worked with nurses diagnosed with SUD were purposively selected for the study.

Data collection instruments

Data was collected using an in-depth face-to-face interview by means of interview guide. The interview guide contained open-ended questions which were developed based on the study objectives, construct of King's model of goal attainment as well as literature review.

Data collection method

Participants (Nurse Managers) interviewed. The interviews were recorded with a digital voice recorder and were later transcribed. Participant's non-verbal behaviour was recorded in field notes to provide further context to the result.

Prior to conducting the interview, participants were recruited through their staff they were working with. The participants were initially contacted at the study area for their willingness to participate in the study, followed by setting an appointment. The location and time were at the convenience of the participants. Participants were assured that, the interview will be conducted in accordance with the COVID-19 prevention protocols, given information which contained issues primary to the study, including statements assuring confidentiality, purpose of the study, context in which the interview will be conducted and the participants right to withdraw from the study at any point willingly. Participants were also made to read, agree and sign a consent form.

Data processing and analysis

The data analysis included verbatim transcription of data (read several times to gain enough understanding of the participant's view), data reduction (coding, categorizing, and summarizing) to develop themes which were reviewed to ensure the participants' opinions were well represented. The information gathered was interpreted in accordance with the objectives of the study.

Results

Participants

The demographic characteristics of the participants included participant's age, gender, and years of service. Five (5) participants were interviewed in this study, out of which four (4) were females and one (1) was male. Their ages ranged from 53 to 59 with an average age of 56. All of them being nurse managers of the various departments who have worked for at least twenty-seven (27) years. For confidentiality purposes, all participants were given pseudo names (codes).

Themes

Thematic areas were developed from king's conceptual framework and the subthemes were consistent with the description of each construct of the model. Sequencing also correlated with the description of the construct of the model, that is, personal concept, interpersonal concept, and the social concept. Four (4) major themes emerged from the data with eight (8) sub themes. One (1) major theme associated with two (2) sub themes were derived through a comparison of researcher's cluster of themes. There was consistency in most of the coding with minor revisions to the subthemes.

Results

Perception

Participant's accounts suggest that they least expected nurses to be using illicit substances, so they were surprised at the knowledge that a staff working under them has substance use problems. A participant indicated that, she was very shocked and did not know what to do. She narrated: *"Very shocking when I realized one of my staff was using drugs. I really felt sorry for this staff, the parents were not even aware about whatever is going on, they think it is because of the work that when they come home, they go straight to their rooms without interacting with anybody"* (ENM 001). Another participant also said, she felt bad and tried to understand the staff. She indicated: *"I felt bad, but I tried to understand her, made her comfortable and assured her of total confidentiality and trust"* (ENM 004).

View (Body image)

Some participants viewed nurses with substance use disorder as having both a moral deviation and a disease at the same time. One participant stated that, the culture of the person may expose him to the drugs, but excessive use will affect the brain function. She states:

"I will take the two, let's look at the family, if the nurse, grew up in a culture that permit drug use, then it will be normal but taking it to that extreme, it will elude the person until the person get to the field, study the drug and realize that, all these I have been doing to my self is not good and withdrawing too has some effect if you don't have the will power. A disease too on the other hand that, taking the drug in excess will definitely affect your brain function, do you get it, it affect your judgment, the way you look at things is different, the way I will describe the legs of an elephant will be different from the way a nurse with SUD will describe the same elephant, I may be see Tw Tf(rmal bugs ofybodyhe 8)Tj

Identifying signs and symptoms of SUD

Almost all participants were able to describe the signs and symptoms of substance use disorders. One participant indicated: *"Of course, I will be able to tell, because if you are working with somebody and there is a change in attitude, you should be able to tell, and to be able to tell, you have observed that person and get some of other colleagues to observe to con rm that this person is on substance (ENM003).*

Some nurses come to work earlier than normal, with extra clothing always complaining of feeling cold, some easily get aggressive at the slightest provocation, some too whenever they are around, you realize medication get lost like pethidine, this happens whenever the person is on duty. Some of them will always be asking of so loans, small monies and you observe that some of them their skin color has changed" (ENM 001).

Interestingly, one participant indicated that she can only recognize a sta is using illicit substance if it is at the addictive or dependency stage.

It is observed from the narrative that, all participants had a fair knowledge about what substance use disorder is and were also able to describe the manifestations at the dependency or addictive stage.

Discussion

e purpose of this study was to explore the experiences of nurse managers of nurses with substance use disorder and how these nurses are re-integrated into the working environment. e ndings were discussed under four themes: Personal, Interpersonal, and Social Systems and Knowledge. King's conceptual framework was used as the guiding model for this work. e objectives of this study explore the nurse managers' opinion about nurses with SUD, describe the interpersonal relationship between the nurse manager and the nurse with SUD, and identify the social interventions established by the institutions to help nurses with SUD as well as to inquire about the nurse managers understanding on SUD.

Within the 'Personal eme' most nurse managers saw the nurses with substance use disorder as having a moral deviation. is observation is inconsistent with Kubayi's [6] ndings where most of the nurses perceived SUD as a disease, medical condition and not a moral deviation. is contrast could be due to the relatively small number of participants involved in the study, it could also be due to the design, a qualitative design was used, whilst Kubayi used a quantitative design. However, all the participants indicated that, the disease component of substance use is treatable and there is the need to give nurses with SUD the needed support.

is reconciles with preliminary studies that suggest that nurse managers perceive the need to support the nurse with SUD using humanistic approach to provide same [7,8].

In furtherance, within the 'interpersonal system or theme' the nurse managers became concerned upon receiving the news of their sta having SUD, they drew closer to them, showed interest in them, and found ways to help. Again, this observation resonates with reports of prior studies that indicate that nurse managers have the responsibility of keeping both the patient and sta safe, educate them, dispel myths and take action when needed, being proactive and having empathy for these nurses [3]. Nurse Managers play a signi cant role in addressing substance related issues among nurses and can be key to in uencing the outcomes of these di cult situations. Also, most nurse managers were willing to help nurses re-enter into the workplace and are ready to work with them. is nding is consistent with a survey by Cook [7], where nurses were ready to work with the nurse in recovery. Cannon and Brownreported similar ndings where more than y percent of the nurses were most likely to support a recovering nurse re-enter into the workplace.

With regards to the 'social theme', it was observed that, even though nurse managers were willing to help the nurses with SUD, there was no standardized policy or protocol for engaging and dealing with or helping these nurses with SUD. Perhaps this is why the nurse managers use their own decisions to help the nurse with SUD to the best of their knowledge this is in contrast with preliminary reports. Comer, et al. [9,10] that suggest that institutions and organizations need to play an active role to ensure there is alternative to discipline programs that work e ectively for nurses with SUD. e nurse managers had no knowledge of any employee-assisted program in the facility to guide their decisions. Nurses who suspect a substance use disorder in a colleague need to be provided with guidelines on how to report their concerns in a con dential and non-threatening manner. is will increase the likelihood that substance use problems are detected earlier and dealt with appropriately.

Interestingly, all nurse managers had a fair idea about what substance use disorder is, however only one could identify a nurse with SUD at the initial stage, whiles the other respondents opined that it will be di cult to do so at the initial stages. Nonetheless, the addictive or the disease stage was easy to identify. is is consistent with reports that indicate that most nurses with SUD were working unknown by their employer and immediate managers and not receiving treatment [3, 11].

In summary, most nurse managers perceived substance use disorder as a moral deviation which only becomes a disease at the addictive stage, they however, showed concern, became interested and willing to help upon discovering that a sta has SUD. Helping the nurse with SUD was however, done per the nurse manager's discretion or in consultation with other colleagues since there was no organizational protocol or policy arrangements in place to follow. Most of the nurse managers were however, willing to accept the nurse with SUD and in recovery back into the work place and work with them while a few were against receiving them back into the unit where they were previously worked. is may be due to stigma and fear of the nurse with SUD having a relapse upon encountering their triggers. Lastly, even though the nurse managers had a fair idea about SUD, early identi cation of SUD in a sta was a problem as only one of the nurse managers admitted can identify the signs and symptoms at the initial stage [12-20].

Implications of the study for nursing practice

e ndings of the study have some implications in relation to nursing practice, nursing education, nursing research and policy formulation. Nurse Managers will always be the frontline employees whose role put them at the core of the healthcare delivery. Hence it is very important all nurse managers are trained on how to identify behavior clues in their sta with SUD and intervene early and assist with the re-integration of the a ected nurse into the workplace appropriately. Similarly, education on substance use and addiction should be given to nurse managers prior to assuming the administrative position and

in the early identi cation and referral of the nurse with substance use disorder into the treatment programs [21-25].

Declarations

Funding

No funding was secured for the study

Ethical statement

is study was approved by the relevant institutional body where the study was conducted. All participants enrolling in the study completed a written consent form a er the purpose of the study have been explained to them.

Consent for publication

Not applicable

Availability of data

e dataset used and analyzed during the study can be obtained