NURSING STUDENTS' PERCEPTIONS OF PATIENTS WITH DRUG ADDICTION

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Sarah Roberts

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by

Sarah Roberts

Approved by:

Jennifer Price-Walt, PhD, Committee Chair

Date 5/3/16
Student: Sarah Roberts

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Dr. S. Torres, Jr.
Division of Social Work

Graduate Program Director
Date 5/4/16

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Abstract

of

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by

Sarah Roberts

Drug addiction is a growing problem in the United States. Many medical providers are unsure how to approach patients about their drug addiction and patients often believe their medical provider is judging them for using drugs. Empathy has been shown to positively effect treatment outcomes in other medical interactions. This study explores the relationship between nursing students’ empathy and their favorable perception of patients with drug addiction. The relationship between experience with drug users and the nursing students’ perception of drug users was also explored. California State University, Sacramento nursing students (N=40) in their first and second year were surveyed. Findings of this study suggest that there is a relationship between having a higher level of empathy and a more favorable perception of patients who use drugs in nursing students. This suggests that those working in the medical establishment and social services would benefit from more education around developing empathy, so that they can better serve their clients who struggle with drug addiction.

Jennifer Price Wood, PhD

Committee Chair

5/3/16

Date

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Chapter 1

IINTRODUCTION

As a social worker I am interested in the issue of how medical professionals, such as nurses, perceive people who have substance use disorders. Having worked for over five years with drug users, particularly intravenous drug users (IDU), I have come into contact with a wide variety of individuals, hearing their concerns and life stories. Through this experience, I have come to the conclusion that this population faces a great deal of stigmatization.

In particular, I have had many conversations with people who use drugs about their experiences when they are in need of medical care. They have informed me that they will often hide their drug use because they feel that medical providers will judge them if they discover that they use illicit drugs. Also, particularly for IDU, there is a fear that if they go into an emergency room with an infection or condition related to their drug use, they will receive subpar care. Many IDU have displayed scars to me that they believe resulted from medical providers purposefully making bigger incisions than needed when treating an abscess. Often they express that, even if they have medical insurance, they will avoid seeking medical treatment until there is no other choice because they are so uncomfortable with facing the stigma associated with their substance use.

On the other hand, I have also worked the past five years with medical providers in the community clinic setting, free clinics, as well as a university hospital setting. Because of this experience, I have also heard from medical providers about their
frustration with patients who use drugs. Often I am regaled with stories of medical providers who encounter drug-seeking patients or patients who refuse to go on lower doses of narcotic medications.

Medical providers have expressed that they resent being lied to by drug using patients because they cannot provide adequate medical care if they do not know enough about the patient’s history. In my opinion, these medical providers are caring people, who want to assist their patients in being healthy, but who perhaps lack the necessary training to interact with this special population of patients. For this reason, medical providers have said that they do not necessarily confront drug-using patients and will often pass such patients on to a social worker because they do not know what to say or how to approach the patient regarding their drug use.

It is my hope that this study will help medical schools learn what gaps are present in the learning environment that leave their medical students feeling unprepared to deal with drug using patients. Perhaps with better understanding of what is lacking in their medical training, the disconnect that occurs between the drug using population and their medical providers can be bridged.

**Background of the Problem**

According to a study conducted by the CDC, 9.4% of Americans, ages 12 years and up, have used illicit drugs in the last month. With a population of 318 million Americans, that means that at almost 30 million Americans are using illicit drug each month (CDC, 2013). In fact, the CDC now states that the opiate overdose is the leading
cause of accidental death in the United States with over 35,000 deaths annually, now far surpassing motor vehicle accident deaths (CDC, 2013). This is no small problem.

The National Institution on Drug Abuse (NIDA, 2014) estimates that 2.4 million Americans are abusing prescription drugs, a type of drug one usually starts using because of a prescription from a medical person. According to NIDA (2014), the number of prescriptions for narcotics has skyrocketed in the last twenty years. They report that in 1991, about 17 million narcotic prescriptions were dispensed in the United States and that by 2013 that number has risen to 207 million narcotic prescriptions dispensed per year. Of these patients, NIDA (2014) estimates that at least 52 million of the patients took the prescriptions when they were not actually needed or took them for recreational use. Many patients receive these prescriptions legally, suggesting that the patients might have originally had an actual need for the prescription. Yet it is these same medical providers that become frustrated when they are faced with their patients who have become addicted to illicit drugs. Studies of prescription drug abuse suggest that medical providers need more training on how to recognize and properly prescribe narcotics to help combat this eventual abuse by many patients (Manubay, 2011).

Of course, prescription drug use is not the only problem drug use in this country today. It is believed that hospitalization costs for illicit drug users with soft tissue infections are greater than $193 million dollars a year (Takahashi, 2010). This cost can be attributed to the fact that there is an estimated 105,126 hospitalizations of illicit drug users per year in the United States. Researchers believe that there are missed opportunities between medical providers and illicit drug users when they encounter each
other during examinations and that perhaps in these encounters medical providers could use harm reduction education to decrease the rates of hospitalization and death related to illicit drug use (Takahashi, 2010).

However, according to a study done by Merril et al. (2001), who look at a teaching hospital in an urban setting, there is a fear among physicians that they are being lied to by these patients about their drug use and therefore the medical providers feel they are unable to approach the subject of treatments related to their addiction issues. It was discovered that physicians felt that they lacked proper training on how to approach drug use in their consultation with patients. In fact, physicians in the study desired more education and desired a standard for approaching drug-using patients in regards to their illicit drug use (Merril, 2001). Physicians had a desire to treat these patients, but had very little confidence in actually broaching the subject because they did not feel like the patients would be honest and they were uncomfortable bringing the subject up.

On the other side of the issue, patients who were surveyed during the same study at the same hospital stated that they did not feel like being honest about their drug use was beneficial to them. Patients who used drugs believed that they would not receive good medical care if their doctors found out that they used illicit drugs (Merril, 2001). It is disconcerting that both medical providers and the patients want the same thing, good medical treatment, but because they lacked the skills to communicate in a non-judgmental way with each other, they were unable to assist each other in doing their job as a doctor or patient.
Another study conducted by Norfolk et al. (2007) point out the importance of the perception of empathy being essential for rapport building between patient and medical professional. They point to previous research that states that client-centered approaches are highly effective in creating more positive outcomes. They determined that patients, who perceived that their physicians had empathy for them, were more likely trust their doctor and would be more likely to follow-through with their treatment plan. This idea of empathy being pivotal to sensitive patient populations is supported by studies such as these. They suggest that this concept of empathy might be a concept that educators of medical professionals could focus more on in the medical training of nurses and doctors.

A review of US medical school curriculum was conducted by physicians who specialize in addiction and the review found several areas that could be improved. This review found that since the 1990's the time spent on addiction medicine had not increased in most schools and had actually declined in several. They also found that there were significant barriers in these medical schools to change due to a lack of acceptance by faculty of the medical model for addiction issues, which led to a lack of role models for medical students to emulate in regards to learning and becoming competent in the medical model of addiction, as well as a general lack of curriculum development on the subject (Miller et al., 2001). If one accepts the idea that empathy enhances the efficacy of medical treatment and that medical schools are not up to date on their curriculum concerning addiction, it makes sense that medical professionals like nurses and doctors feel unprepared to assist their patients with substance use disorders. It makes sense that
they would in turn become frustrated with their drug using patients, as the medical professionals I have encountered in my time doing social work in medical setting.

**Statement of the Research Problem**

It is a problem that medical providers feel like they are uncomfortable with approaching the subject of drug use with their patients. But at what point did this discomfort occur? Perhaps the disconnect between medical providers and their patients is due to a lack of training and experience when the provider is still in school or is it just a general lack of empathy on the part of the medical providers?

This study will survey nursing students with questions that will rate their level of empathy. The study will also ask these nursing students questions that will indicate whether they hold favorable or less favorable perceptions of people who use drugs. Also, the students will be rated on their experiences with drug users to scale whether they are more experienced or less experienced. The hypothesis is that students who rate as more empathetic will have more favorable perceptions of people who use drugs and that nursing students who have more experience and exposure to people who use drugs will also have a more favorable perception, with the assumption that they will not be as insecure.

**Purpose of the Study**

The purpose of this study is to determine if the disconnect between patients who use drugs and their doctors begins in medical school. There is currently a lack of research on American medical students and this question of perception. The hope of this study is to fill in some gaps in order to assist medical schools and professionals in educating their
students to optimize the interactions between them and their patients. Perhaps with
greater understanding more patients can enter into drug treatment and at the very least
learn harm reduction behavior to decrease the health costs associated with illicit drug use.

Research Question

Will nursing students who rate as more empathetic also have more favorable
perceptions of drug using patients? Does the nursing student's experience with people
who use drugs also effect their perceptions of these patients?

Theoretical Framework

The theoretical framework from which this research is based is on the Humanistic
theory, particularly the concept of client-centered therapy introduced by Carl Rogers. The
basic premise of Rogers' theory is that if a practitioner is empathetic to a client and is
able to accept the person for who they are, continuing to hold that person in positive
regard, than the practitioner will be able to assist the person in making positive changes
(Greene, 2009). This perspective is essential to understanding how the breakdown of the
medical person and the patient occurs and why it is essential to understand the connection
between empathy and perception.

If, as Rogers predicted, the practitioner has the perception of the humanist that
humans will tend towards developing in a positive manner if given the chance, the
medical person might approach the drug-using patient from where the patient is at
emotionally, mentally, and physically, rather than expecting the patient to adhere to what
the medical person perceives is best (Greene, 2009). This concept might be difficult if the
practitioner sees themselves as the ultimate authority on the patient's life. The humanistic
theory asserts that by respecting a person's autonomy and seeing them as the ultimate authority on their own life, the person will feel more understood by the practitioner and will be more inclined to participate in treatment.

Research shows that teaching medical students about the concept of Humanism can actually help the medical professional later because it emphasizes not only seeing the patient's perspective, but it also teaches the medical professional the value of self love and self care, which helps to combat burnout. According to researchers, burnout is a huge contributor to why medical professionals like nurses and doctors lose their sensitivity to the emotions of their patients. Studies also show that the concepts behind Humanism, such as altruism, actually lead to more satisfying medical careers. Yet, many medical professionals also have been shown to experience "empathy fatigue." Studies on this subject suggest that the most successful medical providers are those that learn how to balance empathy with self-care. They are then able to compartmentalize when they begin to feel overwhelmed with their empathy, thus still maintaining a certain level of being present for patients, while also not burning out from emotional fatigue (Burke, 2012).

**Definition of Terms**

Substance use disorder (SUD): is a condition in which the use of one or more substances leads to a clinically significant impairment or distress.

Drug user (DU): a person who uses drugs for recreational reasons or other reasons not prescribed by a medical professional.

Intravenous drug user (IDU): a person who uses drugs intravenously in a way that is not prescribed by a medical professional.
Syringe Exchange Program (SEP): A program in which a person can acquire new syringes and dispose of used syringes.

Medical provider: Any professional that has a degree that allows them to practice medicine and who has interactions with patients.

Assumptions

1.) It is assumed that most patients who are using drugs that come in to see their doctor want to receive medical care and desire to be more physically healthy. Therefore, these patients would benefit from having a medical provider that is empathetic to their condition and who appears less judgmental about the patient’s drug use.

2.) It is also assumed that medical students desire to be the best doctors they can be and are therefore open to learning more about being empathetic to patients. It is assumed that these medical providers do not mean to be automatically judgmental towards patients who are participating in unhealthy behaviors such as drug use.

3.) It is assumed that medical students who are more empathetic towards their patients who use drugs will also be less judgmental about the drug use behavior of their patients. These empathetic medical providers will be better equipped to seek alternative treatment options for their patients based on where the patient is at psychologically and physically.

4.) There is insufficient knowledge about the empathy levels of medical students and about their perceptions of patients who use drugs. This effects what training is provided by medical schools in the area of drug use behavior and treatment.
Social Work Research Justification

Because drug use and the physical problems associated with drug use, such as overdose and infection, are one of the biggest social issues facing the nation at this time, combating the stigma that drug using clients face is paramount to effecting social change. Drug overdose is now the leading cause of accidental death in the United States and infections related to drug use cost the public millions of dollars a year. Finding a way to assist individuals who are seeking medical assistance for their drug use behavior will help to alleviate these problems (CDC, 2014).

Medical social workers will continue to see more and more of these clients, as, in my experience in medical settings, the social worker often becomes the go to person for medical providers who feel unsure how to connected to and then treat patients with substance use disorders. If medical professionals can be better informed coming out of medical school on how to interact with and treat the substance using population, the medical professional and the medical social worker can be a force of greater positive change in the lives of those effected by substance use disorder.

The NASW code of ethics states that one of the missions of social work is to enhance the ability of their clients to help themselves (NASW, 2015). By reducing stigma towards people who use drugs, the ability of the individual to seek a healthier lifestyle will be greatly increased. If the client believes that their medical provider is receptive to their condition and desire to be healthy, the client will be more likely to discuss the possibility of making positive changes with their medical provider. The client will not
feel as defeated as many drug-using individuals feel presently when they encounter medical providers.

The NASW code of ethics also states that it is the mission of social work to promote the responsiveness of organizations to the needs of their clients. What better way to enhance the responsiveness of the medical community to the needs of the drug using population than to increase their understanding of how to interact effectively with their patients to ensure the best medical care possible. By understanding how empathy effects the perceptions of medical students towards patients who use drugs, medical schools can begin to develop curriculum to enhance the doctor patient relationship, ensuring that patients are honest with their providers and that they are more likely to follow through with treatment suggested by their medical providers.

This study seeks to address issues of stigma from the medical establishment towards drug using people to ensure that the dignity and worth of these people are enhanced throughout society (NASW, 2015). The medical profession in this country is seen as an authority in science and the human condition. If more medical providers had a better understanding of the experience of those who use drugs and felt more sympathetic towards the many factors that lead an individual down the path of drug use, than the level of care for patients experiencing substance use disorders will improve and hopefully lead to more patients following through with treatment, or at the very least making positive health choices. If this authority endorses more empathy for this stigmatized population, than the empathy level of the general population will most certainly increase towards the
drug using population, thus increasing the feeling of dignity and worth in these individuals.

**Study Limitations**

The purpose of this study is to examine the levels of empathy in medical students training to be doctors and their perception of drug using patients. The study will not be looking into the perceptions of other medical providers that a patient might encounter such as medical assistants, registered nurses or ancillary staff, all of whom might add to the judgment that drug users encounter when seeking medical attention. Additionally, this study is focused on the primary care medical environment and is not geared towards other institutions, such as drug treatment facilities or mental health providers. Nor does the this study seek to understand the levels of empathy already in place for practicing physicians who have already graduated medical school. This limits the understanding of the findings to only individuals who are not yet practicing medicine on their own.
Chapter 2

LITERATURE REVIEW

In reviewing the literature for this research, several themes emerged. One, drug users face an immense amount of stigma because of their status and this effects their medical treatment. There are high rates of comorbidity between substance use disorder and other medical and psychological conditions, which makes this a population in high need of having a positive relationship with medical staff to ensure that they adhere to treatments. But medical providers feel that there has been a lack of training on substance use disorder populations and many are uncomfortable treating them. Empathy surfaced a theme tying all other themes together, in that if patients feel their medical provider is empathetic towards them, the patient will more likely follow-up and follow-through with medical treatments. Yet empathy is generally not an emphasis in medical training.

Drug Users and Stigma

The perception of drug using patients around what kind of medical care they receive is paramount to understanding why they often do not seek medical attention in the first place. Stigma is also why even after seeking medical attention, these individuals are less likely to follow through with the suggestions made by their medical provider. Social factors, such as media, impact the perceptions of medical professionals around drug use, as well as drug treatment. There are limited curriculum on drug use and treatment in medical schools, often students do not even get to spend more than a day on the subject of drug use, let alone a whole class. The lack of curriculum on this subject leaves a medical student’s perceptions to be highly influenced by media, their own experience
with loved ones and the general cultural attitudes of society towards drug users (Lloyd, 2013). This lack of training ensures that there will be an inconsistent understanding of why individuals are using drugs. Therefore these figures of authority on science are not receiving correct scientific information in regards to the science of addiction.

Drug users have been shown to be keenly aware of these perceptions by medical staff. They often rated their medical providers as “good” or “bad” based on the providers comments or attitude towards the drug user. Patients who felt that they had a “bad” provider, felt that they could not be open about their drug use or would not return to that provider, thus compromising their health (Lloyd, 2013). One can only imagine how a patient who has an infection of say the heart due to their injection drug use, would face serious consequences by not seeing a doctor, perhaps even leading to their death. (I actually know a client who died recently this way, is that something I can mention here? Or is that not appropriate in the lit review?)

Drug users were also less likely to enter into treatment facilities for their drug use because of the stigma of being labeled as an addict. If the patient did desire support to discontinue drug use or decrease drug use, they did not feel comfortable discussing it with their medical provider because they were concerned with being labeled as an addict in their medical chart (Lloyd, 2013). Drug users felt that being labeled as an addict would publically shame them, Lloyd’s (2013) study showed that this stigmatization even led drug users to further stigmatize other drug users. In other words, in order to make themselves feel less stigmatized, a drug user would then judge the amount of drugs used
by others or the way in which they used drugs in order to make themselves feel better and less stigmatized.

This stigmatization led drug users to have lower self-esteesms than the general public and to blame themselves as being “bad” or “weak” or “morally inferior” to others (Lloyd, 2013). As more studies are done, there is a growing consensus among mental health professionals that people who suffer from substance use disorders also suffer from a wide range of other psychological, social, physical and economical problems (Lloyd, 2013). Therefore wraparound services are essential to the success of most people who are seeking treatment for drugs and health issues. Even when a person who uses drugs is able to maintain sobriety, research shows that the stigma of drug use follows the person into the rest of their life. Longitudinal studies in the US and the UK show that if potential employers know that an applicant has a history of substance use disorder, even if they are in recovery, they are less likely to hire the individual (Lloyd, 2013). Stigma is one of the greatest barriers to better health and economic security that people with substance use disorders face when seeking help.

**Comorbidity of Drug Use, Mental and Physical Health Disorders**

As mentioned above, there is a high rate of comorbidity of individuals who have substance use disorders, other mental health disorders and/or other health problems. There was a study conducted in Ontario Canada that looked at hospital records and admissions both through the emergency department and in the rest of the hospital. The study found that there was a higher rate of patients who had both a substance use disorder and another psychological or health problem that brought them in for treatment in the ER
than who came into the hospital through regular admission (Adrian et al., 2007). ERs are meant to be used for acute and critical need. Many of the health issues that bring drug users to ERs every year, such as overdose or infection, might have been prevented in the less expensive and more appropriate venue of a primary care physician’s office.

This study suggests that individuals who have health problems and also have a substance use disorder are less likely to seek treatment through a primary care physician in the traditional route of other patients. Rather, those with a comorbidity of substance use disorder and other mental or physical disorders wait until the issue leads them to the emergency department for treatment. Even individuals who had mental health disorders but no substance use disorder were more likely to have entered into the hospital by a more traditional route via their primary care or other specialist (Adrian et al., 2007).

Again, the implication is that ERs are being used inappropriately for conditions that are better treated by a regular physician over time and not in an acute and critical care environment.

Another study conducted in Sydney Australia also showed a high rate of individuals with a comorbidity of substance use disorders and mental health disorders accessing health care via the emergency departments rather than traditional means. In the Australian study they also found that these patients who had substance use disorders and mental health disorders or other health problems tended to be especially high need compared to other patients without substance use disorders. This high need on account of the substance using patients tended to use up more emergency department resources than other patients (Indig et al., 2010).
Medical Staffs’ Perceptions of Patients who use Drugs

In a qualitative study of how doctors feel about their patients who have substance use disorders in the urban setting of Seattle, several themes arose. The first theme was that physicians feared being lied to by their patients with substance use disorders. The doctors believed it was likely that these patients, particularly those who used opiates, were coming to them for narcotics rather then for legitimate medical complaints (Merrill et al., 2002). Secondly, the physicians feared engaging with these patients because they were unsure how to approach them in regards to the patients’ drug use. The physicians expressed a desire to learn a standard approach to interacting with patients who used drugs because they tended to not have a lot of experiencing interacting with the population before working in the hospital (Merrill et al., 2002).

Lastly, this study also asked the patients who were treated by these physicians about how they felt during their encounter with medical staff. The patients consistently stated that they were highly sensitive to being mistreated by medical staff, expecting they would receive subpar medical treatment since the staff knew that they had substance use disorders. These patients tended to feel that any inconsistency or inefficiency on the part of the hospital’s medical staff as an intentional act towards them because the staff judged them for using drugs (Merrill et al., 2002). One can only imagine how the disconnect between the medical providers and the patients perpetuated negative encounters.

Another study conducted in a hospital in England interviewed nurses and their patients about their relationships with one and other. Here several other themes emerged that created dissonance between the two groups. One major theme was that the nurses felt
that they had a lack of knowledge on how to care for patients who used drugs. Almost all of the nurses who participated stated that they had not received in depth training on substance use disorders while in school and therefore lacked confidence in interacting with these patients. The lack of confidence translated into inadequate care on their part. The lack of nurse confidence was noticed by the patients who felt that they received subpar care while hospitalized (Monks et al., 2012).

This study also found that nurses tended to limit their interactions with patients who had substance use disorders because they expressed that they did not trust these patients to be truthful. This mistrust on the part of the nurses lead to a feeling of being disconnected to these patients as compared to other patients. Patients could sense the mistrust and resented it, often becoming antagonistic in retaliation. Nurses in turn reported that patients who had substance use issues were unpredictable and emotionally draining (Monks et al., 2012). One can see how this cycle perpetuated negative feelings on the sides of both parties.

One interesting outcome of these interviews however, was that nurses who reported having experiences with family members or other loved ones who had substance use disorders often had a more positive experience with these drug using patients. These nurses tended to listen to the patients’ problems and to take time developing rapport as they did with other patients. In turn, their patients reported that they noticed the difference in these nurses and tended to respond more positively towards the nurses and their requests (Monks et al., 2012). So in other words, the patients who felt like they were treated like human being and not drug users responded better to treatment.
Another interesting study conducted in England looked at the attitudes of physicians and nurses towards injection drug users in particular. In this study they found that medical providers could be put into two major categories, those who believed that injection drug users had the ability to control their drug use and those that felt that patients with substance use disorders were not in control of their drug use. Those medical providers who saw injection drug use as a controllable choice also tended to have more conservative views in general. The conservative medical providers also tended to have more negative interactions with injection drug users.

Conversely, those that believed injection drug users were not in complete control of their drug use or able to just choose to quit tended to be more liberal in their other views. These liberal medical providers also tended to have more positive interactions with injection drug using patients (Brenner et al., 2010). This study is an example of how perception can lead to a positive or negative interaction with a patient.

If one perceives the patient as just defiant, it is no wonder that the medical professional is unable to connect to the patient. It also supports the idea that drug users perceive the attitudes of certain, more judgmental medical providers accurately and that these more judgmental medical providers are not providing the best care possible to that patient.

**Empathy**

Now we will touch on the topic of empathy, which is central to this subject of this research. A study conducted in Scotland sought to understand the role of empathy in patients’ adherence to medical treatment. They surveyed over 3,000 patients and found
that patients who believed that their medical provider had empathy for their conditions or health problems were more likely than patients who felt that their medical providers did not have empathy for them, to follow through with medical treatments. In past studies, social-economics played was shown to play a big role in whether a patient adhered to medical treatment and advice. The researchers in this study found that across the board, empathy played a major role in whether a patient followed through with treatment in both high and low socio-economic areas (Mercer et al. 2012). So empathy can in many instances override other factors such as poverty in whether a patient feels enabled to seek and complete treatment.

Another study conducted in Australia surveyed medical students and the perception of their patients as to whether the student was competent or not. An independent observer who could determine whether the student was actually competent also observed the interaction. The study found that students who took time to build rapport with patients and whom the patients felt had empathy for their condition were rated higher on competency by both the independent observer and the patients. The medical students were also asked to rate their level of empathy and the study found that students who were not rated high on the empathy scale by the observer or the patient still tended to rate themselves as empathetic (Ogle et al., 2013). This disconnect illustrates how important education on how to be truly empathetic or at least how to appear empathetic is in medical school.
Medical Training

An analysis of the literature on the subject of medical providers' competency in treating patients with substance use disorder reveals that there is a lack of in depth training in medical school regarding the subject. In a longitudinal survey of medical students at the University of Pennsylvania found that as the students' education progresses, their positive view of patients who have substance use disorders declines significantly, so that by the time they have graduated their perceptions of drug using patients is much less favorable than when they first began their education (Agrawal et al., 2010). If medical student's perceptions of patients suffering from substance use disorder declines over time as they are educated more, it begs the question as to what they are learning. However, it also shows that attitudes regarding drug use can change due to exposure or lack of exposure to different ideas on substance use and treatment.

In Norway, researchers looked to understand why medical students' empathy tends to wane during medical school. They found that because medical school focuses an immense amount of time to bio-medical science and very little on the humanities, medical students tend to develop a dichotomous outlook on life. The researchers acknowledge that the science of medicine is essential to saving lives, but they also suggest that this knowledge would be enhanced if medical students were also encouraged to study the humanities to retain a hold on connecting psychologically with their patients (Pederson, 2010). This study reiterates the idea that teaching medical professionals about humanism is actually beneficial to the medical professional over time, as was mentioned before, humanism teaches a person to care for themselves as well as to care for others.
Ogle et al. (2013) also looked into the relationship between medical students and empathy. They discovered that patients who viewed their student medical provider as empathetic also felt that their medical provider was more competent as a doctor. In other words, the doctors who appeared to have more empathy for their patients were viewed as being better doctors by their patients.

However, student doctors who rated themselves as being empathetic were not always viewed this way by their patients. And the determining factor on how well the patient adhered to their doctor’s treatment plan was tied to the patient’s perception of how empathetic and competent their student doctor appeared to them. So, the study concluded that it was important to look further into developing curriculum that taught empathy to medical students or at least slow the erosion and burnout that many doctors feel over time as they encounter difficult patients (Ogle et al., 2013). One can argue that developing empathy for patients who use drugs is paramount as a first step in combating the issue of abuse and drug use related medical conditions that are now plaguing the country.

Summary

Essentially, in order to begin medical treatment for individuals with substance use disorders, medical professionals must be better equipped in medical school. It is essential for medical students to be educated on the nature of drug use and addiction, they would also benefit from cultural competency in regards to these patients. And most importantly, empathy is an element that is lacking in many medical providers. More emphasis on developing empathy in medical students will be required to ensure that all patients,
including those with substance use disorders are provided the best level of care and to increase the odds that patients will follow-through with their treatment.
Chapter 3

METHODOLOGY

In this chapter the research question will be discussed as well as the design of the study that was conducted. All sampling procedures will be explained and the methods used to recruit participants for the study will be described. Also included in this chapter is the instrument used to conduct the study and how the researcher planned to protect their human subjects.

Research Question

This study asked the question: Is there a relationship between a nursing student's empathy level and the students' favorable perception of people who use drugs. A secondary question that was asked in this study was: Is there a relationship between the amount of experience a nursing student has with people who use drugs and the students' favorable perception of people who use drugs. The study was framed by asking questions that helped to rate their level of empathy, their favorable or unfavorable perceptions of people who use drugs and lastly the students were asked questions about their level of experience they had with people who used drugs.

Research Design

This study used a cross section quantitative survey design with non-random sampling. The study used a brief anonymous survey instrument, which asked 32 questions derived from other survey questionnaires used in similar studies. Answers were scored on a Likert Scale. The survey instrument included parts of the Jefferson Scale of Empathy, and the Alcohol and Alcohol Problems Perceptions Questionnaire (AAPPQ).
Nursing students at California State University of Sacramento were recruited through their professors to fill out the questionnaire after class. Collected data was then inputted into an SPSS program and analyzed to investigate any relationship between empathy, perception, and experience.

**Measures**

For the purposes of this study, the dependent variable was the favorable or unfavorable perception of nursing students towards people who use drugs. The independent variable was the level of empathy that the nursing student had and the amount of experience that the student had with people who use drugs. The participants' age, gender, and ethnicity are also independent variables.

The Jefferson scale of empathy was used to rate the students' level of empathy. The quantitative survey also used in the study utilizes parts of the Alcohol and Alcohol Problems Perceptions Questionnaire (AAPPQ), the efficacy of which has been seen from use of over 20 years (Silins, 2007). It was felt that by using the AAPPQ as a basis for the questions, the researcher would be able to quantify the medical students' perceptions in a way that will be repeatable in future studies of similar populations.

By using an instrument that has been utilized successfully in a country, Australia, that has the same primary language as that of the population of study in this research; there would be less confusion for participants and more efficacies to the results. Also, using the AAPPQ to form questions regarding other drugs besides alcohol would be more useful in the study than if the researcher used a question structure that had not come from a type of questionnaire that has been used for research for over twenty years. In other
words, though the AAPPQ was not designed to ask questions about other drugs, it is assumed that other drugs can be substituted in without undo confusion to survey participants.

16 questions from the AAPPQ were altered to reflect perceptions participants had about people who use drugs. For example, in the original AAPPQ the question, “I can’t understand why alcoholics keep drinking alcohol,” (Silins, 2007). For our survey, the word “alcohol” was replaced with “heroin.” The participants’ provided their answers using a Likert Scale. Whenever a Likert Scale was used in this study, the answers were then placed into a dichotomy. For example, if a participant answered “strongly agree” or “agree” than they were categorized into “agree.”

Once the answers had been tallied on this altered AAPPQ type scale, any participant who scored 8 or lower on the favorable perceptions section were put into a category titled “less favorable perception of people who use drugs.” Conversely, any student who scored 9 or higher on this scale was put into the category of “more favorable perception of people who use drugs.”

The questions that assess the participants’ level of empathy for others used the Jefferson Scale, which is the standard scale used by medical professionals to rate a person’s empathy. 10 questions were included in this section and participants again answered on a Likert Scale. Similar to the previous section, the participants were put into two categories either agreeing or disagreeing with the statement. Students who scored 5 or lower on the empathy scale were categorized as “less empathetic.” Those students who scored 6 or higher on the empathy scale were categorized as “more empathetic.”
The survey also included 6 questions that scaled the student’s experience with people who use drugs. Just as before, the answers were input onto a Likert Scale. Those students who scored 3 or less were placed into a “less experienced with people who use drugs” category. Any student who scored 4 or more was considered to be in a “more experienced with people who use drugs” category.

The survey instrument also includes demographic questions. These questions were used to explore if there is significant differences in the perceptions of medical students based on their age, gender or ethnic background. By exploring this connection, one can explore if the students’ perceptions of patients with substance use disorders was influenced by these other factors. Please see Appendix A for the complete survey instrument.

**Study Population**

The population of study was first and second year nursing students at California State University Sacramento. The first and second year nursing student population was chosen because they were still in the learning process. Another reason first and second year nursing students were used was because it was assumed that students would have received at least a minimal introduction and some instruction into what kind of populations they would encounter once they began working in hospitals and clinics. Nurses tend to be the front line workers in clinics and hospitals and often see patients before doctors and spend more time with patients. Therefore looking into nursing students’ empathy levels and perceptions will help create a more clear picture of what a patient who uses drugs might experience.
Sampling Population

Convenience sampling was used to recruit participants by attending classes in the CSUS nursing program. Professors in this program were contacted via email, provided the survey and thesis question and asked if I could have permission to attend their class and administer the survey. 8 professors in the nursing program replied that I had their permission to attend class in order to recruit participants. I was provided time at the end of class to inform the nursing students of the project and to ask them if they would participate.

Instrumentation

Each participant in the study was provided with an implied consent form in which they were informed of any risks associated with the study. Participants, once they had agreed to participate in the study, were provided with a paper copy of the survey that they could write their answers on directly.

To develop the instrument I consulted with division of social work faculty as well as social workers at UC Davis Medical Center in Sacramento and the UC Davis Assistant Dean of Student Diversity. These efforts were to improved the validity of the survey questions. Also the researcher used the AAPPQ as a framework and the Jefferson scale of empathy to base their questionnaire on. Since the AAPPQ and the Jefferson scale have been used by many researchers and has a strong theoretical basis, its use also increase the validity of the study’s survey.
Data Collection Procedures

Data collection remained as anonymous as possible. Even though I was present in the classroom, no student was required by his or her professor to stay and fill out the survey. In addition, the professor left the classroom after I had explained the study, which ensured the students, would not feel pressured to participate. An implied consent form was used, that the student was encouraged to keep if they wished. Students were provided a paper version of the survey and asked to use their own writing instrument or if they did not have a writing instrument, I provided them with one. I asked that the participants place their completed survey in the manila folder placed at the front of the classroom.

Between collections of surveys, the manila folder was kept locked in a file cabinet at the researcher’s home to ensure that the contents of each survey would not be discovered by others. After the completion of the study the surveys were disposed of using an appropriate paper shredder. Since the data was analyzed electronically once it was input into the SPSS system, a password protected computer and database was used.

Data Analysis

Analysis of the data was performed using the SPSS system. Aggregate data was then analyzed using the SPSS Crosstab feature. Data was put into discrete categories of “agree” or “disagree” with the statement. The numbers of “agree” answers were added together to create a score for the three sections: Level of Empathy, level of experience and perception of people who use drugs. "Chi-Square tests were run to determine if there was any significant relationship between these sections."
Human Subjects

Before the study was performed, the researcher had the study approved by the California State University, Sacramento Division of Social Work Human Subject Committee. The study was approved as exempt, as there was little chance of harm to the participants. The researchers ensured that there was no identifying information on the surveys collected to protect the identity of all the participants of the study. All participation in the study was voluntary and participants were not required to answer any questions that made them uncomfortable or which they did not want to answer.

Before participants filled out the survey, they were provided with an implied consent form that informed them of any risks involved in participation. The consent form included contact information for the researcher, the researchers faculty advisor and the Social Work Department if they had any questions or if they felt the survey was distressing in any way.

The risk of discomfort or harm to the participants was limited because the surveys asked no identifying questions. Therefore, the participants could feel more comfortable being honest when filling out their surveys, which limited the discomfort they might feel about being judged for their perspectives. Also, the participants were required to fill out the surveys without their professor present, which ensured that they felt no pressure to participate.
Chapter 4

RESULTS

The purpose of this study was to investigate the connection between a nursing student's favorable or unfavorable perception of people who use drugs and the students' level of empathy and experience working with people who use drugs. It is hypothesized that the higher a nursing student scores on an empathy scale, the more favorable their view of drug using people will be. Additionally, it is hypothesized that the more experienced the nursing student feels working with drug using people, the more favorable their perceptions will be about drug using people.

In order to investigate these questions and gain a better understanding of the connection between favorable perceptions and empathy, 40 CSUS students in their first and second year of nursing school were surveyed using an anonymous questionnaire. First their level of empathy was scaled, then the investigator asked the nursing students questions about their perceptions of drug users and their experience with drug users. The students were also asked to provide information about their ethnicity, gender, and age.

First we will look at the demographics of the 40 students surveyed. Then we will discuss the specific correlations between the students' favorable or unfavorable view of people who use drugs, their level of empathy and how experienced they feel working with people who use drugs in a medical setting. We will also look at any other correlations that were discovered to be interesting in regards to the question of perception and the other demographic information.
Demographic Information

All respondents to the survey were asked if they were CSUS nursing school students, to which 100% answered that they were. These students were recruited through their Professors and consisted of students in their first and second year of the program. These students had not yet begun working in a public medical setting and were still practicing on each other and on volunteer actors as well as medical dummies. In the future, the study would benefit from recruiting nursing students who have begun working with the general public in clinics or in a hospital setting. Still, anecdotally, many of the students came from other medical backgrounds, in which they had worked with the general public and this is reflected in their feelings of experience that will be mentioned later.

Ethnically, the respondents were majority white or of European decent or of Asian decent. Of the 19 out of 40 students, or 47.5%, were of European decent and 12 of the 40, or 30% of the students reported being of Asian decent. 5 students, or 12.5% reported “other” as their ethnicity, 3 students, or 7.5% reported Latino/Hispanic as their ethnicity and lastly, 1 student, or 2.5%, reported being African American. Obviously, there are implications one can extrapolate about potential cultural differences between students who were white/Caucasian and those that reported being ethnically Asian.

On the question of gender, 11 students, or 27.5% reported being male, 28 students, or 70%, reported being female, while 1 student, or 2.5%, reported being “other.”

As for the respondents’ ages, they ranged from 19 years old to 39 years old. The mean age of participants was 24.97, with a standard deviation of 5.735. For the purposes
of this study, the various ages were put into two groups: “Under 30 years old” and “30 years or older.” This was done so that the information would be easier to understand and make more sense from a statistical perspective. Perhaps in future studies, with more respondents, each discreet age will have greater statistical significance. When the respondents were re-categorized, 28 students, or 70%, were “under 30 years old” and 8 students, or 20% were “30 years or older,” with 4 students, or 10%, who did not respond to the question.

**Empathy, Perceptions, and Experience**

Each student was asked 10 questions to gauge their level of empathy, 16 questions to gauge their perceptions of drug using people, and 6 questions about their level of experience working with drug users. Each category was then split, for example, students who scored 5 or below on the empathy scale were categorized as being “less empathetic,” while students scoring 6 or above on the empathy scale were categorized as “more empathetic.” For the category of experience, students who scored 3 or less were categorized as “less experienced” and those who scored 4 and above were categorized as “more experienced.” Similarly, in the category of perception of drug users, students who scored 8 or below were categorized to have a “less favorable perception” and those who scored 9 and up were categorized to have a “more favorable perception” of people who use drugs. Following is a breakdown of how the students scored in these categories:
Table 1

<table>
<thead>
<tr>
<th>Category</th>
<th>Frequency</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>More empathetic</td>
<td>34</td>
<td>85</td>
</tr>
<tr>
<td>Less empathetic</td>
<td>6</td>
<td>15</td>
</tr>
<tr>
<td>More experienced with people who use drugs</td>
<td>4</td>
<td>10</td>
</tr>
<tr>
<td>Less experienced with people who use drugs</td>
<td>36</td>
<td>15</td>
</tr>
<tr>
<td>More favorable perception of people who use drugs</td>
<td>30</td>
<td>75</td>
</tr>
<tr>
<td>Less favorable perception of people who use drugs</td>
<td>10</td>
<td>25</td>
</tr>
<tr>
<td>Totals (N=40)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Nursing Students' Level of Empathy and their Perceptions of People who use Drugs

When looking at the data to ascertain if there was a relationship between a nursing student's level of empathy and their perception of drug using people there appeared to be a relationship between those students who scored as "more empathetic" and those that scored has having a "more favorable perception" of people who use drugs. Out of the 30 students who had a "more favorable perception" of people who use drugs, 29 students, or 96.7%, also scored as "more empathetic." Conversely, only 1 of these students, or 3.3%, scored as "less empathetic." For the 10 students who had a "less favorable perception" of people who use drugs, 50% scored "more empathetic" and 50% scored "less empathetic."

A Chi-squared test was performed and a relationship was found between the nursing students' level of empathy and having a more favorable perception of people who
use drugs $X^2(1, \text{N}=40) = 12.81^a p=0.00$. However, when the data was calculated using the SPSS software, it was also discovered that 2 cells (50%) had an expected count of less than 5.

**Nursing Students’ level of Experience with People who use drugs**

In comparing the level of experience in working with people who use drugs and the nursing students perspective on those people, it was found that with this sample, there was no correlation between the two. Of the 30 students who had a “more favorable perspective” of people who used drugs, 3, or 10%, of the students also scored in the “more experienced” in working with people who use drugs. But of the 10 students, who had a “less favorable” perspective of people who use drugs, 1 student, or again 10%, also scored higher in the “more experienced” category. A Chi-square test was performed which states that $X^2(1, \text{N}=40) = .00^a, p = 1$.

**Other Findings**

When looking at gender and the students’ level of empathy, 8 of the 11 males, or 72.7%, scored as “more empathetic.” Of the 28 females, 25, or 89.3%, scored as “more empathetic.” A Chi-square test was performed and because $X^2(2, \text{N}=40) = 1.879^a, p = .391$, one can assume that within this data set, there is no relationship between the gender of the student and their level of empathy.

When looking at gender and the nursing student’s perceptions of people who use drugs, it was found that of the 11 men who responded to the survey, 6, or 54.5%, fell into the “more favorable perception” of drug using people. When looking at the female respondents, a larger percentage of them fell into the “more favorable perception”
category. Specifically, of the 28 female respondents, 23, or 82.1%, were found to have a "more favorable perception." A Chi-square test was also performed and similar to the previous data, no relationship was found between the gender of the student and their favorable or unfavorable perceptions of people who use drugs with $X^2(2, N = 39) = 3.55^a, p = .170$.

Within ethnicity, the one African American student, along with all the Latino/Hispanic students fell into the "more favorable perception" of people who use drugs. Whereas, within the students who identify as Asian, 8 of the 12 students, or 66.7%, had a "more favorable perspective" of people who use drugs. Within the students who identified as being of European decent, 16 of the 19 students, or 84.2%, scored as having a "more favorable view." A Chi-square test was performed and $X^2(4, N = 40) = 5.904^a, p = .206$.

Lastly, when looking at respondents' age and their perceptions all of the 8 students who were 30 years of age or over had a "more favorable perspective" of people who used drugs. Conversely, of the 28 students who reported being under 30 years of age, 19, or 67.9%, of them had a "more favorable perspective" of people who used drugs. Again, when a Chi-square test was performed, no relationship was found between students' age and their perceptions, $X^2(2, N = 36) = 3.429^a p = 0.180$.

**Interpretations of the Findings**

After conducting this study, I felt that we were just beginning to scratch the surface of the question. Though more research is needed to have a more conclusive answer, the data suggests that there might be a relationship between nursing students who
have higher levels of empathy and those students who have a more favorable perception of people who use drugs.

However, the second question posed in this study was whether a student having more experience working with people who use drugs would create a more favorable perception of those people. According to this data, there is no relationship between a nursing student having a favorable or unfavorable perception and how much experience they have interacting with people who use drugs. The results showed that there was no relationship between the student's level of empathy and their gender, but females still had a higher rate of having a more favorable perception of people who use drugs than did males.

Also, African American students, Latino/Hispanics students, and students of European decent had a higher percentage of participants who had a more favorable perceptions of people who use drugs than did Asian Students. Lastly, those students who identified themselves as being 30 years of age or older had a higher percentage of respondents who had a more favorable perception of people who used drugs than those students who stated they were under 30 years of age.
Chapter 5

CONCLUSION AND FINDINGS

The purpose of this study was to explore the relationship between empathy, experience and the perceptions of nursing students who will one day be working with the drug using population. Specifically, in this study we rated the nursing student’s empathy and then compared their empathy with their favorable or unfavorable perceptions of drug users. This study did suggest that there is a possible relationship between nursing students who rate higher on an empathy scale and students who have a more favorable perception of people who use drugs.

This possible relationship makes sense in the context of other research on empathy and medical providers’ competency. Ogle et al.’s (2013) study on this subject suggests that not only does empathy change the perception of the patient towards their medical provider, but also independent observers in this study found that the medical professional was actually more competent. In the context of this study, we also see that there is a relationship between a nursing students having a higher level of empathy and having a favorable perception of the drug using patient, Ogle’s study supports the idea that the nursing students with more empathy will likely be viewed as more competent by patients. At the very least, these students will have more positive interactions with their patients who use drugs.

On the other hand, this research was not reflective of the literature in regards to showing a relationship between a medical provider’s experience with drug users and a positive regard towards patients who use drugs. In Monks et al.’s (2012) study, nurses
who had a loved one that used drugs were more likely to have positive regard towards patients who used drugs. In our study, there was no relationship between experience with people who use drugs and positive perception. Interestingly, the sample size for both Monks’ study and our study were similar. Monks’ study had 41 participants and our study had 40 participants (Monks et al., 2012).

However, the difference between the two studies is important. In Monks’ study, the nurses who participated were out of school and had some time working in a medical setting. Whereas in this study, all 40 participants were student nurses with very little to no experience working in a hospital setting. Also, in that study they used a “semi-structured interviews” (Monks et al., 2012). In our study we used a survey with a Likert Scale. Obviously, a less structured interview might yield more nuanced answers and varying interpretations than the more structured Likert Scale.

**Suggestions for Future Studies**

Seeing that males are generally viewed as less empathetic in our culture, but in this study over 70% of males rated higher on the empathy scale, it would be interesting to investigate if males who are attracted to the profession of nursing are just more empathetic than other males. It begs the question as to whether males in other professions unrelated to nursing would also score similarly to those in this study. It would also be interesting to explore if there is a difference in empathy levels between nurses who are male and doctors who are male and visa versa for females in the same professions.

Another area of future study would be to look at if cultural differences between the various ethnic groups exist concerning the nursing student’s perceptions of patients
who use drugs. Perhaps a more qualitative study design would be better at teasing out nuances of perception than what was done in this quantitative survey.

It would also be important to study whether or not patients who have an empathetic medical provider that spoke with them about drug treatment, actually did follow through with suggested treatment. A study that looked at how successful these patients were in using the resource of their empathetic medical provider would help to understand if teaching empathy in medical and social service programs would be a valid use of education time.

**Limitations of the Study**

Probably the most significant limitation of this study was the sample size. Only 40 nursing students were recruited, which is a small sample. As a result, this study may have been underpowered and thus unable to detect some significant difference. In addition to this, only nursing students in their first and second year of school were recruited for the survey. It's suspected that if nursing students in their last year of school had been surveyed, their answers might have been different. By their last year in school, nursing students begin to have regular contact with live patients. These last year students might have had more experience with patients who use drugs and it would be interesting to compare their answers with the first and second year students.

Also, the study was limited by the use of an anonymous survey rather than a more thorough interview. If a subject did not understand a question on the survey, it was impossible to clarify for them what was meant. Participants were also not allowed to
make comments to clarify what they meant in answering a question in a certain way. Therefore, it was not possible to catch the nuances of their responses.

As for myself, my own experiences in working with the drug using population in a harm reduction capacity most likely influenced the ways in which I asked survey questions. I had to consciously use phrases with the words “addicted” rather than use the words “uses” because my perception was that nursing students might not understand that I was referring to the same thing. Usually I would use the phrase “person who uses,” but in the survey I used the phrase “abuser.” “Abuser” is a much more negative phrase than “use” and therefore might have influenced the survey participant into feeling more negatively.

**Implications**

If it is true that there is a relationship between those nursing students who have a high level of empathy and a more favorable perception of people who use drugs, then there is an implication that nursing schools and medical schools should consider incorporating lessons on empathy into their curriculum. As we learned in the existing literature, if patients who get a sense that their medical provider is empathetic to them, the patient is more likely to follow through with treatment. Therefore, as the epidemic of drug use continues, perhaps policy makers might consider investing in medical providers and social services providers education around empathy and its effects. At the very least, university programs for medical providers and social services providers should consider incorporating lessons on the efficacy of and the personal development of empathy.
Medical clinics and hospitals would also need to change their procedures in how they treat patients who use drugs. Rather than just calling a social worker in, without discussing the issue directly with their patient, medical providers can play a bigger role in identifying and treating people who use drugs. Social workers and medical providers would need to be more collaborative than they currently function in regards to drug treatment. Universities might even consider integrating classes of medical students and social workers so that the two disciplines can develop a more cohesive relationship in medical settings.

**Conclusion**

This exploratory study examined how the relationship between empathy and perceptions of a stigmatized population among one population of health professionals. In particular, we looked at how empathy colors the perceptions of nursing students towards patients who use drugs. The data suggest that having more empathy does have a relationship with a more favorable perception of patients who use drugs. What was discovered was that more research is needed with a larger sample of participants. If, as the literature suggests, empathy is a desirable trait in a medical provider because it leads to greater adherence to treatment plans, than this research supports the idea of emphasizing the development of empathy in medical schools. Not only will the development of empathy help medical providers from burning out, but it will also have an effect on the lives of millions of people who use drugs and are uncomfortable or afraid of seeking medical treatment. In the end, with more empathy from all their providers, the
hope is that more individuals would seek treatment and at the very least, be less fearful of visiting their medical providers, resulting in a healthier population.
Appendix A

Human Subjects Approval Letter

CALIFORNIA STATE UNIVERSITY, SACRAMENTO
DIVISION OF SOCIAL WORK

To: Sarah Roberts

From: Research Review Committee

RE: HUMAN SUBJECTS APPLICATION

Your Human Subjects application for your proposed study, "Nursing Students' Empathy and Perception of Patients with Drug Addiction", is Approved as Exempt. Discuss your next steps with your thesis/project Advisor.

Your human subjects Protocol # is: 15-16-060. Please use this number in all official correspondence and written materials relative to your study. Your approval expires one year from this date. Approval carries with it that you will inform the Committee promptly should an adverse reaction occur, and that you will make no modification in the protocol without prior approval of the Committee.

The committee wishes you the best in your research.

Research Review Committee members Professors Telahsha Bankhead, Maria Dinis, Kisun Nam, Francis Yuen

Date: March 3, 2016
Appendix B

Survey Instrument

PARTICIPATION CONFIRMATION / LETTER OF IMPLIED CONSENT

STUDY TITLE: “Nursing Students’ and their Patients with Drug Addiction”

My name is Sarah Roberts and I am a second year graduate student in the Division of Social Work program at California State University, Sacramento. I would like to invite you to participate in this research study because your perspective and opinion is important regarding your perceptions and comfort in working with patients who have substance use disorders.

If you choose to participate in this study, please complete the following survey. The survey will take no more than 10 minutes to complete. The knowledge gained from this study may benefit future nursing students working with patients with substance use disorders.

There are no known sociological and economic risks associated with your participation in this study. The questions in the survey ask about your understanding and opinions of patients with substance use disorders. There is a minimal risk that you may feel embarrassed regarding your level of understanding or experience of patients with substance use disorders. Because the surveys are on paper, other people may come in contact with the information you provide, which could compromise confidentiality. However, your identity to the researchers will remain anonymous as well as your survey answers will also be kept confidential at all times. Information collected will only be reported in aggregate form.

Among the measures taken to insure confidentiality is the encryption of all electronic data entered into a database (data stored behind a secure firewall). Hard copied data will be maintained in a safe, locked location and any descriptive information collected will be destroyed by May 1st of 2016.

You are free to withdraw your consent, skip answering any questions, and/or discontinue your participation in this study at any time. By choosing to complete and turn in this survey, you have given us your implied consent and therefore agree to participate in this study.

I am highly appreciative of your time. Please feel free to contact me via email at sr2236@csus.edu if you have any questions. You may also contact Jenifer Price-Wolf, the project advisor/chair, at wolf@csus.edu. For questions about your rights as a participant in this research study, please call the Office of Research Affairs, California State University, Sacramento, (916) 278-5674, or email irb@csus.edu.

I have read the descriptive information on the Research Participation cover letter. I understand that my participation is completely voluntary. My completion of the survey and handing it into the researchers implies that I am agreeing to participate in this study. I may keep this copy of the Research Participation cover letter for my records.
**Introduction:** We are researching nursing students' experience with people who have a drug addiction. Please feel free to be as honest as possible. This survey is anonymous and the researcher will not know who answered the questions. Thank you for your participation.

<table>
<thead>
<tr>
<th>Responses (circle one):</th>
<th>SA=Strongly Agree, A=Agree, D=Disagree, SD = Strongly Disagree, DK= Don't know/unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - I always try to tune into the feelings of those around me.</td>
<td>SA A D</td>
</tr>
<tr>
<td>2 - Too much is made of the suffering of pets or animals.</td>
<td>SA A D</td>
</tr>
<tr>
<td>3 - If someone is upset I get upset, too.</td>
<td>SA A D</td>
</tr>
<tr>
<td>4 - It makes me mad to see someone treated unjustly.</td>
<td>SA A D</td>
</tr>
<tr>
<td>5 - My feelings are my own and don't reflect how others feel.</td>
<td>SA A D</td>
</tr>
<tr>
<td>6 - I find it annoying when people cry in public.</td>
<td>SA A D</td>
</tr>
<tr>
<td>7 - I don't give others' feelings much thought.</td>
<td>SA A D</td>
</tr>
<tr>
<td>8 - If a crowd gets excited about something so do I.</td>
<td>SA A D</td>
</tr>
<tr>
<td>9 - I get a warm feeling for someone if I see them helping another person.</td>
<td>SA A D</td>
</tr>
<tr>
<td>10 - Being around people who are depressed brings my mood</td>
<td>SA A D</td>
</tr>
<tr>
<td>11 - I feel that replacement therapies (ex. methadone or suboxone, which are opiates used as a replacement for heroin) is merely supplying drugs to drug users.</td>
<td>SA A D</td>
</tr>
<tr>
<td>12 - I have had many interactions with people who have an</td>
<td>SA A D</td>
</tr>
<tr>
<td>13 - Interventions for someone who is addicted to drugs are</td>
<td>SA A D</td>
</tr>
<tr>
<td>14 - I can't understand why heroin abusers keep using heroin.</td>
<td>SA A D</td>
</tr>
<tr>
<td>15 - I can't understand why methamphetamine abusers keep</td>
<td>SA A D</td>
</tr>
<tr>
<td>16 - I believe that someone who is obviously seeking drugs to</td>
<td>SA A D</td>
</tr>
<tr>
<td>17 - I feel like I have received adequate training on how to</td>
<td>SA A D</td>
</tr>
<tr>
<td>18 - I know someone I care about who is addicted to drugs.</td>
<td>SA A D</td>
</tr>
<tr>
<td>19 - I feel that I will be able to appropriately advise my patients</td>
<td>SA A D</td>
</tr>
</tbody>
</table>
20 – I have personally seen how using drugs can have a positive
SA A D

21 – I feel I have an obligation to ask my patients about their
SA A D

22 – I feel I have the knowledge and skills needed to determine
if a patient is addicted to drugs or just using drugs
SA A D

23 – My clinical experience to date has prepared me to take a
full history including histories of drug addiction in an initial
SA A D

24 – In general, I think it would be rewarding to work with
SA A D

25 – I am interested in understanding the nature of drug
SA A D

26 – Taking a history of a patient’s drug use is unlikely to be
useful, as patients will generally try to hide their drug use.
SA A D

27 – As a career, I could not imagine working with only patients
SA A D

28 – Advising patients not to use drugs is useless because the
SA A D

29 – I have had negative experiences with people who have an
SA A D

30 – I have personally seen how addiction to drugs can
SA A D

31 – There is a difference between drug addiction and
SA A D

32 – It is a nurse’s job to help patients cope with their drug
SA A D

Demographic questions: Please circle one response.

1 – Please indicate the ethnicity you identify with
A. African-American
B. Asian-American
C. Native-American
D. Latino/Hispanic
E. Caucasian
F. Other

2 – Please indicate your gender.
A. Male
B. Female
C. Other

3 – Please provide your age
A. ________
4. Please indicate if you are a nursing student at CSUS.

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<th>B. No</th>
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References


