

# A Scalable/EBP Workshop for Healing Stigma of Nurses in Recovery

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## PURPOSE

Explore the effectiveness of a one hour workshop for healing stigma; answering the PICOT: *When nurses with SUD (P) videotape their personal story (I) compared with a pre-test measure of their stigma (C), is it as effective reducing their post-test stigma score toward people with SUD (O) over the course of an anti-stigma training workshop (T)?*

## BACKGROUND

Personal story telling is an effective tool for reducing stigma and relapse in recovery. Videotaping presentations of personal stories by nurses in long-term recovery show promise as a scalable, evidence-based practice (EBP) for reducing stigma for nurses living with a substance use disorder (SUD).

## DESCRIPTION

- EBP anti-stigma workshop (Landry, 2012)
- using video-taped, personal storytelling,
- convenience sample of nurses in a small, rural hospital
- pre-post testing of their stigma of nurses with SUD.
  - workshop participants will serve as their own control with testing by a valid/reliable instrument measuring their stigma of people living with SUD

Stigma is a complex psycho/sociological phenomenon

- that carries a coercive power capable of altering the social standing of its targets.
- This capstone used Sapolsky's (2018) neuro/biological roots of conflict suggesting how the stigma towards people living with active addiction (SUD/OD) specifically,
- taps the neuroplasticity of the amygdala and
  - changes the stigma of "Us and Them" to "We" healing stigma



## CONCLUSIONS

**Advanced Nursing Practice.** Healing stigma towards nurses living with SUD is not only an essential EBP of clinical and professional practice, but also an ethical responsibility for advanced practice nurses.

*Without hope, there is no future.*

## FUTURE IMPLICATIONS

**Scientific Underpinnings for Practice.** Using a valid and reliable instrument (DUSS) for measuring perceptions of stigma towards people living with SUD (Palamar, Kiang, Halkitis, 2011), the workshop is an EBP intervention for healing a chronic neurobiological disease, SUD;

- continuing the APA and SAMHSA's decades long campaign for making SUD and mental health a "disease like any other" (NAS, 2016).

**Organizational and Systems Leadership for QI & Systems Thinking.**

While this capstone did not engage the hospital's QI team,

- the workshop has the potential for an online, asynchronous, scalable, EBP in-service training capable of reaching the estimated 15% of WV nurses (WV Restore, 2022) living with SUD at risk for practicing impaired.

## RESULTS

Participants were homogeneous in gender (93.3% female), race (100% white), ethnicity (93.3% West Virginian) and RNs by license (86.7%).

- Most participants were age 46+ (53.3%), were nurses 16+ years (46.7%), and were employed at the hospital less than 11 years (66.7%).

Participant's perception by DUSS of their stigma towards people living with SUD was done pre-post testing using their pre-test as the control case.

The results of a *paired t-Test* found a significant reduction of stigma (p value < 0.001).

		Paired Samples Correlations			
		N	Correlation	Significance	
				One-Sided p	Two-Sided p
Pair 1	DUSSpre & DUSSpost	15	.862	<.001	<.001

...and ANOVA found significantly less stigma (p value < 0.001) towards users of marijuana compared to powdered cocaine, ecstasy, opiates, or amphetamine.

ANOVA						
COMPUTE DUSSscore=(UsingMorallyWrong+UsersGoPrison+UsersWeakMinded+UsersNoFuture+UsersNotWellEdi						
		Sum of Squares	df	Mean Square	F	Sig.
Between Groups	(Combined)	671.065	16	41.942	5.693	.001
	Linear Term	554.855	1	554.855	75.314	<.001
	Deviation	116.211	15	7.747	1.052	.468
Within Groups		95.773	13	7.367		
Total		766.839	29			

