

Nurses' Attitudes and Challenges of Alcohol Abuse Disorder

A Systematic Literature Review

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Abstract/Summary

The objective of this review was to assess evidence systematically and critically on nurses' attitudes and challenges regarding alcohol abuse disorder patients and increase knowledge and awareness among nurses and nursing students about the care of persons with alcohol abuse disorder.

A qualitative systematic literature review method was used to conduct the study. Four electronic bibliographic databases covering the years 2013–2023 were thoroughly searched for literature. Katie Eriksson's theory of Caritative care and the theory of novice to expert by Patricia Benner were used.

The eight (8) studies considered fully relevant for this review address issues on nurses' attitudes and challenges on alcohol use disorder patients. However, most studies highlighted that addictive nurses face numerous challenges such as high-rate readmissions, and aggressive behaviors from the patients, leading to new graduate nurses stigmatizing these patients as worthless people. Most studies uncovered that new nursing graduates are not well prepared to interact and care for these patients, due to poor clinical exposure time, whereas older nurses are more confident to handle the tasks despite the aggressive behaviors and high readmission rate of some of these patients.

Notwithstanding these difficulties, the evaluation concluded that during clinical training, trainees ought to have the chance to engage with patients who suffer from alcohol use disorders. Second, the unit managers must intervene and ensure that their staff members receive sufficient support to gain the necessary training and experience to improve the quality of patient care.

Language: English language **Keywords:** Nurses' attitude, Challenges, Alcohol abuse, Alcohol misuse

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1 Introduction

Alcohol abuse has become one of the biggest health concerns globally, any amount of alcohol usage raises the risk of sickness, but those who regularly consume more than 35 units of alcohol for women and 50 units for men per week are at a significantly higher risk. There is a great danger for those who consume alcohol in high quantities as they are more prone to health problems such as cirrhosis of the liver, cancer, heart disease, pancreatitis, etc. They are also more likely to be hospitalized as a result of illness caused by alcoholism. According to the World Health Organisation (WHO, 2023), “Alcohol is a toxic and psychoactive substance with dependence-producing properties”. Alcohol consumption is a widespread social activity for many people in many modern civilizations. This is especially true for people who routinely attend highly visible, significant social gatherings where drinking and socializing are commonplace. In this situation, it is simple to discount or disregard the harmful impact that alcohol consumption has on both an individual's health and society (WHO, 2023).

Alcohol abuse is recognized as the primary reason for death and permanent disability between the ages of 20 and 39, with alcohol usage significantly contributing to it. Deliberate and unintentional injuries account for a sizeable amount of the disease burden associated with alcohol intake, even those brought on by aggression, car accidents, and suicide. Serious alcohol-related accidents involve younger people more frequently. (WHO, 2022) Alcohol use accounts for 100% of alcohol abuse disorder, 18% of suicides, 18% of interpersonal violence, 27% of traffic injuries, 13% of epilepsy, 26% of pancreatitis, 48% of liver cirrhosis, etc. Also, regular drinking of alcohol leads to the early onset of mental and behavioral disorders, and this makes one very dependent on alcohol. A person is more likely to suffer from alcohol-related issues because of consumption if they have more vulnerabilities, even though there is no particular risk factor that predominates. For low-income individuals, excessive alcohol use results in more health issues and societal issues than for individuals with higher incomes (WHO, 2022).

Alcohol affects people in many ways as alcohol use disorder is a disease that is different from other diseases in many ways. Alcohol use disorder is among the mental disorders with the lowest treatment rate, mostly in less developed countries, also, there's a high rate of neuropsychiatric disorders. Many people with alcohol use disorder have tried to go sober many times but keep falling back into the same drinking pattern, thereby worsening their condition. Some have tried to seek help in care settings and hospitals and didn't feel like

going back to get help because of the stigma of being associated as a drunkard or an alcoholic. Many people with alcohol abuse disorder also lament that, although they do not like their state of mind, they prefer staying back home than going to seek help medically, and this is because of the attitude of the nurses and other caregivers who they felt should have been more understanding with their situation. Nurses, on the other hand, pointed to the unwilling attitude of patients with alcohol abuse disorder as a discouraging factor (Tan, Lui, Peh, Winslow & Guo, 2022). Therefore, this thesis will focus on the attitudes of nurses in caring for alcohol abuse disorder patients and the challenges faced by those with this disorder. This thesis will seek to address this issue and suggest possible ways in which positive outcomes can be achieved.

Alcohol use disorder (AUD) is a mental health condition that affects a person's ability to control their alcohol intake. In the United States alone, it is estimated that about 18 million people have AUD. Despite the negative impact alcohol consumption can have on work, school, relationships, and mental and physical health, individuals with AUD continue to drink.

Symptoms of AUD include drinking more or for longer periods than intended, being unable to cut back or stop drinking despite wanting to, strong cravings for alcohol, friendship or relationship problems, withdrawal from usual activities, physical illness due to alcohol use, and experiencing withdrawal symptoms when alcohol is stopped.

Several factors can increase the risk of developing AUD, including using large amounts of alcohol, starting alcohol use during adolescence, genetic factors, family history, and having mental health conditions like depression or trauma-related disorders. Treatment for AUD needs to be tailored to each individual and can include a combination of medication, therapy, counseling, and peer support recovery groups. Licensed professionals provide treatment in both outpatient and inpatient settings, and in some cases, medically assisted detoxification may be necessary to manage withdrawal symptoms.

Recovery from AUD is possible with professional treatment and the support of peers, friends, family, and co-workers, along with lifestyle changes. If someone you know or you have AUD, it is important to reach out to a licensed medical or behavioral health provider for more information on recovery and treatment options.

2 Background

This chapter aims to discuss in depth the topic of nurses' attitudes and challenges in alcohol use disorder. Also, it will shed light on what alcohol addiction is, how people develop alcohol addiction, causes of alcohol addictive behavior, preventive strategies for this problem, socioeconomic consequences, and management strategies to solve this health issue, amongst others. It will further bring to light socioeconomic factors that determine alcohol misuse, and the benefits of controlled alcoholism.

2.1 Alcohol misuse or abuse

National Institute for Health (2021) revealed that alcohol misuse is a long-term illness characterized by recurrent relapses, compulsive alcohol use, loss of control over use, and the appearance of unfavourable emotional states when alcohol is not available. This study further added that this disorder is characterized by an impaired ability to control alcohol consumption despite the need to do so, leading to both health and socioeconomic consequences. Thus, this makes it very important to understand how people develop alcohol misuse behavior.

2.2 Stages of Alcohol Misuse Cycle

Alcohol misuse can be seen as a repeated cycle, which encompasses three stages. There is an interconnection between each stage and the other. Executive function, negative affective states, and incentive salience are the three key areas that are affected during these stages. Three important brain areas—the basal ganglia, the expanded amygdala, and the cerebral cortex—reflect the domains (National Institute for Health, 2021). Interestingly, this three-stage cycle can be completed multiple times during the day or over several weeks or months (Koob, and Volkow, 2016; Koob, Powell, and White, 2020; U.S. Department of Health and Human Services, 2021). The three stages of alcohol misuse are explained below:

Binge or intoxication stage- this is the stage whereby the person starts to experience the effects of alcohol consumption such as euphoria, reduction of anxiety, and gaining confidence during social interactions. At this stage, the basal ganglia's reward system is becoming activated, which in effect encourages more and more consumption of alcohol. It is also worth mentioning that the development of habits

and other automatic actions, as well as motivation, are all significantly influenced by the basal ganglia (National Institute for Health, 2021). This enhances alcohol consumption and repeated consumption, leading to the formation of habit, which ultimately plays a role in compulsive use.

Withdrawal stage- this is the stage whereby the affected person has withdrawn from alcohol misuse. In this case, this person is seen to experience some alcohol withdrawal syndromes such as sleep disturbances, feeling ill, pain, emotional feelings such as anxiety, dysphoria, irritability, and many more. The National Institute for Health (2021) acknowledged that negative thoughts and feelings from alcohol withdrawal come from two sources. First, the diminishing activity of the reward system of the basal ganglia is a major culprit. This makes it practically impossible for this person to derive pleasure from normal activities of the day. Second, the prolonged amygdala's enhanced activation of the stress systems—or "stress surfeit"—contributes to feelings of anxiety, irritation, and uneasiness (National Institute for Health, 2021).

Anticipation stage- during this time, the person starts anticipating starting all over again the alcohol consumption and misuse behavior after a period of abstinence. The main decision body at this stage is the prefrontal cortex, which plays a leading role in organizing thoughts and activities and managing time and decisions. Thus, when it is compromised in persons experiencing alcohol misuse, then the tendency to have a comeback in alcohol misuse is more likely.

2.3 Causes of Alcohol Use Disorder

Enoch (2006) pointed out that alcoholism could be developed from a complex combination of environmental and genetic factors. Edenberg and McClintock (2018) further added that a family history of alcoholism and genes that affect how alcohol is metabolized may increase the likelihood of alcoholism. Emerging evidence is also showing that alcohol use at an early age might influence the expression of genes that compel an individual to be alcohol dependent. These genetic and epigenetic findings are consistent with prospective sample population studies that show that lifetime alcohol dependence is more common the younger the age at which drinking started (Crews, Vetreno, Broadwater, and Robinson, 2016; Agrawal, 2009).

On the part of environmental influences on alcoholism, includes social, cultural, and behavioral factors. Increased risk factors include alcohol's low cost, easy accessibility, and

high levels of stress and anxiety (Moonat, and Pandey, 2012). For instance, you are living in an environment where alcohol (beer, spirit) is available and easily accessible increases the chance of someone becoming an alcohol misuser. In addition to this, this problem becomes more common when alcohol is available at a low cost, meaning everyone can afford to purchase it with ease.

2.4 Risk Factors for Alcohol Use Disorder

There are many factors termed risk factors that predispose an individual to alcohol misuse. These factors can be subdivided into genetics and lifestyle. Genetic factors are those factors that are inborn and are non-modifiable such as family history, and age, amongst others, whereas lifestyle factors are those risk factors that came as a result of environmental influences such as peer influence, social and cultural factors, and many more. These factors will be discussed in detail in the following sub-sections.

2.4.1 Genetics

A person's gene has been attributed to have an enormous influence on that individual's tendency to become an alcohol misuser than other factors. Several of these genes have been discovered, including two that are most strongly known to influence the risk of alcoholism (ADH1B and ALDH2) and are involved in the metabolism of alcohol (Edenberg, & Foroud, 2013). For instance, the biological children of an alcohol addict are more likely to inherit such genetic traits from either or both parents and become alcohol misusers in the latter part of their lives. On the other hand, children born by non-alcohol abusers are less likely to become abusers at a later stage of their life. However, it is worth mentioning that genetics behind alcohol abuse do not look or sound as simple as it may be because there is such much going on in gene interaction within the human body.

2.4.2 Age factors

A person's age has a strong link to making that individual an alcohol misuser. The likelihood of alcohol misuse is more likely in the early stage of life like during middle or late twenties. Most of the risk factors for alcohol abuse were influenced by the age at which drinking began (Hawkins, 1997). This is mostly the time when young people of this age are experiencing peer pressure to try out new things. They are usually pressured by their age mates to do some funny things that are not within their wish, in addition, even when they resist to do so, they will be called such a name like 'immature', so, to satisfy their peer wish and pressure, they

easily succumb to that trap and gradually erode themselves into becoming more heavier alcohol misusers when they grow older.

2.4.3 Familial Factor

This factor is part of the environmental influences that predispose a person to become an alcohol misuser. A family lifestyle where a person grew up has a huge influence on the likelihood of turning those individuals into alcohol abusers. Teenage alcohol consumption is linked to family drinking habits, and early addiction development is riskier (Zeitlin, 1994). Being raised in a family where drinking is a norm is a serious factor, and we all know that children copy acts easily. This is because in such a family heavy drinking is glamorized and praised as opposed to growing up in a family where alcohol use is against their family norms.

2.4.4 Career and Stress Factors

It is necessary to bring career influence to alcoholism. Being part of a certain profession could influence an individual to be a moderate alcohol user to become a heavy alcohol user at a later stage. This is especially true because certain professions or careers can make people have burnout, therefore, making them resort to alcohol use to relieve stress. People who underwent trauma, especially as children, or who accumulated considerable stressors throughout their lives may be more likely to engage in binge drinking and develop alcohol use disorder (Anthenelli, and Grandison, 2012; Meyers, Lowe, Eaton, Krueger, Grant, Hasin, 2015). For example, being part of the military can make individuals homesick, due to being away from loved ones for a very long time. This inner feeling of loneliness can result in an easier way to calm these thoughts, particularly, through the use of alcoholic beverages and spirits.

2.5 Signs and Symptoms of Alcohol Misuse

There are both short-term and long-term signs and symptoms of alcohol misuse. Emerging evidence has shown that persons experiencing alcohol misuse can experience short-run symptoms such as Improvement in mood and prospective euphoria, improved sociability and self-assurance, lower anxiety, flushed, red appearance in the face, and compromised judgment and fine motor skills. On the contrary, some of the short-run negative symptoms

of alcohol misuse are vomiting, balance problems, blurred vision, staggering, dizziness, profound confusion, and alcohol poisoning. These later symptoms could provide a clue as to why it is advised that if you drive do not drink, and if you drink do not drive. This is because with all alcoholic beverages, drinking while driving, and operating heavy machinery increases the likelihood of an accident.

On the other hand, the long-run symptoms are possible with increased and continuous alcohol misuse. Long-term alcohol misuse can result in several physical symptoms, which include liver cirrhosis, pancreatitis, epilepsy, polyneuropathy, dementia brought on by alcohol, heart disease, nutrient shortages, and peptic ulcers (American Medical Association, 2020). It also noted that other physical symptoms experienced by an affected person are malignancies, malabsorption, alcoholic liver disease, and an elevated risk of cardiovascular disease. Other evidence has shown that consistent alcohol use can harm the central nervous system and the peripheral nervous system (Testino, 2008).

Furthermore, there is a wide range of mental health issues that could come from alcohol misuse. Bakalkin (2008) revealed that many individuals suffer from serious cognitive issues, and alcohol use is the second-leading cause of dementia, accounting for 10% of all cases. Oscar-Berman and Marinkovic (2003) further added that overconsumption of alcohol affects brain function, and psychological health may be negatively impacted over time. This can have detrimental effects on the social skills of the affected person. Those who abuse alcohol experience deficiencies in the theory of mind, prosody, perceptual issues, and the capacity to perceive facial emotions; they also have problems understanding humor (Uekermann, & Daum, 2008). Evidence also has it that alcohol abuse can result in psychosis, forgetfulness, and organic brain syndrome, all of which might be mistaken for schizophrenia (Schuckit, 1983). It is also interesting to note that panic attacks can worsen as a result of long-term misuse of alcohol (Cowley, 1992; Cosci, Schruers, Abrams, & Griez, 2007).

More so, there is a tremendous social effect of alcohol misuse, resulting from pathological changes in the brain and the intoxicating aftermath effect of alcohol consumption (McCully, 2004). Isralowitz (2004) pinpointed that alcohol misuse is linked to a higher risk of committing crimes like assault, burglary, rape, and domestic assault of children. Other social effects of alcohol misuse include loss of employment, which is likely to lead to financial difficulties such as inability to pay for bills and needs of life (Langdana, 2009). It is also important to mention that alcohol misuse could lead to frequent legal charges, for example, for failing traffic regulations such as drunk driving (Gifford, 2009).

Additionally, social isolation and loss of societal and family functions are some of the spillover effects of alcohol misuse. The affected person is more likely to withdraw from social functions such as town hall meetings, where community development agendas are being discussed, even when he or she is there, likely, his or her contributions might not be taken seriously because people will assume that such ideas were as a result of alcohol intoxication. On the part of the family role, the alcoholic person is more likely to lose his or her function because they will lack poor judgment when crucial family matters are discussed. Thus, making them stand helpless and hopeless in salvaging their family situation even when they are willing and ready to do so. Other family issues can arise due to alcoholism, for instance, loneliness may fuel domestic violence or cause marital strife that results in divorce. (Schadé, 2006). Alcoholism can also result in child neglect, which has a long-lasting negative impact on how emotionally healthy children of alcoholics develop (Schadé, 2006). For example, their children could become afraid to go close to or play with them because of their unstable state of mind.

2.6 Prevention

There are a variety of strategies that could be utilized to prevent alcohol misuse. Some of these strategies outlined the use of education, while some suggested the use of acts and regulations to prevent people from being alcohol misusers. State and national regulations on alcohol sales and usage have been useful tools for preventing alcohol misuse in the first place. For instance, both national, state, and local government authorities can enact laws that prohibit the sale of alcoholic beverages and alcohol-related drinks to minors. Compliance checks at alcohol outlets are started or increased by an intensified enforcement program (such as bars, restaurants, and liquor stores) (Elder et al., 2007). These regulatory activities will help in ensuring that no minor gets any chance of buying alcohol and misuse alcohol. In addition to this, limiting the hours during which alcohol may be sold or served legally may be restricted by states or towns (Hahn et al., 2010).

2.7 Diagnosis

This sub-section will describe some of the alcohol misuse detecting strategies such as screening, and urine and blood tests. The aim is to shed light on approaches that could be used to diagnose those that are at risk of being alcohol misusers or those that are already alcohol misers.

2.7.1 Screening

Screening is a tool for detecting those who have lost control of alcohol use. It is usually a self-assessment questionnaire format. Kahan (1996) revealed that a score or tally is used to sum up the severity of alcohol usage. One such tool to assess patients for alcohol misuse is called the CAGE questionnaire, and it was named after the four questions asked in the questionnaire. The four questions asked in the questionnaire are as follows: 1) Have you ever felt the need to limit your alcohol consumption? 2) Have people's criticisms of your drinking gotten on your nerves? 3) Have you ever felt bad after consuming alcohol? 4) Have you ever felt the desire for alcohol content to calm your nerves or cure a hangover first thing in the morning? (Ewing, 1984). Dhalla, and Kopec, (2007) further added that the CAGE questionnaire alcohol screening approach has demonstrated a high level of competence in uncovering alcohol misuse-related issues and has been seen to have restrictions among white women, college students, and those with less severe alcohol-related disorders.

Other screening strategies such as an alcohol dependence questionnaire, which is more robust in detecting alcohol misuse than the CAGE screening strategy. It aids in separating a diagnosis of alcoholism from one of heavy alcohol consumption (Raistrick, Dunbar, and Davidson, 1983). More so, The World Health Organization created the Alcohol Use Disorders Identification Test (AUDIT), a screening tool that is distinctive in that it has been validated in six nations and is used internationally. It employs a limited set of questions, like the CAGE questionnaire, with a high score triggering further research (Babor, Higgins-Biddle, Saunders, and Monteiro, 2001).

2.7.2 Urine and Blood Tests

Jones (2006) revealed that urine and blood tests for alcohol misuse detection, particularly the blood alcohol content (BAC). It further added that these tests do not differentiate alcohol misusers and non-alcohol misusers, but it pinpointed that long-term heavy alcohol use has detrimental effects on affected persons. Additionally, it pinpointed that BAC was regarded as a useful tool for judging alcohol tolerance.

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Another strategy is increasing alcohol sales tax. Subjecting alcohol sales to excise, ad valorem, and sales taxes, all of which have an impact on the cost of the substance, beer, wine, and distilled spirits, taxes can be collected at the federal, state, or local levels (Elder et al., 2010). These added taxes make alcohol to be expensive to purchase. For example, in some Nordic countries like Finland, alcohol sales are subjected to high sales taxes, aimed at limiting or discouraging people from consuming alcohol in excess. Thus, this helps discourage people from consuming high-volume alcoholic content drinks, and instead switch to non-alcohol beverages that are less expensive.

Interestingly, in addition to alcohol regulatory acts, incorporating education in the prevention of alcohol misuse is a welcomed development. To minimize excessive alcohol consumption, community coalitions foster collaborations between institutions of higher learning, religious institutions, law enforcement, and health and public health groups (Centers for Disease Control and Prevention, 2022). These bodies can foster efforts in preventing alcohol consumption through education of the public about the health and social harms that can spill over from alcohol misuse. For example, religious bodies like churches can use various platforms such as weekly bulletin, church service, and evangelism, amongst others to pass this useful information to their church members and non-members of the need to shy away from alcohol misuse or possibly from alcohol consumption.

2.9 Strategies to Manage Alcohol Use Disorder

In alcohol misuse, there are varieties of treatments to tackle the issue. All the treatment options are geared toward disconnecting the abuser from continuing the excess alcohol consumption, this is complemented with education and social support actions to help these persons from returning to the ill alcohol intake attitude. It is also important to bear in mind that alcohol intake involves multiple factors that encourage the affected person to misuse alcohol, thus, it is important to address all these factors to avoid relapse. An instance is the utilization of alcohol detoxification followed by supportive therapy such as encouraging the affected person to belong to an alcohol support group, and to be active in developmental coping mechanisms at the community level.

2.9.1 Psychological

Advanced outcomes of alcohol misuse challenges are likely to be reduced through psychological group therapy, which aims to support and encourage a reduction in the level of alcohol consumed. Morgan-Lopez and Fals-Stewart (2006) put it that mutual group counseling therapy is an effective way of reducing alcohol misuse relapse. Kelly, John, Humphreys, Keith, Ferri, and Marica (2020) provided further support to this by saying that The Twelve-Step Facilitation (TSF) probably results in outcomes including fewer drinks consumed each drinking day, by a 2020 Cochrane review. However, the evidence to support this conclusion is of low to moderate certainty, thus it "should be considered with caution."

2.9.2 Moderate Drinking

Another approach to managing alcohol misuse is through moderate drinking. This is a concept that is surrounded by the idea of controlled drinking. This approach does not mandate complete withdrawal from alcohol consumption, rather, it is a measure to ensure that these people with alcohol misuse can limit the amount they drink per day. In this sense, people with alcohol dependence will be subjected to watchful eyes to know how much alcohol they take in a day. Henssler et al., (2021) added that A meta-analysis and systematic review of 22 research on restricted drinking from 2021 found that for many drinkers, controlled drinking had a "non-inferior" outcome to abstinence. This means that it is a welcomed development in encouraging alcohol self-restraint.

2.9.3 Medications

Medications remain a powerful tool for the management of alcohol misuse. Various forms of medication are used in the management of this disorder, for example, acamprosate is important in resetting the brain chemistry of the affected person by antagonizing the actions of glutamate a neurotransmitter that becomes more active after withdrawal (Mason, & Heyser, 2010). This research further added that acamprosate can lessen or avoid the neurotoxicity related to alcohol withdrawal by reducing excessive NMDA activity, which develops at the onset of alcohol withdrawal. Jonas et al., (2014) buttressed this claim by adding that acamprosate is a strong medication that reduces the risk of relapse among individuals with alcohol misuse problems.

Interestingly, Naltrexone is another essential medicine of choice for managing alcohol misuse. It is a competitive rival for opioid receptors, and it acts by blocking the effects of opioids and endorphins. It is also important to note that Naltrexone acts by discouraging the craving for alcohol and enhances the need for abstinence from alcohol consumption. There is evidence in support, stating that it lowers the likelihood of relapse for alcohol-dependent individuals, as well as a decline in binge drinking (Jonas et al., 2014). Also, in the same manner, Nalmefene is very effective and is a useful alternative to Naltrexone (Jonas et al., 2014). Additionally, it is interesting to bring to light the usefulness of Benzodiazepines in managing acute alcohol withdrawal.

2.10 Dual Addiction and Risk of Dependencies

Drug addiction and dependence can accompany alcohol misuse, benzodiazepines are the most common culprit in this regard. They usually act as alcohol depressants and are used for patients having alcohol withdrawal syndromes. Poulos and Zack (2004) suggested that Benzodiazepine use increases the desire for alcohol and the volume of alcohol drunk by problem drinkers. Therefore, a careful reduction in dose is required to avoid Benzodiazepine withdrawal syndrome and health complications. It is important to note that both alcohol and benzodiazepines are sedative-hypnotics. Sedative-hypnotic dependence and withdrawal can be medically serious, and if not appropriately handled, there is a possibility of psychosis or seizure, identical to alcohol withdrawal (Johansson, Berglund, Hanson, Pöhlén, & Persson, 2003).

2.11 Factors that Affect Care for Alcohol Misuse

This section will highlight some of the factors that hamper alcohol misuse management among nurses. Some of the identified factors are the nurse's level of education, the nurses' perception or attitude towards alcohol misuse, and the role of the health care organization. These factors will be discussed in full in the sub-sections below.

2.11.1 Nurses Level of Education

Poor nursing education is a serious setback in managing alcohol misuse. This further complicates the management of this problem, by affecting the attitudes nurses have in issues surrounding alcohol misuse. Bartek et al., (1988) pinpointed that many issues could be affected due to this, such as nurses' inability to deal with patients' denial of alcohol misuse or inability to set realistic goals for these patients. For instance, a nurse might question a patient about the effect of excessive alcohol consumption, whereas the nurse can rephrase the idea into something that will stick to the client's mind, informing patients that drinking may be harmful to health. Hoffman, and Heinemann, (1987) shed more light on this issue by revealing that there is a dearth of substance abuse education in nursing schools today, according to several studies of curricula. For instance, a study of 335 nursing schools throughout the country revealed that only 72% of them spent fewer than 5 class hours addressing the use of alcohol and other drugs.

2.11.2 Impact of Nurse's Attitude on Care

Sullivan, Handley, and Connors (1994) provided evidence that the amount and caliber of treatment given to patients with these issues depends on how nurses see alcohol consumption. It further acknowledged that their perspectives are influenced by their prior professional and personal experiences as well as their awareness about alcohol consumption (or lack thereof).

Mindfully, the study of nurses' attitudes toward alcohol misuse has been a contradictory issue. On a professional level, nurses might think that psychological or physical-genetic elements, rather than a lack of willpower, are what cause alcohol dependence (Sullivan, Handley, and Connors, 1994). Sullivan and Handley (1993) found that nurses generally had more negative opinions toward substance-abusing patients and are less tolerant of alcohol and other drug use in society than other healthcare professions. Thus, this attitude does not

border around blaming the alcohol misuser, rather it is surrounded by the nurse's inability to care for and understand these clients. Jack (1989) buttressed the above point by referring to the poor education and clinical skills acquired during nursing training.

Thus, it is interesting to note that most of these alcohol misusers require repeated treatment for their problem due to relapse after receiving treatment. Because of this experience, nurses can believe that poor recovery is the norm and develop negative attitudes toward all patients who abuse alcohol as a result (Zahourek, 1986). Nurses should have a better understanding of alcohol related issues; hence they should understand that alcohol misuse is a chronic disease and has the potential for relapse. The fact that it is a chronic disease makes its management to be frustrating to those healthcare professionals (Kinney et al, 1984). It also added that frustration could be aggravated particularly because given the dearth of established treatment regimens and results.

2.11.3 Effect of Health Care Organization on Care Environment

Sullivan, Handley, and Connors (1994), most of the primary healthcare is provided within the boundaries of clearly defined institutions such as hospitals, clinics, schools, businesses, or doctor's offices. Moreover, the formal and informal policies of these organizations have a significant impact on the nurse's capacity to identify and treat patients who abuse alcohol (Sullivan, Handley, and Connors, 1994). This caring environment might be lacking the necessary support and incentive for these nurses to professionally develop in managing alcohol misuse-related disorders. Therefore, these nurses lack the needed attitudes to care for these patients as needed. This is the perfect time to enhance nursing care for patients who abuse alcohol by improving professional education, addressing negative attitudes toward these patients, and strengthening organizational commitment to the treatment of alcohol disorders because of the current focus on primary care (Sullivan, Handley, and Connors, 1994).

3 Research Aim and Research Questions

This chapter will introduce the research aim and research question of this study. The research questions are some of the research problems that this study will tackle through data analysis interpretation, and conclusion, whereas the aim of this study provides a quick overview of what this study hopes to achieve at the end of the research project.

3.1 Research Aim

This study aims to increase knowledge and awareness among nurses and nursing students about the care of persons with alcohol use disorder.

3.2 Research Questions

1. What is the nursing role in caring for alcohol use disorder patients?
2. What are the challenges faced by nurses in caring for patients with alcohol use disorder?

4 Theoretical Framework

This chapter will discuss the theoretical basis of this study, using two nursing theories, Patricia Benner's theory of from novice to expert and Kati Eriksson's theory of caritative care.

4.1 Katie Eriksson's Theory of Caritative

Katie Eriksson's theory of Caritative care focuses on the importance of caring and compassion in nursing, her philosophy advocates for Caritas, which is the core value of love and compassion in nursing, emphasizing the nurses' genuine concern for the well-being of the patient. It emphasizes the importance of caring and compassion in nursing, shifting the focus from a task-oriented approach to a relationship-centered approach. According to Eriksson, caritative care involves a selfless and altruistic approach to patient care, and nurses today need the knowledge of caring to help the patient in an increasingly complex world. This discussion will continue with brief highlights on the five core constituents of this theory, specifically, the concepts of Caritas, Love, and respect (Human Dignity), Altruism (Selflessness), Ethics, and Phenomenological Approach.

Eriksson's theory has had a significant impact on nursing practice and education. It highlights the value of compassion and care in nursing, shifting the emphasis away from a task-oriented approach and toward a relationship-centered approach. In practice, the technique encourages nurses to form a caring and therapeutic connection with their patients. It emphasizes the significance of active listening, empathy, and emotional support. Caritative care fosters patient autonomy while also taking the patient's preferences and values into consideration.

Eriksson's concept is utilized frequently in nursing programs as a tool for students to develop caring and compassionate attitudes. It promotes self-awareness and reflective thinking, which aids in the formulation of ethical standards and a holistic approach to patient care.

4.2 Theory of Novice to Expert (Patricia Benner)

According to Patricia Benner, knowledge in a practice discipline develops through time and is shaped by experiential learning, situated thinking, and reflection on practice in particular practice circumstances. She maintains that knowledge accrues over time in a practice discipline and is developed through experiential learning.

Benner's theory proposes that nurses go through five distinct stages of clinical competence:

Novice: Nurses in the novice stage have no prior experience or background knowledge. They rely on rules and guidelines to perform tasks and may struggle to prioritize or recognize subtle cues.

Advanced Beginner: Nurses in the advanced beginner stage have gained some experience and can demonstrate marginally acceptable performance. They begin to recognize common patterns but may still struggle to prioritize effectively.

Competent: At this stage, nurses have gained enough experience to organize and plan their work effectively. They can identify relevant facts and understand the context of their practice. However, they may still lack flexibility and may find unexpected situations challenging.

Proficient: Nurses in the proficient stage have developed a holistic view of patient care. They can quickly recognize patterns and make efficient decisions. Proficient nurses have a deep understanding of the situation and can prioritize effectively.

Expert: Nurses at the expert stage have a high level of expertise and can intuitively grasp complex situations. They no longer rely on principles or rules but use their deep understanding and experience to guide their practice. Experts have a superior ability to anticipate and respond to patient needs.

4.2.1 Application of the Theory

Benner's theory has been widely used in nursing education and practice to guide the development of nursing competency. It emphasizes the importance of experience and reflection in the acquisition of expertise.

Nursing education programs often incorporate Benner's theory to help students understand the progression of skills and knowledge from novice to expert. It encourages educators to provide opportunities for practical experience and reflection to facilitate the development of clinical competence.

In practice, the theory highlights the need for ongoing professional development and lifelong learning. It recognizes that expertise is not solely achieved through academic qualifications but requires continuous learning from real-world experiences

5 Methodology

In this chapter, the method utilized in extracting useful information for this study is discussed. The systematic literature review approach has been chosen by this paper. The precise idea of this method is through systematic synthesis of data identification, analyses, and bringing together high-quality data that answers one or more research issues to get to research findings (Baumeister, 2013). It is worth noting that this literature search stands to serve two main purposes: first, it is an approach to update the current knowledge based on the study aim; also, it serves as a guide and foundation for future research in the chosen area of research.

Although, there are other research designs such as quantitative study, mixed study, and experimental study; however, this study has chosen the qualitative systematic literature review approach to synthesize research information from other studies, which follows step by step-by-step approach of extracting and synthesizing research data from other studies. This process starts by accessing electronic databases for articles and extracting relevant articles by reading the titles and abstracts of those studies to certain their usefulness for the proposed study, next, the articles deemed relevant and read in full to investigate if their contents answer some of the questions in the research questions. Additionally, content analysis will be introduced as a useful tool to look at the similarities and differences between the chosen articles and organize and group them accordingly.

5.1 Qualitative Systematic Literature Review

This study has earlier indicated that it will utilize a qualitative systematic literature review. Aveyard (2010) defined a literature review as a thorough analysis and interpretation of the articles considering the pre-established study research questions. Searching electronic databases and analyzing data are the steps used in carrying out a literature review. This is followed by sorting the articles found relevant by their similarities and differences, leading to the formation of new viewpoints. This approach leads to the conclusion that is robust and good enough to inform healthcare decision-making.

5.2 Data source and strategy

Four electronic databases were used for the search of articles for this systematic review. Medline (EBSCO) (2013-2023), EBSCO Academic Search Elite (2013-2023), CINAHL (2013-2023), and Web of Science (2013-2023) were the electronic databases chosen. The target is retrieved from a relevant study carried out on nurses' attitudes and challenges on alcohol misuse patients. The pre-conditions for this literature search are: first, articles published in the English language; secondly, articles that are reviewed, and it was conducted using the following search terms:

Alcohol abuse disorder or alcohol abuse or alcohol use disorder Alcohol misuse or AAD.

Nurses' attitude or nurses' behavior or nurses' manner.

Nurses' challenges or nurses' barriers or nurses' pitfalls.

A combined search was later carried out by combining the above search terms with the word '**AND**' to retrieve all relevant articles.

A further search was carried out by searching the references of the retrieved articles, to see if there is any relevant article that could be uncovered. **Appendix A** contains information about the sources of data and the search strategy used.

5.3 Selection Criteria

A summary of the selection criteria for the included studies is presented in **Table 1 below**.

Table 1: A summary of selection criteria for the included studies

| Inclusion criteria | Exclusion criteria |
|---|---|
| Included studies were all forms of qualitative studies on nursing education on alcohol misuse disorder. | Other studies address addictive behavior, except alcohol addiction. |
| There is no geographical barrier in the included studies. | Studies not carried out in the English language |
| Studies that are published in peer-reviewed journals and the English language from 2013 to 2023. | Dissertations, seminar papers, conference papers, and commentaries. |
| The studies selected are those with a sample population of participants at least 18 years old. | Studies where full paper could not be retrieved. |
| Studies that were carried out using qualitative methods | Studies were conducted using other forms of study designs such as quantitative, experimental, and systematic reviews, amongst others. |

5.4 Quality Assessment Criteria

To ascertain the quality of the included studies for this systematic review, this study to a further step by assessing the quality of those studies that met the inclusion criteria as outlined in **sub-section 5.3**. Prisma 2020 checklist (Prisma, 2020) was employed to determine that

these studies are of good quality. This assessment of these studies was carried out by the author of this study.

The author utilized certain criteria to assess the quality of these studies. Some of these criteria are whether the aim of research questions was clearly stated whether the inclusion and exclusion criteria were adequately indicated whether a clear statement of the search strategy was indicated whether the findings in the paper were properly synthesized in the result chapter. Additionally, the finding of the research was clearly stated, and strengths and limitations, implications of the study result to practice, and policy recommendations were provided.

5.5 Data Extraction and Analysis

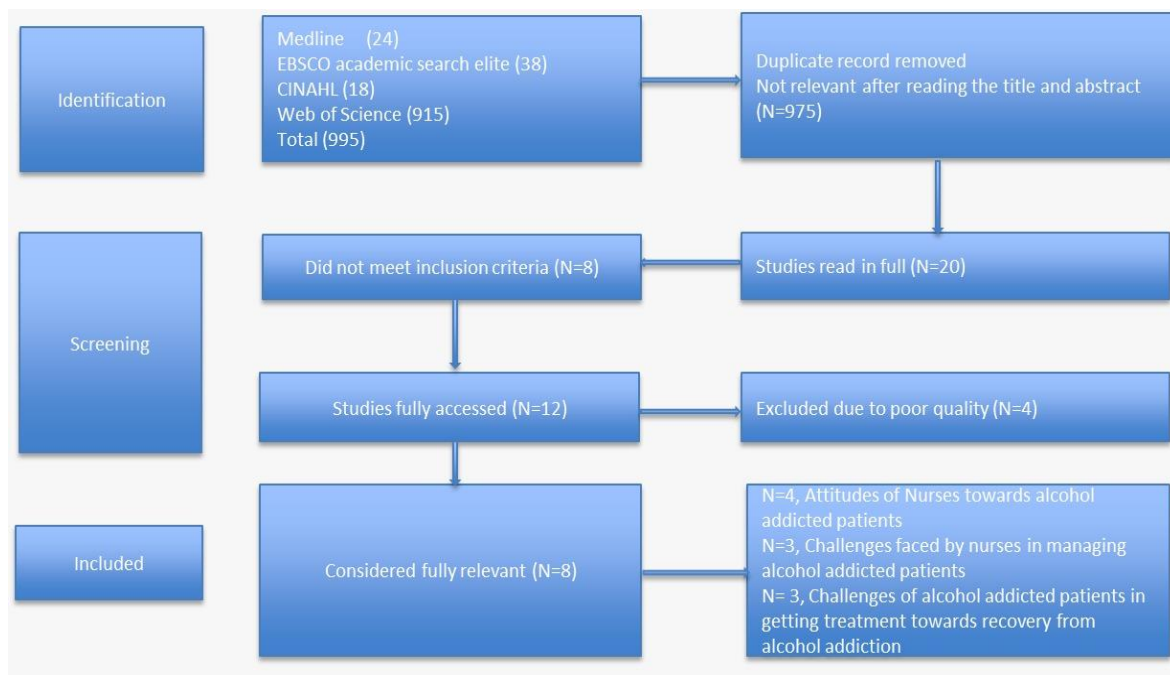
A further step was undertaken to extract those studies considered relevant for this study, also, that met the inclusion criteria as stipulated in **sub-section 5.3 above**. The approach used to search for these studies were, author, year of publication, aim of the study, sample of the informants, and the setting of the studies. This study further extracted the methodology each study applied in ascertaining the impact of nursing education on alcohol addiction behavior; additionally, the key findings, limitations, and policy recommendations from each of those studies were extracted. The author recorded this information in Microsoft Word, to enable rechecking the accuracy of the extracted data once again. This information can be accessed in **Appendix C**.

Furthermore, a Prisma flow chart will be used to describe the process of selection of those studies that are relevant. This flow chart will be designed to provide a visualization of the selection process and it will aid in understanding the selection decisions made at each stage of the selection process, creating a transparent and robust process at the end. A further concept of qualitative content analysis will be employed to analyze the data collected. This will help in the assimilation of the findings according to the similarities and differences between the data collected.

The online literature search produced 995 scientific papers. This approach resulted in the overlapping of published papers; therefore, seven papers were eventually excluded because they were found to be duplicates of other scientific studies, resulting in 988 papers. Out of

the remaining 988 papers, 20 were selected as being potentially relevant for this review after reading the titles and abstracts. These 20 studies were further read in full afterward, consequently, 8 studies were excluded for not fulfilling the inclusion criteria as set in the methodology. Four studies were subsequently excluded for failing the quality 23 assessment as well as being a mixed study of quantitative and qualitative methodologies. The remaining 8 articles address different aspects of Nurses' attitudes and challenges of alcohol abuse disorder, see Figure 1 below for the flow chart.

Figure 1. Flowchart of selection of studies for this qualitative systematic review



5.6 Data Analysis

This study earlier pointed out that qualitative content analysis methodology will be utilized in the analysis of the data collected. This approach analyses the data into themes, which aids in understanding patterns between them (Polit & Beck, 2010). They describe themes as a unit that splits data into small forms for clear visualization of relationships between the collected data. Elo and Kyngäs (2008) on their own revealed the above-stated process as a systematic collection and breaking down of down in the smallest units called 'Themes'. This further helps in gaining an in-depth understanding of the findings from the different studies that were selected.

6 Ethical Consideration

Ethics stands simply as a code of conduct commonly used as a measure of behavior that could be acceptable or unacceptable (Resnik 2015). As such, showing acceptable moral behavior is needed in everyday activities, especially in research in which human subjects are involved. It is essential to maintain a standard ethical behavior that fosters the focus of the study, by the maintenance of the truth, and avoidance of errors and bias. Additionally, Polit and Beck (2010, p. 553) revealed ethics as “a system of moral value that is concerned with the degree to which research procedures adhere to a professional, legal and social obligation of the student participant”.

In the academic community, plagiarism is seen as a serious offense and is defined as the use of another person's academic work without crediting the original author (Finnish National Board for Research Integrity, 2021). Although, this act can be unintentional, but for the fact that the original owner of the idea has not been acknowledged that the act is punishable by the responsible academic disciplinary board. However, apart from stealing from the work of other academic scholars, a writer of an academic paper can also commit the act of plagiarism by resubmitting his or her original published work without properly putting citation of the source of the idea.

Regardless of the approach of committing plagiarism, this is problematic in the academic world because it causes the recycling of the same idea from time to time without leading to noble ideas that help solve the world's pressing problems. Also, this act leads to a bad reputation for affected institutions and causes unnecessary wastages and loss of funds that could have been put to other alternative uses. More so, the affected person is liable to expulsion if he or she is a student, or dismissal from service if a teacher.

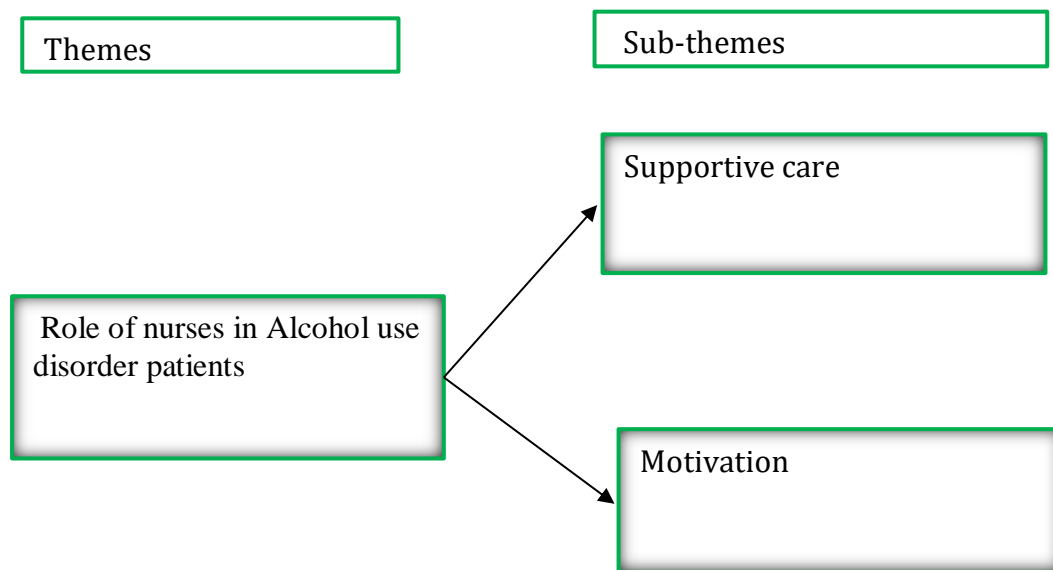
The fact that this study uses a qualitative systematic literature review methodology to analyze nurses' attitudes about and problems with patients who have alcohol use disorders makes it crucial to mention that it is grounded in earlier research. As a result, no humans are directly involved in this investigation. For this study, information from past investigations is gathered. As a result, the autonomy of the human subjects in this study is not compromised; rather, harm to the people is avoided by making sure that the data collection procedure is reliable and trustworthy.

7 Results

The 8 studies considered fully relevant for this qualitative systematic review are classified into three categories by the research questions as outlined in chapter 3 of this study, the classification is as follows: 1) Roles of nurses during care for alcohol use disorder patients; 2) challenges faced by nurses in caring for alcohol use disorder patients.

7.1 Role of Nurses in Alcohol Use Disorder Patients

Table 2: Role of Nurses in Alcohol Use Disorder Patients



Four of the selected studies explained further the theme, the role of nurses in alcohol use disorder patients. The two sub-themes that emerged from these studies are supportive care and motivation. The themes listed in table (2) above can be seen in the studies listed thus. (Hakala, Kylmä, Mäkelä, Noppari, & Koivunen, 2021; Donnelly, Kent-Wilkinson, & Rush, 2012; McCallum et al., 2016; & Bové, Lisby, Brünés, & Norlyk, 2020).

7.1.1 Supportive care

One of the major themes discussed in the selected studies is supportive care. This was expressed as having qualities such as empathy, respect, trust, and expertise skills to care for these patients (McCallum, Mikocka-Walus, Gaughwin, Andrews, & Turnbull, 2016). For

example, patients are more free to discuss their situation with a nurse who is non-judgemental and respectful. Patients are more inclined to shy away from having good therapeutic relationships with nursing staff who lack the above-mentioned qualities, which makes them have a feeling of guilty, leading to isolation and misunderstanding (McCallum et al., 2016).

More so, a supportive relationship is a good nursing skill that is needed to improve the quality of care. As earlier mentioned, making sure a positive relationship exists between the nurse and the patient is very important because it ensures safety for both the nurse and the patient. Safety is an important priority in nursing action, particularly when dealing with patients undergoing substance abuse. This is particularly very important in the case of a patient experiencing alcohol misuse disorder because it encourages collaboration, which brings good and realistic feelings that lead the patients to actualize the expected outcome (Sangay, & Wolfgang, 2021).

Stigmatizing the patient as an alcoholic person does not give positive results, rather it affects the therapeutic relationship between the nurse and the patient. Stigma affects the process of seeking treatment. It generally affects the overall intention of the patient to seek treatment despite the desire to do so. It is essential to understand the impact of stigma in this regard and readdressing will aid in removing the obstacles on the way to those who might be interested to seek alcohol treatment and care. Thus, avoiding stigma in the care process will help in no small measure in removing fear and shame associated with treatment-seeking behavior among alcohol-abused patients.

7.1.2 Motivation

Motivation remains an invaluable strategy for substance addiction recovery, in this instance, alcohol abuse recovery. It serves as an energy to stay focused, that greases which grease the gear during the change process. This recovery process can become achievable when a 'SMART' goal is set. SMART is an acronym to denote simple, measurable, achievable, realistic, and time-bound. However, despite this approach, it can be difficult to encourage this group of patients to accept their illness and move them to a new level of change.

Evidence from one of the studies revealed that,

... *“Patients who are brought in by family are in denial. They deny that they drink too much, and they deny that they are having withdrawal symptoms. They only say*

that they have abdomen pain. Their attendants say that the patient has been drinking and from his past ultrasound report, organs are damaged. However, the patient is usually in the denial stage. We smell of alcohol from them. Sometimes I get headaches because even after we explain to them a lot of things, they are always in a denial state. These patients are sometimes difficult to handle” ... (Sangay, Florian & Wolfgang, 2021, p.124).

Further evidence from a participant from one of the selected studies shows that,

... “The challenge is that sometimes the patients never get motivated at all. Even in the ward, they get drunk and get intoxicated. These are the challenges. The other is if we talk about the long term, they never get motivated even if we tell them to take Disulfiram, they say that they do not want to take it as if they think from within, they can quit alcohol without the need for the interventions. It is a challenge to motivate the patient.” ... (Sangay, Florian & Wolfgang, 2021, p.124)

Some of the participants in the selected studies suggested that it is better to have patients who voluntarily come on their own to quit alcohol consumption. Participants acknowledged that it can be difficult to move this patient group to a higher degree of transformation and to encourage them to accept their medical situation (Sangay, & Wolfgang, 2021). It is believed that these patients are more motivated to adhere to the proposed treatment and care procedures, as compared to those who were brought forcefully to the treatment facility. The requirement to provide detoxification might be seen as unimportant because these patients have already decided to quit alcohol. This makes the treatment and care process very simplified and easier.

These four studies found that nurses working in the substance abuse (alcohol use disorder) unit must have numerous well-developed skills to help their patients, and alcohol use disorder is not an exception. In addition to treating patients, alcohol abuse nurses carry out an extensive variety of other duties (Hakala, Kylmä, Mäkelä, Noppari, & Koivunen, 2021; Donnelly, Kent-Wilkinson, & Rush, 2012; McCallum et al., 2016; & Bové, Lisby, Brünés, & Norlyk, 2020). These include psychotherapy, managing and coordinating educational programs, setting up support groups, organizing government or private alcohol abuse task forces, and assisting those who are addicted.

However, nurses are never alone in the treatment and care of these patients, alcohol use disorder requires collaborative care and treatment from several medical professionals, this

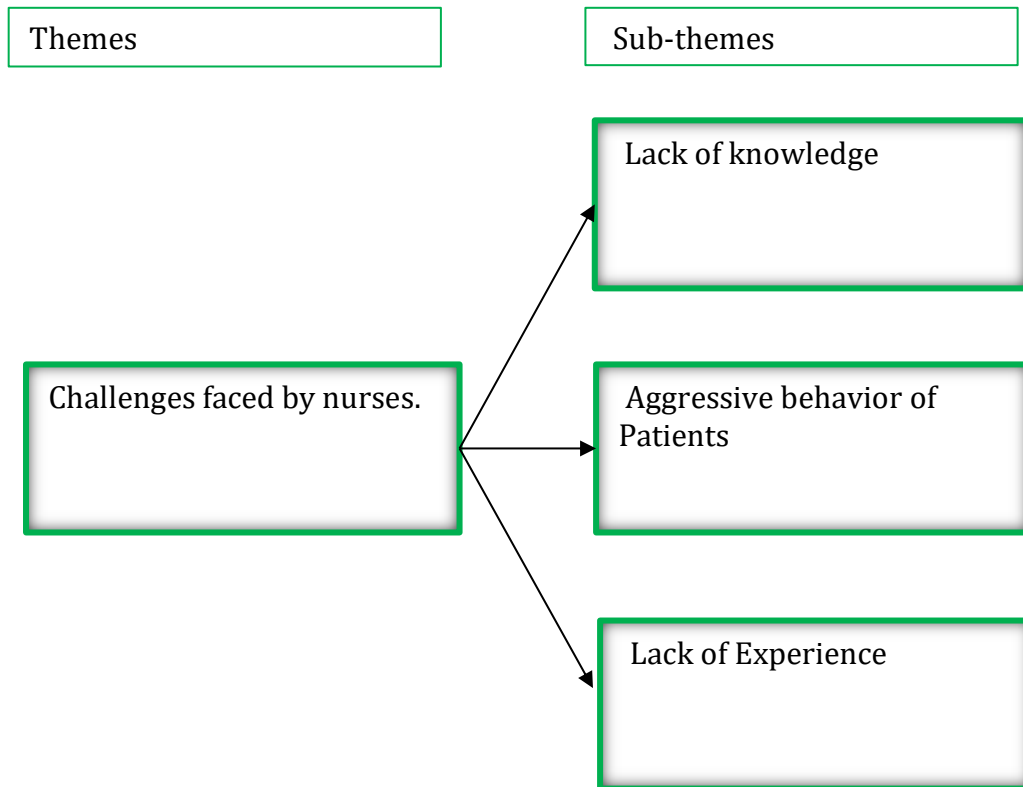
makes it paramount that the nurse work effectively with other health professionals such as mental health doctors, and other professionals who play important role in the treatment process. Nurses should have great interpersonal skills and excellent communication skills to be able to address sensitive issues clearly and concisely. In addition to this, they are required to have great critical thinking and decision-making skills to be able to handle sudden treatment and care issues.

Nurses working in addictive units are well-trained to educate patients to choose better lifestyles and joy in the recovery process. For example, addictive nurses always stand ready to inform AUD patients to quit drinking alcohol and embrace better lifestyles such as eating healthy foods such as fruits, and vegetables and drinking non-alcohol beverages. They educate these patients about the dangers associated with excessive drinking such as liver and kidney damage, which will lead to loss of family and societal functions. In addition, they educate and provide access to community resources such as social welfare services, quit alcohol clubs, which will enhance their overall well-being.

Furthermore, health teaching is provided to the clients and their family members. It is always important to provide facts about the substances, in this case alcohol. Nurses working in this unit stand ready to provide useful information on the effects of alcohol, and the recovery process. They use their skills and experience to motivate these patients and their co-addicts (family members) to find ways to overcome the possibility of relapse. These addictive nurses always motivate these patients to stop drinking alcohol by involving them in other activities that do not involve alcohol usage. They also help the patient to address problems that might have led to alcohol use disorder.

7.2 Challenges faced by nurses in managing alcohol use disorder patients.

Table 3: Challenges faced by nurses



The above themes in Table 3 were seen in four (4) of the selected studies (Hakala et al. 2021; Sangay, Florian & Wolfgang, 2021; Bové, Lisby, Brünés, & Norlyk, 2020; (Marcus Luciano de Oliveira Tavares, Reinaldo, & de Silveira, 2017; & Rathburn, 2022).

7.2.1 Lack of Knowledge

Lack of knowledge was a huge barrier encountered by nurses in managing patients experiencing alcohol use disorder. The findings from these studies revealed that most nurses expressed a lack of competence in terms of skills and knowledge to provide care and guidance to this group of patients. They expressed themselves to be incompetent and powerless when interacting with these patients. They further revealed that this lack of knowledge and exposure originated from the curriculum they were exposed to when they were in nursing clinical studies, rather than seeing these patients as people who are seeking

health care, they stigmatized them as people who have refused to be worthy to the society (Sangay, Florian & Wolfgang, 2021).

Evidence emerged from the selected studies *“In other ways, I would say it is very challenging by seeing the number of patients admitted here and also considering the time constraints. And it’s challenging. Moreover, all the staff who are working in our set up, I would say they are not clinically competent to work with this set of people because they need the special care and guidance.”* (Sangay, Florian & Wolfgang, 2021, p. 123).

Additionally, a reference from a participant in the same study further pointed out that, *“I find it challenging as I am not very qualified. I have just done a diploma in nursing and midwifery course and the course related to psychiatry was briefly covered in 1 month. Therefore, I am not very qualified and when I deal with the patient, I need to have knowledge and skills which I do not have. That’s why I find it challenging.”* (Sangay, Florian & Wolfgang, 2021, p. 123).

Another challenge faced by nurses caring for patients experiencing alcohol use disorder is the inability to motivate these patients to accept lifestyle changes. This challenge faced by these nurses could relate to the earlier challenge of lack of knowledge because they lack the necessary skills and experience, which makes them unable to find strategies to motivate alcohol use disorder patients to switch to a better lifestyle (Sangay, Florian & Wolfgang, 2021). This further reveals that the preparedness to work in an alcohol misuse department should be started early enough from the undergraduate days to enable students to gain insights on what alcohol addiction is all about, its causes, symptoms, and ways to motivate and care for these patients (Marcus Luciano de Oliveira Tavares, Reinaldo, and de Silveira, 2017).

A participant in one of the selected studies revealed that *“Health professionals lack knowledge in dealing with alcoholic patients. For this group of patients, counseling is also necessary, but we do not have the background of counseling. How we give counseling is usually on the surface level. We usually say alcohol is not good for health and I do not think this kind of counseling should be given. As staff, we do not have this background and we are not good at convincing the patient to quit using alcohol.”* (Sangay, Florian & Wolfgang, 2021, p. 124).

The above reference indicated that the patients’ denial phase is a frustrating stage that challenges nurses working in this unit in motivating AUD patients. This frustration is further

aggravated when they are brought in by family members, and they refuse to acknowledge that they consume alcohol too much, as well as having withdrawal symptoms associated with high-dose alcohol consumption. This leads to a lack of trust from the nurse's point of view that the intoxicated patient will accept help and adhere to stopping alcohol. This makes the nurse ill-prepared to provide the needed care to patients with concurrent alcohol use problems. The likelihood that a patient with a high readmission rate due to alcohol use disorder will be great as compared to a patient with less or no previous hospital admission record.

This makes the nurse have negative feelings arising from the patient's behavior and leading to anger toward alcohol-abused patients. This further makes the nurse feel helpless and negative perception of the intoxicated patient. To further aggravate this anger; the patient's inability to stop drinking worsens the mood of the nurse, leading to a lack of desire to assist in the care of this patient.

"I'm not sure if they take me into consideration— only what needs doing [...] They [nurses] know everything about withdrawal symptoms, but nothing about alcoholism [...]." (Bové, Lisby, Brünés, & Norlyk, 2020, p. 6)

7.2.2 Aggressive Behaviour of Patients

In addition to the above challenges mentioned, nurses working in this unit are usually faced with the challenge of controlling aggressive behaviour from these patients. Respondents from the selected studies described some of the difficulties they had during admission, including agitation, impulsivity, and aggressive behaviour brought on by alcohol and withdrawal symptoms. They described that on some occasions they felt frustrated and overwhelmed in trying to calm down the patients, despite utilizing their nursing skills and experiences (Sangay, Florian & Wolfgang, 2021).

A participant reported that "Initially when they come to our set up, they are in the intoxicated phase and basically they are in the withdrawal phase. So, that is when they are very much agitated and impulsive. They do not cooperate initially. It is quite difficult to calm them down. As the days pass by they become calm with time. So, that's the only challenge that I have felt and faced so far to calm them down and to deal with the agitation and impulsive nature ." (Sangay, Florian & Wolfgang, 2021, p. 125).

7.2.3 Lack of Experience

It is important to shed light on the difference between lack of knowledge and lack of experience. These two phrases can easily confuse readers if not well explained. In the context of substance abuse, particularly alcohol abuse disorder. Knowledge is a totality of impressions that shape understanding of a particular issue, whereas experience is the act of putting that knowledge into use and challenging it to acquire more useful judgment about issues. In other words, experience is more practical inclined as compared to knowledge, and the more a person is exposed to events of life, the more competent the person will be in handling issues.

Nurses' attitudes and challenges during the care of alcohol addicts can be greatly influenced by their level of experience. Nurses who are more exposed to alcohol misuse are more likely to act positively to the patient as compared to a new nurse, who recently graduated without experience. In addition to this, personal experience can have an impact on how nurses perceive these patients. For example, carers who have had a family member that was an alcohol abuser can have good experience with the behaviour pattern of these patients. It is also possible that the children of these alcohol abusers were the caregivers at that time, and the experience of growing up in a family of alcohol misuse can be transferred to adulthood as a career nurse.

8 Discussion

This systematic review provides a summary of the research that examined addictive nurses' attitudes and challenges on alcohol use disorder patients. Three themes emerged after careful evaluation of the selected studies for challenges faced by nurses in caring for alcohol abuse disorder patients: lack of knowledge, aggressive behaviour of patients, and lack of experience.

Deficiency in skill and knowledge made up the findings in most studies. They highlighted the fact that most nurses were not adequately prepared to work in the addictive nursing department. They believed that they were not clinically prepared, particularly, because they lacked counseling skills and knowledge to care for and guide alcohol use disorder patients. Their major setback was that they did not get adequate in-class and clinical training on how to care for psychiatric patients, particularly alcohol addicts. As such, nurses working in this unit find it very challenging to handle tasks and care for these patients. Van et al. (2013) provided support to this saying that when it comes to interacting with patients who have AUD, the majority of healthcare personnel lack the necessary expertise, training, and support systems. Furthermore, a Melbourne survey found that 91% of nurses acknowledge and understand the need for additional education in the area of alcohol and drugs, and they also reported that they would be interested in taking part in in-service training if it was offered (Happeell & Taylor, 2001).

A lack of nursing clinical training in the care of patients having alcohol use disorder is a major issue. Most of the participants in the selected studies, particularly older nurses indicated that they have had experience working with this kind of patients with alcohol-related disorder. This finding is supported by a systematic review of nurses' perceptions and attitudes toward alcohol use disorder patients (Merrick, Louie, Cleary, Molloy, Baillie, Haber, & Morley (2022)). Despite lacking enough education and knowledge on how to deal with patients with alcohol addiction, they revealed that they have had ample experience working with such patients. This review believes that nurses learn more 'on the job' or personal experience. Thus, it would be nice to view the relevance of on-the-job training in substance addiction units in strengthening the experience and skills of these nurses.

This present review with its synthesized studies was very informative in providing the answer that knowledge and skills are lacking in fresh graduates working with this group of patients. It is possible that most of these alcohol addicts may try to take advantage of their knowledge and skills deficiency, which could further aggravate their negative beliefs and

attitudes toward these patients. However, the senior nurses in this unit are more experienced and skills to tackle activities as they come up. They are highly skilled in interacting and dealing with these patients because of their frequent engagement these patients. Regular engagement and interaction with these patients have made them gain adequate education and knowledge on how to respond to the needs of this group of patients, despite their aggressive behaviour pattern (Happell et al., 2002). This is in line with the reports from participants in the selected studies that improvement in nurses' attitudes towards AUD patients is linked to the number of years of practice, which leads to improved knowledge and skills in the care of these patients.

A look at the report of a participant from a selected study state that

“Old nurses are experienced and young nurses are less experienced. Old nurses can interact well and provide better care to the patients. When I say this, I do not mean to say that young nurses do not provide better care. I only mean to say that there are slight differences between the old and young nurses when it comes to interacting or providing care.” (Sangay, Florian & Wolfgang, 2021, p. 125).

The above evidence resounds about the nursing theory by Benner. This theory points out that there is a systematic learning process whether a student nurse or a new or experienced nurse acquires and develops nursing skills that are relevant for a particular care unit. This experience is accumulated over time as the nurse maintains consistency, further, the theory from novice to expert pinpointed that the learning process is cyclical rather than being linear. Learners do not move systematically from one stage to another, rather they can move from one stage to another in a repeated fashion. In connection with this review on nurses' attitudes and challenges with alcohol abuse disorder patients, this theory assumes that a new graduate nurse lacks clinical nursing skills and experience to care for these patients, but over time, with exposure to this kind of nursing clinical setting, they are bound to acquire new knowledge and clinical skills that help improve their clinical practice. This is in line with Katie Eriksson's theory of "caritative **caring ethics**" based on seven assumptions (the dignity of the human person, the caregiver-patient connection, invitation, accountability, virtue, duty or obligation, and good vs evil), particularly, the development of basic relationship between the patient and the nurse, through which the nurse uses ethical sense to care for the patient.

However, it is worth noting that heavy work pressure, at times, creates a lack of time to learn about the varying behaviors of these patients. This calls for the unit managers to step in and

influence the quality of patient care by ensuring that their staff are adequately supported to acquire the needed skills and experience. It is important to stress that the support and commitment of the unit managers are of extreme importance because they are there to gear up training and seminars that will enable their staff to gain knowledge and clinical expertise to care for these patients.

8.1 Strengths and Limitations

The major strength of this review is that it is the first of its kind to synthesize evidence on nurse attitudes and challenges about alcohol use disorder patients, through the use of a qualitative content analysis research approach instead of a quantitative research approach.

The application of a robust literature search through major databases is another very important advantage of this review. The inclusion and exclusion criteria were well detailed in the methodological chapter, and studies that were deemed irrelevant for this review were automatically eliminated, and those considered relevant were further checked through the Prisma checklist. Poor-quality studies that could have been included in this review were excluded after considering their methodological approaches, and research findings.

However, the main flaw found in this review is the small number of studies that were deemed relevant. This review found it difficult to access studies that could have been relevant to answer the research questions as detailed in Chapter 3. Most of the relevant studies that could have been included were all quantitative studies because it has been expelld that only qualitative studies will be used, this made those quantitative studies irrelevant and subsequently excluded.

Another noticeable shortcoming of this review is the lack of finance. The lack of funds made it practically impossible to access some relevant studies that could have been included. Most of these studies demanded payment before gaining access to them. By excluding these studies, additional information that could have been useful for policy recommendations for this topic was missed. However, despite this shortfall, the eight (8) that were considered fully relevant for this review were good enough to address the issues to be investigated through the research questions in Chapter 3. The studies provided useful answers to address the issues, however, the concentration of this review on alcohol use disorder alone may have caused the exclusion of some essential studies that could have addressed nurses' attitudes and challenges on substance use disorder in general.

9 Conclusion

The information from this systematic literature review has shown that nurses' attitudes and challenges during the care of alcohol use disorder patients are varied. The overall finding indicates that newly graduated nurses with less clinical training in addictive patient care are more prone to negative attitudes, whereas those older nurses with a considerable number of years of training and experience can interact and adapt to the aggressive behaviors of these patients, despite the challenges they face handling these patients. However, recurrent readmission of these alcohol use disorder patients, coupled with a lack of skills and knowledge about alcohol-addictive patients could lead to negative attitudes.

Despite these challenges, this review felt that students should be allowed to interact with alcohol use disorder patients during their clinical training. Secondly, the nursing curriculum in mental health and addictive behavior should be broadened more for nursing students who might be interested in working in a substance abuse unit in the future, through engaging the students in summer jobs, to enable them to be more engrained in the work of an addictive nurse. This implies that in-class addictive behavior education is not the only solution, it needs to be complemented with first-hand feeling of how these people are being treated and taken care of, through this approach the prospective addicted nurse can make an informed decision whether to choose this branch of nursing or not. Additionally, unit managers in the substance addiction units should stand ready to provide educational opportunities through seminars, conferences, and other on-the-job training channels to equip them, so that nurses will have positive attitudes, beliefs, and confidence levels about alcohol use disorder and its treatment and care procedures.

For further studies, it will be interesting to see a systematic review synthesizing evidence on new nursing graduates' perceptions and attitudes toward alcohol use disorder patients.

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Appendix A: Data Source and Strategy

| Journal and period | First Search Terms | Second search Terms | Combined result |
|---|--|---|--|
| Medline (EBSCO) (2023 to 2023) | Alcohol abuse disorder or alcohol abuse or alcohol use disorder or Alcohol misuse or AAD Total Hits=32,419 | Nurses' attitude or nurses' behavior or nurses' manner or Nurses' challenges or nurses' barriers or nurses' pitfalls Total Hits=7,809 | First search terms and second search terms. Total hits = 24 |
| EBSCO academic search elite (2013 to 2023) | Alcohol abuse disorder or alcohol abuse or alcohol use disorder or Alcohol misuse or AAD Total hits= 25,857 | Nurses' attitude or nurses' behavior or nurses' manner or Nurses' challenges or nurses' barriers or nurses' pitfalls Total Hits=11,374 | First search terms and second search terms. Total hits = 38 |
| CiNAHL (2013- 2023) | Alcohol abuse disorder or alcohol abuse or alcohol use disorder or Alcohol misuse or AAD Total Hits=52,175 | Nurses' attitude or nurses' behavior or nurses' manner or Nurses' challenges or nurses' barriers or nurses' pitfalls Total Hits=8,001 | First search terms and second search terms. Total hits = 18 |
| Web of Science (2013 to 2023) | Alcohol abuse disorder or alcohol abuse or alcohol use disorder or Alcohol misuse or AAD Total Hits=86,300 | Nurses' attitude or nurses' behavior or nurses' manner or Nurses' challenges or nurses' barriers or nurses' pitfalls Total Hits =65,791 | First search terms and second search terms. Total hits = 915 |

Appendix B: Data Extraction from selected studies

| First author, Reference, year, and Journal | Sangay et al, 2021(Journal of Nursing practice) | Hakala et al, 2021(Scandinavian Journal of Caring science) | Bové et al, 2020 (International Journal of Qualitative studies on health and well-Being) | Philippine et al, 2022 (BMC Health services Research) |
|---|---|--|---|---|
| Research Topic | Exploring the attitudes towards patients diagnosed with Alcohol Use Disorder. | Caring for alcohol-intoxicated patients in an emergency department from the nurses' point of view. -Focus on attitudes and skills. | Considering the more of patients suffering from alcohol use disorders. An illustration of acute nursing care from a lifeworld-led perspective. | Provider perspective on emergency department initiation of medication-assisted treatment for alcohol use disorder |
| Research aim | To investigate the prevalent perceptions that nurses have about patients who have AUD and to learn more about the factors that determine these perceptions. | To analyze nurses' attitudes and skills for caring for patients who are intoxicated by alcohol in emergency departments. | To show a theoretical value framework for humanizing healthcare, specifically lifeworld-led treatment, for patients with alcohol use disorders (AUD). | To identify the barriers and enablers that prevent the treatment of alcohol use disorder (AUD) in the emergency department (ED) and to create ways on how to get over these challenges. |
| Target Population/Country | Fifteen Nurses from the National Referral Hospital, Bhutan. | Nurses working in the ED in a Finnish central hospital | Patients with AUD who are admitted to acute medical units (AMUs) | Healthcare professionals working in the Emergency Department |
| Methods | A qualitative study methodology where open-ended questions were used in face-to-face in-depth interviews with nurses to find out more about their common attitudes, beliefs, and thoughts | Descriptive data using inductive content analysis | A qualitative study based on a secondary analysis of 25 pre-conducted interviews | Qualitative research method using qualitative interviews |

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|---------------|---|--|--|---|
| | surrounding patients with AUD. Convenience sampling combined with selective sampling was the sampling approach employed. | | | |
| Type of Study | Provider perspective study | Provider perspective study | Patients' perspective study | Provider perspective study |
| Result | The study found that healthcare professionals frequently held stigmatizing beliefs and negative attitudes towards patients with AUD, highlighting the need to change these perceptions in order to improve patient outcomes and care. | The attitudes and skills of nurses are linked to the success of drunk patient care in emergency departments | illustrate how the treatment of individuals with AUD admitted to AMUs may be both humane and dehumanizing | Identification of barriers to motivation and opportunity, as well as evidence-based tactics to improve the implementation of an ED-based program for the treatment of alcohol use disorder (AUD) |
| Conclusion | Initiatives including education, training, and awareness campaigns are required to reduce the stigma and negative perceptions that healthcare professionals have about people with AUD. | Many different factors influence nurses' commitment or lack of commitment to intoxicated patient care, and positive attitudes and high motivation on the side of nurses are essential for effectiveness in intoxicated patient care. | emphasizes the need of lifeworld-led care in humanizing healthcare for AUD patients, as well as the need for a more holistic approach to nursing care in this context. | Emphasizes the significance of translating qualitative interview data into evidence-based treatments for program implementation utilizing a formal implementation science technique guided by the Behaviour Change Wheel, and the need of establishing strategies to increase medication use for alcohol use disorders. |

Appendix B Continued: Data extraction from selected studies

| | | | | |
|---|----------------------------|--------------------------|---|---------------------------------------|
| First author, Reference, Year, and Journal | Rathburn 2022(Nursing2022) | Marcus et al. 2017(SMAD) | McCallum et al. 2016(Health Expectations) | Donnelly et al. 2012(MEDSURG Nursing) |
|---|----------------------------|--------------------------|---|---------------------------------------|

| | | | | |
|---------------------------|---|--|--|--|
| Research Topic | Destigmatizing alcohol use disorder among nurses | Theoretical and practical dimension in nursing education: beliefs and attitude related to alcoholism | Patients' experiences of treatment with AUDs | The Alcohol dependent patient in the hospital. Challenges for Nursing |
| Research Aim | Aims to offer compassionate, stigma-free treatment approaches. | Aims to determine nursing students' attitudes and views about treating patients with alcohol addiction. | Aims to learn about the attitudes of people with alcohol use disorders (AUDs) towards their medical treatment. concentrating on treatment response, patient satisfaction, patient prognosis, and dropout rates | Aims to identify the challenges that nurses experience when caring for alcohol-dependent patients in a hospital setting. |
| Target Population/Country | Nurses with AUD | Nursing students from various countries | Patients diagnosed with AUD who had ongoing treatment | The study included 100 people, with a significant male predominance. |
| Methods | It is based on interviews with over twenty nurses from a national recovery support group. | Descriptive research method | qualitative method, using interviews to gain knowledge about patients' opinions and experiences with AUD treatments | Qualitative analysis method using interviews |
| Type of Study | Provider perspective | Provider perspective | Patient Perspective | Provider and patient perspective |
| Results | There is an increase in the use of alcohol among nurses as a means of coping with work-related stress, also, Nurses with AUD face obstacles to diagnosis and treatment, which keeps them from getting the care they need. Coworker stigma and judgment towards nurses with AUD are common, and this can lead to a lack of support and treatment-seeking behavior. | Generally, nursing students have a positive attitude about caring for AUD patients, however, some nursing students from various countries have differences in their attitudes. | Between fifty and eighty percent of patients stopped receiving treatment when they did not respond to it, also several factors, including those about the patient and the course of treatment, had an impact on the patient's level of fulfillment with their AUD treatment. | Nurses can be very helpful in identifying patients who suffer from alcohol dependence in addition to taking part in a thorough assessment that considers a patient's psychological condition, the effects of alcohol consumption, their motivation for treatment, their social support system, and a physical examination. |

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|------------|--|--|--|--|
| | | | | |
| Conclusion | To address the growing incidence of AUD among nurses, it is critical to recognize the need to create a supportive and understanding environment for those affected by the disorder, providing them with the tools and assistance they need to recover, and promoting long-term recovery. | Depending on their background, nursing students may have different opinions and notions about alcoholism and its treatment. This study suggests that cultural and socioeconomic factors should be considered while instructing nursing students on alcoholism and its treatment. | It provided insightful information regarding patients' experiences obtaining treatment for AUDs, highlighting the challenges people face on their path to recovery and the factors impacting their satisfaction with treatments. | Nursing care for alcohol-dependent patients in a hospital setting involves several challenges, including managing withdrawal symptoms, preventing relapse, and addressing the underlying causes of alcohol dependency. |