Pain Management in Hospitalised Patients with Opioid Use Disorder

- *and how Nurses' Attitudes can Affect this*

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Tittel: Pain Management in Hospitalised Patients with Opioid Use Disorder – And how Nurses' Attitudes can Affect This

Innledning

I Norge i 2019 var det omtrent 10,000 mennesker som injiserte rusmidler, og grunnet skader og infeksjoner blir de ofte innlagt på sykehus. Sykepleiere er i førstelinjen og skal sikre god smertebehandling, noe som er lovfestet og etisk forpliktende. Likevel er det usikkert om pasienter med opioidavhengighet opplever tilstrekkelig smertebehandling grunnet stigmatiserende og negative holdninger fra helsepersonell. Derfor er oppgavens formål å studere hvordan sykepleieres holdninger kan påvirke smertebehandlingen til pasienter med opioidavhengighet.

Metode

Oppgaven er en litteraturstudie der litteratursøk i ulike databaser, som CINAHL, PubMed, Sykepleien Forskning og Oria, er foretatt for å innhente relevant forskning om temaet. Ved bruk av både empiri og teori dannes grunnlaget for å øke kunnskapsnivået og forståelsen av temaet, noe som bidrar til å dra konklusjoner ut fra innhentet informasjon.

Resultat

Forskning viser at sykepleiere har negative holdninger og oppfatninger mot personer med rusmiddellidelser og opioidavhengighet. Sykepleiere oppfatter pasientene som manipulerende, russøkende, og generelt vanskelige. Likevel viser forskning at mange sykepleiere har sympati for pasientenes livssituasjoner og de understreker sitt etiske ansvar til å ivareta pasientenes rettigheter og smertebehandling.

Diskusjon

Denne delen har tre underkapitler der det første kapittelet diskuterer hvordan sykepleieres holdninger påvirker smertebehandlingen til pasientgruppen i lys av Joyce Travelbees teori om menneske-til-menneske forhold. Dette kapittelet trekker frem viktigheten av en god relasjon og se mennesket bak sykdommen, samt adresserer hvordan negative holdninger kan være et hinder for dette. Det andre kapittelet omhandler sykepleieres holdninger og hvordan de kan påvirke tillitsforholdet mellom sykepleier og pasient. Til slutt diskuteres det hvordan kunnskap og holdninger henger tett sammen og belyser innvirkningen av dette på smertebehandlingen som sykepleiere utøver. Her trekkes også inn andre faktorer som sykepleiere møter på og som kan påvirker holdningene deres.

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Abstract	Lovisenberg diakonale høgskole Date 03/01/23

Title: Pain Management in Hospitalised Patients with Opioid Use Disorder – And how Nurses' Attitudes can Affect This

Introduction

In Norway in 2019, approximately 10,000 persons injected drugs and due to injuries and infections they are often hospitalised. Nurses are the primary staff ensuring sufficient pain management, which is legislated and ethically binding. Yet, questions are raised whether patients with opioid use disorder experience sufficient pain management due to stigmatising and negative attitudes from health personnel. Therefore, the aim and objective of this thesis is to study how nurses' attitudes can affect pain management to patients with opioid use disorder.

Method

This thesis' method is a literature review where literature searches in various databases, such as CINAHL, PubMed, Sykepleien Forskning and Oria, have been conducted to collect relevant information on the topic. Using both empirical articles and theory creates the foundation for an increased knowledge base and understanding of the topic which contributes to drawing conclusions based on the information collected.

Results

The results of published research show that nurses encompass negative attitudes and perceptions toward patients with substance- and opioid use disorder. The patients are perceived as manipulative, drug-seeking, and generally difficult. Yet, research show that many nurses express sympathetic concerns for the patients' life situations and highlight their ethical duty to care for the patients, protect their rights and ensure sufficient pain management.

Discussion

This section is divided into three subchapters where the first chapter discusses how nurses' attitudes can affect pain management in light of Joyce Travelbee's theory, Human-to-Human Relationship. This section highlights the importance of creating good relations and seeing the human behind the disease, but also demonstrates the hinderance negative attitudes causes. The second chapter discusses nurses' attitudes and how they impact the establishment of a trustful relationship between nurse and patient. The final chapter discusses the connection between knowledge and attitudes and highlights the impact of this on the pain management nurses provide. In this chapter, other external factors which may affect nurses' attitudes are also addressed.

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1 Introduction

This chapter highlights the relevance of researching nurses' attitudes toward patients with opioid use disorder in pain.

1.1 Context and topic

The number of patients with opioid addiction diagnoses increased by 65% from 2010 to 2020 (Edland-Gryt, 2022), and approximately 62 million people worldwide used opioids without medical cause in 2019 (World Drug Report, 2021, p. 22). In Norway the same year, nearly 10,000 persons were injecting drugs (Burdzovik, 2022). Persons with opioid use disorders (OUD) are referred to as "drug addicts" or "drug abusers" by the media and public (Nesvåg, 2018, p. 23) and are at great risk of experiencing painful bacterial infections, injuries, and trauma requiring treatment in hospitals (Skoglund & Biong, 2018, p. 179). Based on this, it is highly likely that as a nurse one will encounter a person with OUD necessitating pain management in hospitals.

Access to sufficient pain management is considered a human right and individuals are entitled to the same healthcare regardless of background and personal situation (Winger & Leegaard, 2017, p. 173; Ytrehus, 2018, p. 244). Stigmatising and negative attitudes toward persons with OUD exist and drug-related issues are viewed as social problems, although the reasons for OUD are many, including economic, social, and health-related factors (Biong & Ytrehus, 2018, p. 17; Ytrehus, 2018, p. 245). This may negatively affect the quality of healthcare services, resulting in inadequate and lower quality healthcare and pain management for patients with OUD (Boekel et al., 2013, p. 24; Ververda et al., 2018).

Nurses' attitudes and perceptions of OUD as a disease and patients with OUD are crucial factors in providing good quality nursing care as it influences pain management (Ververda et al., 2012). It is important to encounter patients' experiences of pain and suffering with respect and sensitivity based on person-centred nursing practice (Cronenwett et al., 2007, p. 123) as the consequences of undertreated acute pain are significant. Chronic pain may be developed due to neural changes resulting in depression, poor health outcomes, and distrust of the healthcare system (Paschkis & Potter, 2015, p. 26). Ensuring a secure and durable society where persons

with OUD feel part of, is crucial and may further contribute to changes in the population's and health personnel's attitudes and perceptions (Meld. St. 30 (2011-2012), p. 7-8).

1.2 Nursing professional relevance

This thesis' topic is of great relevance to the nursing profession as nurses are the primary staff providing pain management and caring for hospitalised patients with OUD. Nurses are accountable of caring for these patients by preserving and treating them with respect and dignity (Norsk Sykepleierforbund [NSF], 2019; Nortvedt, 2016, p. 173-174). It is necessary to be understanding of patients' interpretation of pain and provide high-quality pain assessment and management (Paschkis & Potter, 2015, p. 25). Also, nurses' professional relevance is highlighted through critical observations which can impact pain management (Boekel et al., 2013, p. 24).

1.3 Aim and objective

The aim and objective of this thesis is to study the correlation between nurses' attitudes toward patients with OUD in pain and the extent to which the patients receive sufficient pain management.

1.3.1 Research question

This thesis' research question is: "*How can nurses' attitudes affect the pain management of patients with opioid use disorder?"*.

1.4 Delimitations

This thesis emphasises hospitalised adult patients, aged 18 and over, with opioid use disorder (OUD) in pain admitted due to somatic causes. These patients are referred to as "drug addicts" or "drug abusers" and are associated with illegal drug use, crime, and homelessness (Nesvåg, 2018, p. 23; Lossius, 2021, p. 29). I have chosen to include scientific articles and literature addressing other substances as patients with OUD often consume additional substances (Danielsen & Berntzen, 2022, p. 464). Patient attitudes and family perspectives will not be emphasised. Additionally, patients undergoing opioid replacement therapy (legemiddelassistert rehabilitering), patients with chronic pain, and non–medical measures will not be included.

1.5 Clarification of terms

Opioids are depressant medicaments targeting the central nervous system. They are accessible as tablets, they can be smoked, or injected, and are distributed as legal painkillers or illegally (Skjøtskift, 2018, s 105; Danielsen & Berntzen, 2022, p. 453-454).

Opioid use disorder (OUD) is a specific subset of substance use disorder and can defined as "a problematic pattern of opioid use that causes significant impairment or distress" (CDC, 2021). The motivation is to achieve intoxication, a sense of feeling "high", and relieve dissatisfaction, unhappiness, or psychological challenges and impacts everyday tasks and actions. Withdrawal symptoms will occur when the intake of opioids reduces or ceases (Mørland & Waal, 2016, s. 171).

Pain is an individual experience influenced by biological, psychological, and social factors to varying degrees and is defined as "*an unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage*" (IASP, 2020).

Attitudes originate from our thoughts, emotions, and behaviours described as a particular tendency to react in a certain way to other people, things, or events (Håkonsen, 2014, s. 185-186).

2 Theoretical foundation

This chapter presents this thesis' theoretical foundation and firstly describes Joyce Travelbee's theory, Human-to-Human Relationship. Then the theoretical background of opioids, opioid use disorder (OUD), and opioid assessment will be described. Further, this thesis will describe pain as a phenomenon, pain assessment, and attitudes before moving on to ethical guidelines and legislation.

2.1 Joyce Travelbee

Travelbee (1971/1997) argues that nursing is an interpersonal process involving direct or indirect contact with people (p. 25). A Human-to-Human Relationship in nursing is based on one or a series of experiences occurring between a nurse and one or more individuals necessitating the help the nurse provides (p. 16-17). The establishment of a Human-to-Human Relationship is a mutual process characterised by a particular way of behaving, including thoughts, perceptions, feelings, and actions (p. 124). Nurses' aims and intentions can only be achieved when the nurse and patient perceive each other as human beings and Human-to-Human Relationship is established (p. 119).

The Human-to-Human Relationship is based on the continuous stages; 1) the original encounter, 2) emerging identities, 3) empathy, and 4) sympathy (Travelbee, 1971/1997, p. 120), and is continuously built on interactions and communication with the patient. Therefore, nurses must be aware of their actions, thoughts, feelings, and experiences (p. 171). Nurses' attitudes and behaviour are influenced by their personal perceptions and interpretations of patients. Hence stereotypical views are the greatest hinderance to the establishment of a Human-to-Human Relationship. It is important that nurses perceive and respond to the patient as a human suffering from a disease or illness simultaneously as the patient responds to nurses as humans (Travelbee, 1971/1999, p. 53, 77). Patients' individual subjective experiences of pain must be acknowledged and accepted to provide necessary nursing practice. When patients feel the necessity to convince nurses of the reality of their pain, the dilemma of the extent to which nurses' attitudes influence patients' way of being, is emphasised (Travelbee, 1971/1999, p. 115).

2.2 Opioids

Opioids are a group of drugs commonly called "narcotics". The word "narcotic" originates from the Greek word for "sedation" or "sleep" and was first used to separate drugs providing pain relief from drugs providing both pain relief and sedation ("sleepiness") (Håkonsen, 2014, p. 386). The drugs bind to opioid receptors in the central nervous system and are highly addictive (Danielsen & Berntzen, 2022, p. 453-454; Skjøtskift, 2018, p. 106). Opioids such as morphine and codeine are made from the opium plant, whereas the psychoactive drug heroin is artificially produced and is the most addictive opioid (Håkonsen, 2014, p. 386). Oxycodone, methadone, pethidine, ketobemidone, and buprenorphine are other examples of opioids (Skjøtskift, 2018, s 105; Danielsen & Berntzen, 2022, p. 453-454). The most common side effects of opioids are sedation, risk of addiction, nausea, vomiting, drowsiness, constipation, urinary retention, and respiratory depression (Danielsen & Berntzen, 2022, p. 459; Paschkis & Potter, 2015, p. 27).

2.2.1 Patients with opioid use disorder

ICD-10 (International Classification of Diseases) is used in the diagnosis of substance abuse problems (World Health Organization, 2022). ICD-10 recognises addiction as a variety of physiological, behavioural, and cognitive phenomena where a person gives the use of a substance, or substance class, a higher priority compared to other behaviours that previously were of greater value (Lossius, 2021, p. 26). Opioid use contributes to excitement, relaxation, and a feeling of indifference to problems. A psychic dependence ensues when drugs are taken based on these indicators (Danielsen & Berntzen, 2022, p. 463). The brain's reward centre controls humans to execute activities contributing to a positive experience or reducing discomfort. The use of drugs is such an activity. However, the problem evolves when a reward-seeking activity, such as taking drugs, exceeds a certain level and intensity as one gradually turns to drugs as a reward to a greater extent (Nesvåg, 2018, p. 34). ICD classifies addiction as a syndrome and to be diagnosed three of the six criteria in Table 1 must be fulfilled (Nesvåg, 2018, p. 33).

Table 1

1	Strong desire, or feeling of urgency, to take the drug.
2	Difficulties controlling the intake of the drug – to start and stop.
3	A physiological state of withdrawal occurs: 1) if the use of the substance ceases or is reduced, 2) a characteristic withdrawal symptom for the substance in question is presented, or 3) by using the same or related substance to relieve or avoid withdrawal symptoms.
4	Tolerance development involving the need for higher doses to achieve the same effect (as previously).
5	Increasing indifference towards enjoyments and interests. The amount of time spent on obtaining the drug, consuming it, or recovering after it has been consumed, increases.
6	The behaviour and use of the drug continues although it leads to obvious signs om damaging/harmful consequences.

(Translated from: Nesvåg, 2018, s. 33).

The media often portrays drug addicts as dirty and drowsy, with a blurry look and characteristic walk with bent knees and curved backs, searching for "their next hit". They live under extreme conditions lacking essential needs such as money, food, and housing (Lossius, 2021, p. 29). People injecting and taking illegal drugs are often associated with crime and prostitution to get hold of money to buy drugs (Skjøtskift, 2018, p. 106). In such environments, trust is unusual. Therefore, patients with OUD often experience a lack of trust and confidence in others. This includes health personnel when hospitalised (Govertsen et al., 2019).

Patients with OUD experience difficulties handling everyday tasks and emotional relationships may be damaged (Håkonsen, 2014, p. 379). The consumption of opioids causes patients to escape reality and its problems and complexities. Persons injecting heroin will feel sleepy and will be left with an intense feeling of well-being as demanding feelings such as sadness and anxiety disappears (p. 386). Additionally, many patients with OUD are concerned with mental health disorders, poor physical health, and deprived social conditions such as lower levels of education, little connection to working life, loss of custody, and social security benefits (Skoglund & Biong, 2018, p. 179).

2.2.2 Assessment of opioid use

To achieve sufficient pain management, obtaining information regarding patients' use of opioids is crucial as patients with OUD often consume several narcotic substances (Paschkis &

Potter, 2015, p. 27; Danielsen & Berntzen, 2022, p. 464). Documenting doses, frequency, and whether the drugs are smoked or injected facilitates health personnel to administer pain medication that covers the patients' opioid baseline requirements (Christiansen, 2018, p. 166). When underdosed on opioids, unpleasant withdrawal symptoms occur, such as sweating, sleep deprivation, reduced appetite, irritability, restlessness, stomach – and muscle cramps, vomiting, and diarrhea (Danielsen & Berntzen, 2022, p. 463; Skjøtskift, 2018, p. 106). Withdrawal symptoms may also contribute to somatic diseases being overlooked (Skoglund & Biong, 2018, p. 183). COWS (clinical opioid withdrawal scale) is a screening tool to register the extent and degree of opioid withdrawal (Mørland & Waal, 2016, p. 169).

2.3 Pain

The phenomenon of pain is a subjective experience developing differently in each person and individual pain experiences must be acknowledged and accepted (Winger & Leegaard, 2017, p. 174). Due to the subjectivity of pain, patients may experience difficulties communicating their pain levels. The description of pain may be inadequate as patients' pain experiences often exceed the level of which they convey. This may cause nurses to doubt patients' pain experiences and express negative attitudes as these patients are often stigmatised. It is crucial to meet patients with open and engaging attitudes and trust their communication and experiences of pain (Danielsen et al., 2016, p. 383).

Pain can be divided into acute and chronic pain (Danielsen & Berntzen, 2022, p. 441). Acute pain warns of impending tissue damage and correlates mental processes and reflexes to remove ourselves from the cause of injury. Chronic pain is pain with a duration of more than three months and can be caused by insufficient acute pain management, or it can originate from an unknown source (Winger & Leegaard, 2017, p. 174). Nociceptive- and neuropathic pain are two types of pain where nociceptive pain concerns tissue damage or potential tissue damage due to external factors (Danielsen & Berntzen, 2022, p. 442). Neuropathic pain, such as hyperalgesia, concerns damage in the nervous system due to disease or injury (Danielsen & Berntzen, 2022, p. 442-443). Opioid-induced hyperalgesia is a negative consequence of long-term opioid use and causes increased sensitivity to nociceptive fibres in certain areas. This triggers intense pain by insignificant stimuli such as light touch (Danielsen & Berntzen, 2022, p. 443; Nortvedt, 2016, p. 182).

2.3.1 Pain mapping and pain assessment

Pain mapping is crucial in providing sufficient pain management and there exists a variety of tools and schemes for systematic pain mapping and assessment. Nurses play a key role in observing and identifying patients' pain and must have knowledge regarding various physiological signs such as high blood pressure, high pulse, and fast respiration. Additionally, behavioural reactions can also indicate pain, such as when patients talk about – or focus on pain, crying, frowning, or grimacing (Danielsen & Berntzen, 2022, p. 444-445; Boekel et al., 2013, p. 24).

After long-term opioid use, an increased substance tolerance is developed, hence the necessity to advance the dosage due to the accelerated dissolution of the medications (Danielsen & Berntzen, 2022, p. 462). Tolerance is defined as "a state of adaptation in which exposure to a drug induces changes that result in a diminution of one or more of the drug's effects over time" (Paschkis & Potter, 2015, p. 30). This is often observed when patients are more frequently in need of a new dose as the pain relief is diminished. Patients with OUD necessitate higher doses of opioids to attain the same degree of pain relief as other patients not addicted to opioids. Additionally, patients with increased tolerance are at lower risk of developing respiratory depression when consuming higher doses of opioids (Danielsen & Berntzen, 2022, p. 462; Pachkis & Potter, 2015, p. 30). Providing pain management to patients with OUD requires knowledge about tolerance, addiction syndrome, and drug abuse (Skoglund & Biong, 2018, p. 187). Den Norske Legeforeningen (2009) has created guidelines for pain management of patients with substance- and opioid use disorders (p. 33).

2.4 Attitudes and stigma

Factors such as school, friends, parents, and the media influence our understanding and perceptions of the world. This creates the foundation for our values, meanings, and attitudes, which in turn affects our behaviour (Håkonsen, 2014, p. 185). Attitudes are established through our thoughts, emotions, and behaviours, and can either be positive or negative – judging or evaluative. Thoughts reflect views and opinions of matters in society, and emotions are characterised by positive or negative emotional reactions toward a subject. Sympathy and respect are positive feelings whilst fear and contempt are negative. For instance, prejudice toward a subject is expressed through negative feelings (Håkonsen, 2014, p. 185-186). Attitudes are mainly expressed through individuals' behaviours (p. 186). Still, the correlation between

attitudes and behaviours is not necessarily present. Individuals may possess attitudes and knowledge concerning a subject, but due to previous experiences, social situations, and particular conditions, behavioural actions may be affected (p. 187). As attitudes are ingrained and established based on our knowledge and opinions from previous experiences, they are difficult to change (Håkonsen, 2014, s. 185). Nurses must be aware of their attitudes, as negative attitudes may cause patients with OUD to receive nursing practice and healthcare services of lower quality (Ververda et al., 2018).

Stigma concerns negatively perceived traits and those who possess these traits are viewed as aberrant from what is recognised as normal (Ytrehus, 2018, p. 224). Stigma is a contributing factor to negative attitudes and can lead to discrimination. Also, stigmatising - and negative attitudes contribute to the public perception of drugs being a moral issue. Therefore, nurses' prejudice and preconceptions of the behaviour of patients with OUD can affect equality and respect (Ytrehus, 2018, p. 224-225; Aakre & Biong, 2018, p. 73). Stigmatisation is the social process where these traits are ascribed to individuals (Ytrehus, 2018, p. 224). Stigmatisation of patients with OUD may compromise their needs and rights to user participation due to deficient relationships with health personnel resulting in inadequate health services compared to the rest of the population (Skoglund & Biong, 2018, s. 179).

2.5 Ethical guidelines and legislation

2.5.1 Professional ethical guidelines

The foundation of professional ethical guidelines is to respect the life and inherent dignity of the individual human. Nurses are responsible to act with professional awareness and consideration, to protect patients' right to participation, and their right not to be violated (NSF, 2019). Nurses are obliged to meet and protect the special needs of particularly vulnerable groups such as patients with OUD regardless of their personal attitudes. Additionally, nurses' palliative function, in segment 2.10, involves the duty of relieving suffering (NSF, 2019). Nurses encompass an ethical duty to ensure satisfactory pain management to patients with OUD, meaning that personal attitudes and opinions must be put aside to ensure high-quality healthcare to all patients.

2.5.2 Ethical principles

The four fundamental ethical principles ought to contribute to good moral in nursing practice. These are: “respect for autonomy”, “the principle of beneficence”, “the principle of doing no harm”, and “the principle of justice” (Aakre & Biong, 2018, p. 85). These contribute to coordinating and organising thoughts, arguments, and choices of action when encountering ethical dilemmas when working with patients with OUD. The principle of beneficence underlines nurses’ duty to do what is best for the patients to the best of their abilities (Nortvedt, 2017, p. 96), and the principle of justice emphasises patients’ equal rights to good-quality healthcare. “Respect for autonomy” comprises patients’ rights to self-determination of choice of treatment and care, and the “principle of doing no harm” involves providing palliative and protective care by diminishing patients’ pain and suffering (p. 97-98).

2.5.3 Legislation

Pasient-og brukerrettighetsloven (1999) underlines every individual’s equal right to the same quality of health services and ought to prevent and reduce stigmatisation toward individuals or groups. If the law is not acknowledged and health personnel acts according to personal perceptions and attitudes, it is considered a violation of human rights. Nurses may argue their actions being professionally justifiable (faglig forsvarlig) and legally supported, yet actions should essentially be ethically acceptable (Ververda et al., 2018). Spesialisthelsetjenesteloven (1999) emphasises health personnel's responsibility to ensure equal health services of good quality to all patients, and that health services are modified to each patient’s needs. Additionally, §4 in Helsepersonelloven (1999) aims to ensure patient safety through professional justifiable (faglig forsvarlig) and compassionate help, good-quality health services, and trust in health personnel and the healthcare services provided.

3 Dissertation methodology

This chapter presents this thesis' methodology and defines what a literature review is. Further, the literature searches in the college's databases will be presented in a matrix demonstrating the complete final search in CINAHL and PubMed. Additionally, the search process is clarified in writing and using tables to demonstrate the key terms and combinations applied.

3.1 Literature review

A literature review, also in healthcare context, synthesises and analyses published research on a clinical topic. When the results of several scientific studies are analysed, the existing state of knowledge of the topic is described. The articles' outcomes and information contribute to drawing conclusions based on clinical applications (Popenoe et al., 2021, p. 175).

3.2 Search process and selection of articles

Throughout the search process, the key terms; "nurses' attitudes", "pain", or "pain management", "opioid addiction", and "substance use disorder" (rusmiddelavhengighet) were applied based on the research question's key elements. The term "substance use disorder" (rusmiddelavhengighet) was discovered in articles during the search process in CINAHL and PubMed and was understood as a collective term for alcohol – and drug addiction disorders. Therefore, it was applicable to this thesis and the search process.

After attempting several searches in CINAHL and PubMed, I progressively discovered my final structured search demonstrated in Table 5 in 3.2.1. Firstly, a search in CINAHL was conducted using the terms in Table 2. The columns demonstrate the different searches and the key terms in each column were combined with "OR". Eventually, the columns were combined with "AND" which provided me with 48 articles. Further, the inclusions- and exclusions criteria, see Table 4, were implemented to categorise the articles applicable to my research question. Additionally, I narrowed down my search by applying the filters: 10-year time range and English full-text. I continued using my inclusions – and exclusions criteria to classify relevant articles. Two of the relevant journal articles were not included as they were not scientific articles by the college's requirements.

Table 2

Column 1 (Search 1)	Column 2 (Search 2)	Column 3 (Search 3)	Column 4 (Search 4)
Substance dependence	Opioid addiction	Nurses' attitudes	Pain
Substance use disorder	Narcotics	Nurses' beliefs	Pain management
Substance abuse, intravenous		Nurses' perceptions	
Substance abuse		Nurses' views	
		Nurses' opinions	

As only three journal articles from CINAHL were of relevance, another search in PubMed was conducted. I proceeded with a search consisting of fewer key terms and combinations compared to CINAHL, demonstrated in Table 3. The terms in each column were combined with "OR", and finally, the three searches were combined with "AND", which provided me with 50 articles. My inclusion – and exclusion criteria in Table 4 helped me categorise relevant articles. All titles, 13 abstracts, and only six full-text articles were read. However, four of the articles had already been read as they had been discovered in CINAHL where three of them had been selected. One of the six articles was unapplicable due to insufficient IMRAD structure, and one was excluded as it discussed another patient group. This process left me with one article.

Table 3

Column 1 (Search 1)	Column 2 (Search 2)	Column 3 (Search 3)
Nurses' attitudes	Pain	Opioid addiction
	Pain management	Substance abuse
		Substance dependence
		Substance use disorder

Additionally, a search in Sykepleien Forskning was conducted using the Norwegian terms for "pain management" and "opioid" as I wanted to acquire a study based in Norway. I applied the filter "research journal articles" which provided me with one article relatable to my research question; "Smertebehandling av rusmisbrukere innlagt i sykehus" ("Pain treatment of hospitalised patients with drug addiction") from Li et al. (2012). Moreover, to ensure the quality of the articles it was vital that the articles were peer-reviewed and published in acknowledged journals.

Table 4

Inclusion criteria	Exclusion criteria
Nurses' perspectives and attitudes must be addressed	Geographical limitations: Eastern countries or countries with underdeveloped health care system due to cultural differences
Opioid- and/or substance use disorder	Patients in the emergency room when first admitted
The articles must involve pain and pain management	
Patients must be hospitalised due to somatic cause	
Empirical scientific studies	
Published 2012 or later	

To maintain the relevance to my research question, efforts have been made to ensure that the articles address nurses' attitudes and perspectives toward hospitalised patients with opioid – and/or substance use disorders (Thidemann, 2020, p. 73). This thesis includes empirical scientific studies, both qualitative and quantitative, with IMRAD-structure. The combination of the two is more favourable as both methods can research qualitative aspects of human experiences (Tufte, 2018, p. 26, 187). Also, selecting articles in English or Scandinavian languages were based on personal language skills, hence other articles were not of relevance. Articles published before 2012 were excluded as I required updated literature and of relevance to current time. This also correlates with the college's recommendation. Older studies may not be abreast with societal changes and "Rusreformen" is an example of this. This contributes to the development of OUD being viewed as a biological disease rather than self-inflicted (Meld. St. 30 (2011-2012), p. 8). It has been important to ensure the articles' western perspectives, yet I strived to include articles addressing a Norwegian perspective due to potential cultural differences (Dalland, 2017, p. 231).

3.2.1 Literature search process

Table 5: Literature search

Databases and search dates	**CINAHL, 02/11-22**	**PubMed, 25/10-22**
Search terms and combinations	(MH "Nurse Attitudes") OR "nurses attitudes or nurses perceptions or nurses beliefs or nurses views or nurses opinions" **AND** (MH "Pain+") OR (MH "Pain Management") **AND** ("substance abuse or substance use or drug abuse or drug addiction or drug use" OR (MH "Substance Dependence+") OR (MH "Substance Use Disorders+") OR (MH "Substance Abusers+") OR (MH "Substance Abuse, Intravenous") OR (MH "Substance Abuse+") **OR** "opioid use disorder" **OR** (MH "Narcotics+") OR "opioid addiction"	"Nurse attitudes" **AND** ("pain" OR "pain management") **AND** ("opioid addiction" OR "substance use disorder" OR substance abuse" OR substance dependence")
Search limitations	From 2012 – 2022, English, Full text	From 2012-2022, English, Full text
Number of total search hits	48	50
Number of titles read	48	50
Number of abstracts read	7	13
Number of full-text articles read	5	6
Number of articles that can be included based on inclusions – and exclusions criteria	3	1
Additional inclusions – and exclusions criteria	Not applicable.	Discussed another patient group.
Number of articles included in the study	3	1
Article 1:	Morgan, B. D. (2014). Nursing Attitudes Toward Patients with Substance Use Disorders in Pain. *Pain Management Nursing, 15*(1), 165-175. https://doi.org/10.1016/j.pmn.2012.08.004	Neville, K. & Roan, N. (2014). Challenges in Nursing Practice; Nurses perceptions in Caring for Hospitalized Medical-Surgical Patients With Substance Abuse/Dependence. *Journal of Nursing Administration, 44*(6), 339-346. https://doi.org/10.1097/NNA.0000000000000079.
Article 2:	Krokmyrdal, K. A. & Andenæs, R. (2015). Nurses' competence in pain management in patients with opioid addiction: A cross-sectional survey study. *Nurse Education Today, 35*(6), 789-794. https://doi.org/10.1016/j.nedt.2015.02.022	
Article 3:	Morley, G., Briggs, E. & Chumbley, G. (2015). Nurses' Experience with Substance-Use Disorder in Pain: A Phenomenological Study. *Pain Management Nursing, 16*(5), 701-711. https://doi.org/10.1016/j.pmn.2015.03.005	

3.3 Other subject- and research literature

The literature was selectively and thematically chosen using a variety of relevant books and articles, both primary and secondary resources. The college's library and Oria, the search engine of Lovisenberg Diakonale Høgskole (LDH), were used in addition to various books to address theoretical aspects. For instance, Travelbee's books (1971/1997; 1971/1999) addresses the Interpersonal aspects and Human-to-Human Relationship between nurse and patient. The book "Helsehjelp til personer med rusproblemer" by Biong & Ytrehus (2018) and Lossius' (2021) "Håndbok i rusbehandling" were used to address several aspects based on the theoretical relevance regarding patients with substance – and opioid use disorder. The 5th and 6th edition of Stubberud's and Grønseth's books (2016; 2022) "Klinisk sykepleie" were part of forming the theoretical foundation of nursing care for patients in pain and addressed issues of pain when addicted to various substances. Additionally, Håkonsen' (2014) "Psykologi og psykiske lidelser" provided essential information about attitudes and how they are formed. Efforts have been made to use newly published books, yet due to the library's limited versions and its loan system, difficulties occurred during the process as the latest versions were not always available.

Further searches in the college's databases were conducted by applying terms such as "stigma" and "health personnel". The intention was to discover articles addressing this thesis' research question with various perspectives. These articles' applicability is evident and supports this thesis' credibility as the research question's key elements are emphasised. Furthermore, non-fictional sources from the internet, such as ethical professional guidelines, legislation, and reports were selected. These websites are well-known organisations or departments comprising high credibility and are regularly updated.

4 Results

4.1 Presentation of articles

Tabell 4: Article matrix

Database	Author, year, country	Title	Aim and objective	Design/method	Results	Quality assessment
CINAHL	Morgan, B. D., (2014), United States	Nursing Attitudes Toward Patients with Substance Use Disorders in Pain	To explore nurses' attitudes toward hospitalized patients with substance use disorder (SUD) in pain. The intention is to enlarge the base of knowledge about nurses' attitudes and the way nurses interact with these patients.	Qualitative study: Semi structured individual interviews based on grounded theory methodology	-Nurses experience negative feelings and found it difficult to provide good care - Patients were perceived as demanding, loud, suspicious, and negatively labelled as "drug-seeking". - Important to build a trustful relationship between nurse and patient. - Some nurses aim to provide healthcare of good quality. - Nurses require more education on addiction. - Encountering barriers in the workplace affected nurses' ability to ensure sufficient pain treatment.	Checklist for assessing a qualitative study: 8/9
CINAHL	Krokmyrdal, K. A. & Andenæs, R. (2015), Norway	Nurses' competence in pain management in patients with opioid addiction: A cross-sectional study	The aim of the study was to evaluate nurses' self-perceived competence, knowledge about pain, competence in pain management to patients with opioid addiction, and the sources from where nurses obtain their knowledge.	Quantitative method: Cross-sectional pilot study using a self-administered questionnaire.	- 87,8% responded they did not have sufficient knowledge about pain. - 38,7% were unaware of opioid addiction leading to increased pain. - Participants perceived the patients to exaggerate their pain to obtain more medication and were dishonest when describing the effect of administered pain medication. - 87,8% said that patients demanded additional pain medication. - 54,6% responded that the patients do not receive sufficient pain treatment. - Most nurses felt they need more competence in the field.	Checklist for analytical cross-sectional studies: 7/8

CINAHL	Morley, G., Briggs, E. & Chumbley, G. (2015), England	Nurses' Experiences of Patients with Substance-Use Disorder in Pain: A Phenomenological Study	To study nurses' experiences of patients with SUD in pain. The aim is to uncover perceived challenges related to pain management and identify nurses' support and need for education.	Qualitative study: Semi structured interviews based on descriptive phenomenology	- Patients were perceived as difficult, manipulative, aggressive, unhygienic, distrustful, non-compliant, and "drug-seeking". - Distrusting patients and their report of the pain experienced. - Necessary to consider issues concerning the effect of tolerance and hyperalgesia. - External pressures and financial resources caused less time for teaching and education. - Awareness of the patients' social – and psychological needs could facilitate collaborative, holistic, person-centred care. - Remain tolerant and adaptable of the patients' pain needs.	Checklist for assessing a qualitative study: 9/9
PubMed	Neville, K. & Roan, N., (2014), United States	Challenges in Nursing Practice. Nurses' Perceptions in Caring for Hospitalized Medical – Surgical Patients With Substance Abuse/ Dependence	The study's objective was to investigate nurses' perceptions of caring for hospitalised patients with comorbid conditions of substance abuse/ dependence	Qualitative study: An inductive approach based on the subjective data from an earlier study investigating nurses' attitudes towards suicide in hospitalised patients.	- Nurses feeling manipulated, unsafe, worried, and afraid due to safety hazards and the risk of danger carrying out their responsibilities. - Patients being perceived as aggressive and threatening. - Distrusting patients. Nurses being suspicious regarding the patients' description of their pain. - Sympathetic concerns for the patient's life situations were addressed. - A discrepancy between nurses' professional assessment and patients request/demand for medical orders. - Nurses felt unprepared due to lack of knowledge.	Checklist for assessing a qualitative study: 8/9
Sykepleien Forskning	Li, R., Andenæs, R., Undall, E. & Nåden, D. (2012), Norway	Smertebehandling av rusmisbrukere innlagt i sykehus *Translated:* "Pain treatment of hospitalised patients with drug addiction"	The aim is to assess health personnel's attitudes, behaviour, and knowledge toward hospitalised patients with opioid addiction in pain.	Quantitative study: A descriptive cross-sectional survey with questionnaire.	- 55,7% of nurses acknowledged OUD as a disease. - Only 23,2% of participants frequently used pain mapping and assessment tools. - Lack of knowledge how opioid use disorder affects the experience of pain and pain treatment. - Nurses feel deceived and manipulated by patients when they ask for more pain medications. - Nearly 80% responded that they do not believe the patients tell the truth about their pain.	Checklist for analytical cross-sectional studies: 7/8

4.2 Synthesis of results

The articles demonstrate that nurses encompass negative attitudes and perceptions toward patients with opioid use disorder. Nurses perceived these patients as demanding, loud, suspicious, unhygienic, and generally challenging. Patients were viewed as non-compliant and referred to as “drug-seeking” as they demanded additional pain medications. Nurses believed that patients exaggerated their pain and gave dishonest description of the effect of administered pain medication. Nurses felt unsafe, worried, deceived, and manipulated when working with the patients as they were perceived as aggressive and potentially threatening. Exposure to this patient group may influence nurses’ views on pain management and the need for further education and training about OUD and pain management were addressed. Nevertheless, several articles state that many nurses aim to provide healthcare of good quality through their ethical duty of care, show compassion and understanding of the patients’ situations, and provide holistic and individual pain treatment.

5 Discussion

Chapter 5.1 collectively discusses the scientific articles, theory, legislation, and ethics in light of this thesis' research question "How can nurses' attitudes affect the pain management of patients with opioid use disorder". The three subchapters discuss Travelbee's Human-to-Human Relationship theory, the importance of trust, and the challenges in providing sufficient pain management related to mapping, assessments, and external factors. Chapter 5.2 discusses the strength and weaknesses of a literature review being this thesis' method, the literature search, and the selection of articles.

5.1 Discussion of results

5.1.1 Human-to-Human Relationship

Studies reveal that nurses encompass negative attitudes and perceptions toward patients with opioid use disorder (OUD) (Morgan, 2014; Neville & Roan, 2014; Morley et al., 2015; Li et al., 2012; Krokmyrdal & Andenæs, 2015). However, negative attitudes can negatively affect pain management in patients with OUD (Govertsen et al., 2019). Therefore, creating a Human-to-Human Relationship based on shared understanding and contact where both nurse and patient are seen as human beings, is crucial (Travelbee, 1971/1999, p. 171). Yet, nurses' perceptions of individuals affect their behaviour in all aspects of life (p. 53). The individuals in the relationship perceive and respond to the humanity of the other, and stereotypical views should be avoided. Patients should not be viewed as a task, a room, a disease, or stereotyped as "all patients", and nurses should not be stereotyped as "all nurses" (Travelbee, 1971/1997, p. 124). However, when patients are met with a task-oriented approach, the delivery of pain management may be inadequate (Boekel et al., 2013, p. 33). This creates a hindrance in the establishment of a Human-to-Human Relationship and necessary pain management (Travelbee, 1971/1997, p. 119). It also challenges the ethical principle of justice and the Patient User Act stating that all patients, also stigmatised groups, are entitled to necessary healthcare without being discriminated (Nortvedt, 2017, p. 98; Pasient-og brukerrettighetsloven, 1999).

However, nurse participants in Morgan (2014) attempted to understand the patients' behaviours and see the human behind the addiction disorders, as this was recognised as essential in delivering satisfactory pain management (p. 171, 173). This demonstrates positive attitudes where stereotypical views of patients diminish and the uniqueness of the human is recognised

(Travelbee's, 1971/1997, p. 131). Positive attitudes are important as it reflects patients' responses to nurses' approach (Christiansen, 2018, p. 162). However, in Morley et al. (2015), nurses found it unappealing to work with this patient group and distanced themselves (p. 707). Due to unconscious factors, nurses' judgemental attitudes and behaviour may not be possible to change. Therefore, nurses must strive to become aware of personal judgements, behaviours, and attitudes toward the patients and ensure that their negative assessments do not affect the patients' care and pain management when hospitalised (Travelbee, 1971/1997, p. 140).

Furthermore, patients with addictive disorders were perceived as difficult, non-compliant, unhygienic, and generally challenging (Morley et al., 2015, p. 704-705). Nurses experienced difficulties caring for patients with OUD as they were perceived as aggressive and threatening. This caused nurses to feel unsafe and worried, and they needed to protect themselves from potential physical harm (Neville & Roan, 2014, p. 342). Yet, when patients experience insufficient pain management and their needs and requests are not seriously considered, they may act out and show unease. Behavioural reactions may also indicate pain (Govertsen, 2019; Danielsen & Berntzen, 2022, p. 445), which suggests that the patients' aggressive and threatening behaviours can be related to insufficient pain management. Travelbee (1971/1997) argues that the original encounter and first impression of another human being may be inaccurate due to previous experiences affecting nurses' views (p. 131). Yet, questions can be raised considering nurses' negative attitudes and perceptions being based on first impressions or previous working- or personal experiences.

In Neville and Roan (2014), nurses conveyed frustration towards the patients' frequent readmission implying that their perceptions were not based on first impressions. The frustration was related to their time spent and effort caring for the patients, yet they came back in the same situation (p. 343). Working with patients with addiction disorders can be emotionally challenging and stressful causing health personnel to feel resentful, frustrated, and powerless (Boekel et al., 2013, p. 32). However, when nurses' behaviours are reflected by negative attitudes, patients' risks being dehumanised and objectified (Travelbee, 1971/1997, p. 36). This interferes with the establishment of trustful relationships as being objectified is offensive and can result in the loss of freedom, self-respect, and disempowerment (Aakre & Biong, 2018, p. 77). A negatively characterised relationship perceived as insulting from the patient's viewpoint may cause the patient to react with anger openly and directly toward nurses (Danielsen & Berntzen, 2022, p. 444; Travelbee, 1971/1997, p. 36). Yet, nurses stated they needed to put

their negative feelings aside to care for their patients to the best of their abilities (Neville & Roan, 2014, p. 343). This correlates with the ethical principle of beneficence (Nortvedt, 2017, p. 96). In Morgan (2014), nurses highlighted the necessity to show the patients compassion (p. 171), which implies that the nurses attempted to see beyond the patients' behaviours and comprehend their experiences. This process is described by Travelbee (1971/1997) as the phase of empathy where the nurse understands the meaning of the patient's thoughts and feelings (p. 136).

Nurse participants in Neville and Roan (2014) experienced challenges providing pain management to patients with OUD (p. 343). The literature describes patients with addiction disorders as irresponsible, rude, and poorly motivated (Boekel et al., 2013, p. 29). However, nurses expressed an understanding of the patients' behaviours due to their complex life situations and backgrounds and recognised that the illegal drug consumption was related to difficulties in their lives (Morgan, 2014, p. 171; Morley et al., 2015, p. 707). Travelbee (1971/1997) emphasised the uniqueness and differences among human beings and referred to humans' similarities in common experiences such as confrontation with illness or pain, either mentally, physically, or spiritually, and death (p. 28). Nurses emphasised the necessity to remain tolerant and adaptable to the patients' pain needs due to their complex social and psychological needs, in addition to the complication of pain. This would improve nursing care and pain management of patients with OUD (Morley et al., 2015, p. 707).

Nevertheless, although negative attitudes among nurses exist, nurses felt sympathy and concern for the patients (Neville & Roan, 2014, p. 343). Some nurses expressed concerns regarding patients who did not want to leave the units as it was warm, clean, safe, and secure (Morley et al., 2015, p. 707). Travelbee (1971/1997) describes sympathy as the result of the empathetic process where a desire to relieve suffering is the unique trait of sympathy (p. 141-142). However, the sympathetic process was reversed as nurses' sympathetic concerns faded when the patients demanded more pain medications or showed aggressive attitudes. Nurses then perceived the patients as non-compliant and demanding (Krokmyrdal & Andenæs, 2015, p. 792; Neville & Roan, 2014, p. 343; Morley et al., 2015, p. 707-708).

5.1.2 Trust and attitudes

Studies reveal that nurses found it difficult to trust and know if patients with OUD told the truth about their pain (Neville & Roan, 2014; Morley et al., 2015; Li et al., 2012; Morgan, 2014; Krokmyrdal & Andenæs, 2015). However, as pain is a subjective phenomenon, nurses must acknowledge and trust patients' reports of experienced pain (Nortvedt, 2016, p. 179). If the patients' pain is not acknowledged, distrust between nurse and patient is generated (Winger & Leegaard, 2017, p. 172). In turn, this will lead to insufficient pain management as the patients' needs are not recognised (Nortvedt, 2016, p. 179). Nurses' professional ethical guidelines clearly contradict this, as section 2.10 states nurses' responsibility to provide caring help and relieve suffering (NSF, 2019). Additionally, the ethical principle of justice state that all patients are entitled to the same healthcare services, and the principle of beneficence underlines nurses' accountability to do what is best for the patients to the best of their abilities (Nortvedt, 2017, p. 96, 98).

Nurse participants in several studies stated that patients with OUD were perceived as manipulative and "drug-seeking" (Neville & Roan, 2014, p. 341; Morley et al., 2015, 707; Morgan, 2014, p. 171; Li et al., 2012, p. 258). This form of negative labelling was related to the patients' frequent requests for higher doses of analgesics or specific pain medications, requesting additional pain medications when prescribed pain medications were given, walking around the unit looking fine until reminded of their pain, and only focusing on their pain (Morgan, 2014, p. 171). However, a misconception of patients with OUD is that they manipulate to achieve a "high" (Skoglund & Biong, 2018, p. 183). Yet, Li et al. (2012) present findings implying nurses feeling deceived by patients with OUD to a larger extent than doctors (p. 257). Travelbee (1971/1999) points out the necessity to avoid labelling as it contributes to the generalisation of patients. She states that patients are individual humans and nurses are responsible for meeting them as such (p. 62). Health personnel is legally obliged to ensure equally good-quality healthcare although personal attitudes may be in conflict (Pasient- og brukerrettighetsloven, 1999; Spesialishelsetjenesteloven, 1999).

Moreover, due to the perceptions of patients with OUD exaggerating their pain and dishonestly describing the effects of administered pain medications, nurses felt suspicious and uncertain in their assessment of pain (Neville & Roan, 2014, p. 343-344; Morley et al., 2015, 707; Krokmyrdal & Andenæs, 2015, p. 791-792). Travelbee (1971/1999) argues nurses' responsibility to accept patients' experience of pain and implement necessary nursing practice,

yet patients feel they must convince nurses of the reality of their pain (p. 115). Nurses recognised the need for individualised customised holistic treatment and by obtaining information regarding the patients' social and psychosocial needs it would be possible to facilitate a collaborative, holistic, and person-centred practice (Morley et al., 2015, p. 706-707). Cronenwett et al. (2007) emphasises person-centred care as the necessity to recognise the patient as the source of control and partner in providing essential and compassionate care based on patients' values, needs, and preferences. Further, nurses' duty to demonstrate a holistic understanding of pain and suffering is highlighted (p. 123). This was drawn attention to by one nurse participant in Neville and Roan (2014) who undermined her personal attitudes to ensure her patients received the pain relief they are entitled to. The nurse stated: "Although I might not agree with their pain levels, I will never deprive patients of their right to their medication" (p. 343). Pasient-og brukerrettighetsloven §3-1 states that health services should be formed in accordance with the patient (Pasient-og brukerrettighetsloven, 1999).

Doubting patients' communication of pain can undermine their credibility and patients may feel the necessity to convince nurses of the reality of their pain (Nortvedt, 2016, p. 178; Travelbee, 1971/1999, p. 115). This causes distrust between nurse and patient and contradicts §1 in Helsepersonelloven (1999) which should contribute to establishing trust toward heath personnel. However, Morgan (2014) highlights the issue of trust and building a good relationship with patients with OUD as nurses argued their responsibility and ethical duty to trust and help the patients. One nurse stated: "…they are trusting you… and their life is in your hands" (p. 172). According to Danielsen and Berntzen (2016), a trustful relationship is established on open, positive, and engaging attitudes, which contributes to patient safety, mutual trust and respect, and sufficient pain treatment (p. 383). This stresses the importance of listening to patients' reports of pain and acknowledging their credibility and uphold their autonomy, as stated in the ethical principle of "respect for autonomy" (Nortvedt, 2016, p. 178; Nortvedt, 2017, p. 98).

Nevertheless, building trustful relationships with patients with OUD has been argued to be particularly challenging. This is because of their sceptical impressions of health personnel and public health services, based on previous experiences. Yet, patients' fear and scepticism may be reduced when met with positive attitudes (Govertsen et al., 2019). According to Li et al. (2012), trusting patients' reports of pain is crucial to achieving adequate pain management (p. 259). However, negative attitudes, distrust of patients, and perceiving them as drug-seeking and

manipulative can result in pain being undertreated. Rather than relying on evidence-based practice, health personnel may fear fuelling the patients' addiction, overdosing, causing serious side effects such as respiratory depression, or they may unsuitably pursue a "tough love" approach (NSF, 2019; Paschkis & Potter, 2015, p. 25; Danielsen & Berntzen, 2022, p. 459).

In Neville and Roan (2014), nurses expressed a disparity between their professional assessment of patients' need and demand for analgesics (p. 343). However, nurses often complied with patient demands, although this conflicted with their professional judgments (p. 344). Then again, withholding opioids from patients with OUD causes withdrawal and increases the risk of significant physical and psychological consequences (Paschkis & Potter, 2015, p. 25). This contradicts §4 in Helsepersonelloven (1999) which legally imposes all health personnel to ensure professional justifiable healthcare, and the ethical principles of beneficence and doing no harm (Aakre & Biong, 2018, p. 85). Nevertheless, moral attention and positive attitudes are essential as patients will experience trust, respect, feel safe, and good dialogue. This can reinforce the effect of pain management and provide good nursing practice (Govertsen et al., 2019; Danielsen & Berntzen, 2022, p. 444).

5.1.3 Pain management

The literature shows a correlation between attitudes and knowledge as attitudes are reflected by knowledge and opinions from previous experiences (Håkonsen, 2014, s. 186). Therefore, questions are raised regarding the impact of attitudes and knowledge on pain management in patients with OUD. It is argued whether the reason for patients with OUD receiving inadequate pain management is due to nurses' negative attitudes or their lack of knowledge (Ververda et al., 2018). Morgan (2014) addressed nurses' level of education as a contributing factor affecting their attitudes, and that additional education about addiction disorders and pain management was requested by the nurses (p. 170). This was also highlighted by Neville and Roan (2014) as nurses felt unprepared providing adequate pain management to patients with OUD due to lack of necessary knowledge (p. 343). Additionally, only half of the nurse participants in Li et al. (2012) acknowledged OUD as a disease (p. 257). This implies lack of essential knowledge and contradicts nurses' ethical and legal obligations to keep abreast with research, development, and documented practice and participate in the adaptation of evidence-based practice (Helsepersonelloven, 1999; NSF, 2019).

According to Krokmyrdal and Andenæs (2015), providing pain management for patients with OUD is considered a complex task requiring higher level of competence. Yet most participants responded they lacked sufficient knowledge about pain management (p. 791-792). In Neville and Roan (2014) it was argued that being exposed to patients with OUD negatively influenced nurses' views on pain management (p. 344). Additional education and training to increase nurses' knowledge base regarding pain management and addictive disorders will positively influence nurses' level of competence (Håkonsen, 2014, p. 185). This will enhance nurses' understanding of the patients' pain experience, improve pain management, and potentially contribute to further changes in negative attitudes toward patients with OUD (Danielsen & Berntzen, 2022, p. 438; Christiansen, 2018, p. 162). However, negative attitudes may prevent nurses from obtaining new knowledge, and the lack of knowledge may contribute to negative attitudes (Ververda et al., 2018).

Li et al. (2012) discusses the importance of adequate pain mapping and assessment, yet only a quarter of the nurse participants responded they frequently used pain mapping tools (p. 257). In Krokmyrdal and Andenæs (2015) most participants responded they recognised pain, could use opioids as pain medications, and evaluate the effects of administered pain medications (p. 791). This correlates with the nursing professional relevance stating nurses' responsibility to administer pre-ordained pain management (Danielsen & Berntzen, 2022, p. 438). However, although nurses seem to encompass certain knowledge about pain management to patients with OUD, the results show that assessment- and mapping tools are infrequently used. In addition, nurses show awareness of the insufficient pain management to patients with OUD (Krokmyrdal & Andenæs, 2015, p. 791). Pain mapping and effective pain management contribute to patient awareness regarding conditions relieving or intensifying pain (Danielsen & Berntzen, 2022, p. 444). However, the individual and subjective experience of pain challenges pain mapping and assessment which may threaten patients' experience of comfort and healing and cause misdiagnosis and undertreated pain (Ververda et al., 2018; Paschkis & Potter, 2015, p. 26). Undertreated acute pain may result in poor wound healing, respiratory infections, reduced or weakened mobility, prolonged recovery time, and extended hospitalisation (p. 26).

Den Norske Legeforening (2009) stresses the importance of mapping patients' drug use and type of addictive disorder as this provides crucial information to ensure sufficient pain management and prevent withdrawal. Additionally, Travelbee (1971/1997) argues nurses' responsibility to observe patients' needs as patients may experience challenges communicating

these. Therefore, nurses cannot trust the patients to inform them about their pain needs (p. 125; Danielsen et al., 2016, p. 383). Systematic observations of patients' behaviours where nurses use their skill, knowledge and ability is essential. The nurse must know how and what to observe and draw professional judgements of the importance of the observations (Travelbee, 1971/1997, p. 125). Morley et al. (2015) emphasise the importance of considering increased tolerance and hyperalgesia when mapping as pain management should be tailored the patients' needs (p. 707). Then again, lacking knowledge regarding the impact of increased tolerance and hyperalgesia may impede pain management as increased tolerance may be misinterpreted as substance abuse (Danielsen & Berntzen, 2022, p. 464). This was emphasised in Krokmyrdal and Andenæs (2015) where nearly 39% of nurses were unaware of opioid addiction causing increased pain. As a result, patients may be perceived in an incorrect manner which contributes to inadequate pain mapping and assessment. However, Travelbee (1971/1997) argues that the lack of essential knowledge may result in patient needs being overlooked. Further, she argues that good intentions and kindness cannot substitute nurses' understanding and skills (p. 129). Helsepersonelloven (1999) §4 states nurses' legal responsibility to provide professionally justifiable (faglig forsvarlig) healthcare and the professional ethical guidelines emphasises nurses' duty to alleviate suffering (NSF, 2019).

The impact of external factors on the delivery of necessary pain management was highlighted in several studies (Morgan, 2014; Morley et al., 2015). This emphasises the context of the thesis as these barriers are experienced by nurses in hospitals. For instance, barriers in policies and financial resources led to lack of teaching and education of pain management and addictive disorders. Also, lack of staffing made nurses feel they did not have the time to care for their patients (Morgan, 2014, p. 171). Patients with OUD were perceived as demanding of their time and attention which caused nurses to spend less time with other patients dependent on their nursing care. Additionally, the discrepancy in management between nurses and doctors was addressed as nurses often felt they had to convince doctors to prescribe further pain medications (Neville & Roan, 2014, p. 342; Morley et al., 2015, p. 707). The extent to which external factors affects nurses' delivery of pain management is uncertain. However, Håkonsen (2014) argues that social situations and particular conditions can affect attitudes and behaviours (p. 185, 187). Yet, it is questionable if the nurses' attitudes are constant. Perhaps the nurses do not necessarily have negative attitudes, but their behaviours unfold negatively when under pressure from external factors. Morgan (2014) highlight that nurses were willing to defy rules and policies to ensure what they meant was accurate and suitable care for patients with OUD. One of the nurses

stated: "… I would rather do something to help somebody and lose my nursing license than to sit back…" (Morgan, 2014, p. 172).

5.2 Discussion of Method

5.2.1 Literature review

As mentioned in 3. Dissertation methodology, a literature review systematically synthesises and analyses existing published research on a clinical topic and conclusions are drawn to address the topics clinical relevance (Popenoe et al., 2021, p. 175). The enhanced understanding and its relevance for nursing practice provide indications of improvement. Although one scientific article may present results of clinical relevance, the instigation of changes is insufficient (Aveyard, 2019, p. 6, 9). Thus, presenting results from several articles creates an overview of the research field contributing to evidence-based practice, which stresses one of the strengths (Aveyard, 2019, p. 9).

The college's limitations included a primary search in CINAHL. This is considered a strength due to the certification and the variety of peer-reviewed journals. A weakness could be the limitation of utilising between four to six articles, primarily from CINAHL. The somewhat low number of articles could be insufficient in researching and addressing the topic (Aveyard, 2019, p. 9). Yet, obtaining a higher number of articles would increase the possibility of articles not addressing this thesis' research question to the extent required. A lower number of articles contributes to a critical selection, and they are specifically directed toward my research question, which I consider a strength. An additional search in PubMed was completed as only three articles were discovered in CINAHL. This is viewed as a strength due to the possibility of relevant research existing in other databases.

5.2.2 Literature search

Several initial searches in the college's databases, CINAHL and PubMed were performed to gain insight into existing literature and relevant articles available. Searches in CINAHL were conducted using a variety of key terms and combinations based on the research question's key elements; "nurse", "attitudes", "pain", "pain management", and "opioid addiction". Yet, I either obtained a too broad search with more than 1000 articles, although filters such as English full-text and 10-year time range were applied, or a search with no more than 0 articles. This may be

due to the choice of key terms and combinations during the start of the search process, and I therefore proceeded undertaking searches in PubMed. There, I obtained a search with several relevant articles by using the same key terms, combinations, and filters. The terms "substance use disorder", "substance abuse", and "substance dependence", applied in the articles, were recognised as collective terms concerning addictive disorders.

However, late in the process, I found that "opioid use disorder" could be a more appropriate term than "opioid addiction" as it is more frequently used in English literature and research. Therefore, the term "opioid addiction" in my research question was changed to "opioid use disorder". In retrospect, as this significant key term was overlooked, relevant articles may not have been discovered. A strength of applying "substance" was the probability of acquiring a broader search status as the term is a collective term for addictive syndromes, including OUD. Yet, as "substance" also included addictive disorders such as alcoholism, it was necessary to closely read the articles as the type of addictive disorders addressed was not specified. Popenoe et al. (2021) also address this issue as the articles' study results should be applicable to the research question, and other results not of relevance should be ignored (p. 176). However, similarities between the patient groups were discovered, such as poor hygiene, non-compliance, and behavioural aspects such as agitation. Therefore, it can be discussed if nursers attitude towards patient with OUD and patients with alcoholism are the same. Due to the similarities addressed in the articles, and considering substance use disorder (SUD) being used as a collective term including OUD, the transferability of nurses' attitudes may correlate with patients with OUD.

5.2.3 Selection of articles

A strength of being a single author writing this thesis has been the opportunity to make various changes without spending time consulting with others first. However, being alone may impair the accuracy of the data analysis and the interpretations of findings. This may result in something of importance being overlooked. Considering personal perceptions and biases to maintain objectivity when identifying data has been essential (Popenoe et al., 2021, p. 181). Due to deficient discussion and reflection with others, staying focused on the research question when synthesising the results has been crucial (p. 181). Nevertheless, efforts have been made to include all findings relevant to the research question. To ensure the articles' credibility, they were collected from accredited peer-reviewed journals and were quality assessed using

checklists, see Attachments. However, only one article (Morley et al., 2015) emphasised a conflict of interest where the authors described the background circumstances of securing that personal perceptions did not affect the data analysis. It is therefore unknown if the other studies were affected by the authors' background circumstances in the collection of data and analysis.

Both qualitative – and quantitative articles have been used, which can be viewed as a strength as the distinction between these research studies is smaller than portrayed. For instance, qualitative research investigates how many expresses certain attitudes (Tufte, 2018, p. 187). Qualitative studies contribute to the study of human practices, interpretations, and understandings (Leseth & Tellmann, 2019, p. 12). They provide insight and seek understanding of nurses' experiences and attitudes toward hospitalised patients with substance- and opioid use disorders (Thidemann, 2020, p. 73). A strength is the ability to obtain information regarding participants' explanations of personal attitudes and what contributes to the creation of attitudes (Tjora, 2021, p. 37). This is based on the authors identification of unanticipated subthemes throughout the interviews as interviewees communicate personal aspects and attitudes which answers further questions not part of the interview guide (p. 37). Quantitative studies promote overview and seek explanation and an advantage is the investigation of agreement which systematically connects to demographical variables, such as sex, age, and state of origin (Tjora, 2021, p. 35, 37). Yet, the interpretation of results may be affected by theories and perspectives the authors apply (p. 37). Two of the selected articles used questionnaires and a weakness is the risk of participants misunderstanding questions which are not well-worded (Aveyard, 2019, p. 56). Also, nurses' responses may be affected by the questions formulations, answer categories, and the order they are placed (Tufte, 2018, p. 41).

Furthermore, articles from the United Kingdom and the United States may be reflected by societal, cultural, and structural differences in health care systems compared to Norway. This may reflect nurses' attitudes and weaken the transferability to the Norwegian context (Dalland, 2017, p. 231). Yet, similarities were discovered in the articles' results, which can arguably increase transferability.

6 Conclusion

The aim of this thesis has been to study how nurses' attitudes can affect the pain management to patients with opioid use disorder (OUD) admitted in hospitals due to somatic cause. The selected empirical scientifical articles, and theory, show that nurses encompass negative attitudes toward patients with OUD. This may negatively affect the pain management resulting in these patients having their pain undertreated. As attitudes and knowledge are highly connected, lack of knowledge and competence may be a factor contributing to insufficient pain management. Nurses require more education on both pain management and OUD as a disease which may indicate they are aware of their negative attitudes and understand the necessity to change them. Increased knowledge base may also positively change nurses' attitudes and contribute to better pain management. Still, although nurses encompass negative attitudes, it seems as they are driven by their ethical commitments and duty and therefore put their negative feelings aside to attend to the patients' needs and ensure necessary pain management. This indicates that nurses' negative attitudes not necessarily are very prominent and when they follow their ethical compass the pain management seems to be sufficient.

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Attachments

1st Attachment

Sjekkliste for vurdering av en kvalitativ studie

Hvordan brukes sjekklisten?

Sjekklisten består av tre deler:

- A: Innledende vurdering
- B: Hva forteller resultatene?
- C: Kan resultatene være til hjelp i praksis?

I hver del finner du underspørsmål og tips som hjelper deg å svare. For hvert av underspørsmålene skal du krysse av for «ja», «nei» eller «uklart». Valget «uklart» kan også omfatte «delvis».

Om sjekklisten

Sjekklisten er inspirert av: Critical Appraisal Skills Programme (2018). *CASP checklist: 10 questions to help you make sense of qualitative research*. https://casp-uk.net/casp-tools-checklists/ Hentet: 15.10.2020.

Sjekklisten er laget som et pedagogisk verktøy for å lære kritisk vurdering av vitenskapelige artikler. Hvis du skal skrive en systematisk oversikt eller kritisk vurdere artikler som del av et forskningsprosjekt, anbefaler vi andre typer sjekklister. Se www.helsebiblioteket.no/kunnskapsbasert-praksis/kritisk-vurdering/sjekklister

Har du spørsmål om, eller forslag til forbedring av sjekklisten?
Send e-post til Redaksjonen@kunnskapsbasertpraksis.no.

Kritisk vurdering av:

Neville, K. & Roan, N. (2014). Challenges in Nursing Practice; Nurses perceptions in Caring for Hospitalized Medical-Surgical Patients With Substance Abuse/Dependence. *Journal of Nursing Administration, 44*(6), 339-346. https://doi.org/10.1097/NNA.0000000000000079.

Del A: Innledende vurdering

1. Er formålet med studien klart formulert?

☒ Ja – ☐ Nei – ☐ Uklart

Tips:

- Hva ville forskerne finne svar på (problemstilling)?
- Hvorfor ville de finne svar på det?
- Er problemstillingen relevant?

Kommentar:

Forfatterne ønsker å undersøke sykepleieres oppfatninger av omsorg for pasienter innlagt i sykehus med rusmiddelavhengighet.

2. Er kvalitativ metode hensiktsmessig for å få svar på problemstillingen?

☒ Ja – ☐ Nei – ☐ Uklart

Tips:

- Har studien som mål å forstå og belyse, eller beskrive fenomen, erfaringer eller opplevelser?

Kommentar:

Studien ønsker å belyse teamet rundt sykepleieres oppfatninger og holdninger til pasienter med rusmiddelavhengighet. Ettersom dens formål er å få mer innsikt i sykepleieres oppfatninger er valg av kvalitativ metode hensiktsmessig.

3. Er utformingen av studien hensiktsmessig for å finne svar på problemstillingen?

☒ Ja – ☐ Nei – ☐ Uklart

Tips:

- Er valg av forskningsdesign begrunnet? Har forfatterne diskutert hvordan de bestemte hvilken metode de skulle bruke?

Kommentar:

Forfatterne beskriver en kvalitativ induktiv tilnærming/metode hvor de har brukt spørreskjema med to forskningsspørsmål. Ved at deltakerne hadde mulighet til å skrive svarene sine, lange eller korte, om hva deres oppfatninger var angående å jobbe med pasienter med rusmiddelavhengighet, forteller forfatterne at de fikk god innsikt i temaet. Forskningsspørsmålene ble formet ut fra der forfatterne mente det var mangler i litteraturen

angående sykepleieres oppfatninger av omsorg for pasienter med fysisk sykdom i tillegg til en rusmiddelavhengighet/rusmisbruk.

4. Er utvalgsstrategien hensiktsmessig for å besvare problemstillingen?

☒ Ja – ☐ Nei – ☐ Uklart

Tips: Når man bruker for eksempel strategiske utvalg er målet å dekke antatt relevante sosiale roller og perspektiver. De enhetene som skal kaste lys over disse perspektivene er vanligvis mennesker, men kan også være begivenheter, sosiale situasjoner eller dokumenter. Enhetene kan bli valgt fordi de er typiske eller atypiske, fordi de har bestemte forbindelser med hverandre, eller i noen tilfeller rett og slett fordi de er tilgjengelige.

- Er det gjort rede for hvem som ble valgt ut og hvorfor?
- Er det gjort rede for hvordan de ble valgt ut (utvalgsstrategi)?
- Er det diskusjon omkring utvalget, for eksempel hvorfor noen valgte å ikke delta?
- Er det begrunnet hvorfor akkurat disse deltagerne ble valgt?
- Er karakteristika ved utvalget beskrevet (for eksempel kjønn, alder, sosioøkonomisk status)?

Kommentar:

Forfatterne forklarer utvalget for studien og kommenterer antall deltakere (24), kjønn, utdanningsbakgrunn, etnisk bakgrunn, alder, arbeidserfaring, og arbeidsplass; fem ulike døgnavdelinger ved et samfunnsmedisinsk senter nordøst i USA. Type avdelinger nevnes også. Studien ble introdusert på et personalmøte. Deltakere fikk utdelt et introskjema med forklaring av studiens formål, frivillige bestemmelser, konfidensialitet, og deres rett til å trekke seg på hvilket som helst tidspunkt. Det er ikke diskutert om noen trakk seg fra studien eller ikke valgte å delta. Det er heller ikke presisert hvorfor akkurat disse deltakerne ble valgt.

5. Ble dataene samlet inn på en slik måte at problemstillingen ble besvart?

☒ Ja – ☐ Nei – ☐ Uklart

Tips: Datainnsamlingen må være omfattende nok i både bredden (typen observasjoner) og i dybden (graden av observasjoner) om den skal kunne støtte og generere fortolkninger.

- Ble valg av setting for datainnsamlingen begrunnet?
- Går det klart frem hvilke metoder som ble valgt for å samle inn data? For eksempel intervjuer (semistrukturerte dybdeintervjuer, fokusgrupper), feltstudier (deltagende eller ikke-deltagende observasjon), dokumentanalyse, og er det begrunnet hvorfor disse metodene ble valgt?
- Er måten dataene ble samlet inn på beskrevet, for eksempel beskrivelse av intervjuguide?

- Er metoden endret i løpet av studien? I så fall, har forfatterne forklart hvordan og hvorfor?
- Går det klart frem hvilken form dataene har (for eksempel lydopptak, video, notater)?
- Har forskerne diskutert metning av data?

Kommentar:

Det er brukt et spørreskjema med to forskningsspørsmål som deltakere fikk svare skriftlig på. Forskningsspørsmålene spør etter deltakernes tanker og følelser rundt det å praktisere sykepleie til pasienter med rusmiddelavhengighet. Deltakerne ble plassert på et privat konferanserom og tiden det tok å svare var ca. 15 min. Denne metoden gav forskerne mange nyttige detaljer. Forfatterne brukte ikke metning av data til å bestemme prøvestørrelsen ettersom den originale studien brukte et beskrivende korrelasjonsdesign, og flere svar de fikk gjennom denne studien gav lignende mønstre.

6. Ble det gjort rede for bakgrunnsforhold som kan ha påvirket fortolkningen av data?

☐ Ja – ☐ Nei – ☒ Uklart

Tips:

- Har forskeren vurdert sin egen rolle, mulig forutinntatthet og påvirkning på:
    a. utforming av problemstilling
    b. datainnsamling inkludert utvalgsstrategi og valg av setting
    c. analyse og hvilke funn som presenteres
- På hvilken måte har forskeren gjort endringer i utforming av studien på bakgrunn av innspill og funn underveis i forskningsprosessen?

Kommentar:

Forfatterne har ikke utdypet noen spesifikke bakgrunnsforhold bortsett fra at de har tatt utgangspunkt i en tidligere studie med en noe annen problemstilling.

7. Er etiske forhold vurdert?

☒ Ja – ☐ Nei – ☐ Uklart

Tips:

- Er det beskrevet i detalj hvordan forskningen ble forklart til deltagerne for å vurdere om etiske standarder ble opprettholdt?
- Diskuterer forskerne etiske problemstillinger som ble avdekket underveis i studien? Dette kan for eksempel være knyttet til informert samtykke eller fortrolighet, eller håndtering av hvordan deltagerne ble påvirket av det å være med i studien.
- Dersom relevant, ble studien forelagt etisk komité?

Kommentar:

Studien ble godkjent (Institutional Review Board Approval) av den akademiske institusjonen og det samfunnsmedisinske senteret hvor studien ble gjennomført.

8. Går det klart frem hvordan analysen ble gjennomført? Er fortolkningen av data forståelig, tydelig og rimelig?

☒ Ja – ☐ Nei – ☐ Uklart

Tips: En vanlig tilnærmingsmåte ved analyse av kvalitative data er såkalt innholdsanalyse, hvor mønstre i data blir identifisert og kategorisert.

- Er det gjort rede for hvilken type analyse som er brukt, for eksempel grounded theory, fenomenologisk analyse, etc.?
- Er det gjort rede for hvordan analysen ble gjennomført, for eksempel de ulike trinnene i analysen?
- Ser du en klar sammenheng mellom innsamlede data, for eksempel sitater og kategoriene som forskerne har kommet frem til?
- Er tilstrekkelige data presentert for å underbygge funnene? I hvilken grad er motstridende data tatt med i analysen?

Kommentar:

Det ble brukt komparativ analyse med koding av kategorier som bidro til å frembringe mønstre og temaer. Sykepleiere og eksperter innen forskningsmetode, og klinisk praksis, fikk tilgang til deltakernes svar og delte sine inntrykk og forståelser av resultatene. Dette bidro til konsensus angående mønstrene oppdaget i studien. Det er ikke videre presisert hvordan analysen foregikk og hvilken type analyse som er benyttet er ikke spesifisert. Det sammenheng mellom innsamlet data og de kategorier, sitater og mønstre som forekommer i studien. Det forekommer både data som både er negative og positive under hver kategori.

Basert på svarene dine på punkt 1-8 over, mener du at resultatene fra denne studien er til å stole på?

☒ Ja – ☐ Nei – ☐ Uklart

Del B: Hva er resultatene?

9. Er funnene klart presentert?

☒ Ja – ☐ Nei – ☐ Uklart

Tips: Kategoriene eller mønstrene som ble identifisert i løpet av analysen kan styrkes ved å se om lignende mønstre blir identifisert gjennom andre kilder. For eksempel ved å diskutere foreløpige slutninger med studieobjektene, be en annen forsker gjennomgå materialet, eller få lignende inntrykk fra andre kilder. Det er sjeldent at forskjellige kilder gir helt like uttrykk. Slike forskjeller bør imidlertid forklares.

- Er det gjort forsøk på å trekke inn andre kilder for å vurdere eller underbygge funnene?
- Er det tilstrekkelig diskusjon om funnene både for og imot forskernes argumenter?
- Har forskerne diskutert funnenes troverdighet (for eksempel triangulering, respondentvalidering, at flere enn en har gjort analysen)?
- Er funnene diskutert opp mot den opprinnelige problemstillingen?

Kommentar:

Forfatterne bygger opp funnene med andre kilder, blant annet en systematisk review. De diskuterer både sykepleiernes negative og positive svar om det å gi omsorg og sykepleie til den aktuelle pasientgruppen og linker dette opp til annen litteratur. Funnene og tilknyttet litteratur i diskusjonen er diskutert opp mot problemstillingen. Det presiserer lite om studiens troverdighet, men temaenes troverdighet blir belyst i resultatdelen der sykepleiereksperter har gjennomgått funnene og kommet med konsensus i forhold til de mønstrene som ble oppdaget i studien.

Del C: Kan resultatene være til hjelp i praksis?

10. Hvor nyttige er funnene fra denne studien?

Tips: Målet med kvalitativ forskning er ikke å sannsynliggjøre at resultatene kan generaliseres til en bredere befolkning. I stedet kan resultatene være overførbare eller gi grunnlag for modeller som kan brukes til å prøve å forstå lignende grupper eller fenomen.

- Har forskerne diskutert studiens bidrag med hensyn til eksisterende kunnskap og forståelse, vurderer de for eksempel funnene opp mot dagens praksis eller relevant forskningsbasert litteratur?
- Har studien avdekket behov for ny forskning?

- Har forskerne diskutert om, og eventuelt hvordan, funnene kan overføres til andre populasjoner eller andre måter forskningen kan brukes på?

Kommentar:

Temaet er diskutert opp mot praksis og hvordan det er å jobbe med pasienter med rusmiddelavhengighet/rusmisbruk samt benyttet relevant litteratur for å støtte opp. Behovet for videre forskning belyses, med mål om å få en bedre forståelse for kompleksiteten rundt sykepleiepraksisen i møte med pasienter med rusmiddelavhengighet/rusmisbruk. Det presiseres også et behov for videre forskning på effekten av utdanning og kollegial støtte presiseres på sykepleieres holdninger mot pasienter med rusmiddelavhengighet.

2nd Attachment

Sjekkliste for vurdering av en kvalitativ studie

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Har du spørsmål om, eller forslag til forbedring av sjekklisten?
Send e-post til Redaksjonen@kunnskapsbasertpraksis.no.

Kritisk vurdering av:

Morgan, B. D. (2014). Nursing Attitudes Toward Patients with Substance Use Disorders in Pain. *Pain Management Nursing, 15*(1), 165-175. https://doi.org/10.1016/j.pmn.2012.08.004

Del A: Innledende vurdering

1. Er formålet med studien klart formulert?

☒ Ja – ☐ Nei – ☐ Uklart

Tips:

- Hva ville forskerne finne svar på (problemstilling)?
- Hvorfor ville de finne svar på det?
- Er problemstillingen relevant?

Kommentar:

Studiens formål er å identifisere og utforske sykepleieres holdninger i møte med smertepregede pasienter med rusmiddelavhengighet i sykehus. Forfatteren ønsker å skape et bredere kunnskapsgrunnlag om sykepleieres holdninger og deres interaksjoner med denne pasientgruppen, samt utvikle en teori som kan bidra til å øke forståelsen rundt temaet. Problemstillingen er relevant da den belyser sykepleieres holdninger rundt smertebehandlingen av pasienter med rusmiddelavhengighet i sykehus.

2. Er kvalitativ metode hensiktsmessig for å få svar på problemstillingen?

☒ Ja – ☐ Nei – ☐ Uklart

Tips:

- Har studien som mål å forstå og belyse, eller beskrive fenomen, erfaringer eller opplevelser?

Kommentar:

Kvalitativ metode er hensiktsmessig da artikkelen omhandler sykepleieres holdninger der formålet er å forstå hvordan holdninger påvirker smertebehandlingen.

3. Er utformingen av studien hensiktsmessig for å finne svar på problemstillingen?

☒ Ja – ☐ Nei – ☐ Uklart

Tips:

- Er valg av forskningsdesign begrunnet? Har forfatterne diskutert hvordan de bestemte hvilken metode de skulle bruke?

Kommentar:

Forfatteren forklarer hvilket design hun har valgt å benytte seg av. En semistrukturell intervjuguide er brukt til å utføre individuelle intervjuer med sykepleierne.

4. Er utvalgsstrategien hensiktsmessig for å besvare problemstillingen?

☒ Ja – ☐ Nei – ☐ Uklart

Tips: Når man bruker for eksempel strategiske utvalg er målet å dekke antatt relevante sosiale roller og perspektiver. De enhetene som skal kaste lys over disse perspektivene er vanligvis mennesker, men kan også være begivenheter, sosiale situasjoner eller dokumenter. Enhetene kan bli valgt fordi de er typiske eller atypiske, fordi de har bestemte forbindelser med hverandre, eller i noen tilfeller rett og slett fordi de er tilgjengelige.

- Er det gjort rede for hvem som ble valgt ut og hvorfor?
- Er det gjort rede for hvordan de ble valgt ut (utvalgsstrategi)?
- Er det diskusjon omkring utvalget, for eksempel hvorfor noen valgte å ikke delta?
- Er det begrunnet hvorfor akkurat disse deltagerne ble valgt?
- Er karakteristika ved utvalget beskrevet (for eksempel kjønn, alder, sosioøkonomisk status)?

Kommentar:

Forfatteren fikk innhentet intervjuobjekter ved å henge opp informasjonslapper om studien på sykehusavdelingene, ved et urbant offentlig sykehus, etter at hun hadde vært i kontakt med avdelingslederne. Informasjonslappene hadde en e-post og telefonnummer som både kvinnelige og mannlige sykepleiere frivillig kunne kontakte dersom de ønsket å være med i studien. Intervjuobjektene hadde et aldersspenn mellom 31 og 61 år, det var en variasjon i etnisk bakgrunn, i mengde arbeidserfaring, ulike utdanningsbakgrunner, og hvilke skift sykepleierne jobbet.

5. Ble dataene samlet inn på en slik måte at problemstillingen ble besvart?

☒ Ja – ☐ Nei – ☐ Uklart

Tips: Datainnsamlingen må være omfattende nok i både bredden (typen observasjoner) og i dybden (graden av observasjoner) om den skal kunne støtte og generere fortolkninger.

- Ble valg av setting for datainnsamlingen begrunnet?
- Går det klart frem hvilke metoder som ble valgt for å samle inn data? For eksempel intervjuer (semistrukturerte dybdeintervjuer, fokusgrupper), feltstudier (deltagende eller ikke-deltagende observasjon), dokumentanalyse, og er det begrunnet hvorfor disse metodene ble valgt?
- Er måten dataene ble samlet inn på beskrevet, for eksempel beskrivelse av intervjuguide?
- Er metoden endret i løpet av studien? I så fall, har forfatterne forklart hvordan og hvorfor?
- Går det klart frem hvilken form dataene har (for eksempel lydopptak, video, notater)?
- Har forskerne diskutert metning av data?

Kommentar:

Forfatteren har benyttet en semistrukturert intervjuguide med et generalisert førstespørsmål for å starte intervjuet, videre stiltes seks spørsmål for presisering. Etter hvert som intervjuer ble gjennomført og analysert, oppstod det flere spørsmål som gikk mer i dybden basert på tidligere intervjudata. Intervjueren delte også intervjudata om konsepter, som hadde kommet frem i analysene, med resterende intervjuobjekter og de fikk muligheten til å reflektere og svare på om deres egne erfaringer og meninger var like eller ulike svarene til de andre deltakernes. Intervjuene ble tatt opp som lydopptak og ble transkribert. Videre ble transkripsjonene gjennomgått sammen med lydopptakene for presisjon. I tillegg ble det foretatt notater underveis i intervjuene som etterforskeren kunne lese mens lydopptakene ble spilt av og transkripsjonene ble lest. Dette ble gjort for å belyse non-verbal informasjon og observasjoner som ikke var tilgjengelig gjennom lydopptakene og for å belyse etterforskerens tanker rundt intervjuene. Intervjuer ble gjennomført frem til metning av data oppstod – det forekom ingen ny informasjon.

6. Ble det gjort rede for bakgrunnsforhold som kan ha påvirket fortolkningen av data?

☐ Ja – ☐ Nei – ☒ Uklart

Tips:

- Har forskeren vurdert sin egen rolle, mulig forutinntatthet og påvirkning på:
    a. utforming av problemstilling
    b. datainnsamling inkludert utvalgsstrategi og valg av setting
    c. analyse og hvilke funn som presenteres
- På hvilken måte har forskeren gjort endringer i utforming av studien på bakgrunn av innspill og funn underveis i forskningsprosessen?

Kommentar:

Forfatteren har ikke i særlig grad vurdert sin egen rolle eller påvirkning på fortolkningen av data. Likevel, studien er en videreføring av en tidligere studie med mål om å utvide kunnskapsgrunnlaget om sykepleiers holdninger og interaksjoner i møte med smertepregede pasienter med rusmiddelavhengighet i sykehus. Den tidligere studien belyser denne pasientgruppens erfaringer og forståelse av interaksjonene med sykepleiere i forhold til problemer rundt smertebehandling, der resultatene viste at sykepleieres holdninger mot pasientgruppen må utforskes videre.

7. Er etiske forhold vurdert?

☒ Ja – ☐ Nei – ☐ Uklart

Tips:

- Er det beskrevet i detalj hvordan forskningen ble forklart til deltagerne for å vurdere om etiske standarder ble opprettholdt?
- Diskuterer forskerne etiske problemstillinger som ble avdekket underveis i studien? Dette kan for eksempel være knyttet til informert samtykke eller fortrolighet, eller håndtering av hvordan deltagerne ble påvirket av det å være med i studien.
- Dersom relevant, ble studien forelagt etisk komité?

Kommentar:

The Institutional Review Boards ved universitetet og sykehuset hvor studien ble gjennomført godkjente studien. Forfatteren har videre ikke forklart etiske forhold, men har innhentet samtykke fra intervjuobjektene.

8. Går det klart frem hvordan analysen ble gjennomført? Er fortolkningen av data forståelig, tydelig og rimelig?

☒ Ja – ☐ Nei – ☐ Uklart

Tips: En vanlig tilnærmingsmåte ved analyse av kvalitative data er såkalt innholdsanalyse, hvor mønstre i data blir identifisert og kategorisert.

- Er det gjort rede for hvilken type analyse som er brukt, for eksempel grounded theory, fenomenologisk analyse, etc.?
- Er det gjort rede for hvordan analysen ble gjennomført, for eksempel de ulike trinnene i analysen?
- Ser du en klar sammenheng mellom innsamlede data, for eksempel sitater og kategoriene som forskerne har kommet frem til?
- Er tilstrekkelige data presentert for å underbygge funnene? I hvilken grad er motstridende data tatt med i analysen?

Kommentar:

Forfatteren viser til «grounded theory» metode da ett av hovedformålene ved metoden er å ha så få forhold som mulig har ikke forfatteren benyttet seg av et teoretisk rammeverk. Forfatteren forklarer hvordan hun etter hvert gjennom intervjuprosessen lagde en modell som demonstrerte ulike kategorier som oppstod gjennom datainnsamlingen. Forfatteren går tydelig inn på hvert element i modellen og beskriver hva punktene innebærer og har tatt med transkriberte utdrag fra intervjuene, som faller innunder hver kategori. Dette gir god innsikt i hvordan hun har samlet data og fortolkningen av dataene er forståelige og passende til studien.

Basert på svarene dine på punkt 1-8 over, mener du at resultatene fra denne studien er til å stole på?

☒ Ja – ☐ Nei – ☐ Uklart

Del B: Hva er resultatene?

9. Er funnene klart presentert?

☒ Ja – ☐ Nei – ☐ Uklart

Tips: Kategoriene eller mønstrene som ble identifisert i løpet av analysen kan styrkes ved å se om lignende mønstre blir identifisert gjennom andre kilder. For eksempel ved å diskutere foreløpige slutninger med studieobjektene, be en annen forsker gjennomgå materialet, eller få lignende inntrykk fra andre kilder. Det er sjeldent at forskjellige kilder gir helt like uttrykk. Slike forskjeller bør imidlertid forklares.

- Er det gjort forsøk på å trekke inn andre kilder for å vurdere eller underbygge funnene?
- Er det tilstrekkelig diskusjon om funnene både for og imot forskernes argumenter?
- Har forskerne diskutert funnenes troverdighet (for eksempel triangulering, respondentvalidering, at flere enn en har gjort analysen)?
- Er funnene diskutert opp mot den opprinnelige problemstillingen?

Kommentar:

Funnene er tydelige presentert ved at forfatteren har lagt til deler av de transkriberte intervjuene under hver kategori slik at leseren får bedre innsikt i hva deltakerne i studien har beskrevet. Dette gir også en bedre forståelse for hva de ulike kategoriene innebærer og hvordan de påvirker smertebehandlingen. I tillegg viser funn til andre ulike faktorer som påvirker smertebehandlingen til pasienter med rusmiddelavhengighet. Funnene viser at det er tre ulike måter for sykepleiere å nå pasientene, innlagt i sykehus, og gi tilstrekkelig smertelindring. Forfatteren trekker inn flere andre kilder i diskusjonen som bygger opp og støtter funnene i studien, og funnene linkes opp mot problemstillingen.

Del C: Kan resultatene være til hjelp i praksis?

10. Hvor nyttige er funnene fra denne studien?

Tips: Målet med kvalitativ forskning er ikke å sannsynliggjøre at resultatene kan generaliseres til en bredere befolkning. I stedet kan resultatene være overførbare eller gi grunnlag for modeller som kan brukes til å prøve å forstå lignende grupper eller fenomen.

- Har forskerne diskutert studiens bidrag med hensyn til eksisterende kunnskap og forståelse, vurderer de for eksempel funnene opp mot dagens praksis eller relevant forskningsbasert litteratur?
- Har studien avdekket behov for ny forskning?
- Har forskerne diskutert om, og eventuelt hvordan, funnene kan overføres til andre populasjoner eller andre måter forskningen kan brukes på?

Kommentar:

Resultatene gir god innsikt i sykepleieres holdninger i møte med pasienter med rusmiddelavhengighet og ulike faktorer som påvirker dette. Studien er bygget opp av tidligere forskning og allerede eksisterende kunnskap og retter dette mot praksis for det aktuelle tidspunktet for studiens gjennomførelse. Forfatteren vister til studiens lave antall deltakere, ved et urbant offentlig sykehus, og at studien nok ikke kan generaliseres og passe en større undersøkelse i en annen kontekst. Videre viser forfatteren til nødvendigheten av videre forskning på områder som utdanning og undervisning om temaene som omfatter rusmiddelavhengighet, den aktuelle pasientgruppen og smertebehandling.

3rd Attachment

Sjekkliste for vurdering av en kvalitativ studie

Hvordan brukes sjekklisten?

Sjekklisten består av tre deler:

- A: Innledende vurdering
- B: Hva forteller resultatene?
- C: Kan resultatene være til hjelp i praksis?

I hver del finner du underspørsmål og tips som hjelper deg å svare. For hvert av underspørsmålene skal du krysse av for «ja», «nei» eller «uklart». Valget «uklart» kan også omfatte «delvis».

Om sjekklisten

Sjekklisten er inspirert av: Critical Appraisal Skills Programme (2018). *CASP checklist: 10 questions to help you make sense of qualitative research*. https://casp-uk.net/casp-tools-checklists/ Hentet: 15.10.2020.

Sjekklisten er laget som et pedagogisk verktøy for å lære kritisk vurdering av vitenskapelige artikler. Hvis du skal skrive en systematisk oversikt eller kritisk vurdere artikler som del av et forskningsprosjekt, anbefaler vi andre typer sjekklister. Se www.helsebiblioteket.no/kunnskapsbasert-praksis/kritisk-vurdering/sjekklister

Har du spørsmål om, eller forslag til forbedring av sjekklisten?
Send e-post til Redaksjonen@kunnskapsbasertpraksis.no.

Kritisk vurdering av:

Morley, G., Briggs, E. & Chumbley, G. (2015). Nurses' Experience with Substance-Use Disorder in Pain: A Phenomenological Study. *Pain Management Nursing*, *16*(5), 701-711. https://doi.org/10.1016/j.pmn.2015.03.005

Del A: Innledende vurdering

1. Er formålet med studien klart formulert?

☒ Ja – ☐ Nei – ☐ Uklart

Tips:

- Hva ville forskerne finne svar på (problemstilling)?
- Hvorfor ville de finne svar på det?
- Er problemstillingen relevant?

Kommentar:

Studiens formål er å utforske sykepleieres erfaringer i møte med smertepåvirkede pasienter med rusmiddelavhengighet. Forfatterne ønsker å belyse oppfattede utfordringer knyttet til smertebehandlingen samt identifisere sykepleieres behov for støtte og utdanning.

2. Er kvalitativ metode hensiktsmessig for å få svar på problemstillingen?

☒ Ja – ☐ Nei – ☐ Uklart

Tips:

- Har studien som mål å forstå og belyse, eller beskrive fenomen, erfaringer eller opplevelser?

Kommentar:

Kvalitativ metode er hensiktsmessig da studien omhandler sykepleieres erfaringer.

3. Er utformingen av studien hensiktsmessig for å finne svar på problemstillingen?

☒ Ja – ☐ Nei – ☐ Uklart

Tips:

- Er valg av forskningsdesign begrunnet? Har forfatterne diskutert hvordan de bestemte hvilken metode de skulle bruke?

Kommentar:

Ja, da det ble utført semistrukturerte intervjuer da dette gir forfatterne et godt grunnlag for innsamling av data om erfaringer. Forfatterne går ikke videre inn på valg av metode og forskningsdesign.

4. Er utvalgsstrategien hensiktsmessig for å besvare problemstillingen?

☒ Ja – ☐ Nei – ☐ Uklart

Tips: Når man bruker for eksempel strategiske utvalg er målet å dekke antatt relevante sosiale roller og perspektiver. De enhetene som skal kaste lys over disse perspektivene er vanligvis mennesker, men kan også være begivenheter, sosiale situasjoner eller dokumenter. Enhetene kan bli valgt fordi de er typiske eller atypiske, fordi de har bestemte forbindelser med hverandre, eller i noen tilfeller rett og slett fordi de er tilgjengelige.

- Er det gjort rede for hvem som ble valgt ut og hvorfor?
- Er det gjort rede for hvordan de ble valgt ut (utvalgsstrategi)?
- Er det diskusjon omkring utvalget, for eksempel hvorfor noen valgte å ikke delta?
- Er det begrunnet hvorfor akkurat disse deltagerne ble valgt?
- Er karakteristika ved utvalget beskrevet (for eksempel kjønn, alder, sosioøkonomisk status)?

Kommentar:

Sykepleiere i videreutdanning ved King's College London og ble invitert med i studien på epost. De fikk utdelt informasjons – og samtykkeskjema. Gjennom studiens inklusjonskritereier kunne sykepleiere med ulike erfaring i arbeid med pasienter med rusmiddelavhengighet delta. Dette vil styrke representativiteten og overførbarheten av resultatene. Snøball-metoden ble brukt for å få flere deltakere. Allerede utvalgte deltakere kunne videreformidle forfatternes kontaktdetaljer til kollegaer. Fem sykepleiere deltok og tabell 4 i artikkelen viser til hver deltakers alder, klinisk område, arbeidserfaring og deres høyeste utdanningsgrunnlag. Etnisk bakgrunn og kjønn er ikke presisert.

5. Ble dataene samlet inn på en slik måte at problemstillingen ble besvart?

☒ Ja – ☐ Nei – ☐ Uklart

Tips: Datainnsamlingen må være omfattende nok i både bredden (typen observasjoner) og i dybden (graden av observasjoner) om den skal kunne støtte og generere fortolkninger.

- Ble valg av setting for datainnsamlingen begrunnet?
- Går det klart frem hvilke metoder som ble valgt for å samle inn data? For eksempel intervjuer (semistrukturerte dybdeintervjuer, fokusgrupper), feltstudier (deltagende eller ikke-deltagende observasjon), dokumentanalyse, og er det begrunnet hvorfor disse metodene ble valgt?
- Er måten dataene ble samlet inn på beskrevet, for eksempel beskrivelse av intervjuguide?
- Er metoden endret i løpet av studien? I så fall, har forfatterne forklart hvordan og hvorfor?
- Går det klart frem hvilken form dataene har (for eksempel lydopptak, video, notater)?

- Har forskerne diskutert metning av data?

Kommentar:

Det ble utført semistrukturerte intervjuer (ca. 40-80 minutter) hvor intervjuguiden, lagt til som vedlegg, var fra en tidligere studie. Intervjuene startet med et bredt spørsmål. Dette gjorde at videre intervjuspørsmål ble formet etter svarene til deltakerne. Forfatterne brukte en refleksiv dagbok gjennom datainnsamlingen og analysen. Det fremstår ingen informasjon om annen dokumentasjon av intervjuene, som lydopptak eller annet, og metning av data er ikke diskutert.

6. Ble det gjort rede for bakgrunnsforhold som kan ha påvirket fortolkningen av data?

☒ Ja – ☐ Nei – ☐ Uklart

Tips:

- Har forskeren vurdert sin egen rolle, mulig forutinntatthet og påvirkning på:
    a. utforming av problemstilling
    b. datainnsamling inkludert utvalgsstrategi og valg av setting
    c. analyse og hvilke funn som presenteres
- På hvilken måte har forskeren gjort endringer i utforming av studien på bakgrunn av innspill og funn underveis i forskningsprosessen?

Kommentar:

Forfatterne har brukt et rammeverk der forskerens forforståelser ble dokumentert slik at de kunne utelukke egne meninger og sette søkelys på deltakerne. Det er ikke diskutert videre om bakgrunnsforhold som kan påvirke fortolkningene av data.

7. Er etiske forhold vurdert?

☒ Ja – ☐ Nei – ☐ Uklart

Tips:

- Er det beskrevet i detalj hvordan forskningen ble forklart til deltagerne for å vurdere om etiske standarder ble opprettholdt?
- Diskuterer forskerne etiske problemstillinger som ble avdekket underveis i studien? Dette kan for eksempel være knyttet til informert samtykke eller fortrolighet, eller håndtering av hvordan deltagerne ble påvirket av det å være med i studien.
- Dersom relevant, ble studien forelagt etisk komité?

Kommentar:

Forfatterne har fått etisk godkjenning fra «King's College London Psychiatry, Nursing, and Midwifery Research Ethics Committee».

8. Går det klart frem hvordan analysen ble gjennomført? Er fortolkningen av data forståelig, tydelig og rimelig?

☒ Ja – ☐ Nei – ☐ Uklart

Tips: En vanlig tilnærmingsmåte ved analyse av kvalitative data er såkalt innholdsanalyse, hvor mønstre i data blir identifisert og kategorisert.

- Er det gjort rede for hvilken type analyse som er brukt, for eksempel grounded theory, fenomenologisk analyse, etc.?
- Er det gjort rede for hvordan analysen ble gjennomført, for eksempel de ulike trinnene i analysen?
- Ser du en klar sammenheng mellom innsamlede data, for eksempel sitater og kategoriene som forskerne har kommet frem til?
- Er tilstrekkelige data presentert for å underbygge funnene? I hvilken grad er motstridende data tatt med i analysen?

Kommentar:

Studiens metode bygger på beskrivende fenomenologi ettersom det dette gir grunnlaget for å utforske den dynamiske helheten i menneskers opplevelser og erfaringer. Forfatterne har brukt Georgi's fem-steg-metode i data-analysen. Ulike tema og underkategorier oppstod gjennom datainnsamlingsprosessen og forfatterne har tatt med de sitatene som best representerer resultatene for hvert tema. Tabell 5 viser en oppsummering av tema/kategorier og underkategorier som oppstod under prosessen. Temaene og sitatene har sammenheng og de belyser både positive og negative sider ved temaet.

Basert på svarene dine på punkt 1-8 over, mener du at resultatene fra denne studien er til å stole på?

☒ Ja – ☐ Nei – ☐ Uklart

Del B: Hva er resultatene?

9. Er funnene klart presentert?

☒ Ja – ☐ Nei – ☐ Uklart

Tips: Kategoriene eller mønstrene som ble identifisert i løpet av analysen kan styrkes ved å se om lignende mønstre blir identifisert gjennom andre kilder. For eksempel ved å diskutere foreløpige slutninger med studieobjektene, be en annen forsker gjennomgå materialet, eller få lignende inntrykk fra andre kilder. Det er sjeldent at forskjellige kilder gir helt like uttrykk. Slike forskjeller bør imidlertid forklares.

- Er det gjort forsøk på å trekke inn andre kilder for å vurdere eller underbygge funnene?
- Er det tilstrekkelig diskusjon om funnene både for og imot forskernes argumenter?
- Har forskerne diskutert funnenes troverdighet (for eksempel triangulering, respondentvalidering, at flere enn en har gjort analysen)?
- Er funnene diskutert opp mot den opprinnelige problemstillingen?

Kommentar:

Funnene er tydelig demonstrert i en tabell med hoved-og underkategorier. Videre er hvert avsnitt en ny hoved – eller underkategori der sitater fra deltakere er tatt med. I diskusjonsdelen trekker forfatterne frem funnene og bygger disse opp med tidligere forskning. Studiens troverdighet er demonstrert i en tabell som viser forskjellen mellom kvantitative og kvalitative kriterier for å oppnå troverdighet og hvordan forfatterne har brukt disse kriteriene gjennom artikkelen. Dette inkluderer et ett-års engasjement i forskningstemaet, litteratursøk, datainnsamling, analyse og konklusjon. De har latt noen andre lese gjennom og bedømme om funnene er overførbare. Funnene er tett knyttet opp mot problemstillingen om sykepleieres erfaringer i møte med pasienter med rusproblemer i smerter.

Del C: Kan resultatene være til hjelp i praksis?

10. Hvor nyttige er funnene fra denne studien?

Tips: Målet med kvalitativ forskning er ikke å sannsynliggjøre at resultatene kan generaliseres til en bredere befolkning. I stedet kan resultatene være overførbare eller gi grunnlag for modeller som kan brukes til å prøve å forstå lignende grupper eller fenomen.

- Har forskerne diskutert studiens bidrag med hensyn til eksisterende kunnskap og forståelse, vurderer de for eksempel funnene opp mot dagens praksis eller relevant forskningsbasert litteratur?
- Har studien avdekket behov for ny forskning?
- Har forskerne diskutert om, og eventuelt hvordan, funnene kan overføres til andre populasjoner eller andre måter forskningen kan brukes på?

Kommentar:

Forfatterne skriver at funnene nok ikke kan generaliseres, men at studien er enkelt overførbar/kan kopieres og kan benyttes med et annet utvalg et annet sted. Likevel er det ikke videre diskutert hvordan funnene kan overføres til andre populasjoner.

Funnene er nyttige for å belyse problemstillingen samt for å få innsikt i sykepleieres holdninger mot pasienter med rusmiddelavhengighet. Det vises til at forfatternes funn samsvarer med relevant forskning. Et eksempel er: kommunikasjon mellom helsepersonell som påvirker smertebehandlingen til pasienter med rusmiddelavhengighet i negativ grad. Trening og undervisning om kommunikasjon vil bedre smertebehandlingen. Behovet for videre forskning påpekes. En fenomenologisk studie med et større utvalg deltakere med ulik profesjon fra ulike steder i Storbritannia er anbefalt. Ønsket er å få bredere perspektiv. Samtidig, kort tid etter at denne studien ble skrevet/publisert, ble retningslinjer for smertebehandling for pasienter med rusmiddelavhengighet frigjort/sluppet. Dette krever videre forskning.

4th Attachment

JBI CRITICAL APPRAISAL CHECKLIST FOR ANALYTICAL CROSS SECTIONAL STUDIES

Reviewer The author of this thesis Date 21st of November 2022

Author: Li, R., Andenæs, R., Undall, E. & Nåden, D. Year 2012 Record Number 7

	Yes	No	Unclear	Not applicable
1. Were the criteria for inclusion in the sample clearly defined?	☑	☐	☐	☐
2. Were the study subjects and the setting described in detail?	☑	☐	☐	☐
3. Was the exposure measured in a valid and reliable way?	☐	☑	☐	☐
4. Were objective, standard criteria used for measurement of the condition?	☑	☐	☐	☐
5. Were confounding factors identified?	☑	☐	☐	☐
6. Were strategies to deal with confounding factors stated?	☑	☐	☐	☐
7. Were the outcomes measured in a valid and reliable way?	☑	☐	☐	☐
8. Was appropriate statistical analysis used?	☑	☐	☐	☐

Overall appraisal: Include ☑ Exclude ☐ Seek further info ☐

Comments (Including reason for exclusion)

The authors needed to create a questionnaire that was more suitable to their research question as they did not obtain an already validated questionnaire. However, the study shows strengths regarding generalizing the results as there was a consensus in terms of the meaning of the term "attitudes".

5th Attachment

JBI CRITICAL APPRAISAL CHECKLIST FOR ANALYTICAL CROSS SECTIONAL STUDIES

Reviewer The author of this thesis Date 21st of November 2022

Author: Krokmyrdal, K. A. & Andenæs, R. Year 2015 Record Number 35

	Yes	No	Unclear	Not applicable
1. Were the criteria for inclusion in the sample clearly defined?	☑	☐	☐	☐
2. Were the study subjects and the setting described in detail?	☑	☐	☐	☐
3. Was the exposure measured in a valid and reliable way?	☐	☑	☐	☐
4. Were objective, standard criteria used for measurement of the condition?	☑	☐	☐	☐
5. Were confounding factors identified?	☑	☐	☐	☐
6. Were strategies to deal with confounding factors stated?	☑	☐	☐	☐
7. Were the outcomes measured in a valid and reliable way?	☑	☐	☐	☐
8. Was appropriate statistical analysis used?	☑	☐	☐	☐

Overall appraisal: Include ☑ Exclude ☐ Seek further info ☐

Comments (Including reason for exclusion):

Although the authors do not describe the validity and reliability of the exposure, the article is included based on my inclusion criteria and its relevance to answering the research question in my bachelor thesis.