving Addiction Care Team. This team includes professionals highly trained and educated in addiction that provide help and their knowledge to staff within the hospital setting. The IMPACT services include knowledge on medications used for addiction, community resources, withdrawal management, etc. This study received approval from the Oregon Health and Science University's IRB. Participants were acquired via purposive sampling and had to have experience caring for patients with SUD. Total participation included 34 multidisciplinary hospital providers: nurses, social workers, residents, case

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managers, patient advocates, pharmacists, surgeons, and physicians were involved. This study collected data from semi-structured interviews and focus groups; data collected was organized into three categories: before IMPACT, during IMPACT, and limitations of IMPACT.

Providers felt that prior to IMPACT, hospitals avoided addiction; they did not address addiction with patients, leading to less effective care. Many providers felt that they did not understand medication assisted therapy (MAT) or lacked necessary education. Standards of care for patients with addiction were not in place prior to IMPACT and providers felt they were on their own to figure out what to do. Furthermore, providers felt the lack of resources and knowledge led to a chaotic work environment. Burnout and stress were commonly expressed prior to the intervention. Data collected within the period of IMPACT services showed that providers felt encouraged that addiction was treatable. It also helped providers understand the disease process and that patients weren't simply making bad choices. Providers claimed, "IMPACT elevated the consciousness of providers and nurses ... that substance use disorders are brain disorders and not bad behavior" (Englander, et al., 2018). This suggests that more education on addiction is indicated. The IMPACT services helped providers learn how substances affect the brain and promote addictive tendencies. Additionally, providers felt that by directly addressing addiction, providers could deliver better care to their patients. They understood how to treat withdrawal and why treating it is so important. Providers also valued having knowledge on community resources and treatment programs for patients after hospital stays. Finally, providers felt relief while IMPACT services were provided in the hospital. One nurse described that she "felt like she was making a difference" with the newly acquired knowledge on the disease (Englander, et al., 2018). Limitations of IMPACT were noted by healthcare providers. This included that the program did not look at other determining factors for addiction, like poverty. It also did not address the effects of prolonged hospitalization in this population. Providers also stated the need for all healthcare workers to understand this disease and not hand off addiction cases to specialists. They suggested more education and training to help providers care for these patients independently.

The strengths of this study included researching an in-hospital intervention for helping healthcare workers provide better care to patients with addiction. This study asked the providers about perceived limitations of the IMPACT services. Although this study addressed MAT, it didn't address that some

patients refuse medications like Suboxone for treatment. This intervention would be informative when done in other locations in the United States. Strengths of this study include understanding the provider's perspective when caring for patients with SUD. This research also provided data by participants on this interventions' perceived successes and failures.

### **Student Interventions**

To identify whether an educational intervention is indicated, it is critical to examine the student perspective on this topic. Studies included in this research use different interventions aimed at increasing empathy in students towards patients with substance use disorder; their effectiveness is reviewed.

#### ***Nursing Student Attitudes and Knowledge of Addiction***

Selby, et al., 2019 examined the knowledge and perceptions of undergraduate and graduate nursing students on addiction. This study was conducted at a nursing school in the United States. The IRB approval was obtained. This study used quantitative methods and the conceptual framework of therapeutic commitment by A.K.J. Cartwright. His framework expressed that if the individual providing care felt motivated, the individual receiving care would also feel motivated. An email invitation was sent out to students to participate in a survey focusing on addiction. This questionnaire provided the data that was then analyzed for frequencies, means, medians, and proportions. This survey was sent to all nursing students, undergraduate and graduate, during the fall semester of their program. In total, 567 students responded and joined the study as participants. The questionnaire covered perceived knowledge, therapeutic attitudes, and interest in courses and programs focused on addiction education.

Most of the participants had experience with patients who used drugs and some had personal experience related to addiction. Participant response for perceived knowledge was that they felt moderately knowledgeable when assessing signs of addiction in patients, assessing the patient's readiness for change, and using resources in their community. The researchers found, "RN/APRNs compared to pre-licensure students had significantly higher ratings of perceived knowledge of screening, taking a history, using withdrawal scales, recognizing an alcohol use disorder and opioid overdose, and communicating about problematic SU" (Selby, et al., 2023). Relating to therapeutic attitude, pre-licensure

students felt more negatively about caring for patients with addiction than licensed RNs. Ninety-six percent of participants agreed that being educated on addiction was important. Eighty percent of participants showed interest in special courses relating to addiction and drug-use.

This study demonstrates the willingness of nursing students to learn more about addiction and their hope to provide high quality care to this population. Additionally, the participants seemed fairly knowledgeable on addiction, but were unsure of how to apply their knowledge. This study supports additional addiction education within nursing programs and that students are interested in learning more. A strength of this study was comparing pre-licensure nursing students to those who are licensed. This provides an interesting dynamic between those with less experience and those with more experience and how that affects the results. The data collected from the questionnaire clearly identifies the desire of nursing students to expand their knowledge on this topic. A limitation of this study is that participants may have under- or over-estimated their skills and knowledge relating to addiction. Additionally, the students who responded initially to the research proposal may have been interested in addiction.

### ***Educational Interventions for Empathy Development***

Empathy interventions, used in undergraduate nursing education, were the focus of a systematic review (Levett-Jones, et al., 2019). This research included literature based on certain criteria: primary studies with experimental educational interventions conducted between 2004-2018, participants were undergraduate nursing students, educational interventions focused on increasing empathy levels, objectively measured or quantitative data was accepted (Levett-Jones, et al., 2019). All of the studies included used convenience sampling for participant recruitment. Studies used in this review took place in the U.S., Australia, Canada, Italy, Spain, Turkey, Sweden, and Taiwan.

In each study, they found that immersive and experimental simulation-based interventions were most effective in increasing levels of empathy in nursing students. Some of the most effective interventions included, “point-of-view simulations in which learners experienced the world ‘through the eyes’ of another person and learned to ‘walk in the patient's shoes’” (Levett-Jones, et al., 2019). This suggests that these interventions aid in the development of empathy in nursing students towards their patients. Additionally, this education can “help them to gain new insights into the feelings, perspectives,

experiences and needs of another person” (Levett-Jones, et al., 2019). It was noted in the research that all interventions tested empathy in the short-term and did not address if these interventions help improve empathy levels over time. This studies’ strengths included examining several different studies in order to collect data. It also looked to identify what intervention was the best for increasing empathy levels. Additionally, this research explained why the ability to empathize in nurses is so important; the impact of provider empathy perceived by a patient is significant. “Empathetic encounters with healthcare professionals result in decreased levels of depression, anxiety, distress; and increased levels of emotional wellbeing, satisfaction and adherence to treatment regimens” (Levett-Jones, et al., 2019). A limitation of this review is that it did not solely focus on the United States; some of the data collected from this review may not apply. Other countries may have differing views of health and empathy. Additionally, nursing education in other countries may be different than in the U.S. Finally, this review selected studies that were printed in English, possibly excluding helpful data.

### ***Simulation: Assessment of Patient with Alcohol Use Disorder***

Jodi Patterson, et al. 2020 aimed to understand if a simulation intervention done with nursing students would be successful at increasing empathy levels towards patients with alcohol use disorder (AUD). This research used Daniel Batson’s concepts of cognitive empathy. Batson states that empathy includes the ability to understand a different perspective and acknowledge another person’s feelings. Additionally, this study used David Kolb’s theory of experimental learning—knowledge can be acquired from personal experiences. This study received approval by the authors’ IRB. Sixty-two participants were acquired from an undergraduate nursing program in the southern U.S. This study is mixed-methods and used the Comprehensive State Empathy Scale (CSES) as pre- and post-intervention surveys to collect data. T-tests were used for quantitative data analysis and thematic analysis was used to analyze qualitative data. The simulation had nursing students assessing a patient with alcohol use disorder. The surveys identified 6 components of empathy described by Daniel Batson: empathic concern, distress, shared affect, empathic imagination, helping motivation, and cognitive empathy (Patterson, et al., 2020). Scores increased significantly from pre-test to post-test in regards to empathic concern and shared affect. The data showed that participants having experience with AUD had higher scores post-test in empathic



imagination than students with no experience. Participants felt better prepared to care for this population following the intervention, empathic concern being the most significant increase.

A strength of this study included using a valid scale for empathy, the CSES, to evaluate this characteristic. It also collected data on empathy prior to the intervention and after the intervention in order to identify change. This study shows the effectiveness of alternative learning methods in preparing nursing students for challenging patient populations. There were some limitations to this study. This research was conducted in one nursing school in the U.S.; other schools would benefit by using these interventions. Additionally, most participants were white and female. Additional data including participants with various ethnic backgrounds would be interesting to understand the different perspectives on the topic. Lastly, this study described the Hawthorne Effect as a limitation. This means that participants may have acted differently or more positively, knowing they were being observed. This study suggests that similar interventions could provide necessary education on alcohol use disorder and teach students how to empathize with this population.

### ***Presentation on Disease Model of Addiction***

Understanding first-year nursing students' knowledge and perceptions of people with opioid use disorder was the aim of an educational intervention study (Lazillotta-Rangeley, et al, 2020). Their goal was to decrease the stigma associated with this population and increase nursing students' knowledge on treatment strategies. Within this research, the disease model of addiction is used. Addiction "...results from a combination of genetic, behavioral, environmental, and biological factors" (Lazillotta-Rangeley, et al., 2020). Mechanisms in the brain highly affect the addiction process, including drastic changes in neurotransmitter levels when using drugs and when not using them. Cravings can result from physical and mental addiction to a drug, leading many users to repeat similar behaviors despite negative outcomes and consequences. This study was approved by the Institutional Review Board. First-year nursing students attended a presentation based on the disease model of addiction. Surveys were used before and after this intervention to collect data on the participants' perceptions of OUD. Statistical analysis was used to collect quantitative data. Open-ended questions within the survey provided for the qualitative data collected and thematic analysis was used to further analyze.

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Analysis revealed that these students believed family support was very important to the treatment of OUD. All participants were unaware of medication assisted treatment (MAT), like Suboxone or Naloxone. Students post-intervention were able to identify OUD as a “chronic relapsing disease” and a “genetically-based medical disease” as a result of the presentation (Lazillotta-Rangeley, et al., 2020). Themes found from qualitative data collected included: changes in perception (knowledge, attitude, and judgement), science of OUD as a disease (addiction as a disease, provision of healthcare, healthcare provider risk, prevalence of OUD), presentation (quality of presentation, affective connection with speaker), and personal experiences with OUD (lived experiences) (Lazillotta-Rangeley, et al., 2020). Students claimed that the educational intervention increased their knowledge on the topic, changed the way they see patients struggling with addiction, and helped reduce any biases. Students felt that they would be less judgmental towards this population. Related to the science of addiction, students were able to identify OUD as a disease like others, their understanding of how they would treat the disease increased, they identified healthcare workers to be at risk for developing OUD based on their access to controlled medications, and understood the gravity of the opioid epidemic in the United States. Students responded well to the interactive portion of the presentation. They considered it “eye-opening” and thought more people should have access to this type of education. After hearing the lived experiences of a person with OUD, students were able to connect and find compassion.

Overall, the presentation provided a better understanding of OUD, its processes, and treatments. The strengths of this study included a large participant sample and the use of pre- and post-intervention surveys to observe changes. This study explained the opioid crisis and why further healthcare education is needed to help decrease these stigmas and biases that can lead to negative health outcomes. By doing so, better care can be provided with the hope that more patients with OUD can work towards recovery. There are some limitations to this study. It was conducted in one location and at one nursing school in the United States. It would be helpful to try this educational intervention at other locations. This study also did not disclose the gender or ethnicities of the participants; more information on demographics is needed. Lastly, only first-year nursing students were involved in this research. Further research could examine whether these interventions help reduce bias long-term, like after the nursing students have had experience working as an RN.

### ***Face-to-Face Interaction***

The final literature used in this study looks at an intervention used to develop empathy among nursing students towards people with addiction and mental illness. Bingham and Malone did their research in 2022 in New Zealand. The research committee of the Western Institute of Technology Taranaki accepted this study as ethically sound; they claimed that harm was of low risk to participants. The study objective was to introduce students to the personal stories of people who use drugs and struggle with mental health in order to increase empathy. This qualitative study focuses on the definition of cognitive empathy. This means that a person is able to understand the experiences and feelings of another. Sophomore nursing students in a nursing program in New Zealand were the participants of this study. The intervention included workshops with people diagnosed with mental illness or addiction. This provided face-to-face interactions between the nursing students and patient. Subsequently, students heard the lived experiences behind the diagnosis. “Listening to patients’ stories allows the nurse to gain a deep understanding and sense of another’s suffering, in particular in relation to an illness; this, in turn, has a positive effect on patient outcomes” (Bingham, et al., 2022).

Self-report surveys providing free-text answers were given to students following the intervention to identify levels of empathy for these patient populations. Most students felt compassion and empathy after the educational intervention. “Listening with understanding” was a major theme described among participants. Additionally, not having judgement was common among students. Themes related to empathy were listening with understanding, self-awareness, validation, and allowing the opportunity to express needs. In the free-text portion of the survey, students said, “the biggest thing for me is to understand and support the person by giving them hope” and “empathy of the nurse has a large impact on recovery” (qtd. in Bingham, et al., 2022). Students understood the importance of practicing empathy in nursing. They also linked these characteristics to having positive health outcomes for their patients. One student claimed that it was important to have more interventions in nursing programs that provided face-to-face interactions with patients.

This study found that learning the experiences and stories of those struggling with addiction or mental illness can foster the ability to empathize and feel compassion towards patients with these conditions. It also suggests that patients can be experts on their diagnoses and provide helpful information

to student nurses. The ability to listen to the patient and understand their story is key to nursing practice. The strength of this study includes implementing alternative education measures to increase knowledge and levels of empathy. It also stressed the importance of expressing empathy as a nurse. The limitations of this study include that this study was done in New Zealand and pre-test empathy level data was not collected. It would be helpful to try this intervention method in nursing programs within the United States. Collecting pre-test data on empathy would help identify if there was a change in empathy levels before and after the intervention.

### **Theoretical Framework**

Application of Jean Watson's theory of caring is crucial to nursing care. According to her theory, the most important attribute of a nurse is the ability to care for the patient. "...care must be prioritized above all else — including medical intervention [...] it asserts that humans cannot be treated as objects separated from self, others, or nature" (The University of Tulsa, 2023). Her theory further explains that the nurse can provide a healing relationship, in which the patient learns to be autonomous with their health. The theory of caring looks beyond medical interventions and treatments, and focuses on a more holistic view of healing. Holistic health includes treating the body, mind, and spirit. It is important to provide care in each of these areas for the patient to truly heal. Watson explains that nurses need to accept patients as they are in order to guide autonomous decision making on health; this helps the nurse and patient develop a trusting therapeutic relationship. The theory of caring applies to this research because nurses need to develop these skills with patients who use drugs. Many studies have shown that there are poor patient outcomes for this population. Patients who struggle with substance use disorder have often delayed care or completely avoided it due to their negative experiences in healthcare settings. They have described feeling talked down to, judged, and even experienced verbal and physical abuse. Healthcare workers need to be nonjudgmental and have the ability to empathize with their patients. The theory of caring is a valid framework to improve the interaction between patient and provider; it fosters acceptance. If these changes are made, patients who use drugs or have struggled with addiction will feel they are in a safe and trusting environment and will continue to seek care when it is needed.

## **Methodology**

### **Design and Recruitment**

This quantitative study will use an educational intervention with pre- and post-surveys. Undergraduate sophomore nursing students, enrolled in a psych-nursing course, will be recruited. Additionally, the same students will be asked to participate once they are seniors enrolled in their community health course. This educational intervention will be a part of required course work, aiding in a high response rate and larger sample size. Each student will be initially provided with a consent form to fill out prior to data collection. This form will explain that each student's response will be confidential and anonymous, as well as providing information on what to expect from this research. The students who do not sign the consent form will be excluded from the study. Each participant will receive an email with a pre-intervention survey. This survey will focus on empathy levels for patients with substance use disorder. Following this survey, sophomore nursing student participants will be attending a presentation on SUD (substance use disorder) during their required clinical hours. One of the speakers will be a doctor specializing in addiction and will explain how addiction affects the brain and body. This doctor will explain how addiction is a chronic disease like many others and disprove the idea that being addicted to drugs or alcohol is a choice. The next speaker will be a RN that has experience with SUD; they will present their life story. This will include their background, how they started using substances, what resulted from their addiction and consequences of their addiction, their experiences with healthcare providers and recovery. Students will be able to ask questions and talk with both speakers after the presentation is over. Participants will then take a survey to assess for changes in empathy after the presentation. When these students are seniors, they will take the same survey in order to assess long-term effects of this intervention. IRB approval will be obtained.

### **Data Collection**

Participant demographic data will be collected within the consent form, including: age, gender, ethnicity, and experience with addiction. Experience with addiction could range from personal experience to familial experience.

## **Instrument**

The Comprehensive State Empathy Scale (CSES) will be used as pre- and post-surveys. The CSES looks at different components of empathy, including: affective, cognitive, and associative empathy. Affective empathy is the understanding of another's experiences and feelings. Cognitive empathy includes the ability to take on someone else's emotions or experiences. Being able to identify with another's experience is described as associative empathy. This scale includes 12 questions with answers ranging from strongly agree to strongly disagree. The researcher will seek permission to use this scale and adapt it for patients with substance use disorder. Patterson, et al. described the validity of this scale, "original psychometrics for this instrument included a Cronbach's  $\alpha$  of .96" (Patterson, et al., 2020). Further validity for the sub-themes of this scale are described, "Cronbach's alpha for the subscales were also satisfactory: Shared affect  $\alpha$  0.86; Distress  $\alpha$  0.93; Empathic concern  $\alpha$  0.87; Helping motivation  $\alpha$  0.84; Empathic imagination  $\alpha$  0.82; and Cognitive empathy  $\alpha$  0.93" (Levett-Jones, et al., 2017).

## **Data Analysis**

This study will use quantitative methods to analyze data. The researcher will work with a statistician to analyze data, as well as consult with a faculty expert in the field or advisor. Additionally, the researcher plans to work with someone knowledgeable with quantitative research. Data will be analyzed using the Statistical Package for the Social Sciences. Information collected from pre- and post-intervention surveys of sophomore nursing students will be compared using a dependent t-test. Data collected from senior nursing students will then be compared with their earlier post-intervention survey. This will also be done using a t-test. The analyzing process will attempt to find any correlations that the intervention increased empathy levels in nursing students. The researcher will also examine the long-term effects of this intervention. Examination of senior nursing student data will identify if consistent levels of empathy or a change in empathy towards this population are found two years after the intervention. Statistical evaluation of the data will be helpful in understanding the number of participants that showed a change in empathy levels with this intervention, as well as its long-term effects.

## Conclusion

This intervention fulfills a vast gap in healthcare education. People struggling with addiction have been stigmatized in healthcare settings. Stigmas evolve from not understanding a person that is different in some way. The stigmas often associated with this population include drug motivated behavior or pain-medication seeking, not motivated to change, and making poor choices. These beliefs can lead healthcare workers to provide sub-optimal care to these patients, and negative health outcomes can follow as a result. The idea that people choose a life of substance abuse is far from the truth. Addiction is a disease and needs to be held to that standard. Addiction consists of changes in brain chemistry, physical symptoms of withdrawal, mental and emotional symptoms of withdrawal, periods of recovery and relapse, and drastic life-changing circumstances associated with drug-use. Hearing the life story of a person with SUD is indicated for healthcare education in order to develop empathy and understanding for this population. The opioid epidemic presents a clear reason for the need of better provider care. Many patients were prescribed opioids for pain management before it was understood how addictive these drugs are. A large population is addicted to opioids and dying from overdose. Healthcare workers are responsible for providing the highest quality of care to all of their patients. In order to prevent more opioid overdose deaths, providers need to be a trusting resource for these patients. The American Nurses Association provides a code of ethics including, “the nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person” (American Nurses Association, 2017). As most healthcare workers will care for people with addiction issues in their career, it is important to develop empathy towards this population for better patient outcomes. Often, nurses and other providers do not hear the personal stories of addiction and its effects. When hearing the lived experience of another person, one can often empathize with their situation. Showing the ability to empathize can foster a trusting relationship between the provider and patient. If the patient feels heard and understood, they are more likely to seek out care when they need it. They are also more likely to attempt getting treatment if they feel empowered by their healthcare team. People with addiction should not have to face the negative attitudes of providers in order to receive care. One of the Healthy People 2030 goals is to increase the number of patients with SUD who receive treatment. In order to increase this number, healthcare workers

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need to provide positive experiences for their patients. Educating healthcare workers includes the development of therapeutic relationships. This can be defined as “...one which is perceived by patients to encompass caring, and supportive nonjudgmental behavior, embedded in a safe environment during an often stressful period” (Kornhaber, 2016). By building this type of relationship between the patient and healthcare provider, health outcomes will improve for this population. Patients with SUD will feel cared for when their providers are understanding, empathetic, nonjudgmental, and educated on treatments and resources available to them.



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