

## ARTICOLO

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## QUALITATIVE STUDY ON THE NURSING APPROACH TO PATIENTS WITH PSYCHOACTIVE SUBSTANCE DEPENDENCE IN ACUTE WARDS

## ABSTRACT

## INTRODUCTION:

This study examines the nursing approach toward patients diagnosed with psychoactive substance dependence in acute hospital wards.

While numerous studies in the literature focus on the roles and attitudes of doctors, psychologists, and other professionals, few address the nursing perspective.

Therefore, this work concentrates on how nurses approach patients suffering from substance dependencies, gathering their experiences, emotions, and stories through interviews.

The study's aim is to identify the actual nursing approach to patients with psychoactive substance dependence in an operational reality where nurses are not specialized in this field.

## METHODS:

The qualitative phenomenological method was used, developed through a semi-structured interview consisting of 13 open-ended questions and subsequent analysis with classification and triangulation.

The participants in the study are 15 nurses from the medicine and surgery departments of a Hospital Facility in the Sardinia region (Italy), who have assisted patients diagnosed with substance use disorders during their professional careers.

Participation in the project was voluntary; participants could withdraw from the study at any time.

## CONCLUSIONS:

A significant percentage of the sample examined exhibits stigmatization and discrimination in providing care to patients with psychoactive substance dependence.

Through this type of study, it was possible to achieve the set goal, i.e., to investigate the real nursing approach to patients with psychoactive substance dependence.

In response to the results obtained, models are suggested, such as that given by Jean Watson's Theory of Human Caring, which demonstrates how practicing a holistic approach, based on empathy and active listening, can improve the relationship between nurse and patient.

The proposed study highlights the possibility of attending workshops or free online courses to embrace this theory.

# INTRODUCTION

The findings of the 2018 World Drug Report demonstrate the continuous expansion of drug markets<sup>(1)</sup>.

Approximately 275 million people worldwide, or about 5.6% of the global population aged between 15-64 years, used drugs at least once in 2016.

Of these, about 31 million people suffer from disorders due to this consumption, indicating that their use is so harmful to these individuals that they require treatment<sup>(1)</sup>. In Italy, in 2015, an analysis of Hospital Discharge Records (SDO) revealed 6,083 admissions with a primary diagnosis of drug-related issues, corresponding to 10 admissions per 100,000 residents, a slight increase from the previous year<sup>(2)</sup>.

The most significant socio-health consequence certainly concerns mortality data: globally, deaths caused by drug use increased by 60% between 2000 and 2015. In fact, the WHO estimates that there were 450,000 deaths attributable to drug consumption worldwide in 2015. Nonetheless, drug treatment and healthcare services continue to be inadequate: the number of people suffering from disorders due to drug use and undergoing treatment has remained low, only 1 in 6<sup>(1)</sup>.

In Italy, in 2016, 9,086 assisted individuals had at least one psychiatric pathology of which 62.7% are affected by personality and behaviour disorders, 19.9% by neurotic and somatoform syndromes, 11.2% by schizophrenia and other functional psychoses, 2.5% by depression, 1.5% by mania and bipolar affective disorders, 0.9% by mental retardation, 0.7% by dementias and organic mental disorders, and the remaining by other psychic disorders<sup>(2)</sup>.

Individuals with a substance use disorder and another psychiatric disorder show greater clinical and psychosocial severity and illicit behaviours compared to subjects with substance use disorders without psychiatric comorbidity. Thus, the presence of mental disorders associated with substance use disorders has progressively become a matter of great concern. In the Diagnostic and Statistical Manual of Mental Disorders, the substance use disorder is part of a broader category called “addictions and related disorders” and is defined as “a pathological pattern of substance use leading to clinically significant distress

or impairment [...] that occur within a 12-month period”<sup>(3)</sup>.

Patients with a problem of addiction to psychoactive substances may identify socio-health professionals as a source of help, or as someone who can support them in their suffering and in their experience often full of very strong emotions. However, this need may not be explicitly expressed as such, it can indeed be hidden behind aggressive behaviours or defensive processes. Despite the complexity of the situation that can make the approach with the person difficult, the nurse must maintain and fulfil his role as a reference figure, expert, communicator, health promoter<sup>(4)</sup>.

In the healthcare profession, the goal tends to be that of improving the patient’s health and in the context of dependencies this may not be achievable. It is necessary for the nurse to escape frustration and to be able to withstand the relationship with the patient, despite the difficulties encountered, and it is desirable that the latter does not fall into negative or avoiding attitudes, which do not allow addressing the patient’s needs<sup>(5)</sup>. The literature repeatedly emphasizes how negative attitudes towards patients with substance use disorders can significantly influence their management<sup>(6)</sup>.

It is therefore necessary that the involved figures, even in areas not specifically related but for example in acute wards, have effective therapeutic approaches that include biological, behavioural, and social context components, involving both the medical field and psychosocial support<sup>(7)</sup>.

The study aims to investigate the professional experience of nurses and the actual nursing approach towards patients abusing psychoactive substances in acute hospital wards that do not specialize in addiction treatment.

# MATERIALS AND METHODS

The methodology used for this study is the qualitative method focused on Husserl's phenomenological approach. Phenomenology, as per Husserl, is a philosophical approach that prioritizes intuitive experience, viewing phenomena as starting points and evidence to extract essential characteristics of experiences and the essence of what we experience.

Interpretative phenomenological analysis allows for understanding the meanings of communication through the narration of participants' experiences within a cultural, social, and personal perspective. Thus, it can be said that the method implies an interpretative approach, enriched by descriptive notes. Following interpretative phenomenological analysis, its philosophical roots derive from Heidegger's philosophy, and meanings are always created through interactions, including those with researchers. Based on this, researchers' preconceptions and personal attitudes cannot be separated from the investigation but can represent a tool to conduct the analysis.

On this basis, interpretative phenomenological analysis develops a double hermeneutic circle, where "participants seek to make sense of their world; the researcher seeks to make sense of the participants trying to make sense of their world."

To achieve this purpose in this study, the qualitative method was used, aiming to identify, interpret, and understand opinions, attitudes, motivations, and expectations to ultimately comprehend the phenomenon studied from the participants' perspective. Subsequently, the classification method was used to highlight the study's main themes.

For as objective an analysis as possible, the study's interviews were subjected to triangulation involving the study's author, the thesis advisor, and the examined literature. The selected sample consists of 15 nurses from both Surgery and Medicine departments, in both general and emergency settings, affiliated with a hospital in the Sardinia region.

The interviewees must have the following characteristic: working in the aforementioned departments and having dealt firsthand with patients with substance use disorders during their work experience.

## DATA COLLECTION METHODS

The instrument used was the individual semi-structured interview through the administration of 13 open-ended questions. With prior consent from the participants, the interviews were recorded and accurately transcribed at a later stage.

The choice of using a semi-structured interview is based on having an interview script, which aims to remind the researcher of the topics of interest.

The preference for administering open-ended questions was made so that the interviewee has full freedom to express their opinion on the question posed by the interviewer.

## DATA ANALYSIS

The interviews were re-listened to, faithfully transcribed, and read multiple times.

Each interview was then analyzed using Husserl's phenomenological method; the main themes of the study were first identified, then the most significant responses were grouped and compared with the examined literature. The process of theme searching and categorization was conducted independently by both the conductor of the study and the thesis advisor, in order to make the study as objective as possible.

The administered questions were as follows:

1. Tell us about your experience with a patient who has a substance use disorder.
2. What do you think about a patient who, related to the pathology for which they are admitted to the ward, has a second diagnosis of substance abuse dependency?
3. How do you think patients with a substance use disorder are managed in the ward?
4. What is your greatest concern/criticality when facing these patients?
5. Identify the emotional impact that arises when caring for a patient with a substance use disorder.
6. How have patients of this type behaved with you?
7. What is your preparation for assisting a patient with a substance use disorder? How do you qualify your preparation in terms of your course of study?
8. What educational background have you had in the field of substance use disorder-related issues?
9. What is the thing that has most impressed you after caring for a patient with a substance use disorder?

10. What memory do you have related to the care of a patient with a substance use disorder?
11. What feeling did you have when having to go alone into the room of a patient with a substance use disorder?
12. What do you think about the effectiveness of therapy for people with a substance use disorder?
13. How do you think you can enhance, with your work, the rehabilitation path of a patient with a substance use disorder?

### INCLUSION/EXCLUSION CRITERIA

Inclusion criteria:

1. Serve in acute care wards, not primarily responsible for the primary treatment of dependencies.
2. Willingness to participate in the study through an interview.

Exclusion criteria:

Not working in acute care wards (medicine, surgery).

### ETHICAL CONSIDERATIONS

This study was authorized by the governing bodies of the company.

The interviews were authorized both by the Medical Directorate and by all the participating nurses. Collaboration in the project was voluntary; the subjects involved also had the opportunity to interrupt their participation in the study at any time. Before each interview, verbal consent was collected from the person for the interview and for data recording; the problem and the purpose of the study were explained.

Anonymity of the data was ensured through the use of encrypted names for the identification of participating nurses.

Finally, the nurses were informed about the data and results obtained from the analysis, to be able to express a final approval and thus proceed with the publication of the study.

## RESULTS

From the analysis of the interviews, 6 main themes emerged:

1. The origin context
2. Personal thoughts of the participants
3. The type of approach delivered
4. School education received on the subject
5. The effectiveness of rehabilitative therapy
6. Methods that can improve dedicated nursing care.

The following considerations are the result of the analysis of the interviews conducted on the participants.

### THE ORIGIN CONTEXT

The interviewed nurses come from acute wards, Medicine and Surgery; therefore, non-specialist contexts for the management of patients with dependencies.

### PERSONAL THOUGHTS OF THE NURSES

To assess this important theme, a series of questions were posed concerning: the experience had with patients suffering from addiction, the emotional impact that arises when caring for a patient with a substance use dependency, what remained most impressed after taking charge of such patients.

Addressing this difficult question brought up an important dualism of some interviewees.

While on one hand we find the nurse who, as such, finds themselves “having no prejudice” (Interviewee 1) considering this type of patient “people like others who therefore need to be cared for” (Interviewee 14), on the other, we find the anthropic aspect, with the admission “as a human being I cannot understand the life choices of these patients” (Interviewee 14). Those who rediscover themselves in having this type of prejudice state how these patients are people who “seek death” (Interviewee 2). Consequently, according to such interviewees “their care, they have to earn a bit, as they earn money to use these substances” (Interviewee 7). It follows that the patient perceives this attitude as that of “being looked down upon by healthcare staff and this leads the patient to feel less worthy of receiving care” as reported by the study “Barriers to accessing generic health and social care services: A qualitative study of injecting drug users. Health and Social Care in the Community” conducted in the United Kingdom<sup>(8)</sup>.

## TYPE OF APPROACH DELIVERED

In more than one question to which the interviewees were subjected, the type of approach that nurses have implemented towards patients with substance use disorders was investigated.

The responses were varied, but the majority of interviewees highlighted the difficult management of this group of patients in a non-specialized ward, evidenced by the fact that “their presence disrupts the entire ward” (Interviewee 8).

From this strong statement, the reason behind it was further investigated: “they lie, they always lie.” Most study participants agree that these patients have a “great manipulative capacity” and that “if you are even slightly accommodating, they immediately understand and try to steer you towards what they want” (Interviewee 9). According to some, “you should never be too familiar with these patients” (Interviewees 1 and 2), thus summarizing the patient as “the one who must be distrusted the most” (Interviewee 1).

This aspect is also reflected in the literature; indeed, a study conducted in Israel <sup>(9)</sup>, emphasizes that nurses fear treating drug-abusing patients because they fear being manipulated by them.

This finding is also echoed in a study that, while asking the same question, seeks an answer directly from the patients concerned. In the study in question, conducted in Ireland, titled “The perceptions and aspirations illicit drug users hold toward health care staff and the care they receive” <sup>(6)</sup>, three-quarters of the interviewees admitted to having manipulated healthcare staff, and nearly a third reported having lied and omitted information <sup>(10)</sup>.

It follows that we should not be surprised if these patients tend to lie and manipulate staff; instead, we should strive to understand why they do it.

A more than logical explanation could be attributable to that found in Kimberly Dion’s study <sup>(11)</sup>, which states that all participants declared they did not trust nurses, other health workers, and the hospital in general. The act of lying can sometimes be accompanied by “threats” (Interviewee 7) and “attacks, not only verbal but also physical” (Interviewee 2).

Compared to other patients, these are described as patients who behave as they please without adhering to the unit’s rules (“he behaved a bit as he wanted, didn’t respect the ward’s schedules, wanted to eat

when he said, take medications when he wanted, tried a bit to walk all over us,” Interviewee 10). Some nurses even stated that “attempts to help are useless because they don’t listen” and “do as they please” (Interviewee 3). Nurses subjected to these attitudes reported that these patients “wasted a lot of their time” and that “everything was an excuse to slow down work” (Interviewee 1).

As can be deduced from what has been reported so far, a barrier is created between the operator and the patient, a barrier that does not allow listening to the patient and thus understanding the situation they are in, as explained by the study conducted by Kimberly Dion “Injection Drug Users’ Perceptions of Received Nursing Care: A Case Study” <sup>(12)</sup>.

This barrier is due to the fact that nursing behaviors reflect societal behaviors, which disadvantage the drug-dependent person even before they are given the opportunity to disprove the stigma.

According to Corley and Goren <sup>(13)</sup>, nurses expect a certain type of behavior, such as patients being demanding in terms of schedules, and therefore as previously said, “impatient,” or that they can be “difficult,” and consequently the patient “can see the stigmatization and react by behaving in the way the nurse expected them to react” <sup>(14)</sup>.

Some interviewees admit that they are “biased” (Interviewee 6) and think that patients have “difficulty relating to nurses, for fear of being judged,” “we healthcare workers give up just as much as they do” (Interviewee 4).

In light of these words, one might erroneously think that the reason why professionals have an attitude that appears inappropriate and discriminatory towards these patients may arise from a dishonest nature. Therefore, to avoid easy judgments, literature was consulted to understand why nurses have this type of approach and thought.

Two were the most comprehensive responses: one might think that the presence of stigma and the lack of “sympathy” towards this user group is the result of the fact that they have sought their own problems, and knowing what they were getting into, did nothing to prevent it. However, as a study by Skinner et al. shows, the willingness of people to provide help and support in stigmatized situations depends on who is perceived as responsible.

The research has shown that anger and lack of sympathy emerge towards people considered responsible for their own condition, i.e., where different behaviors or the lack of behavior could have avoided their current health conditions.

Although healthcare workers provide quality care to people who are partially responsible for their health conditions, such as patients with heart disease and obese patients, this is not true for stigmatized patients. Therefore, responsibility does not sufficiently justify the reluctance of workers to care for these patients, including those who use psychoactive substances <sup>(15)</sup>.

Another valid reason is highlighted by a nurse (Interviewee 10) who states that “the time you spend with them is wasted time” and this “is a bit disheartening.” “This discouragement, of not seeing any improvement, leads us to abandon this practice.”

“We healthcare workers give up just as much as they do.” This aspect should not be underestimated since nurses working in acute wards are used to admitting patients, providing them with healthcare, treating them successfully, and then discharging them <sup>(16)</sup>.

If the patient is not discharged with a treatment that could be termed “successful,” as is the case with patients abusing psychoactive substances in acute wards where their problem is not resolved, “the nurse internalizes this as a personal failure” <sup>(17)</sup>, which could explain why there is a tendency to abandon this practice. Facing this thought, nurses found themselves responding with a certain approach.

Nurses who started with the assumption that these patients “had no desire to go beyond their dependency on psychoactive substances” found themselves “arguing heavily” with them and having a different approach from what they usually have with other patients not having this pathology (Interviewee 11).

This type of approach, however, has highlighted various critical issues, including the fact that the patient in question “left the ward without consent” (Interviewee 10).

According to the study conducted in America, “Men patients who leave a general hospital against medical advice; Mortality rate within six months.

Journal of Studies on Alcohol” <sup>(18)</sup>, patients who abandon treatment against medical advice have a higher rate of readmission for the same problem within a short period, leading to increased healthcare

costs and a higher risk of morbidity and mortality. As one of the most important principles of physics reminds us, “for every action, there is an equal and opposite reaction,” so confirms Interviewee 8: if you have “aversion to these patients,” “obviously the patient perceives it” and behaves accordingly.

Thus, some interviewees, although in the minority, recall the nurse’s task, who, even belonging to a non-specialized ward for that problem, “should not only worry about the diagnosis written in the medical record but need to take time, sit down to talk with the patient, understand their state of mind, and start a path of awareness that can benefit the patient” (Interviewee 12). This type of approach is based mainly on the practice of active listening, one of the values that recur in Jean Watson’s Theory of Human Caring.

In Watson’s Holistic Theory, the notions of empathy, the ability to experience and thus understand another person’s perceptions and feelings and communicate them, the willingness to be real, honest, genuine, and authentic, and finally, the notion of non-possessive warmth, an attitude demonstrated with a moderate voice tone, a relaxed and open posture, and subsequent and appropriate facial expressions <sup>(19)</sup>, play an important role.

While the care of the disease is the doctor’s task, assistance is the nurse’s task, who thus deals with a different and autonomous area. It is wrong, according to Watson, to identify, as is done today, healthcare with medical care alone, which is limited to diagnosis, disease treatment, and prescription of medications. Watson criticizes the technological drift of contemporary medicine, which sees the nurse respond more to the demands of machines than to the needs of patients.

She encourages the modern nurse to go, in his activity, beyond the certainties of scientific medicine and to use concepts and techniques also from complementary medicine <sup>(19)</sup>.

According to Watson, nursing aims to promote health, prevent disease, care for the sick, and restore well-being. Furthermore, nursing must aim to help people reach a high level of harmony with themselves, promoting self-knowledge, self-healing, and deepening the meaning of life <sup>(19)</sup>.

The interviewees who have partly adopted this approach, even if only through the practice of active listening, assert that all the criticalities reported previously lessen and that the overall situation tends to improve.

### SCHOOL EDUCATION RECEIVED ON THE TOPIC

Interviewees were asked about their preparation for nursing care that should be provided to a patient with a psychoactive substance dependency.

The responses can be summarized as follows:

- 10 out of 15 nurses admit to “not feeling prepared.”
- 4 out of 15 nurses state that what they have learned comes mainly from “professional experience” rather than from their study course.
- 1 out of 15 nurses stated that, as these patients are unpredictable, “you can’t be prepared.”

Specifically, all the interviewed nurses highlighted that even if school education on the topic took place, it was very scant and the topic was addressed more “from a pharmacological rather than a psychological point of view” (Interviewee 7).

### EFFECTIVENESS OF REHABILITATIVE THERAPY

When asked about the effectiveness of therapy, most interviewees stated that pharmacological treatment should “be in synergy with behavioral treatment,” and it was also emphasized that “the hospital network is ineffective, almost non-existent, as is a solid community network” (Interviewees 4 and 9).

A study conducted in Verona <sup>(20)</sup>, sheds light on the fact that the therapeutic approach commonly adopted is still too often focused on symptoms, i.e., on substance use and the consequences it has on purely physical health. Missing in this context is a more comprehensive recovery perspective, focused on the overall life condition of the person, according to which the goals of abstinence or control of consumption should be accompanied by psychosocial rehabilitation objectives.

### METHODS THAT CAN IMPROVE DEDICATED NURSING CARE

Nursing staff were asked how they thought they could enhance, with their work, the rehabilitation path of a patient with a substance use disorder even in a non-specialized ward such as medicine or surgery.

- 1/3 of the interviewees, in response to this question, stated that this issue does not interest them directly and that “the rehabilitation path should be created in communities and not” in a ward that is not specialized in dependencies (Interviewee 7).
- While the remaining 2/3 admit that there is a lack of “a psychological path” or any type of “support,” and that the only support these patients receive is “only pharmacological support” (Interviewee 5).

As a possible solution, 4 nurses declare that it would be useful to have, at the time of admission, official documents such as protocols, procedures, and guidelines that guide the operator towards proper management of this type of patients.

Another 4 nurses suggest that there should be a specialized figure such as a psychologist to accompany nurses at certain times of work with these patients, as they admit to feeling unprepared in dealing with this type of users.

According to Kimberly Dion <sup>(7)</sup>, patients abusing psychoactive substances continue to receive marginal care that affects their emotional and psychosocial well-being. According to this study <sup>(7)</sup>, the nurse has the ability to assist the patient abusing substances by making fundamental changes to reduce the harm from the use of certain substances through prevention, education, and not only through therapeutic intervention to demonstrate compassion towards a marginalized population.

The connection between nurse and patient has been shown to have a positive effect on nurses and the care provided through a reflective process. According to the study conducted in England “The therapeutic relationship: Dead, or merely impeded by technology?” <sup>(14)</sup> and the one conducted by Mitchell titled “Enhancing patient connectedness: Understanding the nurse-patient relationship” <sup>(15)</sup>, when a connection is created between the patient and the nurse, the latter becomes an integral part of the treatment outcome, thus also increasing personal satisfaction from their work. It is essential, according to Kimberly Dion’s view <sup>(7)</sup>, that the nurse receives education and support in approaching patients with a dependency, remembering how the nurse has the capacity to be an influential motivator and an important factor of change.

## DISCUSSION

The analysis of the interviews reveals that among nursing staff, there is still a form of stigmatization and discrimination in the care offered to patients with psychoactive substance dependencies.

This is made evident when interviewees express their personal thoughts about this type of patient and in the approach they dedicate to this different category of users. Beyond the personal traits that differentiate each person's actions, it is important that the professional respects their role, that is, to take care of every person without any discrimination, as emphasized by the Code of Ethics.

The causes of this current stigmatization can be attributed to several factors, including: lack of awareness, insufficient school training received on the subject, workload that does not allow full dedication to patients, past negative experiences, the absence of professional support figures such as psychologists available when needed, and the lack of protocols and guidelines that can support the nurse when admitting patients with this problem.

Among the various responses, however, there are positive ones, like those who consider these people equal to others and therefore worthy of care.

In this regard, nurses inclined to this thought have highlighted how an approach based on the practice of active listening can benefit the nurse-patient relationship and improve their stay.

As emphasized in the literature, the role of communicator is therefore fundamental in the relationship between the professional and the patient dependent on psychoactive substances.

This is in relation to the many difficulties that can arise in creating a bond of trust; inconsistency, refusal, mistrust, and inconstancy are indeed elements that can be characteristic of the dependent person.

Good communication skills are therefore a key aspect of the nursing role that allows limiting the impact of these relational obstacles.

This communicative and relational competence should also be considered in relation to the different members of the team involved in the care of the person; an aspect that is also related to the role of being a member of a work group<sup>(21)</sup>.

Finally, it should be emphasized that the person dependent on psychoactive substances can be a victim of prejudices and stigma, even in the context of care.

This determines a greater need on the part of the professional to be aware of their own representations; to take care of the person considering their needs, listening to their needs and interests, and being in this context of care their reference person<sup>(22)</sup>.

### LIMITATIONS

These results must be considered in light of certain limitations.

Firstly, voluntary participation in the study produced a reduced and unrepresentative sample, which does not allow for the generalization of the results obtained. Moreover, the study did not investigate the previous work experiences of the interviewed nurses or their personal formative experiences in managing this type of patient. Such information could have influenced the results obtained in this study.

## CONCLUSIONS

In light of the results, it would be appropriate to improve aspects that lead to a deficit in the care provided to patients abusing drugs. The study's findings encourage nurses to explore attitudes, beliefs, and expectations before implementing and enhancing educational programs.

To change stereotypes, it is important to act on the primary training of the nurse.

In this regard, the literature<sup>(5)</sup>, provides various useful suggestions, among the most effective of which are: participating in lectures held by patients who use or have used drugs in the past and who contrast with socially widespread stereotypes; holding seminars for nurses aimed at identifying difficulties, addressing them, and providing necessary support for working with these patients.

These seminars should be held in small groups, by an expert person, such as a psychologist or a figure specialized in relating to patients with dependencies, thus allowing participants to share the frustrations of their work. Group members should discuss the problems encountered and ways to improve the quality of care provided to this population through understanding the difficulties.

Furthermore, it is essential, even if not working in specialized units, as it has been amply demonstrated



that patients with a dependency can be admitted to any ward, to increase and make one's own the field of action of the nurse. Remembering that nursing is a science based on the knowledge and awareness that the human being is an interconnection of body, mind, spirit, and energy, in which social, cultural, relational, and environmental components play important roles in maintaining individual health and well-being. In university studies for this profession, it would be appropriate to devote more time and greater attention to the meaning of "holistic nursing care" and its techniques in the nursing approach with the patient.

Another effective suggestion would be to adopt the Theory of Human Caring; the official website (20), shows the possibility of attending courses, even online and free, the purpose of which is to provide tools for care professionals to improve professional care practices.

In Italy, there is also the possibility of conducting workshops with theorist Jean Watson as proposed by FNOPI (Italian National Federation of Nurses' Orders.) (23).

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