



For today's presentation, we have three main objective. The first, we will list the negative consequences associated with alcohol and opioid use continuum. Second, we will identify factors that influence nurses' motivation to provide care to patients with alcohol and opioid use problems.

And finally, we want to propose future research and practice implications that enhance nurses' motivation and promote patients' access to care via informing nursing education and practice regulation. So when talking about consequences associated with alcoh

The problem is that in term of education, pre-licensure nurses reported receiving 11.3 hours of substance use education on average, in which most of the content targeted substance use treatment modalities. The number of hours devoted to substance use education, skill development, and competency among advanced practice registered nursing program is also still inadequate.

When examining patient and provider interaction, healthcare providers, including nurses, often endorse negative perceptions and attitude toward patients with substance use problems. Now this can result in negative patient outcomes. So for example, stigma prevent individuals who could benefit from treatment from seeking it.

It also can result in delaying the identification of patient with substance use problems and their access to treatment while also contributing to increasing their dropout and relapse rate. Shockingly, healthcare providers were also willing to provide a lower quality of care to this patient population because they believe that these patients are overutilizing the system, taking from the time of more deserving patients, "patient who did not inflict this on themself."

This also contribute to diminish therapeutic engagement, use of more avoidance, and task-oriented approaches, and shorter visit, which all resulted in poorer patient treatment outcomes. While focusing on this patient population, I developed a specific interest in examining stigma perceptions among healthcare providers, in which stigma is defined as a mark of disgrace associated with a particular circumstance, quality, person, or condition, resulting in undesirable labels, qualities, and behaviors that are assigned to a person or a population based on this stereotyping.

Now there are three major types of stigma. The first is self-stigma, which is defined as what people with a disorder do to themselves when they internalize stigma. The second type is social stigma, which is also known as public stigma, which is defined as the phenomenon of large social groups endorsing stereotypes about and acting against a stigmatized group.

And finally, we have the structural stigma, which is defined as the rules, policies, and procedures, including practices of institutions, that restricts the rights and opportunities for members of the stigmatized group.

This often is seen in the form of public policies and laws enacted, and also in the form of public institution personnel's actions, including those of healthcare professionals. Now the idea here is that structural stigma does not only discredit the stigmatized group, but also result in a systematic process of to label, stereotype, and discriminate against them, creating unequal power dynamic, which is often re-enforced in patient-provider interactions within healthcare setting.

This lead to undermining access to care and minimizing efforts for coordinated substance use response. As gatekeepers to substance use treatment and care, healthcare providers' conscious or unconscious exercising or verbalizing of prejudice and discrimination against person with substance use problem is a main barrier for substance use prevention and management.

Structural stigma can also embed patients' health-seeking behaviors, engagement in care, and adherence to treatment, consequently resulting in poorer health outcomes and quality of care for this patient population. Now because words matter, using a concept analysis, we defined the term substance misuse



We also measured their familiarity with this patient population and whether they perceive these patients as dangerous, were afraid of them, or wanted to maintain a distance from them. We also measured if they perceive these patients as responsible for their condition and control of their condition as well as whether they perceive substance use as a disease or attributed it cause to psychosocial factors.





is a disease, it does increase some sort of...and that is chronic in nature, though it decreased their stigma perception, it kind of increase their feeling of helplessness and frustration because of the chronic nature of substance use, and that may result in them being more reluctant to work with this patient population.

So in this case, when we want...the idea here is when we want to present substance use as a disease, we want to make sure that we are presenting it in a light that we're saying that there are so many good examples of recovery where patients actually participate actively and become an active member of the society.

And this is where I emphasize in one of my recommendation the idea that we want to emphasize that there are so many successful recovery stories where their participant actually go on to become more engaged in the community and actually become a more active participant in the community. And this is where we highlight this in this study, is that how should we present the disease model in a positive light that enhance engagement while decreasing their feeling of helplessness and frustration while working with this patient population?

And also to shed a different light than that always provided in media, where we only see the stories of relapse and also the stories of where the person may also go back to becoming a substance use... having substance use problem. So this is where we shed this light. Again, if there are any questions...

Okay. So one of the things that we're also trying to look at is also the interaction between them. So we also looked at the two-way interactions between a lot of our variables, and that's something that because of the time for the presentation, I was not able to present that.

I'm hoping that we'll be able to submit that in our publication, and you'll be able to see also this finding as well. So thank you so much for attending my presentation. I'll be more than happy to answer any question if you wanted to connect later on. Thank you so much, and have a good day.