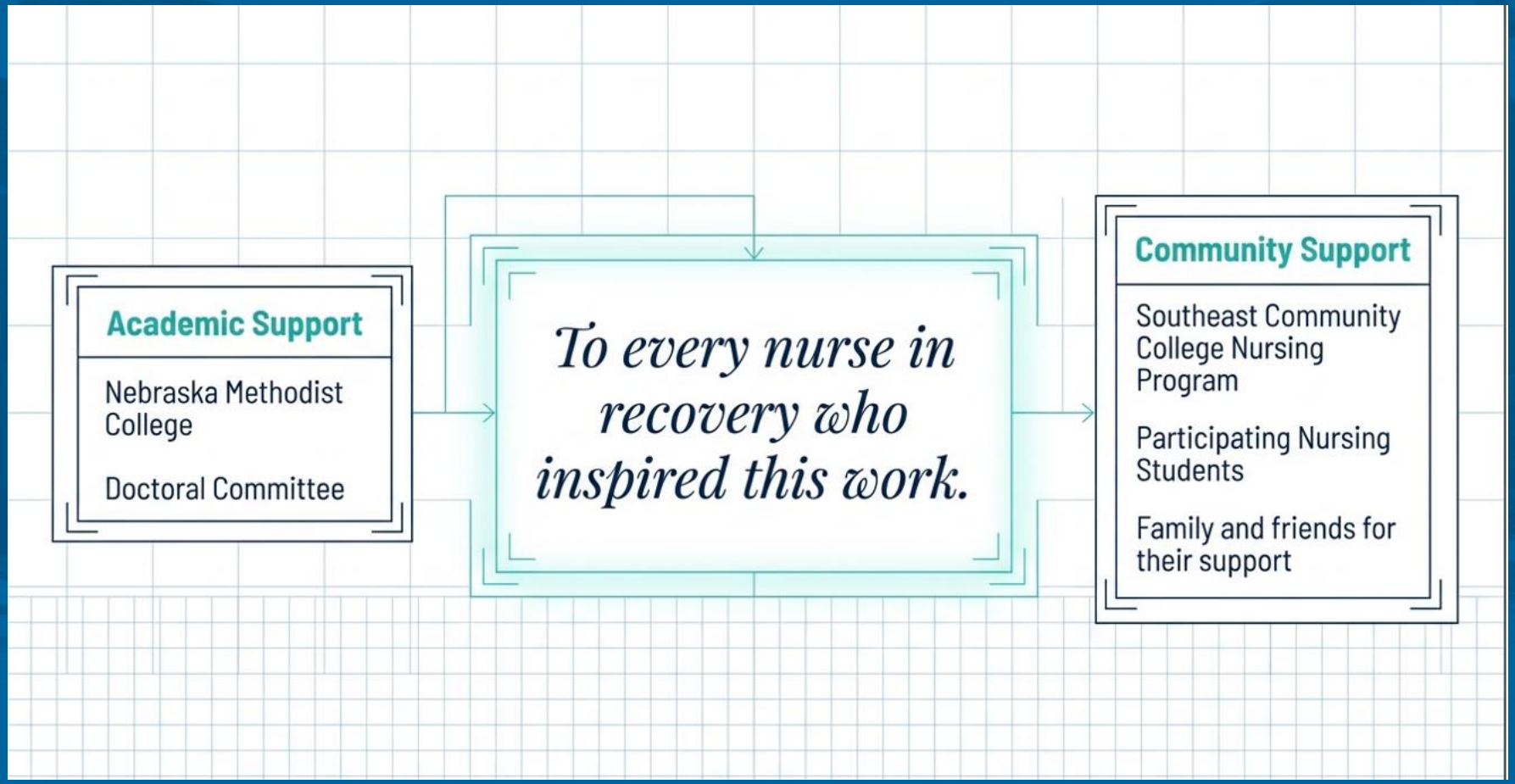
Improving Nursing Students' Perceived Readiness to Address Substance Use Disorder in Themselves and Their Peers

A Structural Approach to Education and Stigma Reduction

Cynthia S. Blankenau MSN, RN
Kari Wade EdD, MSN, RN, CNE

NEBRASKA METHODIST COLLEGE
The Josie Harper Campus

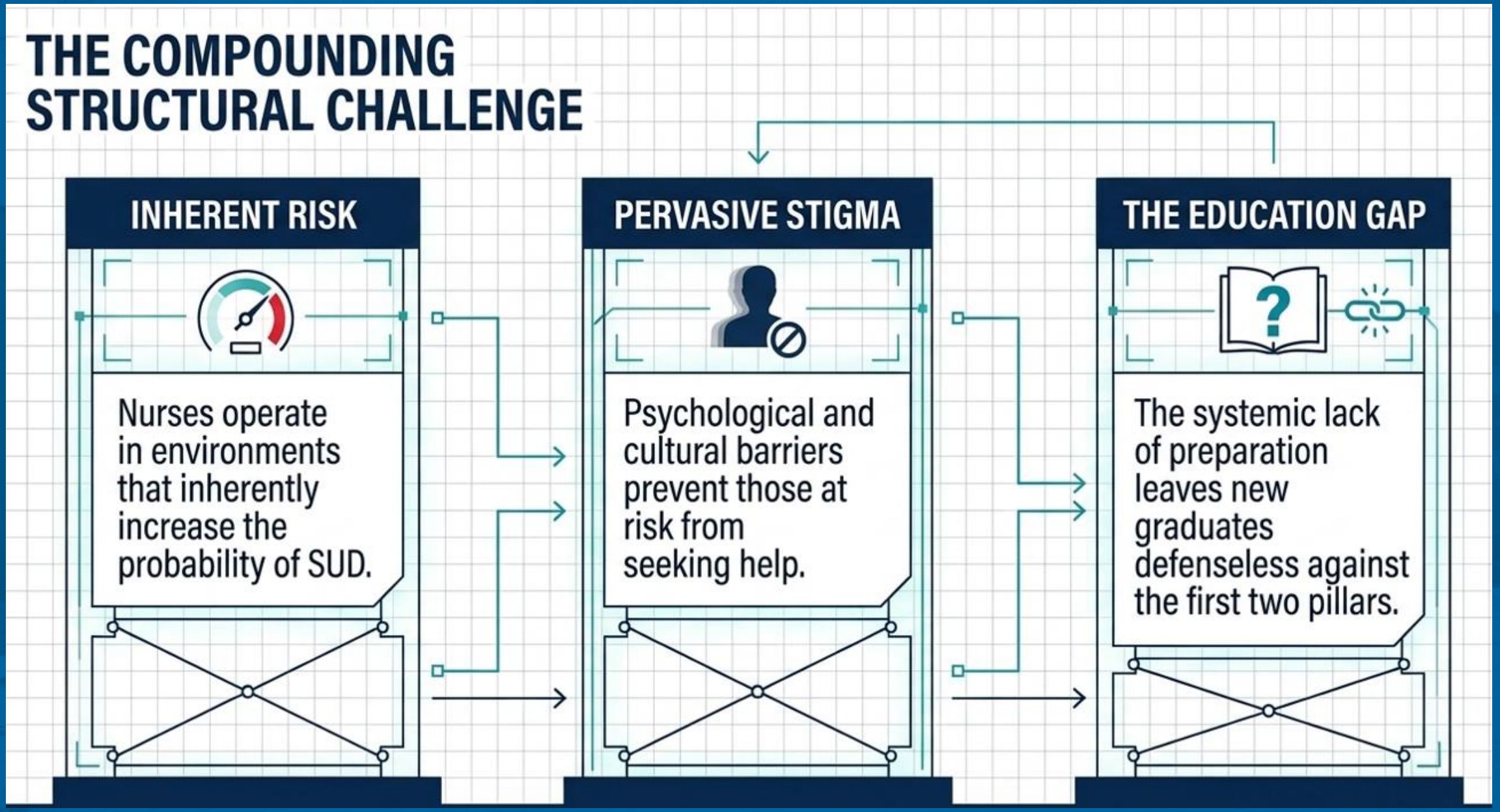
Acknowledgements



Problem

(NCSBN, 2020)

THE COMPOUNDING STRUCTURAL CHALLENGE



Occupational Stress

High-stakes environments, emotional toll, and critical decision-making.

Proximity & Access

Direct and frequent access to high-risk medications and controlled substances.

Workplace Pressures

Systemic burnout, long shifts, and the physical toll of patient care.

PURPOSE

Delivering a Targeted Educational Intervention to Build Professional Readiness

Core Purpose: To determine whether a brief, structured educational intervention improves pre-licensure nursing students' perceived readiness to recognize and prevent SUD in themselves and their peers.

Increase factual knowledge and early recognition of warning signs.

Reduce stigma and break the entrenched culture of silence.

Improve professional confidence in safely addressing concerns.

Clarify ethical duties and state reporting responsibilities.

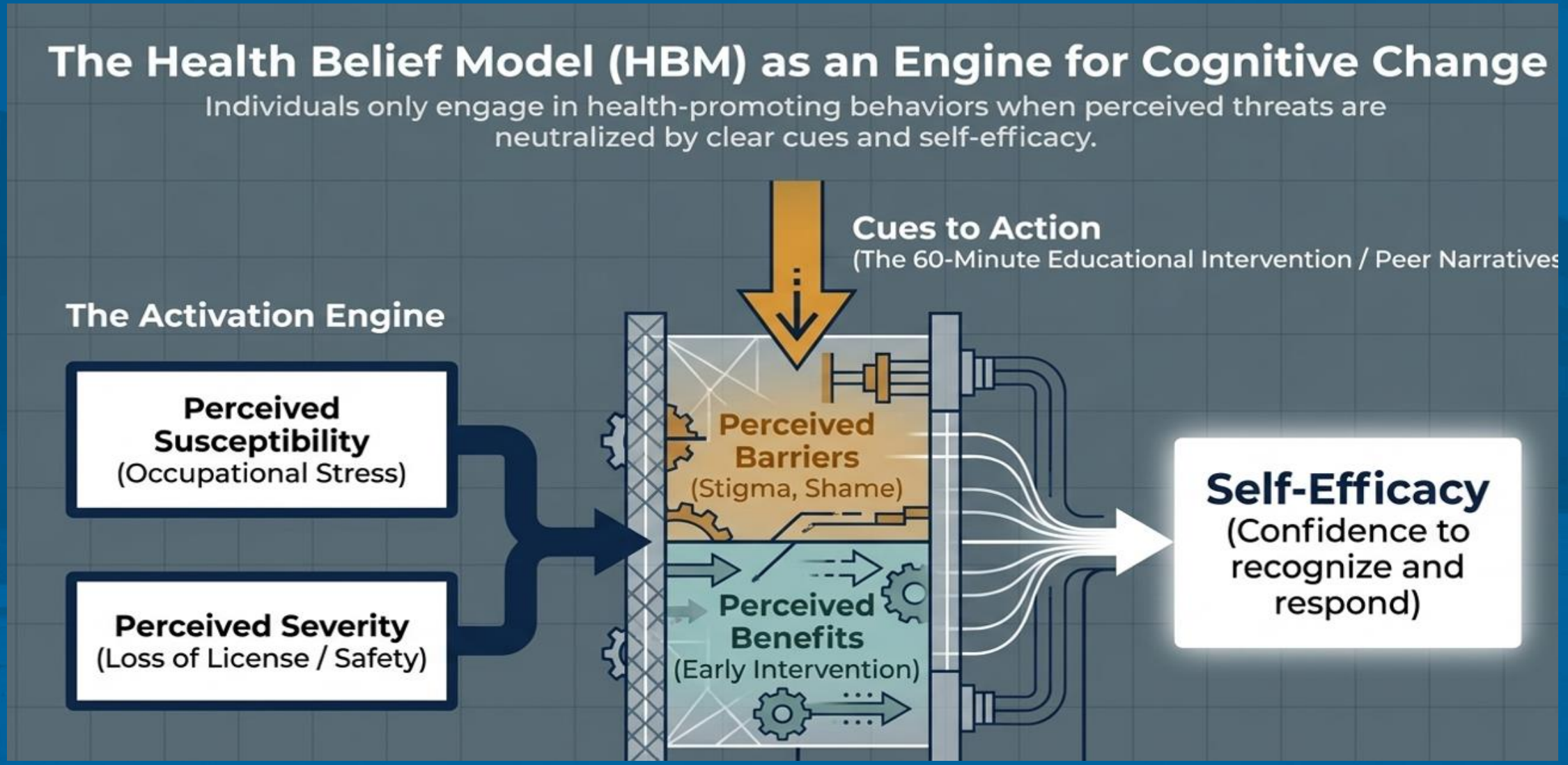
Available Knowledge

Shifting the Paradigm from Reactive Discipline to Proactive Prevention

Dimension	Current Standard	Proposed Paradigm (This Project)
Focus of Care	Patient-focused	**Nurse-focused** (Self & Peers)
Approach to Impairment	Punitive / Disciplinary (Suspension, Revocation)	**Supportive / Rehabilitative** (Alternative to Discipline programs)
Timing of Intervention	Reactive (Post-incident intervention like LAP)	**Proactive** (Pre-licensure education)
Cultural Output	Stigmatized / Culture of Silence	**Open / Help-seeking Environment**

(Farrell, 2020, Molloy, 2024, Russell, 2020)

Rationale



(Rosenstock, 1974)

Methods

Equipping Pre-Licensure Students at a Critical Transition Point

Demographic Breakdown

Institutional Setting

Private, not-for-profit health professions institution in the Midwest.

Total Undergraduates: >1,100

BSN Students: ~225

Environmental Context

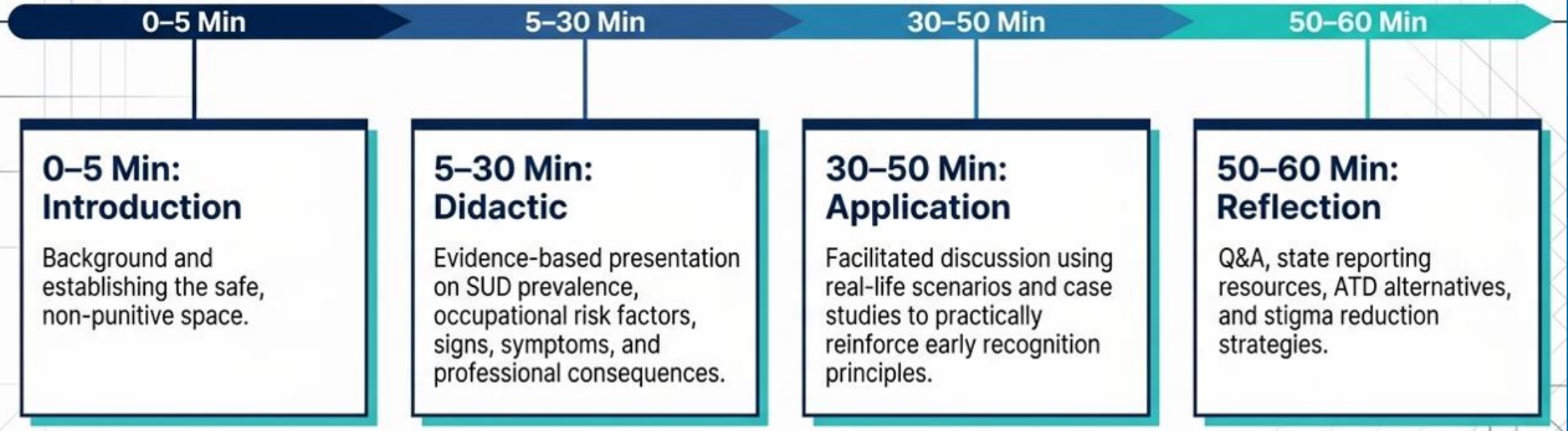
The Midwest faces persistent nursing workforce shortages coupled with pressing public health challenges, including opioid misuse, alcohol dependency, and methamphetamine use.

The Intervention Fit

Graduates enter a high-stress workforce. Pre-licensure education acts as a critical protective shield before students assume professional liability and independent patient care responsibilities.

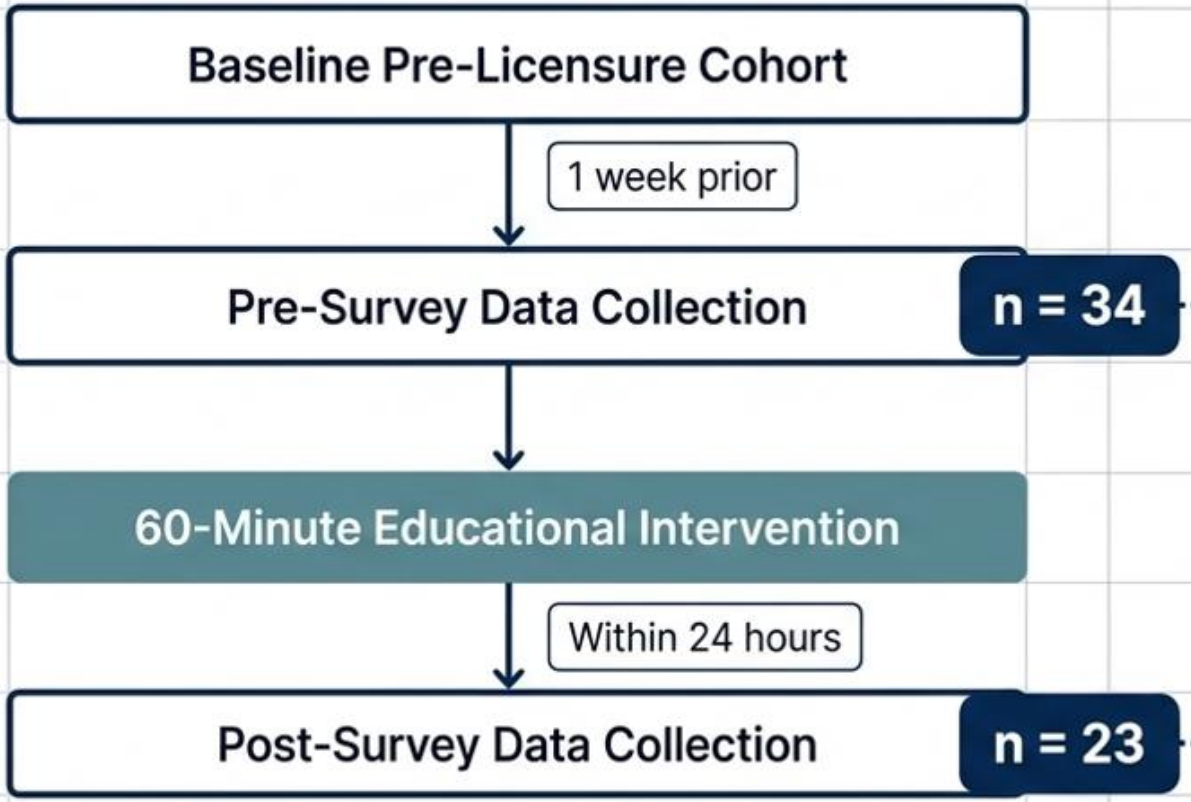
A High-Yield, 60-Minute Evidence-Based Educational Session

Delivery: In-person, investigator-led session independent of course grades.



Methodological Workflow and Anonymous Participant Tracking

Design: EBP project using voluntary, **anonymous** pre- and post-intervention surveys via SurveyMonkey.
Ethics: Nebraska Methodist College IRB Approved (Waiver of signed consent; minimal risk).



Methodological Choice

Due to participant attrition and strict anonymity required to protect psychological safety, an Independent Samples t-test was utilized over a paired test.

A 10-Item Instrument Aligned with the Health Belief Model

Format: 5-point Likert Scale (1 = Strongly Disagree to 5 = Strongly Agree) | **Time to complete:** 5–7 minutes.

Survey Measurement Domain	Corresponding HBM Construct
Knowledge of SUD signs and symptoms	Perceived Susceptibility & Severity
Awareness of institutional/state reporting policies	Cues to Action
Understanding of stigma's impact on recovery	Perceived Barriers
Confidence in seeking help or self-reporting	Self-Efficacy
Understanding strategies to protect patient safety	Perceived Benefits

Data Analysis

Data Analysis and Statistical Approach

Data Handling

Survey responses were analyzed as aggregate data.
Entered into Microsoft Excel and rigorously reviewed for accuracy prior to analysis.

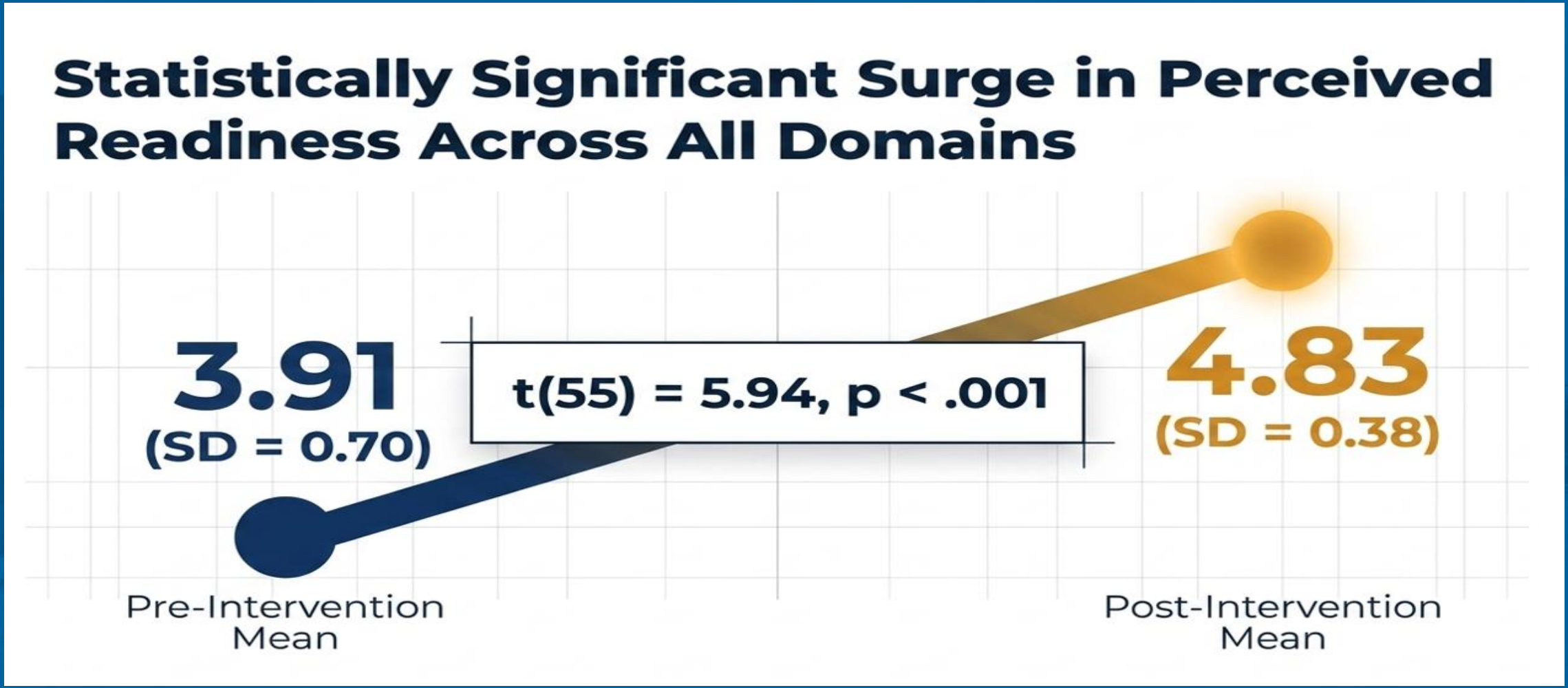
Descriptive Statistics

Means (M) and Standard Deviations (SD) were calculated for both pre- and post-intervention survey scores across all 10 items.

Inferential Statistics

An independent samples t-test was conducted to compare mean survey scores before and after the intervention. Statistical significance was rigidly established at $p < .05$.

Results

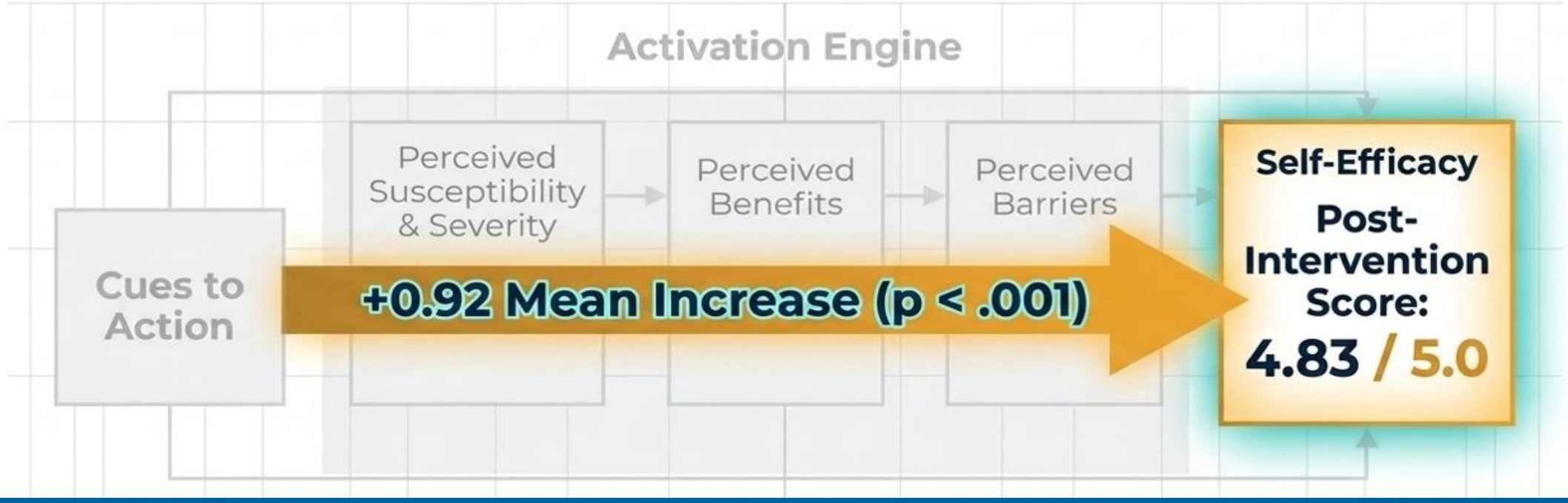


- Item-level analysis revealed the largest increases were in self-reported knowledge of SUD sign/symptoms and confidence in identifying concerns among peers.

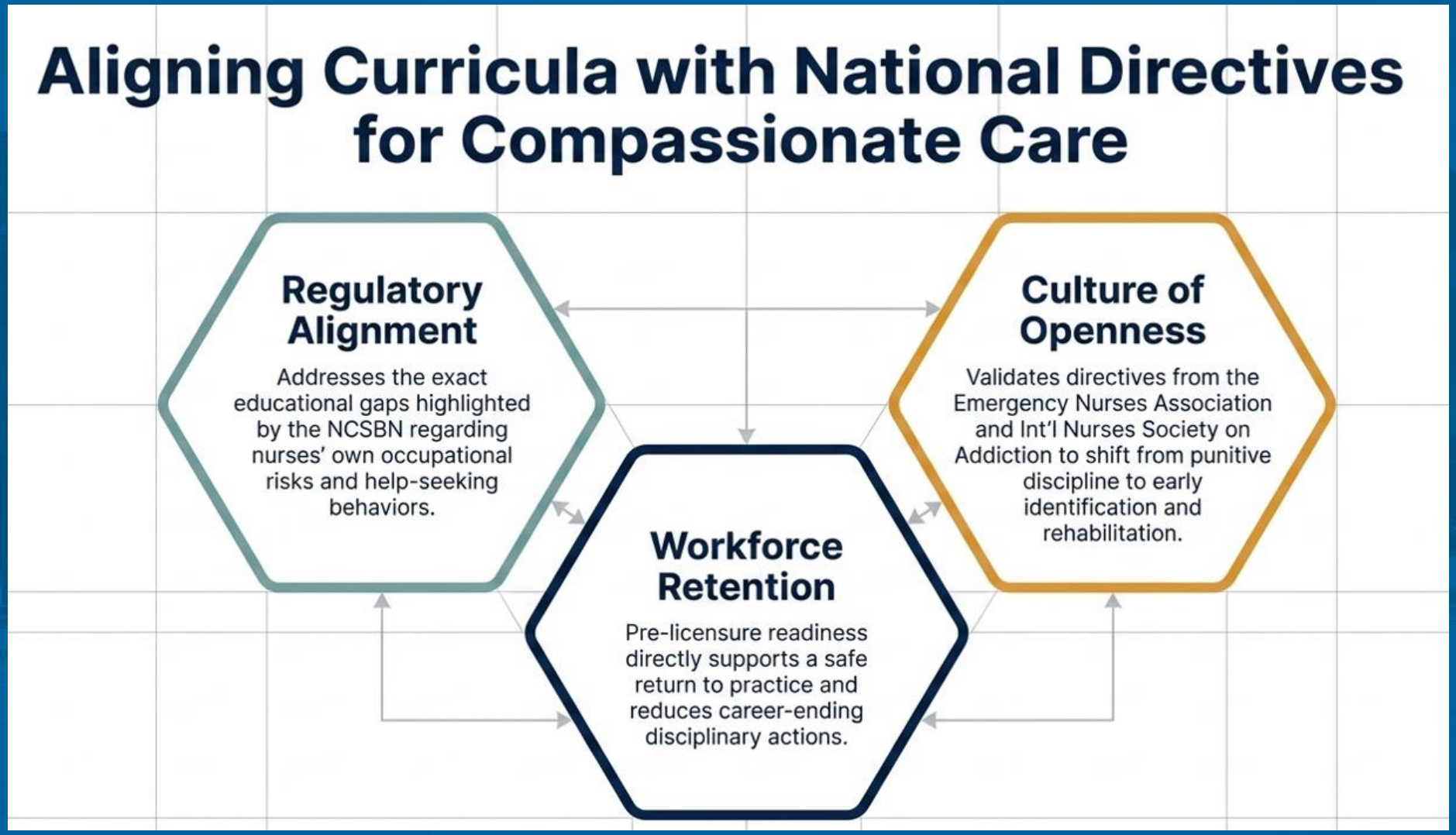
Discussion

Mechanism Confirmed: Education Neutralizes Stigma to Drive Self-Efficacy

Synthesis Insight: The 60-minute session acted as the exact 'Cue to Action' required by the HBM, effectively dismantling 'Perceived Barriers' and resulting in near-perfect Self-Efficacy scores.



Conclusions



Methodological Considerations and Boundaries of Interpretation

Sample & Setting

Conducted at a single-site nursing program in in the Midwest; the relatively small sample size limits broad generalizability to diverse national populations.

Attrition Dynamics

Voluntary, anonymous surveys led to unequal group sizes (n=34 pre, n=23 post), necessitating an independent samples t-test rather than a paired measure of individual change.

Instrument Validity

The custom 10-item instrument was thoughtfully guided by the HBM, but currently lacks formal psychometric reliability and validity testing.

Measurement Scope

The project exclusively assessed perceived readiness and self-efficacy, not actual behavioral change in clinical practice or long-term knowledge retention.

References

Safeguarding the Future Nursing Workforce

A brief, low-resource educational intervention significantly improves pre-licensure students' readiness to identify and address SUD. Integrating this proactive paradigm into standard undergraduate curricula is a feasible, sustainable strategy to neutralize stigma, ensure patient safety, and promote profound nurse well-being.

Selected References

Farrell, M. L. (2020). Substance use disorder: A curriculum response. The Online Journal of Issues in Nursing.

Molloy, P. A. (2024). Nurses and nursing students with substance use disorder. Journal of Addictions Nursing.

NCSBN. (2020). Substance use disorder. National Council of State Boards of Nursing.

Rosenstock, I. M. (1974). Historical origins of the Health Belief Model. Health Education Monographs.

Russell, K. (2020). Components of nurse substance use disorder monitoring programs. Journal of Nursing Regulation.