AN EXPLORATION OF TURNOVER INTENTIONS OF SUBSTANCE ABUSE TREATMENT RNs DURING THE COVID-19 PANDEMIC: A QUALITATIVE STUDY

by

Ciara Jones

Liberty University

A Dissertation [Proposal] Presented in Partial Fulfillment

of the Requirements for the Degree

Doctor of Philosophy

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APPROVED BY:

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Name and degree, Committee Chair

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Name and degree, Committee Member

ABSTRACT

The COVID-19 pandemic has affected nurses working in many different settings. As they were frequently the last personnel left at the frontline during COVID-19, nurses' experiences provide distinctive narratives in the alcohol and other drug treatment workforce. Since the COVID-19 pandemic, nurses working in a substance abuse treatment setting have experienced significantly increased stressors, including fear and anxiety, the lack of personal protective equipment (PPE), and a lack of workforce sustainability. Therefore, this generic qualitative study explored the perceptions and experiences of nurses working in a substance abuse treatment program on the barriers in their workforce that influence their turnover intentions. Guided by the job embeddedness theory, data were collected via semi-structured interviews with 10 registered nurses in a substance abuse treatment setting. The participants were asked the same open-ended questions, the interviews were recorded and transcribed. A qualitative thematic analysis was conducted following Braun and Clarke's six steps. The six main themes identified were: (a) stress from adapting to safety protocols, (b) the transition to remote work, (c) fear of the COVID-19 virus, (d) the emotional toll of the virus, (e) the importance of organizational support and resources, and (f) the significance of organizational training. This study is significant because it not only bridges the identified gap in the literature that highlights the limited research that has been conducted on this topic, but it also could provide information to substance abuse treatment facilities, registered nurses, and other healthcare professionals on how the COVID-19 pandemic has affected registered nurses working in such settings.

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Dedication

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CHAPTER 1: INTRODUCTION TO THE STUDY

Introduction

Nurse turnover is costly for healthcare organizations and disrupts patient care. In 2021, the national turnover rate for registered nurses (RNs) was 27.1%, highlighting an 8.4% increase from the previous year (Fleming, 2023). RNs experience a plethora of obstacles that promote turnover intentions. Feelings of being unappreciated, dealing with staff shortages, and having to work long hours under challenging mental and physical labor are just some of the many obstacles that RNs can experience, many of which have been exacerbated by the COVID-19 pandemic (Faraz, 2019; McCreary, 2020). Despite these obstacles, few researchers have focused on the barriers nurses experience when working in a substance abuse treatment environment during the COVID-19 pandemic. Therefore, this proposed study aimed to understand the perceptions and experiences of registered nurses working in a substance abuse treatment setting on the barriers they experienced, how their turnover intentions were experienced, and how they worked to overcome identified barriers during the COVID-19 pandemic.

Background

An estimated 11 million adults in the United States who are 12 years of age or older reported abusing prescription painkillers in the previous year, contributing to the country's worsening opioid crisis (Horner et al., 2019; SAMHSA, 2017). Hospitalization rates for OUD patients are rising because of the rising national prevalence of OUD and related medical complications (such as overdose, infections, and trauma) (Horner et al., 2019). The sudden surge of OUD patients, who frequently present with medical complications, co-morbid psychiatric diseases, and an elevated likelihood of experiencing poverty, homelessness, and other socioeconomic barriers to health, overwhelmed the inpatient healthcare system. The medical

system stigmatizes people with substance use disorders (SUDs), which is a reflection of a larger culture that has historically criminalized drug use and presented addiction as a choice rather than a sickness (Bearnot et al., 2019; Englander et al., 2018).

Refusing to disclose risky behaviors, rushing appointments, downplaying discomfort, avoiding harm reduction services, and not finishing drug treatment are just a few of the direct effects of stigma (Biancarelli et al., 2019; Paquette et al., 2018). According to a systematic review, there were widespread negative views among healthcare staff about patients with SUD, as well as beliefs about aggression, manipulation, and low motivation (Van Boekel et al., 2013). Poorer patient outcomes are inextricably linked to healthcare professionals' stigmatizing attitudes and behaviors toward patients with SUDs, particularly OUD (Horner et al., 2019). Research on nurses' experiences—clinicians who provide direct care to hospitalized patients with concomitant OUD—is scarce. Inadequate SUD information has been discovered during an examination of nursing education in the context of the opioid crisis, which has led to significant levels of distress among nursing students when caring for patients with OUD in the inpatient environment (Compton & Blacher, 2019; Lewis & Jarvis, 2019). An interprofessional "all hands-on deck" approach is required as the healthcare system finds it difficult to treat increasing numbers of patients with concomitant OUD (Horner et al., 2019).

Nurses in Substance Abuse Treatments

In substance abuse treatments, nurses provide direct patient care to individuals diagnosed with an alcohol or drug addiction. Nurses work with physicians to develop appropriate treatment plans, assess patients, monitor progress, administer medications, and manage pain (Horner et al., 2019). Many nurses in addiction treatment are plagued with similar experiences of working long hours, dealing with staff shortages, and working with large caseloads (Searby & Burr, 2021). In

their study, Horner et al. (2019) found that nurses encountered difficulties in managing patients' pain, general communication, and personal safety threats when interacting with hospitalized patients with an OUD. These obstacles combined led to feelings of burnout among the nurses. These difficulties were exacerbated by inadequate and out-of-date training, and stigma frequently prevented nurses and patients from developing a therapeutic relationship. Multifaceted strategies that begin with nurse education and are supported by organizational change are needed to increase nurses' responsibility and incentive to provide better care for patients with OUD in the inpatient setting. Findings also showed that nurses are eager to pick up these abilities and are not sure why they should. Nurses are less likely to actively interact with patients if they lack confidence in their capacity to support SUD treatment and address the biopsychosocial aspects of addiction. This uneasiness showed itself as patients' mistrust; this detachment can be described as "dissonant care management," it can be lessened by "seeing the person behind the patient." This is similar to the internal conflict that the study's nurses reported, where they had trouble helping their patients break free from their addiction.

To lessen stigma and exhaustion, efforts must be made to re-humanize care for those with OUD. Patients in the hospital who feel a loss of autonomy have been said to benefit from one plan of care model that stresses patients' "activities of living" and independence (Horner et al., 2019). Nurses in the study also described these negative interactions as contributing to a "cycle of problems" and perpetuating stigma around PWUD (Horner et al., 2019). Hospital surroundings that are secure and encouraging must be given top priority to break this pattern and create the groundwork for education to have its most significant impact. SUD is a medical condition, and there is mounting proof that treating addiction as soon as a patient is admitted to the hospital can significantly improve their prognosis (Horner et al., 2019).

Stress Faced by RNs in Substance Abuse Treatments During Pandemic

The COVID-19 pandemic has affected nurses working in many different settings. Becoming prevalent in March 2020, COVID-19 significantly changed how healthcare was delivered, especially for individuals working in alcohol and drug addiction treatment (Searby & Burr, 2021). Healthcare services, notably those for the treatment of alcoholism and other drugs (AODs), have been disrupted by the COVID-19 epidemic. The way that users of AOD treatment services can receive care for problematic alcohol and other drug use has been significantly impacted by social distancing, lockdowns, "stay at home" orders, and other tactics implemented to stop the spread of COVID-19 (Dunlop et al., 2020). Post-pandemic attempts to stop the spread of COVID-19 infection are expected to significantly impact AOD settings that offer services like harm reduction (López-Pelayo et al., 2020). Beyond the pandemic, changes in the accessibility, modes of delivery, and consumption patterns of substances—such as the closing of borders for illicit drugs or the shift to home delivery services for alcohol—are likely to have far-reaching effects (Chang et al., 2020; Colbert et al., 2020; Farhoudian et al., 2021; Omboni et al., 2022). Nurses have been presented as the COVID-19 pandemic's "face" in the healthcare industry. They test for the virus, treat patients who get it, and occasionally even get the virus themselves (Searby & Burr, 2020). Addiction nurses, also referred to as AOD nurses, play a vital role in the overall makeup of the AOD workforce. They administer medications and monitor patients' physical and mental health in a range of contexts where problematic AOD use is present (Searby & Burr, 2020). Searby and Burr (2021) reported that during the COVID-19 pandemic, nurses working in addiction treatment experienced extremely high-stress levels. The authors reported that stress increased from three different perspectives: (a) changes to the delivery of service, (b) workforce factors, and (c) consumer factors.

Substance Abuse RN Turnover

From a historical perspective, Eby et al. (2010) reported that the national turnover rate for counselors working in a substance abuse treatment setting was 33.2%; however, for their clinical supervisors, the turnover rate was 23.4%. Furthermore, Knudson et al. (2011) reported that RNs working in a substance abuse setting experienced a turnover rate of 15%. Because these statistics depicted turnover rates from the previous decade, further research is warranted on how nurses experience turnover when working in substance abuse treatment programs.

Concerning their job responsibilities, RNs working in a substance abuse treatment setting experienced high stress due to fear and anxiety, the lack of personal protective equipment (PPE), and a lack of workforce sustainability (Searby & Burr, 2021). Searby and Burr (2021) reported that the effects experienced by RNs working in substance abuse treatment settings would continue for some time, warranting future research to address turnover intentions. In their study, the ongoing risk of redeployment raised nurses' levels of stress and anxiety. This redeployment frequently occurred in COVID-19-specific locations, including testing facilities and respiratory medical settings, rather than AOD treatment settings. The idea that nurses are universally applicable and can function well in any environment minimizes nurses' specialized knowledge and abilities, such as those providing AOD therapy. The participants also revealed that several nurses were contemplating quitting the nursing profession due to the possibility of relocation and reassignment, which poses a severe risk to the continued viability of the AOD nursing job. If turnover attention is not addressed, alcohol and drug treatment organizations will continue to experience difficulty in the sustainability of their employees. Therefore, this study aimed explore the perceptions and lived experiences of nurses working in a substance abuse treatment setting and the barriers that they experienced that influence their turnover intentions.

Biblical Integration

There are numerous lessons about patience and hard labor in the Bible. These verses encourage people to work hard labor for the glory of God rather than for human acclaim. They also remind of the importance of persistence in reaching ones' objectives and overcoming obstacles. These verses can serve as a guide for nurses when they pursue objectives with a heart that is brimming with tenacity, passion, and endurance. In the Catholic tradition, providing for the sick and providing consolation for the dying are deeds of compassion rooted in the biblical accounts of Christ's healing ministry. In the Gospels, healing is mentioned in relation to more than half of the miracles. Jesus is frequently portrayed as healing the sick, liberating those oppressed by "unclean spirits" (the biblical phrase for mental illness and addiction), and giving sight to the blind. Jesus also ensured that the hungry were fed, that individuals were given guidance and inspiration to make positive changes, and that unfair societal institutions were recognized and dismantled. Nurses, among other healthcare professionals, are taught in the Catholic tradition to recognize Christ in their patients. In this tradition, healing addresses the physical, psychological, and spiritual aspects of suffering. The healing is also social because it attempts to eradicate the causes of suffering entrenched in unfair social and economic arrangements.

Problem Statement

As they were frequently the last personnel left at the coalface during COVID-19, nurses' experiences provide distinctive narratives in the AOD treatment workforce. Because of the nature of their work, nurses were frequently unable to comply with the mandates of many healthcare settings to work from home to stop the virus from spreading. Other studies have confirmed these findings, highlighting the high levels of stress and anxiety that nursing staff face in these

circumstances (Liu et al., 2020; Mo et al., 2020; 2021; Shen et al., 2021). The COVID19 pandemic has had a significant impact on the healthcare system, and even though there probably will not be another pandemic in this lifetime, nurses and other healthcare professionals will still be dealing with the fallout for some time. To prevent a significant number of highly experienced nurses from leaving the nursing profession and to minimize the anxiety that could affect work performance, it is imperative that nurses feel prepared and supported in their duties and profession (Shen et al., 2021). This is a critical consideration for tiny, extremely specialized nursing specialties like drug and alcohol abuse nursing (Shen et al., 2021).

The use of cutting-edge therapies like injectable buprenorphine depot has demonstrated the importance and usefulness of nurses in the provision of alcohol and other drug treatment services. Moreover, nurses possess specific competencies that become beneficial during pandemics, including infection control and the capacity to offer comprehensive physical healthcare to a frequently marginalized clientele utilizing AOD treatment services (Searby & Burr, 2021). The sustainability of this highly specialized nursing workforce must be urgently ensured, and the function of the nurse in AOD therapy should be safeguarded and encouraged. All nurses should be proficient in diagnosing and treating problematic AOD usage and providing AOD treatment. As newly available data on drug and alcohol consumption patterns demonstrate, the COVID-19 pandemic has not only increased drug and alcohol use, but it may also result in people seeking help from healthcare services who have never received treatment for problematic AOD use (Callinan et al., 2020; Neill et al., 2020). For these people, alternative healthcare facilities, like the emergency room, are frequently the first point of contact rather than AOD treatment (Searby & Burr, 2021). Therefore, in the wake of the COVID-19 pandemic, all nurses must possess the ability to assess for problematic usage of AODs. The delivery of AOD treatment

services has undergone multiple fundamental modifications due to the COVID-19 pandemic, and the nursing staff has not been exempt from these difficulties. Additional longitudinal research is necessary to ascertain the overall impact of the COVID-19 pandemic on workforce sustainability.

Given that the results of this study suggest that nurses merely ceased working in AOD treatment because of the perceived risk, there is a high likelihood that many highly qualified and experienced AOD nurses will be lost (Searby & Burr, 2021). Future studies examining how AOD use has changed due to supply shortages or availability changes should consider educating doctors on harm reduction. At the same time, they treat patients in need of treatment. Additionally, it is critical to dispel the myth that nurses can practice in any environment when it comes to the specialization of AOD nursing. Nurses and other highly qualified clinicians work in the field of AOD treatment (Searby & Burr, 2021).

Since the COVID-19 pandemic, nurses have experienced a nationally increased turnover rate of 27.1% (Fleming, 2023). Furthermore, nurses working in a substance abuse treatment setting have experienced significantly increased stressors, including fear and anxiety, the lack of personal protective equipment (PPE), and a lack of workforce sustainability (Searby & Burr, 2021). Searby and Burr (2021) purported that because the pandemic is not over, future waves and mutations of the COVID-19 virus could continue to impact nurses working in substance abuse treatment settings significantly. There was a lack of studies on how nurses working in a substance abuse treatment setting perceived and experienced barriers to influencing their turnover intentions.

Purpose of the Study

This generic qualitative study explored the perceptions and experiences of nurses working in a substance abuse treatment program on the barriers in their workforce that influenced their turnover intentions.

Research Questions

The following three research questions guided this study:

RQ1: What barriers do registered nurses working in a substance abuse treatment program experience due to the COVID-19 pandemic?

RQ2: How do the experienced barriers of the COVID-19 pandemic affect the turnover intentions of registered nurses working in a substance abuse treatment program? **RQ3:** How do registered nurses working in a substance abuse treatment program overcome barriers experienced due to the COVID-19 pandemic?

Assumptions and Limitations of the Study

In this study, three main assumptions were highlighted. The first assumption was that the participants would have answered the semi-structured interview questions candidly and honestly (Agarwal, 2019). In addition, it was assumed that the participants all had the experience to provide data through semi-structured interviews. A final assumption was that the data collected answered the identified research questions that guide this study (Agarwal, 2019).

Limitations can affect the study results (Noyes et al., 2019). In this research, two main limitations were experienced. The first limitation was researcher bias. Researcher bias occurs when individuals inject their thoughts, values, and beliefs into the study, affecting the results (Noyes et al., 2019). To limit researcher bias, a panel of experts ensured that the semi-structured interview questions aligned with the study's problem, purpose, theoretical framework, and

methodology. The panel of experts included three individuals with educational and professional experiences that aligned with this topic. If any members of the panel of experts would have reported any misalignment within the semi-structured interview questions, recommended adjustments would have been made after a discussion with the university's Chair. It is important to note that none of the panel members reported any instances of misalignment. A second method to decrease researcher bias was completed called member checking. Member checking occurred when the semi-structured interview participants reviewed their transcripts to ensure accuracy (Candela et al., 2019). If any participants reported any inaccuracies in the transcripts, necessary adjustments would have been made to reflect exactly what they said. Similarly, none of the participants reported any inaccuracies within their interview transcripts.

A second limitation of this study was the population being studied. Because this study focused on registered nurses who currently worked in a substance abuse treatment setting, the results may not be generalizable to other populations and geographical regions (Creswell & Poth, 2019). Therefore, future research must be conducted to understand this phenomenon in other contexts.

Theoretical Framework

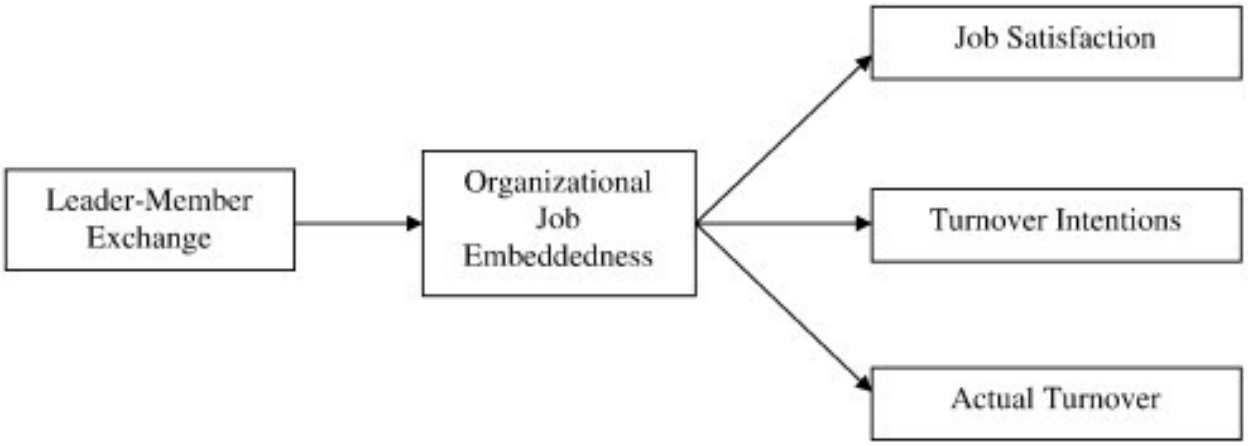
This study was guided by the job embeddedness theory, which purported that if an employee is embedded within their organization, they are more likely to remain within their position (Kiazad et al., 2015). Three main areas are examined when working under the construct of the job embeddedness theory, which includes (a) links, (b) fit, and (c) sacrifice (Shah et al., 2020). The theory maintains that it is essential to study the links or interconnections between employees, their colleagues, and the organizations' more extensive network (Huning et al.,

2020). In addition, it is crucial to understand an employee's level of fit with the organization. For example, researchers can determine how suited individuals are to their expected roles within their job positions (Huning et al., 2020). Finally, sacrifice is constantly monitored within the job embeddedness theory, as it allows for a more robust understanding of the level of sacrifice the employees experience when staying or leaving their jobs (Huning et al., 2020).

The job embeddedness theory aligned with this study, as it helped demonstrate how satisfied employees were and how embeddedness could influence their turnover intentions and actual turnover. As highlighted in Figure 1, this theory can elucidate relationships between their role and their leader and how they perceive themselves as embedded in their job or organization, leading to job satisfaction. From this information, researchers can understand the turnover intentions of employees and actual turnover (Kiazad et al., 2015).

Figure 1

Job Embeddedness Theory in Action



Nature of the Study

This study followed a qualitative method that utilized a generic design. A qualitative method allows for exploring a phenomenon by collecting non-numerical data (Creswell & Poth, 2016). A generic qualitative design is a descriptive methodology that helps researchers understand how participants make meaning of a specific phenomenon (Kahlke, 2014). The

benefit of a generic qualitative design is that it does not force researchers to follow specific methodological prescriptions; instead, this form of design allows for flexibility when conducting the study, as there are limited specific methodological constraints (Kahlke, 2014). The goal, however, is to conduct a qualitative study with the most biblical and purest intentions to ensure that the output will not be beneficial to its intended audience but as a service to God.

The COVID-19 pandemic created additional stressors for registered nurses in various settings. Therefore, from a Biblical perspective, the output of this research is intended to serve the Lord by allowing His soldiers to experience the most fulfilling and least stressful of experience in providing their patients the highest levels of quality patient care:

> Whatever you do, work at it with all your heart, as working for the Lord, not for human masters,[24] since you know you will receive an inheritance from the Lord as a reward. It is the Lord Christ you are serving (King James Bible, 2017).

Definition of Terms

The following is a list of definitions of terms used in this study.

COVID-19 – The Coronavirus Disease of 2019 (COVID-19) is a highly infectious disease first identified in December 2019 (CITE). The virus presents with various mild, moderate, and severe symptoms, including shortness of breath, fever, cough, loss of taste or smell, chest pain, and death (World Health Organization, n.d.).

Registered Nurses – In this study, registered nurses had graduated from a college or university's nursing program and passed a national or state licensing examination (White et al., 2019).

Substance Abuse – Substance abuse is a pattern of alcohol or drug use that leads to significant problems in an individual's life (Grim & Grim, 2019).

Substance Abuse Treatment Program – A substance abuse treatment program was defined as a program that identified, intervened, assessed, diagnsoed, and provided counseling to individuals who experienced substance abuse (Giacomucci & Marquit, 2020). A substance abuse treatment program can be offered to patients on an outpatient or inpatient level. Inpatient substance abuse treatment will be followed in this study, where individuals receive treatment for their substance abuse issues while residing at a facility (Giacomucci & Marquit, 2020).

Turnover – In this study, turnover was defined as the number of registered nurses who left an inpatient substance abuse treatment facility over a specific time (Falatah, 2021). **Turnover Intention –** Turnover intention was defined as registered nurses considering or planning to leave the substance abuse treatment facility where they worked (Falatah, 2021).

Significance of the Study

This study is significant in two ways. It bridges the identified gap in the literature that highlights the limited research that has been conducted on this topic, and it can provide information to substance abuse treatment facilities, registered nurses, and other healthcare professionals on how the COVID-19 pandemic has affected registered nurses working in such settings. The results of this study can assist in bridging the gap that makes this study viable, as it can present information relevant to how registered nurses in substance abuse settings have been affected by the COVID-19 pandemic and how it relates to turnover intention. This is a crucial point to understand because, before the COVID-19 pandemic, research has shown that many nurses are plagued with long hours, staff shortages, and large caseloads (Searby & Burr, 2021). However, despite these obstacles, minimal recent research has focused on the barriers nurses experience when working in a substance abuse treatment environment; even less research has focused on registered nurses working within a substance abuse treatment environment during the

COVID-19 pandemic, which researchers have indicated can bring about many additional stressors to the nursing field (Faraz, 2019; McCreary, 2020).

Furthermore, this study is critical because it can address the significant issue of turnover and turnover intentions within the nursing field brought upon by the COVID-19 pandemic. Previous statistics highlight that the national turnover rate for counselors working in a substance abuse treatment setting was 33.2%; however, for their clinical supervisors, the turnover rate was 23.4%. Furthermore, Knudson et al. (2011) reported that RNs working in a substance abuse setting experienced a turnover rate of 15%. This study is significant because these statistics depicted turnover rates from the previous decade. It can help solidify a more robust understanding of how nurses experience turnover when working in substance abuse treatment programs. Finally, the results of this study could provide information on how registered nurses working in a substance abuse treatment setting can be better supported, what resources they require to complete their job duties, and how turnover can be decreased. Decreased turnover equals improved patient care (Erickson et al., 2021).

Summary

The COVID-19 pandemic has affected nurses working in many different settings. During the COVID-19 pandemic, nurses working in addiction treatment experienced extremely highstress levels that stemmed from three different perspectives: (a) changes to the delivery of service, (b) workforce factors, and (c) consumer factors (Searby & Burr, 2021). The problem being studied was that since the COVID-19 pandemic, nurses had experienced a nationally increased turnover rate of 27.1% (Fleming, 2023). Furthermore, nurses working in a substance abuse treatment setting had experienced significantly increased stressors, including fear and anxiety, the lack of personal protective equipment (PPE), and a lack of workforce sustainability

(Searby & Burr, 2021). Therefore, this generic qualitative study explored the perceptions and experiences of nurses working in a substance abuse treatment program on the barriers in their workforce that influenced their turnover intentions. The next chapter is the literature review, which will provide a comprehensive overview of previous literature supporting this phenomenon's viability.

Chapter 2: LITERATURE REVIEW

Introduction

This generic qualitative study explored the perceptions and experiences of nurses working in a substance abuse treatment program on the barriers in their workforce that influenced their turnover intentions. This study aimed to discover the barriers registered nurses experience when working in a substance abuse treatment program experience due to the COVID19 pandemic. This study also explored how the experienced barriers of the COVID-19 pandemic affected the turnover intentions of registered nurses working in a substance abuse treatment program and how the registered nurses overcame these. This chapter presents the literature review to situate the current research and highlight the literature gap this study is designed to close.

Literature Search Strategy

The proposed literature search technique was planned to include published empirical and theoretical literature about nurses' experiences of job stress, coping methods, and job performance in substance abuse treatments, leading to high turnover rates. Searches for relevant articles were conducted in the English language using the following combination of keywords: *COVID-19, job strain, job stress, coping, coping strategies, nurses, substance abuse*, in the electronic databases Cumulative Index to Nursing and Allied Health Literature (CINAHL), MEDLINE, SCOPUS, PUBMED, and PsycINFO. Google Scholar was also extensively used. Research materials were primarily published from 2019 to 2023 to focus on the most current literature. In addition, to support biblical integration, the bible hub and bible gateway were utilized to research terms and scriptures.

Review of Related Literature

COVID-19 and People Diagnosed with SUDs

The COVID-19 pandemic is worldwide. The COVID-19 virus attacks the respiratory system, SARS-Cov2. Case fatality rates are still being reported; now, they range widely between nations and stand higher than those associated with seasonal influenza. Complications such as ARDS, renal failure, and mortality are far more common among older adults, men, and those with medical comorbidities such as diabetes, chronic lung illness, cardiovascular disease, cerebrovascular disease, and weakened immune systems. The respiratory and pulmonary symptoms of SARS-Cov2 infection may also put those who smoke, vape, use tobacco products, are dependent on opioids or methamphetamine, and others at higher risk of problems (Owens et al., 2021). Individuals with compromised immune systems, such as HIV infection or other longterm medication-treated diseases, are also more vulnerable to SARS-CoV2 infection. Specific populations have certain difficulties as well as offer them. An estimated 11.8 million persons worldwide are expected to be affected by alcohol, other drugs, and cigarette usage (Owens et al., 2021). The estimated prevalence of substance use disorders worldwide is 26.8 million for opioids, 22.1 million for cannabis, and 100.4 million for alcohol. Alcohol usage accounted for 4.2% of all disability-adjusted life years (DALYs), whereas other drug use accounted for 1.3% (Owens et al., 2021). Worldwide, the estimated number of drug injectors is 15.6 million. Approximately 17.8% of drug injectors worldwide are HIV positive, and 52.3% have positive HCV antibodies, many of whom also have positive HCV RNA (Owens et al., 2021).

However, people with substance use disorders (SUD) are likelier to have a higher burden of concurrent medical illnesses than the general population (Owens et al., 2021). In addition, they

are more likely to encounter social and economic hardship, homelessness and residential instability, incarceration, transportation challenges, and significant obstacles when obtaining health care, such as stigma and prejudice from medical professionals (Owens et al., 2021). Individuals suffering from serious illness may shift between emergency rooms, detoxification, and other drug treatment centers, homeless shelters, and prisons. This presents difficulties for COVID-19 prevention, screening, isolation, and treatment. For both this group and those who provide drug abuse treatment, COVID-19 poses serious issues (Dunlop et al., 2020). The predicted wave of clinical SARS-Cov2 infections will heavily impact primary care services, acute inpatient services, and emergency departments (Dunlop et al., 2020).

People from underrepresented communities and those with drug abuse issues face elevated risks from the COVID-19 pandemic (Dubey et al., 2020; Melamed et al., 2020). Hospitals and clinics' increased attention to COVID-19 has created additional barriers for people with addiction to receive treatment, who are already stigmatized and abused by the healthcare system (Zvolensky et al., 2020). Many organizations that provide addiction treatment and harm reduction have reduced their hours and services to accommodate physical separation, creating even more hurdles for people who need them (Bojdani et al., 2020). Because of the increased risk of overdose death from unknown drug supply due to supply chain disruptions, opioid withdrawal, and loss of tolerance, using alone and resuming use by those in recovery, geographical separation, and the accompanying social isolation can be fatal for those with opioid use disorders (Davis & Samuels, 2020; Sun et al., 2020).

Pierce et al. (2020) conducted a large-scale, longitudinal cohort study in the United Kingdom involving 53,351 participants. The study found that individuals most directly affected by the lockdown, such as those with young children, experienced higher levels of mental distress.

These individuals were also more likely to have reduced incomes and work hours due to pandemic-related shutdowns. In addition to the psychological effects of the pandemic and lockdowns, there have been worries about rising alcohol use, frequently linked to previously mentioned anxieties (Callinan et al., 2020).

Isolation from society has been mandated as part of the response to the COVID-19 pandemic to halt its progression (Zaami et al., 2020). This era of unease can be attributed partly to people's worries about their health and careers and the fact that they have been coerced into adopting a new way of life that has resulted in them becoming socially isolated (Zaami et al., 2020). Additionally, because people with mental health disorders automatically mimic the feelings of those around them, it is possible that they did not experience much improvement throughout the pandemic. It is also likely that more people were encouraged by this exceptional condition to engage in risky behavior linked with the use of licit or illicit substances, and it is also feasible that drug traffickers took use of this opportunity to recruit new customers (Zaami et al., 2020).

The existing pandemic of substance use disorders (SUD) and the COVID-19 pandemic in the United States are merging to form a new, more dangerous crisis. In addition to the fear of contracting and dying from COVID-19, many people have also had to deal with the economic collapse and social isolation brought on by quarantine measures instituted in response to the pandemic's outbreak (Jemberie et al., 2020; Wei & Shah, 2020). There has been a meteoric rise in the number of people reporting mental health issues alongside these crises. Four out of 10 U.S. adults have reported experiencing anxiety or depression-related symptoms at some point during the pandemic, up from 1 in 10 in 2019. (Jemberie et al., 2020; Wei & Shah, 2020).

Since up to half of those who suffer from SUDs also struggle with mental health issues, it is no surprise that reports of substance addiction have also increased. Substance use disorder, commonly known as drug addiction, is characterized by a person's inability to abstain from using substances despite adverse consequences. The Centers for Disease Control and Prevention (CDC) reports that one in eight Americans has turned to substance abuse to cope with the pandemic's stress (Chacon et al., 2021). Nationwide opiate overdoses have increased by 18%, according to ODMAP, an overdose reporting system (Wan & Long, 2020).

As a result of feeling overwhelmed and alone, many people turn to unhealthy habits like excessive drinking and drug use (Wang & Long, 2020). Significant increases in reported cases of mental illness and substance misuse following the initial pandemic of COVID-19 suggest a link between the two phenomena that merits additional study. A more nuanced look at this effect finds that it disproportionately negatively affects these indicators in low-income areas with preexisting health disparities. African Americans and Hispanics were found to be three times more likely to be hospitalized by COVID-19 over the whole pandemic (Utley, 2022). This is most likely due to a combination of circumstances, including exposure to preexisting social and economic disadvantages and a lack of access to healthcare/mental health services. The effects on mental health and substance misuse will only be magnified by the existing injustices and systemic problems that plague these communities (Utley, 2022).

There may be a correlation between the rise in opioid overdoses and the prevalence of COVID-19-related comorbid conditions and impaired lung function, substance misuse to alleviate negative emotions caused by increased daily stressors, a lack of access to SUD treatment and social isolation, which may prevent bystanders from administering naloxone

during an overdose (Friedman & Akre, 2021; Garcia et al., 2022; Mason et al., 2021). Health problems related to the COVID-19 pandemic are more likely to occur in those battling other SUDs, such as methamphetamine, alcohol, or nicotine (Salahuddin et al., 2021; Volkow, 2020). The pandemic may make it harder for people of different races and ethnicities who suffer from substance use disorder to get and stay in treatment. This is due to the prevalence of preexisting chronic health issues among minority groups and the lower availability of community services to treat them (Salahuddin et al., 2021; Volkow, 2020).

As the world works to contain the spread of the COVID-19 pandemic, the already difficult situation regarding substance use disorders (SUD) is expected to worsen. Mental health issues, such as hopelessness, fear, and anxiety, have worsened due to many factors, including increased COVID-19 cases and deaths, unemployment, the ongoing economic crisis, and social isolation (Heitzman, 2020; Xiong et al., 2020). Increased substance use, polysubstance use, and relapse are all potential outcomes of mental stress (Columb et al., 2020). Patients with a history of substance abuse are disproportionately affected by the spread of COVID-19 and its adverse clinical effects. This is because people with SUDs are more likely to have other problems, both medically related (such as cardio-pulmonary morbidities and reduced immunity) and social (such as not having access to health care or a stable place to live) than those without SUDs (Dubey et al., 2020).

Drug Addiction Nurses During the Pandemic

Nurses are seeing the effects of this on their patients as they work in primary care, emergency care, and addiction treatment. As a result of COVID-19, nurses need to develop novel, patient-centered methods of providing care (DeBar et al., 2023) for their patients. Making decisions on which aspects of their services are critical and must continue to be prioritized during this pandemic and which services should be de-prioritized to maximize the use of medical staff

and resources is a crucial and urgent task for treatment providers. The healthcare industry is putting policies into place globally to guarantee the continuity of healthcare services, handle spikes in patient demand, prevent COVID-19 from spreading, and treat people who have been confirmed or may become infected. The duties of alcohol and drug personnel may need to be rearranged to ensure that primary care and acute care facilities are in the best possible position to identify, evaluate, and treat patients with COVID-19 infections (Ali et al., 2021; Khan, 2022; Lopez-Pelayo et al., 2020). For emergency rooms to handle patients who present with respiratory infections, they must be able to evaluate and send patients with acute substance use-related issues as part of their clinical presentation. In the wake of the epidemic, treatment facilities for drug users, particularly opiate agonist treatment (buprenorphine and methadone), should receive extra consideration (Ali et al., 2021; Khan, 2022; Lopez-Pelayo et al., 2020).

The ongoing pandemic response in the United States has brought attention to the necessity of having a highly qualified and skilled health workforce that serves all communities and represents the diversity of the country's population. At the start of the pandemic, medical professionals at all levels recognized and cared for COVID-19-affected patients and kept an eye on those who were exposed to the virus or were at high risk of infection. They created and implemented preventive measures to stop the disease's spread (Güner et al., 2020). As soon as vaccinations were made available, the health workforce organized to speed up their distribution to every community in the nation and addressed vaccine reluctance by offering evidence-based information (Güner et al., 2020). Throughout this time, doctors, nurses, and other medical professionals, as well as community health support workers, kept up with the general public's regular physical, behavioral, and mental health needs and created creative ways to provide safe, efficient patient care in the face of quickly evolving conditions. However, even before the

pandemic, the nation had long-standing issues recruiting and retaining nurses and other critical healthcare workers, especially in primary care, maternal health, and behavioral health. These issues included shortages and the unequal distribution of the health workforce. According to a 2019 HRSA National Center for Health Workforce Analysis projection, there will be a shortfall of more than 17,000 primary care professionals by 2030 due to a 13% rise in demand for primary care professionals, which includes physicians, nurse practitioners, and physician assistants (Gooptu et al., 2022). By 2025, there will be significant shortages in at least five behavioral health vocations, particularly school counselors, social workers, psychologists, psychiatrists, and marriage and family therapists (Gooptu et al., 2022).

The United Nations Office on Drugs and Crime and the World Health Organization (WHO) recommended that registered nurses and advanced nursing practitioners implement evidence-based screening, brief intervention, and referral to treatment in clinical and nonspecialized healthcare settings with a high prevalence of substance use (MacMillan et al., 2021; Washburn et al., 2021; Walter & Li, 2020). Implementing evidence-based approaches to treatment, such as motivational interviewing and SBIRT, makes it more likely that patients will be able to kick their substance abuse habit successfully (Guilamo-Ramos et al., 2020). In addition, to lower the risk of morbidity and mortality caused by COVID-19, it is essential to identify high-risk patients, such as drug users, as quickly as possible (Volkow, 2020). Due to the limited capacity of healthcare practitioners outside of drug prevention and treatment specialty clinics to deliver SBIRT and motivational interviewing, a significant proportion of nurses worldwide must be trained in SBIRT (Finnell et al., 2019).

According to the available evidence, those using drugs are far less likely to seek medical attention than the general population (UNODC, 2019). As the number of people seeking medical

attention during the COVID-19 pandemic rises, so does the prospect of involving drug users in harm-reduction programs. These programs aim to reduce the harmful effects of drug misuse on one's health, as well as on one's social life and finances (Degenhardt et al., 2019). It has been shown that implementing harm reduction strategies such as medication-assisted treatment (MAT), syringe service programs, non-judgmental care provision, and contingency management can reduce substance use and overdose deaths (Degenhardt et al., 2019; Oluwoye et al., 2019). It is now widely accepted that an extended-release injectable form of buprenorphine is an efficient, risk-free, and durable alternative treatment option for reducing deaths from opiate overdoses (Shulman et al., 2019; Neale et al., 2019). There is an urgent need for additional research into the practicability of administering long-acting MAT in the community for drug users who cannot access healthcare services regularly. Additionally, syringe service programs offer drug injectors access to clean needles to curb the spread of infectious diseases such as HIV and hepatitis C (Degenhardt et al., 2019).

Despite recommendations proving the efficacy of syringe service programs, these programs are not frequently implemented in regions with the highest need because of the stigmatization of the programs and the people participating. Drug users who are at risk for or are already infected with SARS-CoV-2 can benefit from the assistance of nurse practitioners with dual specialties in addiction medicine and infectious diseases in several different ways, including the administration of prescription medications, the provision of counseling and the treatment of symptoms (Finnell et al., 2019). It is a reality that is acknowledged by worldwide nursing organizations such as the Worldwide Council of Nurses and the International Nurses Society on Addictions that registered nurses, and significantly advanced practice registered nurses (APRNs), play a significant role in the healthcare system and policy response to substance abuse all over

the world. To lessen the terrible impacts of the present COVID-19 pandemic, there needs to be a greater emphasis placed on developing and incentivizing a workforce of specialist nurses in addiction treatment (Ramage et al., 2021). This will expand access to drug treatment and prevention on a global scale.

Despite nurses' growing roles in healthcare research and academic institutions (Finnell et al., 2019), nursing science has neglected chiefly the study of methods to prevent and treat substance abuse. Most current efforts focus on reducing the number of deaths and illnesses brought on by substance usage. Nurses are uniquely positioned to explore the practicality, acceptability, efficacy, and implementation of home-based programs and therapies. These therapies, intended to manage the day-to-day aspects of a lifetime addiction, play a role in adherence to medication, making good lifestyle choices, and avoiding patient-specific pressures related to drug use or relapse.

During the COVID-19 pandemic, it is especially vital to research addiction management in the potentially dangerous environments of self-quarantine and isolation. Even though people who use drugs are frequently classified as "hard-to-reach populations" (Balayan et al., 2019), minimal effort has been made to provide drug prevention and treatment services in locations frequented by drug users. In addition, a dearth of research investigates the most efficient approaches to incorporating health promotion, drug prevention, and treatment into the regular lives of drug users. Given the increasing reliance on telehealth for drug-related services due to COVID-19, it is likely that research on the effectiveness of technology-based interventions in assisting patients with medication adherence and maintaining healthy lifestyles will be a crucial issue for nursing science in the near future. At both the state and the federal level, nurses can lobby for changes to drug policy, including the legalization of the use of illegal drugs,

substancefree community spaces, and syringe service programs, to name just a few of the potential changes (Degenhardt et al., 2019). Two other policies that could be enacted are nursing prescription privileges for MAT and incentives and training for crisis management. Promoting the nurse-led provision of substance use services during the COVID-19 pandemic may lower barriers to entry for persons who use drugs, increasing the likelihood that they will receive MAT and treatment services (Degenhardt et al., 2019). The issue is that there is a lack of studies on the experiences of these nurses and how they are faring in their jobs.

Substance Abuse Treatments During the Pandemic

To prevent catastrophic interruptions in methadone and buprenorphine access, regulators and policymakers have had to adapt (Samuels et al., 2020). The U.S. Drug Enforcement Administration issued guideline recommendations for buprenorphine induction via audio-only telehealth encounters, the U.S. Department of Health and Human Services, and the U.S. Substance Abuse and Mental Health Services Administration to reduce barriers to care and prevent an increase in overdose deaths during the COVID-19 emergency (Samuels et al., 2020). This loosening of regulations presents the opportunity to create and evaluate low-threshold prescribing models for buprenorphine. These new care delivery models threaten the status quo by questioning the validity of some non-evidence-based regulations that now limit patient participation and access to medical services. The Rhode Island Buprenorphine Hotline, for instance, was developed by the state's Department of Behavioral Health, Developmental Disabilities, Hospitals, and the Department of Health in response to the new regulatory framework (Samuels et al., 2020). To reach a DATA 2000 waivered provider for a 24-hour "telebridge" clinic, people with moderate to severe opioid use disorder can call this toll-free number

(Samuels et al., 2020). These services include an initial evaluation, a prescription for buprenorphine for unsupervised induction, and a referral to outpatient maintenance care. Most walk-in patients can visit outpatient clinics during their regular operating hours. Several health systems have established physical "bridge clinics" to close care gaps for people with opioid use disorder (Clark et al., 2021; Lin et al., 2022). Clinics like these have been shown to have successful treatment retention and referral programs.

Prior research has demonstrated that in-person therapy and telehealth-delivered medication maintenance treatment for opioid use disorder are comparable regarding patient retention, therapeutic relationship scores, and medication adherence (Mark et al., 2022; Samuels et al., 2020). Combining these strategies has been made possible by the current guidelines issued during the COVID-19 emergency, which lowers obstacles to addiction treatment that can save lives (Ghanem et al., 2020; Mark et al., 2022). Due to COVID-19-related regulatory changes, telemedicine for buprenorphine beginning is a relatively new low-threshold treatment access option; hence its efficacy is unknown. Samuels et al. (2020) said it could offer daily phone assessments, buprenorphine inductions, linkage to outpatient maintenance treatment, naloxone, and harm reduction education to people seeking treatment since the hotline was launched.

Although the usefulness and acceptance of the hotline will be determined through evaluation, there has been a positive response (Samuels et al., 2020). Respondents to the hotline have mentioned having severe anxiety about leaving their houses and having trouble getting care otherwise (Samuels et al., 2020). Harm reduction and treatment professionals have also embraced the hotline, seeing it as a potential model to bridge treatment access gaps that predate and worsen the COVID-19 pandemic (Samuels et al., 2020). Although the availability of

medications for opioid use disorders has increased recently, there are still notable gaps in the availability of treatment.

During the COVID-19 pandemic, opioid agonist therapy (OAT) was considered necessary since stopping the stable supply of opioid treatment poses severe threats to the population (Conway et al., 2023; Crowley & Delargy, 2020). The WHO lists buprenorphine and methadone as necessary drugs. OAT users are especially susceptible to interruptions brought on by a pandemic (Conway et al., 2023; Crowley & Delargy, 2020). In large clinics, co-occurring medical illnesses and regular dosing may put many patients in close quarters daily or almost daily, making them more vulnerable to COVID-19 infections. Staff members at community pharmacies that provide opiate agonist therapy dosage and services have higher infection risks (Conway et al., 2023; Crowley & Delargy, 2020). In light of the vulnerabilities mentioned above, patients receiving treatment services may be more likely to contract COVID-19 infections, may be less likely to have a SARS-CoV2 test, may find it more challenging to adhere to home isolation guidelines, and may reside in environments where the infection may spread quickly if proactive measures are not taken (Gomes et al., 2022). There is a risk that vital harm reduction programs may be disrupted, which might undo the progress made in treating and preventing HIV and hepatitis B and C (Crowley & Delargey, 2020). This is due to pressing demands elsewhere in the health system that will force resource and employee redeployment to support other highpriority health services. Planning is, therefore, essential to guaranteeing that these services remain available.

Problems With Treatment Access for SUD Patients

Although ample evidence shows a decrease in all-cause mortality, opioid overdose, resumption of opioid use, and HIV infections, only a tiny percentage of the 2 million Americans

with opioid use disorder receive addiction therapy from opioid agonist medicines (Pearce et al., 2020; Samuels et al., 2021). Buprenorphine access is mainly influenced by the availability of treatment facilities and clinicians; similar to COVID-19, treatment disparities draw attention to systemic injustices based on racial, economic, and geographic factors (Jackson et al., 2022; King et al., 2023). The COVID-19 epidemic has highlighted the gaps in the public health and medical infrastructure and the social determinants of health. It is a chance for the healthcare industry and the nursing profession to rectify these injustices, stop overdose deaths, and promote recovery (Samuels et al., 2020).

During COVID-19, the demand for substance use counseling and withdrawal treatments fluctuated based on additional circumstances (Du et al., 2020; Dunlop et al., 2020). Some people may become more distressed and turn to substances (like alcohol) more frequently, which calls for treatment. With a rise in service demand, several intricately intertwined factors may cause changes in the supply of illicit drugs. On the other hand, some drug users would not seek assistance during the pandemic, leading to increased substance usage during a difficult period (Du et al., 2020; Dunlop et al., 2020). Random access to methadone or buprenorphine dosage, irregular access to illicit heroin supplies, and increased access to takeaway doses of methadone or buprenorphine may increase the risk of an opioid overdose and require the expansion of takehome naloxone supplies, especially in cases where treatment services are offering increased takeaway doses of OAT (Corace et al., 2022; Klimas et al., 2021).

Methamphetamine use placed users at risk of pulmonary hypertension. A risk factor for COVID-19 complications, and COVID-19 itself may increase overdose risk among SUD patients with chronic lung disease, previously identified as a risk factor for overdose mortality (Volkow, 2020). According to Volkow, although there is still much to learn, it is reasonable to assume that

those who use drugs, smoke, or vape will be more susceptible to infection and its more severe effects and that people with SUD will have particular difficulties due to social isolation and overburdened healthcare systems. The current crisis will compel the healthcare system, policymakers, and researchers to expedite novel approaches to address this demographic's treatment and recovery requirements. These approaches may encompass anything from augmenting virtual resources to reducing office visits through the increased utilization of depot injections of buprenorphine. Nevertheless, amid this unprecedented public health emergency, it is almost impossible to ignore or marginalize people with SUD (Volkow, 2020).

Healthcare services, notably those for treating alcoholism and other drugs (AOD), have been disrupted by the COVID-19 epidemic. The way that users of AOD treatment services can receive care for problematic alcohol and other drug use has been significantly impacted by social distancing, lockdowns, "stay at home" orders, and other tactics implemented to stop the spread of COVID-19 (Dunlop et al., 2020). Post-pandemic attempts to stop the spread of COVID-19 infection are expected to significantly impact AOD settings that offer services like harm reduction (López-Pelayo et al., 2020). Beyond the pandemic, changes in the accessibility, modes of delivery, and consumption patterns of substances—such as the closing of borders for illicit drugs or the shift to home delivery services for alcohol—are likely to have far-reaching effects (Kumar et al., 2022). Nurses have been presented as the COVID-19 pandemic's "face" in the healthcare industry. They test for the virus, treat patients who get it, and occasionally even get it themselves (Sarabia-Cobo et al., 2021). Addiction nurses, also referred to as AOD nurses play a vital role in the overall makeup of the AOD workforce. They administer medications and monitor patients' physical and mental health in various contexts where problematic AOD use occurs (Searby & Burr, 2020). Due to the psychological effects that the pandemic is having on

healthcare providers, patients, and family members, there is a genuine fear that a "second pandemic" may break out as it continues (Columb et al., 2020). There have been worries that job losses, protracted lockdowns, being cut off from loved ones in far-off places, and economic downturns may all worsen the pandemic's effects on mental health (Columb et al., 2020).

The overdose rates in the United States have steadily climbed since the early 2000s (Mattson et al., 2021) and have reached an all-time high during the COVID-19 pandemic (Faust et al., 2021). More than 90 thousand people in the United States died from an opioid overdose in 2020, and almost all of them had used opioids at some point (Faust et al., 2021). The current overdose rates are most likely the result of a mix of causes, one of which is a drug supply that is becoming increasingly dangerous and is dominated by synthetic opioids (such as fentanyl) (Saloner et al., 2021). On the other hand, increasing access to drug treatment is critical for reducing substance use and improving health among persons who struggle with substance use disorders (Saloner et al., 2021). Only around one-fifth of people who required treatment for a substance use disorder in 2019 obtained such therapy (Saloner et al., 2021). The underutilization of treatment alternatives supported by research is likely to be to blamed for a significant portion of the persistently high drug overdose rates. The COVID-19 outbreak had a significant impact on therapy for SUD. To prevent the spread of COVID-19 within treatment facilities, several programs first discontinued or reduced the number of face-to-face services they provided. (Blanco et al., 2021; Kleykamp et al., 2020; Maleka & Matli, 2022). As a direct consequence, traditional components of many rehab programs for substance misuse, such as group therapy and individual counseling, have had to undergo certain modifications. The increased prevalence of health and social conditions that exacerbate COVID-19 risk and severity among people with substance use disorders (such as virally unsuppressed HIV infection, cardiovascular disease, and

unstable living conditions) has added to the difficulty of safely administering in-person treatment during the COVID-19 pandemic (Allen et al., 2020; Saloner et al., 2022; Smart et al., 2023; Wen et al., 2020).

The availability of treatment for opioid use disorder has been a significant source of worry, especially with the increasing rates of fatal drug overdose. The number of people who died in the United States from an overdose increased dramatically in 2020, and opiates significantly contributed to this increase (Saloner et al., 2022). Since the beginning of the pandemic, there has been a significant rise in deaths caused by overdoses among people of African, Latino, and Native American descent (Saloner et al., 2021). During the early stages of the pandemic, when rules requiring social isolation were strictly enforced, and there was a shortage of in-person clinical care, the availability of medications for opioid use disorder was a significant reason for concern (Saloner et al., 2022).

COVID-19 and Registered Nurse Turnover

In March 2019, the World Health Organization (2020) declared that the Coronavirus Disease (COVID-19) was now a global pandemic. Nurses make up 59% of the healthcare industry's workforce, working to keep patients safe and healthy. The sheer demand for healthcare providers during the COVID-19 pandemic led to a shortage of over six million registered nurses worldwide (OECD, 2020; WHO, 2020). In addition, the pandemic has brought additional physical demands to the nursing profession; nurses are subjected to a significant amount of mental and emotional strain daily. For example, many nurses had to undergo further training or be moved to different departments (Cengiz et al., 2021; Ebrahimi et al., 2021; Rollison et al., 2021; Zamanzadeh et al., 2021). They placed themselves at risk of infection while also dealing with the potentially catastrophic implications of witnessing their patients' conditions rapidly

deteriorate (Al Thobaity et al., 2021; Kheirandish et al., 2021). As a result of these persistent pressures, frontline nurses who have direct contact with COVID-19 patients have reported symptoms of sadness, anxiety, and poor sleeping hours (Al Maqbali et al., 2021) as well as posttraumatic stress disorder (PTSD) (Chen et al., 2021; Hernandez et al., 2021).

Before the COVID-19 pandemic, there was already a correlation between high job strain and the desire to leave among nurses (Hammig et al., 2018; Martinez et al., 2022). The intention to leave one's current position is a critical contributor to the shortage of nursing personnel; this intention is a significant predictor of leaving one's position (Halter et al., 2017). During the COVID-19 outbreak, there was a significant increase in the number of nurses who left their jobs (International Council of Nurses, 2021). There is no definition of turnover intention, but it is one way to think about an employee's plans to quit their current position within a specific time (NgoHenha, 2017). In addition, Takase (2010) established turnover intention as a multi-stage process that begins with emotional reactions to unpleasant qualities of one's existing position and may conclude in the decision to leave that position. The process begins with the emotional reaction to the unfavorable aspects of the position, which may result in the choice to leave the position. One will likely experience a shift in attitude and conduct after leaving their previous employment. Turnover within the nursing profession can result in considerable additional costs for various reasons, including the loss of productivity it causes and the costs associated with training new employees (Li, 2013). Several characteristics associated with turnover intent were investigated in a comprehensive review of systematic reviews (Halter et al., 2017) conducted before the COVID-19 pandemic.

Turnover intention can be affected by individual, occupational, interpersonal, and organizational factors. Individual traits such as stress, burnout, and unhappiness with one's job were found to have a consistent connection with a want to quit the employment (Halter et al., 2017). On the other hand, age, gender, and level of education were found to have an inconsistent connection with a desire to leave the workforce. It was discovered within the job-related, interpersonal, and organizational domains that workload, particular shift patterns, contentment with supervision, and staff shortages could affect nurses' intention to leave their jobs (Halter et al., 2017).

At this point, it is essential to remember that the appearance of the COVID-19 pandemic may have impacted the creation of turnover intention. This construct is a complex process that involves numerous components (Chan et al., 2013). It was discovered that some psychological characteristics of the nurses who participated in the study connected with their intention to leave their professions during the COVID-19 outbreak. Various research has concluded that COVID19 uneasiness or dread and a felt risk of COVID-19 were connected to leaving the organization (De Los Santos et al., 2021; Elhanafy et al., 2021; Khattak et al., 2021). Other psychological symptoms, such as (compassion) fatigue, burnout, or symptoms of PTSD (Labrague et al., 2021a; Lavoie-Tremblay et al., 2022), were similarly connected to an intention to leave one's employment. It was revealed that discrimination, stigma, and a lack of pride in one's nursing career were connected to the intention to leave the profession. However, resilience was discovered to have an inverse relationship (Labrague et al., 2021b).

It was shown that male nurses, nurses with higher levels of education, and those with specialist training had a lower intention of leaving their jobs. Concerning legal standing, the findings were discordant with one another (Mirzaei et al., 2021). For example, nurses who had recently been assigned to critical care reported higher rates of intention to quit, had contact with

patients infected with COVID-19, contracted the virus themselves, or had a team member do so. Additionally, higher rates of intention to leave were reported by nurses who had recently encountered patients infected with COVID-19 (Nashwan et al., 2021).

Low job control, increased working hours or burden, job stress/strain, and job insecurity were additional job-related variables correlated with the desire to leave one's current position (Nashwan et al., 2021). Research has shown that nurses who are content with their work and wages are less inclined to leave their current positions (Lavoie-Tremblay et al., 2022). The employer's support is included in a third category of workplace characteristics contributing to the intention to leave a position (Tolksdorf et al., 2022). Nurses who reported having experienced helpful leadership, employer or social support, or a favorable organizational culture had a lower desire to leave the organization (Tolksdorf et al., 2022). This was found in the nurses' desire to leave the organization. When nurses reported feeling unprepared for their positions or disengaged from their employment, they reported having a greater desire to quit their occupations. Other predictors of the urge to leave include violence, mobbing, and a lack of communication regarding preparations for the coronavirus (Tolksdorf et al., 2022).

Factors Linked to Nurses' Intent to Leave

During the COVID-19 pandemic, many interpersonal and organizational variables were found to link with nurses' intentions to leave their professions. These correlations were discovered through observation and research. They refer to unpleasant conditions at work and preexisting conditions during the pandemic as contributing factors. Various demographic and psychological characteristics significantly impact the possibility that a nurse will leave their current post. It is essential to remember the possibility that the outcomes of this situation may result from interactions between the effects of multiple elements (Tolksdorf et al., 2022). For

instance, employees with limited control over the setting where they perform their work may be at a greater risk of experiencing high-stress levels while on the job, which can eventually lead to burnout. (psychological, i.e., individual factor). As a result, several of the components mentioned above depend on one another in some way. Nevertheless, these aspects make it possible to take preventative actions and call attention to the nurses who could gain the most from them (Tolksdorf et al., 2022).

Because many nurses experience an existential danger in the middle of this pandemic, psychological characteristics such as anxiety, dread, and the perceived threat of COVID-19 are substantially connected with nurses' intention to leave their jobs (Labrague et al., 2021). During the pandemic, nurses' perceptions of the likelihood of dying from severe acute respiratory syndrome (SARS) played a significant role in determining whether they would abandon their jobs. When there is leadership support and an ideological compact, fear may have less of an impact on the intention to leave the organization (Khattak et al., 2021). Even when there is no emergency, it is common knowledge that ideological motivations buffered turnover intention (Lavoie-Tremblay et al., 2022).

There is a connection between the indices of (psychological) health and the intent to leave (Lavoie-Tremblay et al., 2022). However, leadership support reduced the correlation between PTSD symptoms and intention to leave during the Middle East Respiratory Syndrome (MERS) outbreak. The relationship between PTSD symptoms and intention to leave was evident during the outbreak, similar to the relationship between anxiety and desire to leave. It is essential to pay careful consideration to relieving health-impaired nursing staff by providing suitable health promotion interventions; nevertheless, additional research is required to determine how adaptable strategies can minimize the long-term impact of mental health difficulties such as burnout (Lou

et al., 2022). In addition, managers and supervisors must be ready to provide their teams with the assistance they need in an emergency. There is a significant body of evidence that dates to before the outbreak that demonstrates a connection between resilience and staying power (Labrague et al., 2021).

Resilience also helps to mitigate the unfavorable effects of compassion fatigue [40] and discrimination associated with COVID-19 (Labrague et al., 2021). Discrimination and stigmatization directed at nurses concerning COVID-19 have been consistently highlighted as significant issues (Bagcchi, 2020; Singh & Subedi, 2020). Mindfulness-based stress reduction is an excellent place to start when looking for techniques to boost retention. Resilience in nurses should be preserved and cultivated early on, particularly at the beginning of a pandemic, as it is possible that the experience of stigmatization was harrowing in the early phase due to the novelty and unfamiliarity of the virus (Bagcchi, 2020; Singh & Subedi, 2020).

Resilience in nurses should be protected and fostered early on, as it is crucial at the beginning of a pandemic. Second, because they suffer higher rates of compassion fatigue, nurses working in high-stress environments, such as emergency rooms, critical care units, and COVID19 treatment and management units, should be given priority for interventions. In addition, public efforts are a viable option for reducing the stigma and prejudice directed toward nurses and for elevating the level of professional pride that nurses feel in their work. There are contradicting findings when sociological characteristics such as marital status and gender are considered (Nashwan et al., 2021). Other research findings reveal a similar need for more consistency in their conclusions. Depending on the demography and the context being considered, these factors impact nurses' intentions to leave their current employment, ranging from negligible to significant (Tetteh et al., 2021).

The conclusion that male nurses are more likely to be prone to turnover intention in some countries outside of pandemic contexts is consistent with the substantial gender disparities in the rate of turnover intention among countries (Tolksdorf et al., 2022). The inconsistent findings concerning demographic factors are probably due to changes in cultural context, family structure, and gender roles among nurses working in diverse places. Age does not appear to be a relevant driver of turnover intention among nurses working during the COVID-19 pandemic, consistent with the SARS pandemic findings between 2002 and 2004 (Tolksdorf et al., 2022).

Meanwhile, there is a correlation between having a robust social support network from superiors and coworkers and having less intention to leave (Tolksdorf et al., 2022). This observation was made under normal conditions and during the MERS pandemic, and it is possible that the stress reduction process can explain it. Strong corporate leadership support can attenuate the negative link between COVID-19 anxiety and the intention to leave the organization (Tolksdorf et al., 2022). The positive effect of leadership support and style highlights the importance of social relationships, appreciation, and protection outside purely monetary remuneration. It allows managers to improve employee satisfaction and retention, which is widely acknowledged (Halter et al., 2017).

Because factors related to organizational culture, feelings about team climate, and exposure to violence and mobbing are relevant factors to nurses' turnover intention, employers should not ignore interpersonal conditions in the workplace. They should instead promote a positive workplace culture (Tolksdorf et al., 2022). Additionally, employers should promote violence prevention measures and the implementation of support systems. There is a negative correlation between nurses' intentions to leave the profession and their perceptions of their preparedness, the importance placed on their safety, and management's communication on

pandemic planning (Wood et al., 2021). This suggests these measures could foster a more justified belief that nurses' safety is a top priority. It was discovered that working in being redeployed to COVID-19 patient care and a general change in the department are all connected with an individual's desire to quit their current post (Tolksdorf et al., 2022).

The several potential sources of stress in this profession may be why it frequently feels like such an immensely stressful environment. Also expressing a greater willingness to leave the profession were registered nurses who provided immediate treatment to patients suspected of having MERS. It was shown that nurses who cared for SARS patients were less likely to entertain the idea of quitting their occupations due to the pandemic. It is likely due to the training that the nurses received that they could effectively recognize potential threats and respond less emotionally in response to them. The research conducted by Li et al. (year), which found that COVID-19 education and training acts as a barrier against voluntary turnover, lends credibility to this concept. This outcome is consistent with what was observed during the outbreak of SARS (Tolksdorf et al., 2022). To maintain social distancing, training for COVID-19 could be carried out remotely. This training should cover issues such as the nature of the virus, procedures to avoid transmission, the number of new and recovered cases reported daily, and hospital protocols.

According to Nashwan et al. (2021), intensive care unit (ICU) nurses who have provided treatment for COVID-19 patients during the preceding three to six months are at an increased risk of quitting their positions. Before the COVID-19 outbreak, intensive care nurses were already at a higher risk of abandoning the profession (Nashwan et al., 2021). This risk increased even further after the pandemic. On the other hand, this aspect hints that employment in the COVID-19 acute care setting may be brief or opens the door for targeted preventive measures to

be taken during the first three months of employment. The NEXT study also discovered a window of opportunity of six months between the time a nurse forms the intention to leave their position and the time they are officially fired from their job (Tolksdorf et al., 2022).

This window of opportunity allows the nurse to seek new employment opportunities. According to the findings of two other research studies, a higher risk of quitting one's current job related to working longer hours, having more patients, and experiencing more significant job strain (Mirzaei et al., 2021; Özkan Şat et al., 2021). In addition, a lack of choice, freedom, and job insecurity contribute to this desire. Additionally, nurses' beliefs that they lack control over the situation at work also play a role in this perception.

Stress, which can be caused when there is a significant amount of work to be done with little room for decision-making, might lead to the intention to leave (Tolksdorf et al., 2022). Again, though, the aid of a supervisor can lessen the impact of a severe workload on a person's ability to experience stress. It is possible to provide nurses with opportunities for education and input into decision-making processes, such as those related to implementing infection control measures, even though it is doubtful that nurses' workloads will decrease shortly, especially in the early stages of a pandemic. However, the workload of nurses will likely decrease soon. In addition, because nurses' intentions to leave the nursing profession relate to their perceptions of inadequate management communication on pandemic preparation, involving nurses in the planning process could simultaneously address both problems. This can increase one's knowledge of the pandemic, decrease worry, and strengthen confidence in their ability to perform their work efficiently (Tolksdorf et al., 2022).

If it is impossible to reduce stress due to the crisis scenario, developing adaptive coping skills may also assist in diminishing the desire for nurses to leave their professions during this

pandemic. However, registered nurses who report high levels of stress and engage in unhealthy coping techniques stand out as a group at an increased risk of thinking about quitting their current positions. Several studies have demonstrated that factors other than pandemics, such as stress and management concerns, directly and indirectly affect job satisfaction and intention to leave an organization (Tolksdorf et al., 2022). Pandemics are an exception to this rule. Extreme stress can make a person dissatisfied with their job, leading to increased stress they experience while working (Tolksdorf et al., 2022). Even more striking is the finding that stress was essential in determining whether nurses intended to quit their jobs during the SARS pandemic.

Lavoie-Tremblay et al. (2021) observed that nurses' work satisfaction may have been a potentially protective factor against their desire to leave their jobs during the COVID-19 pandemic. The results showed a wide range of professional backgrounds, which differed substantially. According to Lavoie-Tremblay et al. (2021) and Nashwan et al. (2021), registered nurses with five to 10 years of experience are likelier to quit their positions. To this point, less experienced nurses are more likely to express an intention to leave their positions in typical settings and during the pandemics of SARS and MERS. It is probable that longer-tenured nurses, who tend to be older, have more links to their current institution due to family responsibilities or a larger sense of duty due to their commitment to the organization. This is one possible explanation for the finding that longer-tenured nurses are more likely to leave their jobs. The finding of Nashwan et al. (2021) that experienced nurses are more likely to state their desire to leave their current positions may indicate the potential loss of experienced nurses due to the current pandemic. This could be because the nurses see a threat to their health as well as the health of their families.

Nevertheless, due to the inferior quality of Nashwan's study and their conclusions not being in accordance with prior knowledge, this data must be handled with extreme caution. The demand for suitable and adequate personal protection equipment is further underscored by the fact that a COVID-19 infection, either one's own or a team member's, is likely to increase the risk of a voluntary departure. This is true whether the individual or a team member contracts the infection.

Problems with morale and unfavorable working conditions may lead to nurses' aspiration to leave their professions. Moral discomfort is associated with the perception of the quality of care provided and the intention to quit the profession (Tolksdorf et al., 2022). Petrisor et al. (2021) stated that treatments concentrating on the logistical aspects of ICU nurses' workflow would have been beneficial during the pandemic. This is because addressing the underlying causes of moral pain is necessary. It is vital to address the underlying causes of moral anguish, especially when one's moral bearings are unclear, making access to an ethics committee for guidance important.

According to Djupedal et al. (2022), the COVID-19 pandemic has tremendously influenced the lives of billions of people worldwide as it has spread over the globe. It is already abundantly apparent that the pandemic has considerably burdened the world's healthcare systems, although the full impact of the outbreak on those institutions has not yet been determined. Because of the preparations and management efforts made for the pandemic, nurses and other healthcare staff may have experienced increased stress and pressure (Djupedal et al., 2022). During the pandemic, it is reasonable to assume that healthcare workers have experienced changes in their work schedule at short notice due to the urgent need for increased staffing and to cover the absence of other employees (for example, work absence due to closed schools or

kindergartens or quarantine or isolation after close contact with the virus). This is an extra burden on top of healthcare workers' challenges, such as the demands of shift work and its effects on health and safety. These are just two healthcare workers' challenges (Djupedal et al., 2022).

According to Mirzaei et al. (2021), previous research on infectious disease outbreaks such as SARS, A.V., and MERS-CoV has demonstrated that incidents such as these decrease healthcare personnel's interest in their professions and increase their intention to leave the profession. Because of the many registered nurses who intend to leave the field, hospitals must spend more money recruiting and training new nurses, losing precious training resources (Mirzaei et al., 2021). Considering the recent concerns over a possible shortage of nurses, hospitals' management needs to understand better the factors contributing to a nurse's decision to quit their current job (Mirzaei et al., 2021). It is essential to know whether nurses plan to quit their jobs. The high turnover rate of nurses in healthcare settings may be partly caused by heavy workloads, exhaustion, and job dissatisfaction (Mirzaei et al., 2021). The medical community has been struggling with this issue for a long time. Because of the high frequency with which nurses are exposed to stressful situations, such as the deaths of patients, emergencies, and the care of those who are very ill, the incidence of posttraumatic stress disorder (PTSD) is more prevalent among nurses (Mirzaei et al., 2021).

Although 8% of the general population may experience symptoms of posttraumatic stress disorder (PTSD) during an outbreak of a disease, 57% of nurses experienced symptoms of PTSD during the outbreak of SARS, and the overall mean of PTSD during the COVID-19 outbreak was 1.78 (Mirzaei et al., 2021). In most cases, the symptoms continue for over a month, making dayto-day tasks and significant aspects of life, such as job and patient care, difficult to

accomplish (Mirzaei et al., 2021). The sufferer's physical and mental health are both put in peril by PTSD, just as they are by other mental disorders (Mirzaei et al., 2021). It is believed that maintaining a healthy body might mitigate the adverse effects of stress brought on by employment. On the job, nurses may find themselves in various stressful situations, which can contribute to problems such as dissatisfaction, lower levels of productivity, and employee turnover. These problems have a catastrophic effect on the standard of care provided to patients, which can never be brought back to its previous level (Mirzaei et al., 2021). In addition, emotional turbulence is associated with an increase in weariness, a decline in job satisfaction, and an increase in the likelihood of job turnover (Mirzaei et al., 2021).

Although it was challenging to keep assisting people with substance use disorders during the pandemic, doing so was essential for tackling new and ongoing issues (Lin et al., 2022). As a result of the COVID-19 pandemic, the healthcare system's focus has shifted from treatment to prevention (Lin et al., 2022). People who worked in healthcare had a higher risk of getting COVID-19 than the general population because they had to balance the needs of their patients with their health and the health of their families (Lin et al., 2022). Some people with substance use disorders may have had less access to treatment and recovery resources due to the COVID19 pandemic necessitating quarantine measures, physical separation, and the temporary closure of public facilities (Lin et al., 2022).

Bible Integration

A long-standing professional duty and a challenging subject in nursing is the integration of spirituality in nursing (Giske & Cone, 2015). According to the International Council of Nursing Code of Ethics, a nurse must support an atmosphere where everyone's human rights, values, customs, and spiritual beliefs are respected. The absence of a consensus on what

constitutes suitable spirituality in nursing makes the Code of Ethics directive challenging and more accessible (Giske & Cone, 2015). By analyzing addiction nurses' perceptions and experiences of the barriers in their workforce that influence their turnover intentions in a biblical sense, this study expanded on previous research on the subject, unlike other academic research done without biblical consideration. According to scripture, knowledge is a gift from God that has to be appreciated. According to Proverbs 2:6 (*English Standard Version*), God's wisdom produces knowledge and understanding. It also reminds His people that those who seek God for wisdom will get rich rewards. English Standard Version Proverbs 1:7 says that knowledge is a gift from God and that we should treat Him with reverence, respect, and adoration. Scripture stresses the significance of recognizing and implementing knowledge collectively within an institution. The Bible explains the possibility of failure without any kind of instruction or foundation for decision-making. The Bible declares that sharing knowledge obediently can result in abundant spiritual treasure (Proverbs 11:14, *English Standard Version*).

While there are many different occupations in which one can show God's love, few vocations more perfectly represent this idea than nursing. Daily, nurses delivering physical, emotional, and spiritual care demonstrate their faith. Many are called to this line of work at an early age. Some become passionate about faith-based nursing later in life, but they still have the same dedication to their cause. As a nurse, there is much potential to serve Christ no matter how the industry is entered into.

Here are only a handful of the numerous ways nursing embodies the most significant aspects of the Christian faith: Caring for the Needy. Nurses can carry out their beliefs by providing care for the sick daily. Nurses are essential in avoiding and alleviating suffering, whether taking blood samples, helping with diagnosis, or offering post-operative care. Little

things that seem insignificant can significantly impact people's health and happiness. Since Christ commands us to care for one another, nursing serves Him. The strong are especially expected to tend to the weak when needed.

While providing physical care is undoubtedly a significant part of a nurse's daily work, they also give emotional support. Nurses provide patients who are worried, anxious, or outright afraid with a much-needed sense of comfort. Their kind words can mean the world to patients without hope. Similarly, nurses provide spiritual and emotional support to the loved ones of patients who feel powerless to save their friend or family member from suffering.

The Book of Proverbs makes multiple references to the importance of emotional support. For instance, according to Proverbs 16:24, "pleasant words are as sweet as honeycomb, healthful to the bones and sweet to the soul." Proverbs 17:22 says, "A joyful heart makes good medicine, but a crushed spirit dries up the bones." The parables also make multiple references to the curative power of love. Jesus is praised for his miracle-working skills and unwavering affection for those in need. When paired with appropriate medical attention, psychological assistance can be genuinely life changing.

Patients remember not just the physical hardship they went through during their stay in hospitals or other healthcare institutions but also how much better they felt emotionally and spiritually after meeting with compassionate nurses (Akkuş et al., 2022). A few minutes of sincere care can frequently make a huge emotional difference in a patient. Long after they have received treatment, patients can still benefit from a nurse's care. Nurses encourage others to provide service by modeling it. To be a nurse is to give up. Because they are committed to giving their patients the best care possible, nurses may work long hours in challenging and taxing circumstances, even though they frequently get excellent salaries and benefits. Significant

emotional sacrifices are often required in nursing; nurses find it difficult to witness the suffering of lovely individuals. Many people have experienced death firsthand, and it does not get any easier with time. Nurses find it easier to make this emotional sacrifice when they think of Jesus, their greatest inspiration. They made the ultimate sacrifice to release us from the misery caused by sin (Jang et al., 2022).

CHAPTER 3: Research Method

Overview

Nurse turnover poses a significant financial burden on healthcare organizations and is detrimental to patient care. According to Fleming (2023), the national turnover rate for registered nurses (RNs) reached 27.1% in 2021, marking an alarming 8.4% surge compared to the previous year. RNs encounter numerous hurdles contributing to their intentions to leave their positions; they often feel undervalued, cope with staffing shortages, and endure lengthy shifts that demand challenging mental and physical exertion. These are just a few of the myriad challenges RNs face, many of which have been amplified by the COVID-19 pandemic (Faraz, 2019; McCreary, 2020). Minimal recent research had focused on the barriers nurses experienced when working in a substance abuse treatment environment during the COVID-19 pandemic; therefore, the purpose of this generic qualitative study was to explore the perceptions and experiences of nurses working in a substance abuse treatment program on the barriers in their workforce that influenced their turnover intentions.

In this chapter, the study's research method will be presented. The chapter will begin with a restatement of the research questions and then examine the study's methodology and design. Subsequently, the participants, procedures, and instruments employed for data collection will be discussed. This chapter will then conclude with an exploration of the data analysis employed in the study and a discussion of the identified delimitations, assumptions, and limitations of the research.

Research Questions

The following three research questions guided this study:

RQ1: What barriers do RNs working in a substance abuse treatment program experience due to the COVID-19 pandemic?

RQ2: How do the experienced barriers of the COVID-19 pandemic affect the turnover intentions of RNs working in a substance abuse treatment program?

RQ3: How do RNs working in a substance abuse treatment program overcome barriers experienced due to the COVID-19 pandemic?

Research Design

This study followed a qualitative method that utilized a generic design. Non-numerical data can be collected via different methods, such as semistructured interviews. Semistructured interviews allow the study participants to answer open-ended questions in any manner they feel necessary, encouraging them to share their perceptions and lived experiences (Creswell & Creswell, 2017). A quantitative method was initially considered but was rejected due to quantitative research aims. When following a quantitative method, researchers would find it impossible to fully understand participants' perceptions and experiences because quantitative research aims to investigate relationships and make predictions based on numerical data (Fryer et al., 2018). In quantitative research, numerical data is analyzed through a series of statistical and mathematical computations, which makes it impossible to understand specific perceptions and the experiences of the participants (Creswell & Poth, 2016).

A qualitative method was appropriate for this study because it captured detailed and profound insights while exploring complex a complex phenomenon (Creswell & Creswell, 2017). Qualitative methods are precious when seeking to comprehend the experiences, perspectives, and subjective interpretations associated with a specific subject or phenomenon, such as the focus of this study on RNs in substance abuse treatment settings (Creswell & Poth, 2016). First, qualitative methods allow for a flexible and adaptable approach. The use of semistructured interviews in this study enabled the guiding of predetermined questions while also

allowing for probing questions and follow-up responses to explore participants' experiences in depth (Creswell & Creswell, 2017). This flexibility ensured that relevant issues could be explored further to capture a comprehensive understanding of the challenges, assumptions, and limitations the participants face.

Second, qualitative methods emphasize participant voices and their unique experiences. RNs could be directly engaged during semistructured interviews, allowing them to share their perspectives, feelings, and thoughts openly and honestly. This approach provided valuable insights into the obstacles, assumptions, and limitations they encountered, allowing for a nuanced analysis of the factors influencing turnover intentions.

Moreover, qualitative methods allow for context-rich data collection (Creswell & Poth, 2016). Considering this environment's unique challenges and dynamics, the specific context of substance abuse treatment settings can be further explored. Being guided by job embeddedness theory and Biblical principles, this study followed a generic qualitative design. Data werecollected via semistructured interviews with registered nurses in a substance abuse treatment facility to understand their perceptions and experiences on how the COVID-19 pandemic had influenced turnover intentions. By conducting interviews, a greater understanding was understood of how unappreciation, staff shortages, and long working hours could manifest and impact RNs in this specific context. This context-specific understanding enhanced the validity and applicability of the study's findings within the targeted population (Creswell & Creswell, 2017).

In qualitative research, a generic design refers to a broad approach or framework that guides a study's overall structure and methodology (Kostere & Kostere, 2021). It provides a foundation for conducting qualitative research and offers researchers flexibility in adapting the design to suit their specific research questions, context, and objectives. Generic designs are

overarching frameworks that outline qualitative inquiry's general steps and processes. It is important to note that while a generic design provides a broad framework, researchers often customize and tailor the design to fit the specific requirements of their study (Kostere & Kostere, 2021). They may incorporate additional data collection methods, modify the analysis process, or adapt the design to suit their research context.

Participants

The participants of this study included 10 registered nurses (RNs) currently working in a substance abuse treatment setting. The participants were recruited using a purposive sampling method. Purposive sampling is a non-random sampling technique where participants are selected based on specific criteria that align with the research objectives and the characteristics required for the study (Denieffe, 2020). In this case, the social media site LinkedIn as a platform for recruitment was utilized. LinkedIn provides a professional network where individuals typically showcase their qualifications and work experience while networking in their selected fields and careers (Stokes et al., 2019). When recruiting participants, a search for profiles on LinkedIn was completed of RNs who met the predetermined criteria established for the study. LinkedIn's search filters narrowed the search based on professional background, current employment status, and relevant experience during the COVID-19 pandemic. Therefore, to participate in this study, individuals met the following criteria: 18 years old and above, was an RN, was actively working in substance abuse treatment settings, and had worked during the COVID-19 pandemic. Individuals who did not meet all criteria could not participate in this study. By employing purposive sampling and using LinkedIn as a recruitment platform, individuals were targeted with the qualifications and experiences necessary to provide valuable insights into the challenges, assumptions, and limitations RNs faced in substance abuse treatment settings during the COVID-

19 pandemic.

Study Procedures

Specific procedures were followed when completing this study. The first step involved obtaining Institutional Review Board (IRB) approval to ensure the ethical and responsible conduct of the study. This approval validated the research methodology, safeguarded participant rights, and protected data. Only after receiving such approval did participant recruitment begin. Participants were recruited through LinkedIn, utilizing this professional networking platform to search for profiles that met specific criteria. Individuals who were RNs actively working in substance abuse treatment settings during the COVID-19 pandemic were identified. Using LinkedIn, a vast pool of potential participants was accessed where they could be sent personalized invitations if they met the inclusion criteria.

Once potential participants were identified, they received a private message via LinkedIn to provide information about the study. Interested individuals replied to the recruitment message, where their criteria was checked to ensure that they met the eligibility requirements of being an RN, actively working, and having worked during the COVID-19 pandemic in a substance abuse treatment setting. This step guaranteed that the participants aligned with the study's specific context and experiences of interest. After confirming eligibility, the identified individuals were scheduled for semistructured interviews. These interviews were conducted remotely using Zoom or a similar video conferencing platform. Each participant coordinated to find mutually convenient interview times. Clear instructions and reminders were provided to ensure smooth communication and coordination throughout the process.

Before the interviews, informed consent was obtained from each participant (Appendix A). The participants were provided with a detailed explanation of the study's purpose,

procedures, and potential risks and benefits. Demographic information such as race, income, educational background, and gender was asked, but their names were not obtained. They asked questions and provided voluntary consent to participate in the research. Obtaining informed consent ensures ethical considerations are met and upholds the principles of voluntary participation and confidentiality. It is important to note that the participants could have removed themselves from the study without repercussions. During the semistructured interviews, the participants were asked 10 open-ended questions, allowing for flexibility and open-ended responses (Appendix B). The same set of questions were asked to each participant to ensure consistency and comparability of the data. The interviews were conducted via video conferencing, recorded with the participant's consent, and transcribed for subsequent analysis.

Finally, member checking was followed to enhance the trustworthiness and accuracy of the findings. Member checking involved providing participants with the transcripts of their respective interviews and inviting them to review and verify the accuracy of the transcriptions (Candela, 2019). This process allowed participants to contribute their perspectives, clarify misunderstandings, and ensure that the research accurately represents their experiences. It is important to note that none of the participants identified any inaccuracies within their interview transcripts. Following these study procedures, a rigorous and ethically sound investigation into RNs' experiences and challenges in substance abuse treatment settings during the COVID-19 pandemic was conducted.

Instrument and Measurement

In this study, the primary instrument for data collection was semistructured interviews with the participants. Semistructured interviews provided a flexible yet guided approach, allowing for a balance between predetermined questions and the opportunity for participants to

share their experiences and perspectives in their own words (Adeoye-Olatunde & Olenik, 2021). The semistructured interviews were conducted with the RNs in substance abuse treatment settings who met the predetermined criteria. The interviews were designed to explore the perceptions and experiences of the participants, focusing on their turnover intentions due to the COVID-19 pandemic. The questions were formed after thoroughly analyzing the literature review on the relevant themes (see Appendix B). The interviews were audio-recorded to ensure accurate capture of the participants' responses and enable thorough analysis.

To enhance the trustworthiness and credibility of this study, two strategies were employed: a panel of experts and member checking. A panel of experts consisting of three individuals with similar educational and professional backgrounds as the researcher was formed. This panel carefully reviewed the semistructured interview questions to ensure alignment with the study's problem, purpose, theoretical framework, and methodology (Creswell & Creswell, 2017). Their expertise and insights helped validate the interview questions, ensuring their appropriateness and relevance to the research objectives. The recommendations and adjustments proposed by the panel were thoughtfully considered, and any necessary revisions were made in consultation with the university's Chair, thus enhancing the rigor and validity of the study.

Additionally, member checking further increased the study's trustworthiness. Member checking involved allowing interview participants to review and verify the accuracy of their interview transcripts (Candela, 2019). This process ensured that participants confirmed that their views and experiences had been adequately represented. Involving participants in this verification process created a commitment to accurately capture and portray their perspectives (Candela, 2019). Any discrepancies or clarifications identified by the participants was carefully addressed, and necessary adjustments were made to ensure the fidelity of the data. Incorporating

a panel of experts and member checking enhanced the trustworthiness and credibility of the study (Daniels, 2019). These strategies collectively contributed to the overall rigor and trustworthiness of the study, reinforcing the credibility of the findings and the insights gained from RNs in substance abuse treatment settings.

Prior to the subjects being interviewed, their consent was acquired. According to Burns and Grove (1993), informed consent is the prospective subject's voluntary permission to engage in a study, obtained upon assimilation of pertinent study material. The subjects were made aware of their rights, which included the ability to decline participation at any moment without consequence and to consent or decline to participate voluntarily. The study's goal, the methods employed to get the data, and the assurance that there would be no expenses or hazards involved were all explained to the subjects. Confidentiality and anonymity were upheld during the whole research. According to Burns and Grove (1993), anonymity occurs when participants' responses cannot be connected, not even by the researcher. When participants are assured of their privacy, it implies that their information will not be used to identify them in the public domain (Polit & Hungler, 1995). Confidentiality was upheld in this study by not disclosing the identity of the participants during reporting or publication, as well as by maintaining the confidentiality of the data gathered (Burns & Grove, 2010). The transcripts were only be numbered after the data was gathered; no identifying information was written on them (Polit & Hungler, 1995). Additionally, the moral precept of self-determination was upheld. Participants were considered autonomous agents by providing information about the study and allowing them to participate willingly.

Finally, details about the researcher was given in case of any queries or grievances.

Data Analysis

When completing the data analysis, a qualitative thematic analysis that followed Clarke et al.'s (2015) six steps: becoming familiar with the data, generating initial codes, searching for themes and sub-themes, reviewing potential themes, labeling the final themes, and reporting the results. Thematic analysis is a widely used qualitative method that allows for identifying and exploring patterns and themes within the data (Clarke et al., 2015). The first step involved becoming familiar with the data by thoroughly immersing oneself in the interview transcripts and profoundly understanding the participants' experiences. This process included repeated readings, note-taking, and highlighting key points (Clarke et al., 2015). The second step entailed generating initial codes through an inductive coding process. Inductive coding involved deriving codes directly from the data without preconceived categories or frameworks (Chandra et al., 2019). Meaningful data units that captured significant ideas, concepts, or themes relevant to the research objectives were identified and labeled. This open coding process allowed for the emergence of new themes and ideas from the data. In the third step, themes were searched by organizing the codes into potential themes and sub-themes (Clarke et al., 2015). This involved systematically examining the codes, identifying patterns, and grouping them based on similarities and connections. Potential themes, ensuring they accurately reflected the data and aligned with the research questions, was reviewed and refined (Clarke et al., 2015). After completing the analysis and identifying the themes, the results were reported in Chapter 4 of this dissertation.

During data analysis, a codebook was utilized. A codebook is a document that outlines the definitions, descriptions, and examples of the codes that will be applied to the data during the analysis phase (Reyes et al., 2021). It served as a reference guide that ensured consistency and uniformity in coding across the dataset. The codebook included a list of codes and clear

definitions and descriptions for each code. It also included examples or excerpts from the data that illustrated the application of each code. Including examples provided clarity and guidance for the coding process, ensuring consistency among different coders, if applicable. The codebook served as a reference point throughout the analysis phase. It facilitated systematic and organized coding, allowing for efficient identification and categorization of relevant themes and patterns in the data. The codebook maintained transparency, reliability, and replicability in the coding process, enhancing the rigor and trustworthiness of the study's findings.

Delimitations, Assumptions, and Limitations

This section will discuss the study's delimitations, assumptions, and research limitations. Several delimitations were present in this study. Delimitations refer to the explicit boundaries and limitations that a researcher establishes and acknowledges in a study (Creswell & Poth, 2016); these are predetermined choices regarding the research's scope, context, and parameters. First, the study was limited to a specific sample size of 10 participants. While this sample size allowed for in-depth exploration and detailed insights into the experiences of RNs, it may have restricted the generalizability of the findings to a larger population.

Second, the study focused on RNs in substance abuse treatment settings. The study did not include other healthcare professionals or individuals in different healthcare settings. This delimitation focused on the experiences, challenges, assumptions, and limitations unique to RNs in this context. However, it restricted the ability to compare the experiences of RNs in substance abuse treatment settings with those in other healthcare settings.

Third, the study examined the obstacles, assumptions, and limitations RNs face during the COVID-19 pandemic. Including this temporal context allowed for exploring the unique challenges and impacts of the pandemic on RNs in substance abuse treatment settings. However,

it limited the generalizability of the findings to periods outside of the COVID-19 pandemic or healthcare contexts unrelated to substance abuse treatment.

Lastly, the study was conducted within a specific geographical region or a selected set of substance abuse treatment facilities. This geographical limitation ensured a focused examination of the experiences of RNs within a particular context. However, it restricted the ability to make broad claims about RNs in substance abuse treatment settings across different regions or facilities. By acknowledging these delimitations, the study maintained transparency about its scope and provided a clear understanding of the boundaries and limitations of the research findings.

Assumptions refer to researchers' beliefs that are considered true (Sebele-Mpofu, 2020). Therefore, three key assumptions are worth highlighting in this study. First, participants were assumed to respond honestly to the semistructured interview questions (Agarwal, 2019). Second, it was assumed that the participants possessed the necessary experience to provide relevant data through the semistructured interviews; third, an assumption was made that the collected data effectively addressed the research questions guiding this study (Agarwal, 2019).

Limitations can impact the study results (Noyes et al., 2019). In this research, two main limitations were experienced. The first limitation pertained to researcher bias, which occurs when the researcher's thoughts, values, and beliefs influence the study and subsequently impact the results (Noyes et al., 2019). A panel of experts consisting of three individuals with similar educational and professional backgrounds was established to minimize researcher bias. The panel reviewed the semistructured interview questions to ensure they aligned with the study's problem, purpose, theoretical framework, and methodology. Any recommended adjustments were made in consultation with the university's Chair.

Additionally, member checking was employed to reduce researcher bias. This involved having participants review their interview transcripts to verify accuracy (Candela et al., 2019). Any discrepancies reported by participants would have been promptly addressed, and the necessary adjustments would have been made to reflect their responses accurately. The second limitation of this study related to the specific population being studied. Because this study focused on RNs in substance abuse treatment settings, the findings may not be generalizable to other populations or geographical regions (Creswell & Poth, 2019). Therefore, future research would be needed to understand this topic within different contexts.

Summary

This chapter provided a comprehensive overview of the research methodology, highlighting qualitative methods, specifically semistructured interviews. This approach enabled the participants' experiences, perspectives, and subjective meanings attributed to their work in substance abuse treatment settings to be deeply explored (Creswell & Creswell, 2017). The recruitment process via LinkedIn and purposive sampling was outlined to ensure the inclusion of eligible participants who meet specific criteria, including RNs actively working in substance abuse treatment settings during the COVID-19 pandemic. To enhance the trustworthiness and credibility of the study, the chapter described the use of a panel of experts and member checking. The involvement of experts in reviewing the interview questions ensured their alignment with the research problem, purpose, and methodology.

On the other hand, member checking allowed participants to validate the accuracy of their interview transcripts, contributing to the authenticity and reliability of the findings (Candela, 2019). The chapter concluded by acknowledging the delimitations of the study, including the specific sample size, exclusive focus on substance abuse treatment settings, and the temporal

context of the COVID-19 pandemic. These delimitations provided clarity and defined the boundaries within which the study was conducted. The next chapter is Chapter 4, which will report this study's findings.

CHAPTER 4: RESULTS

Overview

The problem being studied was the increased turnover rate of nurses since the COVID-19 pandemic (Fleming, 2023). Nurses in substance abuse treatment settings faced heightened stressors such as fear, anxiety, lack of PPE, and workforce sustainability issues (Searby & Burr, 2021). Searby and Burr (2021) noted that ongoing pandemic waves and mutations could continue to impact these nurses. There was a lack of research on how these nurses perceived and experienced barriers affecting their turnover intentions. Therefore, this generic qualitative study aimed to explore the perceptions and experiences of nurses working in a substance abuse treatment program and the barriers in their workforce that influence their turnover intentions.

This chapter will present the study's results. This chapter will begin by discussing the participants' demographic characteristics. Then, an overview of the study's findings will be highlighted, demonstrating how data were analyzed and the themes that emerged from the dataset. This chapter will then conclude with a discussion of the themes, depicting direct participant quotations that support each thematic category.

Participants

Ten registered nurses (RNs) who currently worked in a substance abuse treatment setting participated in this study. The participants were recruited using a purposive sampling method, and the social media site LinkedIn served as a recruitment platform. To participate in this study, individuals had to meet the following criteria:

- Each participant was 18 years old or above.
- Each participant was an RN.
- Each participant was actively working in a substance abuse treatment setting.

- Each participant had worked during the COVID-19 pandemic.

Table 1 below highlights the demographic characteristics of the participants.

Table 1

Participant Demographic Characteristics

	Age	Gender	Education	Years of Experience
Participant 1	35	Male	Bachelor's	8
Participant 2	46	Male	Master's	15
Participant 3	59	Female	Master's	20
Participant 4	24	Female	Bachelor's	1
Participant 5	26	Female	Bachelor's	2
Participant 6	55	Female	Master's	10
Participant 7	50	Male	Master's	7
Participant 8	42	Male	Master's	8
Participant 9	35	Male	Bachelor's	5
Participant 10	58	Female	Master's	25

As highlighted in Table 1, the study had a diverse group of 10 participants. Participant 1 was a 35-year-old male with a bachelor's degree and eight years of experience. Participant 2, a 46-year-old male, held a master's degree and had 15 years of experience. Participant 3 was a 59year-old female with a master's degree and 20 years of experience. Participant 4, a younger 24year-old female, had a bachelor's degree and one year of experience.

Similarly, Participant 5, a 26-year-old female, also had a bachelor's degree but with two years of experience. Participant 6 was a 55-year-old female with a master's degree and 10 years of experience. Participant 7, was a 50-year-old male, had a master's degree and seven years of experience. Participant 8 was a 42-year-old male with a master's degree and eight years of experience. Participant 9, another 35-year-old male, had a bachelor's degree and five years of experience. Finally, Participant 10 was a 58-year-old female with a master's degree and the most experience at 25 years.

Study Findings

Data were analyzed by conducting a thematic analysis that followed Clarke et al.'s (2015) six steps: Becoming familiar with the data, generating initial codes, searching for themes and sub-themes, reviewing potential themes, labeling the final themes, and reporting the results. This section will report the study's findings, discussing the six steps and demonstrating how the identified codes were grouped into thematic categories.

Generating Initial Codes

After completing the first step of Clarke et al.'s (2015) process of thematic analysis of becoming familiar with the data, the researcher began generating initial codes. To generate these codes, the researcher completed inductive coding, where she identified commonly used words, phrases, and ideas of the participants through their transcripts. The researcher completed this step multiple times to ensure she captured the essence of the interviews and the associated codes. Table 2 below highlights the identified initial codes.

Table 2

Initial Codes

Pandemic	Fear
Personal protective equipment	Anxiety
PPE	Stress
Patients	Uncertainty
Care	Well-being
Safety	Exposure
Measures	Morale
Protocols	Emotional
Challenges	Leaving
Support	Quitting
Control	Fear
Infection	Emotional toll
Interactions	Support
Remote	Resources
Sessions	Mental health
Technology	Counseling
Virtual	Check-ins
Adapting	Wellness
Social Distancing	Flexibility
Administrative Training	Scheduling
	Procedures

As highlighted in Table 2, there were 42 initial codes that captured the participants' commonly used words, phrases, and ideas.

Searching for Themes and Sub-Themes

After identifying the initial codes, the researcher then began grouping the codes into categories. Table 3 below highlights how the codes were grouped into categories.

Table 3

Initial Thematic Categories

Codes	Initial Thematic Categories
Pandemic	**Safety Protocols**
Personal protective equipment	
PPE	
Patients	
Care	
Safety	
Measures	
Protocols	
Challenges	
Support	
Control	
Infection	
Interactions	**Remote Work**
Remote	
Sessions	
Technology	
Virtual	
Adapting	
Social Distancing	
Administrative	
Interactions	
Fear	**Fear**
Anxiety	
Stress	
Uncertainty	
Well-being	
Exposure	

Codes	Initial Thematic Categories
Morale	**Emotional Toll**
Emotional	
Leaving	
Quitting	
Fear	
Emotional toll	
Support	**Support and Resources**
Resources	
Mental health	
Counseling	
Check-ins	
Wellness	
Flexibility	
Scheduling	
Training	**Training**
Procedures	

As highlighted in Table 3, six initial thematic categories were identified: (a) safety protocols, (b) remote work, (c) fear, (d) emotional toll, (e) support and resources, and (f) training.

Reviewing Themes

In the next step, the researcher began reviewing the initial thematic categories and condensing them down into stronger and more precise themes. When completing this part of the thematic analysis, the researcher ensured that she was guided by the study's research questions:

RQ1: What barriers do RNs working in a substance abuse treatment program experience due to the COVID-19 pandemic?

RQ2: How do the experienced barriers of the COVID-19 pandemic affect the turnover intentions of RNs working in a substance abuse treatment program?

RQ3: How do RNs working in a substance abuse treatment program overcome barriers experienced due to the COVID-19 pandemic?

Table 4 below highlights how the codes were condensed from initial thematic categories into final themes.

Table 4

Reviewing the Themes

Initial Category	Reviewed Theme
Safety Protocols	**Difficulty Adjusting to Safety Protocols**
Remote Work	**Shifting to Remote Work**
Fear	**Fear of the Virus**
Emotional Toll	**Emotional Toll of the Virus**
Support and Resources	**Organizational Support and Resources**
Training	**Organizational Training**

As highlighted in Table 4, there were six themes of this study: (a) difficulty adjusting to safety protocols, (b) shifting to remote work, (c) fear of the virus, (d) emotional toll of the virus, (e) organizational support and resources, and (f) organizational training.

Labeling Final Themes

To complete the thematic analysis, the researcher then labeled the themes so that they were in final alignment with the research questions. Table 5 depicts the final themes for this study.

Table 5

Final Themes

Reviewed Themes	Final Themes
Difficulty Adjusting to Safety Protocols	**Stress of Adjusting to Safety Protocols**
Shifting to Remote Work	**The Rapid Shift to Remote Work**
Fear of the Virus	**Fearing the COVID-19 Virus**
Emotional Toll of the Virus	**Emotional Toll of the Virus**
Organizational Support and Resources	**Helpful Organizational Support and Resources**
Organizational Training	**The Importance of Organizational Training**

Therefore, the six final themes for this study include: (a) stress of adjusting to safety protocols, (b) the rapid shift to remote work, (c) fearing the COVID-19 virus, (d) the emotional toll of the virus, (e) helpful organizational support and resources, (f) the importance of organizational training.

Themes

This section will discuss the themes and depict how they align with the research questions. Each theme will be discussed, and direct participant quotations will be highlighted, demonstrating how they support the thematic category. When discussing the themes it is also important to highlight how the evidence of quality was maintained. Two strategies were employed to enhance the study's trustworthiness and credibility: expert panel review and member checking. An expert panel of three individuals with similar backgrounds to the researcher reviewed the semistructured interview questions to ensure they aligned with the study's problem, purpose, theoretical framework, and methodology (Creswell & Creswell, 2017).

Their feedback helped validate the questions, and if any necessary revisions were recommended, the researcher would have consulted with her university's Chair. It is important to highlight that none of the panel members recommended any changes to the interview questions. Additionally, member checking was completed where the participants reviewed their interview transcripts to verify accuracy (Candela, 2019). This ensured that their views were accurately represented. Any discrepancies would have been addressed to maintain data fidelity. Similarly, the participants did not identify any inaccuracies within the transcripts. These strategies helped to enhance the study's rigor, credibility, and the validity of its findings.

RQ1: What barriers do RNs working in a substance abuse treatment program experience due to the COVID-19 pandemic?

The first research question aimed to understand the barriers that RNs experienced when working in a substance abuse treatment program during the COVID-19 pandemic. Within this research question, two themes emerged from the dataset: (a) the stress of adjusting to safety protocols and (b) the rapid shift to remote work.

The Stress of Adjusting to Safety Protocols

The first theme that emerged from the dataset highlighted how the participants experienced high levels of stress when adjusting to safety protocols that had to be implemented during the pandemic. For example, Participant 2 (P2) discussed how their facility experienced a shortage of personal protective equipment (PPE), making it stressful for them working within the environment. However, they were able to state that throughout the pandemic, the availability of equipment improved, helping to lower stress levels. P2 stated:

> Regarding the availability of PPE during the COVID-19 pandemic, our facility initially faced challenges in securing an adequate supply. However, through proactive measures and collaboration with local health authorities, we were able to ensure access to essential
>
> PPE to prioritize staff and patient safety. (P2)

In addition, Participant 3 (P3) stated that they experienced stress of safety protocols because it made their job more difficult, as it altered the way that they cared for their patients:

> The pandemic significantly influenced my day-to-day work routine by necessitating the implementation of stringent infection control measures. This included enhanced cleaning protocols, mandatory mask-wearing, and physical distancing, which altered the dynamics of patient interactions and required innovative approaches to delivering care. (P3)

Participant 4 (P4) appeared to agree with P3, as they also discussed how it altered the manner in which they interacted with their patients:

> The pandemic changed our daily work routines and how we interacted with patients. We had to follow strict infection control measures like temperature checks, increased sanitation, and mandatory mask-wearing. These steps were essential to keep everyone safe, but they also changed how we cared for patients and made us find new ways to deliver services. (P4)

While Participant 5 (P5) agreed with P3 and P4, they were able to add that following safety protocols increased their workload and daily tasks:

> The pandemic really changed how we did our daily tasks. We had to put in strict rules to control infections, like checking temperatures and making sure everyone wore masks. We also had to change how we interacted with patients to keep a safe distance, redoing everything we did. (P5)

For Participant 6 (P6), they discussed how they experienced stress when adjusting to safety protocols because it happened so fast. P6 stated:

> So, when I think back to the start of the COVID-19 pandemic, there were definitely some tough moments as a nurse in a substance abuse treatment program. One big challenge was just how fast everything changed. One day, we're doing our usual thing, and the next, we're scrambling to figure out all these new safety protocols and procedures. I mean, suddenly, we're wearing masks and face shields all day, every day, and it's like, "Whoa, this is a whole new world." Plus, we had to start screening everyone who walked through the door, making sure nobody had any symptoms or had been in contact with someone who tested positive. (P6)

Participant 7 (P7) was able to discuss how the lack of PPE increased their stress levels because, at times, they had to reuse much of their safety equipment:

> Ah, PPE – the lifeline of healthcare workers during the COVID-19 pandemic. It was a rollercoaster ride when it came to the availability and adequacy of PPE in our substance abuse treatment program. At the start of the pandemic, it felt like we were living in a PPE desert. Masks, gloves, gowns – you name it, we were scrambling to get our hands on it. It was like trying to find gold at the end of a rainbow, except the rainbow kept moving farther and farther away. And even when we did manage to get our hands on some PPE, it often felt like we were just scraping by. We were reusing masks until they were practically falling apart, and don't even get me started on trying to find gloves that actually fit properly. It was like we were fighting a losing battle against an invisible enemy. (P7)

Finally, Participant 10 (P10) added a more positive outlook on adjusting to safety protocols, stating that it helped provide him with a more peaceful state of mind:

> Having access to adequate PPE gave us a sense of security and peace of mind that we desperately needed during such uncertain times. It was like having a safety net to catch us if we fell, allowing us to focus on what mattered most – providing the best possible care to our patients. (P10)

The Rapid Shift to Remote Work

The second theme that emerged from the dataset highlighted how participants reported a barrier of rapidly transitioning to remote work. For example, P1 discussed the barrier of how it was more challenging caring for some of their patients:

> One specific challenge I faced was the sudden shift to telehealth services for counseling and therapy sessions. This transition posed challenges in maintaining the same level of

> connection and support for our patients, particularly those who relied heavily on inperson interactions for their recovery. (P1)

In addition, P2 discussed how they had to learn new technology and communication programs:

> One challenge I had was how quickly we had to adapt to remote work for administrative tasks. This required us to quickly adapt to new technology and communication platforms, which posed initial challenges in maintaining workflow efficiency. (P2)

P3 also agreed with P2; however, discussed that they had to utilize remote platforms to complete administrative tasks, that at times, made it less efficient:

> I went through a sudden shift to remote work for administrative duties. Adjusting to new technology and communication tools was necessary, and at first, it was challenging to keep productivity and efficiency levels high. (P3)

P5 also agreed with P3, stating that they found it difficult to be efficient working from home remotely to complete administrative tasks:

> Looking back at the start of the COVID-19 pandemic, one of the biggest challenges I faced was suddenly having to work from home for administrative tasks. We had to quickly learn new technology and ways to communicate, which was tough at first and made it harder for our team to work together efficiently. (P5)

P6 also discussed that they found it difficult to transition to remote work quickly, due to now really knowing how to continue a strong program of care for their clients. P6 reported:

> With all the restrictions on in-person visits and group sessions, we had to get creative. Thank goodness for technology, though. We started doing a lot more virtual counseling sessions and support groups, which was a whole new ballgame for us. But you know what? It actually worked out pretty well in the end. It allowed us to stay connected with

> our patients and make sure they were still getting the support they needed, even if it was from behind a screen. (P6)

P7 also agreed as they reported:

> The pandemic definitely threw a curveball into my day-to-day routine as an RN in a substance abuse treatment program. Suddenly, everything we knew about how to do our jobs effectively had to be reimagined. One of the biggest changes was how we interacted with our patients. With all the social distancing measures in place, we had to get creative with how we provided support. Group therapy sessions turned into virtual meetings, and one-on-one counseling sessions became phone calls or video chats. It was a whole new world. (P7)

Finally, P8 was able to discuss the specific challenges and barriers of utilizing remote or telehealth services:

> Transitioning from face-to-face interactions to virtual sessions presented several hurdles. While telehealth allowed us to continue providing support to our patients remotely, it also posed challenges in maintaining the same level of connection and engagement as inperson sessions. (P8)

RQ2: How do the experienced barriers of the COVID-19 pandemic affect the turnover intentions of RNs working in a substance abuse treatment program?

The second research question aimed to understand how experienced barriers of the COVID-19 pandemic affected the turnover intentions of RNs working in substance abuse treatment programs. Within this research question, two themes emerged from the dataset: (a) fearing the COVID-19 virus and (b) the emotional toll of the virus.

Fearing the COVID-19 Virus

The third theme from the dataset highlighted how the participants discussed that the fear of the COVID-19 virus affected their turnover intentions when working in substance abuse treatment programs. For example, P1 discussed how the fear permeated their workplace: The fear and anxiety associated with the pandemic were so noticeable in our workplace, affecting staff morale and contributing to increased stress levels. Personally, it took a toll on my overall well-being and job satisfaction, as the constant uncertainty and threat of exposure added an additional layer of stress to my already demanding job. (P1)

In addition, P4 discussed how they were always fearful of contracting the virus. P4 stated:

> There was a lot of fear and anxiety at work, which made everyone more stressed out. Personally, I found it hard dealing with always being on guard and the risk of getting exposed, which made my job even tougher. (P4)

P5 also agreed, as they reported:

> The pandemic brought a lot of fear and anxiety to our workplace, making everyone more stressed out and lowering morale. Dealing with the constant uncertainty and worrying about my safety made my job almost unbearable. (P5)

Moreover, P6 discussed how everyone in their work environment was worried about getting sick:

> Oh boy, the fear and anxiety associated with the pandemic were definitely noticeable in our workplace. It's like the moment COVID-19 hit, there was this collective sense of unease that just hung in the air. I mean, we're all human, right? And suddenly, we're faced with this invisible enemy that's threatening our health and safety. It's bound to stir up some serious fear and anxiety. You could see it in the way people interacted - everyone was on edge, worried about getting sick or unknowingly spreading the virus.
>
> (P6)

P7 discussed how everyone was not only worried about their own health and safety, but also the health and safety of their patient. P7 stated that the fear of getting sick was:

> …like a dark cloud hanging over everything we did, affecting our overall well-being and job satisfaction in more ways than one. For starters, there was this constant sense of uncertainty lingering in the air. We were all worried about our own health and safety, as well as the health and safety of our patients. Every cough or sneeze was met with a sideeye. (P7)

Finally, P9 appeared to agree with the other participants, stating that the fear of contracting the virus made everyone's stress levels go "through the roof". P9 reported:

> It was like we were all walking on eggshells, never quite sure what the next day would bring. You could feel it, a huge sense of uncertainty. Staff members were on edge, patients were anxious – it was like a pressure cooker ready to blow. And you know what? It's no wonder. I mean, we were dealing with something none of us had ever experienced before. The fear of the unknown was enough to send anyone's stress levels through the roof. And let me tell you, that uncertainty? It bled into every aspect of our work. We were constantly second-guessing ourselves, questioning whether we were doing enough to keep ourselves and our patients safe. (P9)

The Emotional Toll of the Virus

The fourth theme that emerged from the dataset focused on the participants discussing how the COVID-19 virus had an emotional toll on them, influencing their morale and acting as a barometer of their turnover intentions. For example, P1 succinctly reported:

> At certain points during the pandemic, I did experience intentions to leave my position due to the COVID-19 pandemic. The fear of exposure to the virus, coupled with the

> emotional toll of the crisis, led to moments of doubt about my ability to continue in this role long-term. (P1)

In addition, P3 stated, “At certain points during the pandemic, I contemplated leaving my position due to concerns about personal safety and emotional stress,” while P4 reported, “At times during the pandemic, I seriously thought about quitting my job because I was worried about staying safe and how it was affecting me emotionally.” These participants highlighted the increase of emotional stress within their work positions due to COVID-19. Furthermore, P5 discussed:

> During the pandemic, there were times when I seriously considered quitting my job because I was worried about my safety and how emotionally draining it all became. The constant stream of challenges and not knowing what would happen next really got to me. (P5)

P6 discussed that although he thought about leaving his job, he did not, even amidst the emotional toll that he experienced from COVID-19:

> Our patients were struggling, our team was exhausted, and the weight of it all felt crushing at times. But despite the challenges, we kept showing up, day after day, because we knew how important our work was. (P6)

Finally, P7 shared their experiences about how the COVID-19 pandemic affected their emotional state and turnover intentions. P7 stated:

> But logistical issues aside, there were also the emotional challenges. The pandemic brought with it a whole new level of stress and anxiety for our patients, which made our jobs even tougher. Trying to provide support and comfort while dealing with our own fears and uncertainties was no easy feat, let me tell you. And then there were the constant

> changes. It felt like every day brought a new set of guidelines or protocols to follow, which made it hard to keep up sometimes. We were constantly adapting and pivoting, trying to find new ways to provide care while keeping everyone safe. (P7)

RQ3: How do RNs working in a substance abuse treatment program overcome barriers experienced due to the COVID-19 pandemic?

The third research question aimed to understand how RNs overcame barriers that they experienced when working in a substance abuse treatment program during the COVID-19 pandemic. Within this research question, two themes emerged from the dataset: (a) helpful organizational support and resources, (b) the importance of organizational training.

Helpful Organizational Support and Resources

The fifth theme that emerged from the dataset highlighted how the participants overcame barriers due to helpful organizational support and resources. For example, P1 discussed how their facility offered regular check-ins and mental health resources:

Our organization implemented regular check-ins and support sessions for staff, provided access to mental health resources and counseling services, and implemented flexible scheduling and work arrangements to accommodate individual needs. (P1) In addition, P3 stated, “My facility provided access to mental health resources and were as flexible as they could be with our scheduling.” P4 discussed how their facility also offered regular check-ins and mental health resources, but also reported that they had regular debriefing sessions. P4 stated:

> Dealing with the challenges of the pandemic in our substance abuse treatment center was easier because we had strong support systems in place. Our organization held regular check-ins and debriefing sessions where staff could talk about their worries, share their experiences, and get guidance from leaders. These sessions helped us feel like a team and gave us a chance to tackle problems together. Plus, having access to mental health

> resources, like counseling and wellness programs, really helped us take care of our emotional health through those tough times. (P4)

P5 reported the importance of their facility offering updates on rules and procedures, which also helped alleviate the challenges they experienced:

> During the pandemic, having support from both the organization and each other was crucial. Leaders kept us informed with regular updates on new rules and protocols. We also had peer support groups where staff could talk about what we were going through and support one another. (P5)

P6 also discussed how their organization offered counseling services and wellness programs: I

> experienced some incredible support systems that helped me navigate the challenges of the pandemic within the substance abuse treatment setting. First off, our organization really stepped up to the plate. They made sure we had access to resources like counseling services and wellness programs to support our emotional well-being. It was a relief knowing that help was just a phone call away if we needed it. (P6)

Finally, P8 reported the importance of counseling services that were offered:

> Our support systems were an absolute lifesaver during COVID. When the going got tough, having access to counseling services and virtual wellness activities provided a much-needed lifeline. It was a reminder that we weren't alone – there were resources available to help us. Counseling services offered a safe space for us to discuss our emotions, process the challenges we were facing, and develop coping strategies to navigate through them. Having that outlet to express our concerns and fears, without judgment, was incredibly therapeutic. It allowed us to confront our anxieties head-on and emerge stronger on the other side. (P8)

The Importance of Organizational Training

The final theme that emerged from the dataset was the importance of organizational training. Only three participants contributed to this theme, as the other participants mainly focused on resources and support structures. However, P1 discussed how training programs were implemented that allowed them to understand and follow new safety protocols and procedures: Strategies we employed to overcome barriers included implementing virtual support groups and counseling sessions, leveraging technology to stay connected with patients,

> and providing additional training and support for staff to adapt to new protocols and procedures. (P1)

P2 agreed with P1 as the stated, "My facility provided us with additional training and support for staff to adapt to new protocols." Finally, P3 reported that their facility offered comprehensive training programs that focused on safety protocols and procedures, as well as updated information on remote communication and collaboration:

> At my facility, we received comprehensive training sessions focused on new safety protocols, proper use of personal protective equipment, and updated procedures for remote communication and collaboration. This support was really helpful in showing us how to adapt to the changes while maintain high standards of care. (P3)

Summary

The problem being studied was the increased turnover rate of nurses since the COVID-19 pandemic (Fleming, 2023). Nurses in substance abuse treatment settings faced heightened stressors such as fear, anxiety, lack of PPE, and workforce sustainability issues (Searby & Burr, 2021). Searby and Burr (2021) noted that ongoing pandemic waves and mutations could continue to impact these nurses. There was a lack of research on how these nurses perceived and

experienced barriers affecting their turnover intentions. Therefore, this generic qualitative study aimed to explore the perceptions and experiences of nurses working in a substance abuse treatment program and the barriers in their workforce that influence their turnover intentions.

This chapter presented the study's results. The researcher began this chapter by discussing the participants' demographic characteristics. Then, she provided an overview of the study's findings, demonstrating how data were analyzed and the themes that emerged from the dataset. The chapter then concluded with a discussion of the themes, highlighting direct participant quotations that support each thematic category. Six final themes emerged from the dataset: (a) stress of adjusting to safety protocols, (b) the rapid shift to remote work, (c) fearing the COVID-19 virus, (d) the emotional toll of the virus, (e) helpful organizational support and resources, (f) the importance of organizational training. The next chapter, Chapter 5, will conclude this study by discussing the results in relation to previous literature, identifying empirical and practical implications, and discussing limitations and recommendations for future research.

Chapter 5. CONCLUSION, DISCUSSION, RECOMMENDATIONS

Overview

The COVID-19 epidemic has impacted nurses in a variety of environments. In the workforce treating alcohol and drug addictions, nurses' stories offer unique tales because they

were often the last workers remaining at the frontline during COVID-19. Due to the nature of their jobs, nurses often find it impossible to follow many healthcare institutions' directives to work remotely to contain the virus. The pandemic has led to a significant increase in the stress levels experienced by nurses working in drug and alcohol treatment centers, including a lack of sustainable workers, anxiety and panic attacks, and insufficient personal protective equipment. Thus, this general qualitative study aimed to investigate the views and experiences of nurses employed in drug misuse treatment programs concerning the obstacles in their workplace that affected their intent to leave. Ten registered nurses in a substance misuse treatment facility participated in semi-structured interviews with the researcher, who gathered data under the direction of the job embeddedness hypothesis. The participants were recruited using a purposive sampling method, and the social media site LinkedIn served as a recruitment platform. The same open-ended questions were posed to each participant, and the interviews were taped and transcribed. The six steps outlined by Braun and Clarke (2015) were followed in a qualitative theme analysis.

Summary of Findings

To participate in this study, individuals had to meet the following criteria: be at least 18 years of age, a registered nurse, and actively work in a substance abuse treatment setting. Each participant must also have worked during the COVID-19 pandemic. The six main themes identified were: (a) stress from adapting to safety protocols, (b) the transition to remote work, (c) fear of the COVID-19 virus, (d) the emotional toll of the virus, (e) the importance of organizational support and resources, and (f) the significance of organizational training. Each research question yielded two themes.

Discussion of Findings

Barriers: Stress to Adapt and Swift Transition to Remote Work

The first research question explored the barriers faced by registered nurses (RNs) working in substance abuse treatment programs during the COVID-19 pandemic. This inquiry revealed two main themes: (a) the stress of adapting to new safety protocols and (b) the swift transition to remote work.

The first theme highlights the considerable stress experienced by participants as they adjusted to new safety protocols. Participant 2 described their facility's initial difficulty securing enough personal protective equipment (PPE), which was quite stressful. However, the stress decreased as PPE availability improved through efforts and coordination with health authorities. P2 stated:

> Regarding the availability of PPE during the COVID-19 pandemic, our facility initially faced challenges in securing an adequate supply. However, through proactive measures and collaboration with local health authorities, we were able to ensure access to essential PPE to prioritize staff and patient safety. (P2)

Participant 3 and Participant 4 both shared how introducing stringent infection control measures complicated their work, as these changes disrupted their routine care practices. Participant 3 stated that “the pandemic significantly influenced my day-to-day work routine by necessitating the implementation of stringent infection control measures,” while Participant 4 reported:

> The pandemic changed our daily work routines and how we interacted with patients. We had to follow strict infection control measures like temperature checks, increased sanitation, and mandatory mask-wearing. These steps were essential to keep everyone

> safe, but they also changed how we cared for patients and made us find new ways to deliver services. (P4)

These changes impacted how they interacted with patients and required new approaches to care.

The participants also pointed out that new approaches to providing care were required because the pandemic's safety precautions changed regular schedules and patient contacts. They had to adapt how they interacted with patients and develop new ways to provide treatment since they had to implement tight infection control measures, such as temperature checks and improved cleanliness. Participant 5 noted that the new guidelines increased their workload and impacted patient interactions by stating:

> The pandemic really changed how we did our daily tasks. We had to put in strict rules to control infections, like checking temperatures and making sure everyone wore masks. We also had to change how we interacted with patients to keep a safe distance, redoing everything we did. (P5)

In addition, Participant 6 talked about the difficulty of swiftly switching to new procedures and the stress of adjusting to changing protocols. When the participant returned to the pandemic's beginning, the participant was struck by how quickly everything changed. Participant 6 stated:

One big challenge was just how fast everything changed. One day, we're doing our usual thing, and the next, we're scrambling to figure out all these new safety protocols and procedures. I mean, suddenly, we're wearing masks and face shields all day, every day, and it's like, "Whoa, this is a whole new world" (P6).

Participant 7 discussed in depth the stress brought on by PPE shortages, outlining the significant challenges posed by the necessity to reuse PPE and the absence of suitable equipment.

They experienced acute PPE shortages at first; even when it materialized, it was frequently insufficient. Masks and other equipment had to be reused, which was difficult and made the battle seem never-ending. Participant 7 stated:

> Even when we did manage to get our hands on some PPE, it often felt like we were just scraping by. We were reusing masks until they were practically falling apart, and don't even get me started on trying to find gloves that actually fit properly. It was like we were fighting a losing battle. (P7)

Only one participant, Participant 10, presented an optimistic viewpoint, emphasizing that possessing sufficient personal protective equipment gave one a “comforting sense of security”. Participant 10 felt great security during the pandemic since they had ample PPE; it functioned as a safety net, freeing them to concentrate on giving their patients the best care possible. This analysis shows that even though the pandemic caused great worry and difficulties with safety procedures, the participants eventually felt some relief and comfort from the increased availability of PPE.

In terms of previous literature, working in emergency care, addiction treatment, and primary care, nurses witness the effects of this on their patients. Considering COVID-19, nurses must devise innovative, patient-centered caregiving techniques (DeBar et al., 2023). Treatment providers have an essential and pressing task: deciding which components of their services are necessary and need to be emphasized during this epidemic and which services should be deprioritized to maximize the use of medical staff and resources. Globally, the healthcare sector is implementing regulations to ensure the availability of healthcare services, manage surges in patient volume, stop the spread of COVID-19, and treat those who have been confirmed or may contract the virus.

The COVID-19 pandemic has caused disruptions in healthcare systems, particularly in the treatment of alcoholism and other substances (AOD). Social distancing, lockdowns, "stay at home" orders, and other measures taken to halt the spread of COVID-19 have had a substantial impact on how consumers of AOD treatment services can obtain care for problematic alcohol and other drug use (Dunlop et al., 2020). AOD settings that provide services like harm reduction are anticipated to be significantly impacted by post-pandemic efforts to stem the spread of COVID-19 infection (López-Pelayo et al., 2020). Changes in the availability, distribution, and consumption patterns of substances—like the closing of borders for illegal narcotics or the switch to home delivery services for alcohol—are probably going to have a significant impact even after the pandemic.

The second theme identified from the dataset revolves around the challenges participants faced during the rapid transition to remote work. This theme highlights several barriers to adapting to new work environments and technologies. The transition to remote work presented notable challenges for the participants, particularly regarding ensuring efficient patient care and handling administrative responsibilities. Participant 1 mentioned the difficulty of transferring therapy and counseling sessions to telemedicine platforms. This shift complicated maintaining the same level of personal connection and support for patients who depended on face-to-face interactions for their recovery. Participant 1 reported:

> One specific challenge I faced was the sudden shift to telehealth services for counseling and therapy sessions. This transition posed challenges in maintaining the same level of connection and support for our patients, particularly those who relied heavily on inperson interactions for their recovery. (P1)

Another participant highlighted the struggle of quickly adapting to new technology and communication tools required for remote administrative work. Participant 2 stated, “One challenge I had was how quickly we had to adapt to remote work for administrative tasks.” This transition initially disrupted workflow efficiency as staff had to familiarize themselves with unfamiliar systems. Echoing the same, Participant 3 added that the switch to remote administrative tasks made it harder to sustain high productivity and efficiency levels. Participant 3 stated, “Adjusting to new technology and communication tools was necessary, and at first, it was challenging to keep productivity and efficiency levels high.” These challenges were due to the learning curve associated with new technology and communication platforms. The rapid need to learn new technology and communication methods was challenging and initially hindered team efficiency. Another participant, 6 described the difficulties of continuing a robust care program under the constraints of remote work. Despite the difficulties initially, Participant 6 stated that they eventually adjusted by adopting online counseling and support groups, which allowed patient participation and assistance to continue even in a different setting.

Finally, Participant 7 also shared that the pandemic significantly impacted their everyday routine. The participant stated that the use of social distancing methods has resulted in the replacement of traditional face-to-face encounters with virtual meetings and phone calls. This has required thoroughly re-evaluating the most efficient ways to offer support. It was also revealed that while telehealth allowed for continued patient support, it also introduced challenges in replicating the connection and engagement of in-person sessions.

The findings revealed that the shift to remote work posed several obstacles, primarily related to technology adoption and maintaining effective patient engagement. The transition disrupted established workflows and required nurses to adapt to new communication and care

delivery methods rapidly. Although the initial phase was marked by significant challenges, including inefficiencies and difficulties in maintaining personal connections, many participants found ways to adjust over time. The use of virtual platforms eventually facilitated continued patient support, even though it did not fully replace the benefits of in-person interactions.

Intention to Leave Caused by Fears and Emotional Toll

The second research question looked at how registered nurses' (RNs') intentions to leave substance abuse treatment programs were affected by the obstacles they faced during the COVID-19 pandemic. Two major themes emerged from the analysis: (a) fear of the COVID-19 virus and (b) the illness's emotional toll. The findings showed that RNs' intentions to leave their jobs were highly impacted by their concern about getting COVID-19. This widespread anxiety significantly impacted both individual job satisfaction and organizational morale. Participant 1 explained how the general fear of contracting the virus impacted their workplace, pointing out that uncertainty and the ongoing risk of exposure led to higher levels of stress and lower levels of job satisfaction. P1 stated, “The fear and anxiety associated with the pandemic were so noticeable in our workplace, affecting staff morale and contributing to increased stress levels.” Another participant, Participant 4, voiced similar thoughts, highlighting how their constant fear of getting sick made their jobs more stressful. The continual vigilance required to minimize exposure made the task more challenging and unpleasant. Participant 4 stated, “Personally, I found it hard dealing with always being on guard and the risk of getting exposed, which made my job even tougher.” In addition, Participant 6 further discussed how the pandemic's widespread panic and worry negatively impacted worker morale at work and increased the difficulty of tasks. He shared, “the fear and anxiety associated with the pandemic were definitely noticeable in our workplace. It's like the moment COVID-19 hit, there was this collective sense

of unease that just hung in the air." The ongoing worry for safety was highly stressful and contributed to workers' dissatisfaction with their jobs. This was seen through Participant 7, who stated, "For starters, there was this constant sense of uncertainty lingering in the air. We were all worried about our own health and safety, as well as the health and safety of our patients." This pervasive anxiety was evident in interactions and the general workplace atmosphere. The participants also suggested that the fear extended beyond personal health to concerns about the safety of patients. This constant anxiety created a heavy atmosphere that affected overall wellbeing and job satisfaction, contributing to a persistent sense of unease. One reinforced these observations by describing the intense stress and uncertainty that pervaded the work environment. The fear of the unknown and the constant questioning of safety measures created a high-pressure situation that exacerbated stress and impacted job performance.

These findings indicated that the fear of contracting COVID-19 significantly influenced RNs' turnover intentions. This fear created a high-stress environment, with widespread anxiety affecting both personal wellbeing and job satisfaction. The constant concern about exposure and its impact on health and patient safety contributed to a pervasive sense of unease and dissatisfaction among the staff. As a result, the heightened stress and diminished job satisfaction potentially increased the likelihood of turnover. The findings highlight the critical need for support systems and clear communication to mitigate fear and improve job satisfaction during crises.

Fearing COVID-19 also aligned with previous literature. For example, nurses have been portrayed as the "face" of the COVID-19 outbreak in the medical community. In addition to treating patients infected with the virus, they also test for it and occasionally contract it themselves (Sarabia-Cobo et al., 2021). AOD nurses, or addiction nurses, are essential to the

AOD workforce. In a variety of settings where problematic AOD use occurs, they evaluate patients' physical and mental health and prescribe medicine (Searby & Burr, 2020). There is a genuine concern that a "second pandemic" may occur as the pandemic spreads because of the psychological toll it is taking on medical professionals, patients, and family members (Columb et al., 2020). Concerns have been raised about losing one's employment, extended lockdowns, and being separated from loved ones.

The emotional toll that the COVID-19 pandemic took on RNs employed in drug rehabilitation centers, as well as how this affected their inclinations to leave, was the subject of the dataset's fourth theme. The epidemic dramatically increased RNs' mental stress, which affected their decisions to continue in their positions. It was revealed that there were instances when they questioned whether they should stay in their position due to the emotional strain of the pandemic and their concern about contracting a virus. They were less satisfied with their jobs overall at this time of uncertainty and stress, which made them think about quitting. Three participants disclosed that they were considering resigning from their employment due to emotional strain, safety concerns, and the emotional toll caused by the pandemic. The role became more complex and challenging because of the ongoing uncertainty and emotional exhaustion. Another participant, Participant 6, stated that they had thought about quitting, but ultimately, they decided to stay because of a sense of obligation and the importance of their profession. Participant 6 stated:

> Our patients were struggling, our team was exhausted, and the weight of it all felt crushing at times. But despite the challenges, we kept showing up, day after day, because we knew how important our work was. (P6)

Another participant, Participant 7, talked about how the epidemic stressed and creating anxiety in staff members and patients. The job was challenging because of the emotional strain of helping patients, controlling their worries, and adjusting to ongoing changes in standards. Participant 7 commented:

> But logistical issues aside, there were also the emotional challenges. The pandemic brought with it a whole new level of stress and anxiety for our patients, which made our jobs even tougher. Trying to provide support and comfort while dealing with our own fears and uncertainties was no easy feat, let me tell you. And then there were the constant changes. (P7)

Overall, the findings showed that the emotional toll of the COVID-19 epidemic greatly impacted RNs' morale and turnover factors. Many participants considered quitting their jobs due to the intense labor, widespread stress, and fear of health hazards. The challenging work environment that resulted from this emotional strain and the frequent protocol changes impacted job satisfaction and retention.

This finding also connected with previous literature. Several organizational and interpersonal factors were shown to be associated with nurses' intentions to leave their careers during the COVID-19 epidemic. Through investigation and observation, these links were found. They list uncomfortable working circumstances and conditions before the outbreak as essential reasons. Several psychological and demographic factors have a significant influence on how likely it is that a nurse will quit their current position. It is crucial to remember that the results of this circumstance could be the consequence of interactions between the effects of several different factors (Tolksdorf et al., 2022). For example, employees with little control over the

environment in which they operate may be more likely to experience elevated stress levels at work, ultimately resulting in burnout.

Psychological traits, including anxiety, dread, and the perceived threat of COVID-19, are significantly correlated with nurses' intention to quit their employment since many nurses feel an existential danger during this pandemic (Labrague et al., 2021). How likely nurses thought they would be to die from severe acute respiratory syndrome (SARS) during the pandemic affected whether they decided to quit. Fear may not have as much of an effect on the intention to leave the group when there is ideological agreement and support from the leadership (Khattak et al., 2021). It is well known that ideological considerations mitigated turnover intention even in nonemergency situations (Lavoie-Tremblay et al., 2022).

As resilience is essential in the early stages of a pandemic, it should be safeguarded and developed in nurses from an early age. Second, nurses in high-stress settings like COVID-19 treatment and management units, emergency rooms, and critical care units should receive priority for interventions since they experience greater rates of compassion fatigue. Public initiatives are another effective way to lessen stigma and discrimination against nurses and increase their professional pride in their work. When sociological factors like gender and marital status are considered, there are conflicting results (Nashwan et al., 2021). The results of other studies reveal similar needs for greater consistency in their conclusions.

Conversely, as was found in the present study, past researchers already revealed a link between being less likely to plan to leave and having a strong social support system from coworkers and superiors (Tolksdorf et al., 2022). This observation was made during the MERS pandemic and in normal circumstances, and the stress reduction mechanism may explain it. The negative correlation between COVID-19 anxiety and the intention to leave the organization can

be mitigated by strong corporate leadership support (Tolksdorf et al., 2022). The benefits of leadership support and style emphasize the value of security, recognition, and social connections in addition to monetary compensation. It is commonly known that managers can increase staff retention and satisfaction by using it (Halter et al., 2017).

Organizational Training and Support for Deal with Difficulties

The third research question investigated how registered nurses (RNs) dealt with the difficulties that the COVID-19 epidemic presented. The analysis revealed two major themes: (a) the importance of organizational training and (b) the function of supportive organizational resources. The theme of the importance of organizational training focused on how vital organizational support is in assisting RNs in overcoming the challenges posed by the epidemic. One noted that their organization provided regular check-ins, mental health resources, and flexible work schedules to manage stress and maintain job satisfaction.

Others also said the same, pointing out that their organizations offered regular debriefing sessions and mental health support. These programs were crucial in fostering community among employees and providing them with emotional support. Peer support groups and regular updates on new protocols were stressed as these resources were crucial in easing some of the pandemic's related difficulties. Communicating effectively and supporting one another was essential for adjusting to the new situation. One participant, Participant 6, thought their organization's wellness initiatives and counseling services were necessary for providing emotional support and respite during the pandemic. It also emphasized the value of virtual wellness activities and counseling sessions, characterizing them as essential tools that assisted staff in controlling their emotions and formulating effective coping methods. Participant 6 discussed:

Our organization really stepped up to the plate. They made sure we had access to resources like counseling services and wellness programs to support our emotional wellbeing. It was a relief knowing that help was just a phone call away if we needed it. (P6) The findings revealed that organizational assistance greatly aided RNs' ability to surmount the obstacles posed by the pandemic. Peer support, regular communication, and access to mental health resources were essential to lessen the crisis's emotional toll. These interventions provided essential emotional and practical support during a challenging time, which not only helped manage stress but also reduced turnover intentions.

The final theme under this research question centered on the significance of organizational training. Only three participants addressed this theme, as most focused on resources and support. One highlighted the role of training programs in helping staff adapt to new safety protocols and procedures. This participant, Participant 1 mentioned that strategies to overcome barriers included virtual support groups, counseling sessions, and additional training to follow new protocols effectively. In addition, Participant 2 supported this by noting that their facility provided extra training and support for adapting to new procedures. The other participant, Participant 3, added that their organization offered thorough training on safety protocols, the correct use of personal protective equipment, and updated remote communication and collaboration practices. This training was instrumental in maintaining high care standards despite the changes.

In terms of previous literature, employers should not overlook interpersonal conditions in the workplace because aspects of organizational culture, feelings about the team atmosphere, and exposure to violence and mobbing are vital determinants of nurses' intention to leave the company. Instead, they should encourage a good work environment (Tolksdorf et al., 2022).

Employers should also encourage the development of support networks and initiatives to prevent violence. Nurses' plans to leave the profession negatively correlate with how prepared they believe they are, how much value they have on their safety, and how well management communicates about pandemic planning (Wood et al., 2021). This implies that these actions can strengthen the case for the notion that nurse safety comes first.

Because factors including organizational culture, attitudes about the team dynamic, and exposure to violence and mobbing are essential indicators of nurses' intention to leave the company, employers should not ignore interpersonal situations in the workplace. Instead, they should promote a positive workplace culture (Tolksdorf et al., 2022). Employers ought to promote the growth of programs and support systems aimed at averting violence.

How prepared nurses feel they are, how much priority they place on their safety, and how well management communicates about pandemic planning are all negatively connected with nurses' intentions to leave the profession (Wood et al., 2021). This suggests that the idea that nurse safety comes first can be strengthened by taking these steps.

In summary, this study investigated the increased turnover rates among nurses due to the COVID-19 pandemic, particularly in substance abuse treatment settings. Nurses faced heightened challenges such as fear, anxiety, PPE shortages, and sustainability issues. The ongoing pandemic waves and mutations could further impact these stressors. This study sought to fill the gap in research regarding how these barriers influenced nurses’ turnover intentions.

Implications

The six main themes identified were: (a) stress from adapting to safety protocols, (b) the transition to remote work, (c) fear of the COVID-19 virus, (d) the emotional toll of the virus, (e) the importance of organizational support and resources, and (f) the significance of organizational

training. The six main themes showed how the pandemic changed work environments in many ways. The participants felt much stress as they became familiar with new safety rules and worked from home, fearing they might become infected with the virus. The pandemic also introduced emotional elements to the workplace, which showed why it is essential for companies to provide their staff support and resources during challenging times. Training from organizations also turned out to be vital in helping workers deal with their problems. Therefore, organizations should consider following certain recommendation to address these issues. First, organizations should improve their support by providing more support for their employees' physical and mental health, such as offering their staff to participate in sessions with counselors or joining mental health programs (David et al., 2021). This can help lower the stress and emotional strain the participants discussed. Second, it is crucial for organizations to strengthen communication; keeping workers updated with information about new safety rules and procedures, company changes, and supports and resources can reduce worry and anxiety and build trust (Santoso et al., 2023). Third, investing in training and employee growth is a must. This study's findings also have significant Biblical implications. From a Biblical standpoint, these themes can be viewed through scriptures addressing human suffering and support. For example, Proverbs 3:5-6 encourages trust in God during times of fear and uncertainty, while Galatians 6:2 emphasizes the importance of supporting one another through challenges. In addition, Matthew 25:14-30 highlights the value of preparation and wise use of talents, aligning with the need for organizational training. Integrating these Biblical principles into organizational practices can provide deeper support and resilience, suggesting that future research should explore how faith-based support mechanisms impact employee well-being and organizational effectiveness. This

approach enhances the understanding of these themes and helps organizations align their practices with spiritual values.

Limitations

Despite the significant findings, there are limitations to discuss. According to Creswell and Poth (2016), delimitations are the clear boundaries and restrictions that a researcher sets and declares in a study; these are deliberate decisions about the parameters, context, and scope of the research. Initially, the research restricted the sample size to 10 people. This sample size may limit the findings' applicability to a broader population, even though it permits in-depth investigation and comprehensive insights into RNs' experiences.

Second, RNs in drug addiction treatment settings were the subject of the study. The study did not include individuals in other healthcare settings or healthcare professionals. The main topics of this delimitation are the experiences, difficulties, presumptions, and constraints particular to RNs in this situation. It does, however, limit the comparison of RN experiences in drug rehab facilities with those in other healthcare settings.

Third, the research examined the challenges, presumptions, and restrictions registered nurses face during the COVID-19 pandemic. Examining the particular difficulties and effects of the pandemic on RNs in drug rehab facilities is made possible by including this temporal context. That does, however, restrict the findings' applicability to time periods other than the COVID-19 pandemic or healthcare settings unrelated to drug addiction therapy. Finally, the research was conducted in a specific area of the country and in a particular group of drug rehab centers. This geographic restriction guarantees a targeted analysis of RN experiences in a specific setting. However, it limits the capacity to draw generalizations about RNs in contexts of substance misuse treatment in various locations or establishments.

Recommendations

Literature conducted prior to the COVID-19 pandemic has already indicated that many nurses struggle with excessive caseloads, long hours, and staff shortages (Searby & Burr, 2021), but the present study highlighted the difficulties that nurses face when working in a substance abuse treatment setting, especially in a COVID-19 pandemic setting (Faraz, 2019; McCreary, 2020).

The findings can be used to address the critical problem of turnover and turnover intents in the nursing area, which was caused by the COVID-19 pandemic. According to earlier data, the national turnover rate for counselors employed in drug misuse treatment facilities was 33.2%; however, the rate for their clinical supervisors was 23.4%. Moreover, RNs in a substance addiction situation had a 15% turnover rate, according to Knudson et al. (2011). The fact that these figures showed turnover rates from the preceding 10 years makes this study noteworthy. This study is significant because these statistics depicted turnover rates from the previous decade. It can help solidify a more robust understanding of how nurses experience turnover when working in substance abuse treatment programs.

The employer could handle these work-related problems and the psychological working environment, such as leadership style. Therefore, this study provides a foundation for COVID19-specific (e.g., special offers for recently deployed nurses) or organization-wide (e.g., leadership support training for supervisors) interventions. However, it was shown that some criteria were connected to nurses' intentions to leave. These traits may aid in identifying highrisk populations that merit consideration and perhaps even participation in the design of solutions. Subsequent investigations should focus more intently on the cause-and-effect links around turnover intention during a pandemic or other emergency. Understanding the intricate relationships between

individual and organizational characteristics and turnover may be aided by longitudinal research. Furthermore, from the perspective of the nurses, more comprehensive qualitative techniques and the application of mixed-methods approaches may provide additional insights into the intricate causes of turnover intention. In general, future studies should carefully differentiate, accurately characterize, and operationalize various forms of turnover intention, such as organizational or professional turnover.

Conclusion

This study was noteworthy because it not only filled a gap in the literature by highlighting the paucity of previous research on the subject, but it also informed substance abuse treatment facilities, registered nurses, and other medical professionals about the impact of the COVID-19 pandemic on registered nurses employed in these types of settings.

The research was conducted when the already problematic nurse turnover rates increased due to the COVID-19 pandemic. Stressors such as anxiety, fear, lack of personal protective equipment, and workforce sustainability difficulties were more prevalent for nurses working in drug abuse treatment settings, and these nurses may continue to be impacted by ongoing pandemic waves and mutations.

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Appendix A. Informed Consent Form

Title of the Project: AN EXPLORATION OF TURNOVER INTENTIONS OF SUBSTANCE ABUSE TREATMENT RNs DURING THE COVID-19 PANDEMIC: A QUALITATIVE STUDY

Principal Investigator: Ciara Jones, Doctoral Candidate, [Provide the name of your academic school or department Liberty University

Invitation to be Part of a Research Study

You are invited to participate in a research study. To participate, you must meet the following criteria:

- Must be 18 years old and above.
- Must be an RN.
- Must be actively working in substance abuse treatment settings.
- Must have worked during the COVID-19 pandemic.

Taking part in this research project is voluntary.

Please take time to read this entire form and ask questions before deciding whether to take part in this research.

What is the study about and why is it being done?

The purpose of the study is to explore the perceptions and experiences of nurses working in a substance abuse treatment program on the barriers in their workforce that influence their turnover intentions.

What will happen if you take part in this study?

If you agree to be in this study, I will ask you to do the following:

1. Participate in an in-person, audio-recorded interview that will take no more than 1 hour.
2. Participate in a follow-up interview that will take no more than 15 minutes.

How could you or others benefit from this study?

Participants should not expect to receive a direct benefit from taking part in this study.

Benefits to society include addressing the issue of turnover and turnover intentions within the nursing field brought upon by the COVID-19 pandemic, helping to create a stronger and more robust healthcare field.

What risks might you experience from being in this study?

The expected risks from participating in this study are minimal, which means they are equal to the risks you would encounter in everyday life.

I am a mandatory reporter. During this study, if I receive information about child abuse, child neglect, elder abuse, or intent to harm self or others, I will be required to report it to the appropriate authorities.

How will personal information be protected?

The records of this study will be kept private. Published reports will not include any information that will make it possible to identify a subject. Research records will be stored securely, and only the researcher will have access to the records.

- Participant responses will be anonymous and will be kept confidential by replacing names with pseudonyms.
- Interviews will be conducted in a location where others will not easily overhear the conversation. Since interviews will take place via Zoom, participants are encouraged to complete the interview wearing headphones and in a private setting.
- Data will be stored on a password-locked computer/in a locked file cabinet. After three years, all electronic records will be deleted] and all hardcopy records will be shredded.

How will you be compensated for being part of the study?

Participants will not be compensated for participating in this study.

Is study participation voluntary?

Participation in this study is voluntary. Your decision whether to participate will not affect your current or future relations with Liberty University. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

What should you do if you decide to withdraw from the study?

If you choose to withdraw from the study, please contact the researcher at the email address/phone number included in the next paragraph. Should you choose to withdraw, data collected from you will be destroyed immediately and will not be included in this study.

Whom do you contact if you have questions or concerns about the study?

The researcher conducting this study is Ciara Jones. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her at XXX-XXX-XXXX. You may also contact the researcher's faculty sponsor, [name], at [email].

Whom do you contact if you have questions about your rights as a research participant?

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the IRB. Our physical address is Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA, 24515; our phone number is 434-592-5530, and our email address is irb@liberty.edu.

Disclaimer: The Institutional Review Board (IRB) is tasked with ensuring that human subjects research will be conducted in an ethical manner as defined and required by federal regulations. The topics covered and viewpoints expressed or alluded to by student and faculty researchers are those of the researchers and do not necessarily reflect the official policies or positions of Liberty University.

Your Consent

By signing this document, you are agreeing to be in this study. Make sure you understand what the study is about before you sign. You will be given a copy of this document for your records. The researcher will keep a copy with the study records. If you have any questions about the study after you sign this document, you can contact the study team using the information provided above.

I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

☐ The researcher has my permission to audio-record/video-record/photograph me as part of my participation in this study.

_____

Printed Subject Name

_____

Signature & Date

Appendix B Recruitment Emails

Dear [Participant],

My name is Ciara Jones, and I am reaching out to you because of your impressive background and experience as a registered nurse in the healthcare field. I am currently conducting a research study exploring the experiences of registered nurses working in substance abuse treatment programs during and after the COVID-19 pandemic. Your background and insights would be invaluable to our research.

About the Study:

This generic qualitative study aims to explore the perceptions and experiences of nurses working in substance abuse treatment programs, focusing on the barriers influenced by the COVID-19 pandemic and their impact on turnover intentions. Your unique perspective could significantly contribute to our understanding of this critical issue.

Participant Criteria:

To participate in this study, individuals must meet the following criteria:

- 18 years old and above.
- Must be a registered nurse (RN).
- Must be actively working in substance abuse treatment settings.
- Must have worked during the COVID-19 pandemic.

Your Contribution:

I am looking for experienced registered nurses like you who meet these criteria to participate in a semi-structured interview. Your insights will help bridge the gap in the literature and provide essential information to substance abuse treatment facilities, fellow nurses, and healthcare professionals. The semi-structured interview will last approximately one hour, and I will ask you a series of open-ended questions. In addition, you will also be required to complete a follow-up interview that will last approximately 15 minutes.

Commitment and Process:

Participation involves a one-hour interview conducted at a time convenient for you. I will ask open-ended questions about your experiences, and your responses will be anonymized in the final research analysis. Your privacy and confidentiality are of utmost importance.

Next Steps:
If you meet the criteria and are interested in contributing to this vital research or have any questions, please feel free to respond to this message, and we can schedule a brief call to discuss the details further.

Thank you for considering this opportunity. Your expertise is crucial in advancing our understanding of the challenges nurses face in substance abuse treatment programs.

Best regards,

Ciara Jones

Appendix C. Interview Questions

Demographic Information

- Gender?
- Race?
- Income?
- Education Level?

Semi-Structured Interview Questions

1. Please discuss your role and responsibilities as a registered nurse (RN) in a substance abuse treatment program?

2. How long have you been working in this specific substance abuse treatment setting, and what motivated you to pursue a career in this field?

3. Reflecting on the onset of the COVID-19 pandemic, discuss specific instances or challenges you faced as a nurse working in a substance abuse treatment program during that time?

4. In what ways did the pandemic influence your day-to-day work routine and interactions with patients in the substance abuse treatment program?

5. What barriers or challenges related to the COVID-19 pandemic did you encounter while providing care in the substance abuse treatment setting?

6. How did the fear and anxiety associated with the pandemic manifest in your workplace, and how did it affect your overall well-being and job satisfaction?

7. Describe your experiences regarding the availability and adequacy of personal protective equipment (PPE) during the COVID-19 pandemic within the substance abuse treatment program?

8. In what ways did the challenges related to workforce sustainability impact your ability to perform your duties effectively during the pandemic?

9. Have you, at any point, considered or experienced intentions to leave your position as an RN in the substance abuse treatment program due to factors associated with the COVID19 pandemic? If so, what were those factors?

10. How have the stressors and challenges you faced during the pandemic influenced your long-term commitment to your current role?

11. Discuss strategies or coping mechanisms that you and your colleagues employed to overcome the barriers and challenges brought about by the COVID-19 pandemic in the substance abuse treatment program?

12. Tell me about any organizational or personal support systems in place that assisted you in navigating the difficulties associated with the pandemic within the substance abuse treatment setting?

13. Despite the challenges, please share any moments of resilience or strength that you experienced as an RN working in a substance abuse treatment program during the COVID-19 pandemic?

14. How has the pandemic influenced your perspective on the importance of your role in the substance abuse treatment program, and in what ways has it shaped your professional identity?

15. Is there anything else you would like to add or share about your experiences as an RN in a substance abuse treatment program during the COVID-19 pandemic that we haven't covered?