The Process of Workplace Re-entry for Nurses with Substance Use Disorders: A Grounded Theory Study

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Background Information

- SUDs as Chronic Diseases
- Gender
- Stigma about SUDs vs. Nursing’s Image

Gallup Poll: “Americans Rate Nurses Highest on Honesty, Ethical Standards” (2014)
Background Information

Nurses with SUD: Risks and Consequences

- Stressful work settings
- Nursing’s relationship with narcotics:
  - Access to addicting medications
  - Knowledgeable about pharmacology
  - In cultures that support medication use
  - Nurses often start using opiates for legitimate reasons
- Nurses keep SUDs well hidden
- Better treatment outcomes for nurses (Bettinardi-Angres, Pickett, & Patrick, 2012)
- Alternative-to-discipline programs in most states

Review of Literature: Nurses and Addictions

Parallel Tracks:
Research and scientific knowledge development about SUDs in general...

occurred parallel to...
Professional nursing organizations and state regulatory boards began to endorse alternative program development
Summary of Past Literature and Research about SUDs Among Nurses

Early Research:
Attitudes, risk factors, determining prevalence

Research on Regulatory Monitoring Models:
Alternative versus disciplinary (BON) programs

MISSING:
Work Re-entry Processes and experiences from the perspective of the individual nurse

Purpose of Study
To explicate a substantive theory /conceptual model that describes the basic social processes operating when a registered nurse re-enters the workplace after substance use disorder (SUD) treatment.
Research Questions for Study

1. What does a registered nurse experience in actualizing workplace re-entry after completion of SUD treatment?
2. What helped the registered nurse re-enter the workplace after completion of SUD treatment?
3. What acted as barriers to the registered nurse’s re-entry to the workplace after completion of SUD treatment?

Significance of Study

• Contributes to filling a knowledge gap in the nursing literature related to work re-entry for nurses after SUD treatment
• Findings may suggest regulatory, educational, or employment strategies to support RNs:
  • Before SUD treatment (education; earlier interventions)
  • During SUD treatment (how best to support nurses)
  • While in early recovery (nursing peer support)
  • During work re-entry (monitoring)
Qualitative Research Methodology:  

**Grounded Theory Approach**

- Inductive method of qualitative research resulting in model or theory development that is “grounded” in data
- Good fit when little is known about a topic
- 40+ year history of use in the social sciences and nursing
- Strauss & Corbin (1990, 1998) approach used in study
  - Strauss was an original developer of GT, with Glaser (Glaser & Strauss, 1967)
  - Corbin is a nurse scholar

Study Participants

- Sample Size – Minimum of 20 in GT (Morse, 2007)
- Study sample size: N = 22
- Saturation
- Human subject considerations:
  - Waiver of Signed Consent
  - Risks / Benefits
Inclusion / Exclusion Criteria

<table>
<thead>
<tr>
<th>Inclusion:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Current RN license to practice nursing</td>
</tr>
<tr>
<td>• Completion of minimum of one (1) SUD treatment at a state licensed or approved treatment facility</td>
</tr>
<tr>
<td>• Has re-entered workplace at the professional level of entry requiring RN license</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Exclusion:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Current suspended or revoked RN license</td>
</tr>
<tr>
<td>• Self-identifies as having SUD but has not completed SUD treatment from state licensed treatment facility</td>
</tr>
<tr>
<td>• Never employed following SUD treatment in a nursing work setting at RN level</td>
</tr>
</tbody>
</table>

Maximum Variation Sampling

- Gender
- Age
- Educational Degrees in Nursing
- Differences in Nursing Practice Settings
- Number of SUD treatments
- Number of Relapses
- Alternative Program Involvement:
  - Completed (versus)
  - Currently Monitored
**Data Collection Procedures**

**Face to face and phone interviews:**
- Demographic information
  - Questions added after pilot interviews:
    - Co-current medical conditions / history of abuse/trauma added
    - Nursing leadership experience
- Semi-structured interview guide
- Focus on the 3 research questions

**Other Data Sources**
- Memos, reflexive journaling
- Additional interviews: Nurse leaders / managers, BON staff, alternative program staff, and lawyers
- Frequent return to the literature
- Diagram development and writing (dissertation drafts)
Data Analysis: Constant Comparative Analysis

Recruitment Issues: Publicity in Minnesota media coincided with beginning of study and became unexpected contextual data and a frequently discussed topic by study participants from Minnesota.

StarTribune
Five-part series of special reports about the oversight of nurses by the MN BON; front page Sunday edition on SUD in nurses (11/4/13)

Nurses accused of drug-related misconduct and other nursing practice violations

Role of Context

MN Legislative Hearings Held
Changes to State Statutes re: BON oversight and alternative program monitoring protocols
Recruitment: (Evidence of Snowballing)

Demographic Characteristics (N = 22)

<table>
<thead>
<tr>
<th>Age* (years)</th>
<th>%</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>30-39</td>
<td>22.7</td>
<td>5</td>
</tr>
<tr>
<td>40-49</td>
<td>27.3</td>
<td>6</td>
</tr>
<tr>
<td>50-59</td>
<td>27.3</td>
<td>6</td>
</tr>
<tr>
<td>60+</td>
<td>22.7</td>
<td>5</td>
</tr>
<tr>
<td>*(Mean Age = 48.6 yrs)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Gender

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>81.8</td>
<td>18</td>
</tr>
<tr>
<td>Male</td>
<td>18.2</td>
<td>4</td>
</tr>
</tbody>
</table>

Race/Ethnicity (self-identified)

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Caucasian</td>
<td>86.4</td>
<td>19</td>
</tr>
<tr>
<td>Bi-racial</td>
<td>4.5</td>
<td>1</td>
</tr>
<tr>
<td>Hispanic</td>
<td>4.5</td>
<td>1</td>
</tr>
<tr>
<td>Native American</td>
<td>4.5</td>
<td>1</td>
</tr>
</tbody>
</table>

Median age of RNs nationally = 46 years (US Bureau of Labor Statistics, 2012)

RNs in US are 91% female (US Bureau of Labor Statistics, 2012)
CRNAs are 41.1% male (US Department of Health and Human Services, 2010)

83.3% of RNs in US are Caucasian (US Department of Health and Human Services, 2010)
### Education, Length of Time as Nurse, Current RN Employment, and Leadership Role as a Percentage of the Sample

<table>
<thead>
<tr>
<th>Length of Time as RN (years)</th>
<th>(female)</th>
<th>(male)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-10</td>
<td>16.7% (3)</td>
<td>0</td>
</tr>
<tr>
<td>11-20</td>
<td>44.4% (8)</td>
<td>25% (1)</td>
</tr>
<tr>
<td>21+</td>
<td>38.9% (7)</td>
<td>75% (3)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Currently Employed as RN</th>
<th>(female)</th>
<th>(male)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>83.3% (15)</td>
<td>100% (4)</td>
</tr>
<tr>
<td>No</td>
<td>16.7% (3)</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Management or Leadership Experience</th>
<th>(female)</th>
<th>(male)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>72.2% (13)</td>
<td>100%</td>
</tr>
<tr>
<td>No</td>
<td>27.8% (5)</td>
<td>0</td>
</tr>
</tbody>
</table>

### Educational Degrees Obtained

<table>
<thead>
<tr>
<th>Degree Level</th>
<th>Female (n=18)</th>
<th>Male (n=4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Associate's</td>
<td>27.8% (5)</td>
<td>25% (1)</td>
</tr>
<tr>
<td>Bachelor's</td>
<td>38.9% (7)</td>
<td>0</td>
</tr>
<tr>
<td>Master's</td>
<td>33.3% (6)</td>
<td>50% (2)</td>
</tr>
<tr>
<td>Doctorate</td>
<td>0</td>
<td>25% (1)</td>
</tr>
</tbody>
</table>

### Participant Identified Nursing Specialty at Time of Interview

<table>
<thead>
<tr>
<th>Specialty Area</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leadership/Administration</td>
<td>4</td>
</tr>
<tr>
<td>Anesthesia</td>
<td>4</td>
</tr>
<tr>
<td>Maternal/Child</td>
<td>3</td>
</tr>
<tr>
<td>Trauma/ED</td>
<td>3</td>
</tr>
<tr>
<td>Medical-Surgical</td>
<td>3</td>
</tr>
<tr>
<td>Critical Care/ICU</td>
<td>2</td>
</tr>
<tr>
<td>Hospice</td>
<td>1</td>
</tr>
<tr>
<td>Geriatrics</td>
<td>1</td>
</tr>
<tr>
<td>Home Care</td>
<td>1</td>
</tr>
</tbody>
</table>

### Specialty Areas in Nursing
Findings: Drug(s) of Choice

<table>
<thead>
<tr>
<th>Participant Identified Drug(s) of Choice</th>
<th>%</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug (single)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol</td>
<td>22.7</td>
<td>5</td>
</tr>
<tr>
<td>Opiates</td>
<td>41</td>
<td>9</td>
</tr>
<tr>
<td>Cocaine</td>
<td>4.5</td>
<td>1</td>
</tr>
<tr>
<td>Methamphetamine</td>
<td>9.1</td>
<td>2</td>
</tr>
<tr>
<td>Combination</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol/Benzodiazepines</td>
<td>4.5</td>
<td>1</td>
</tr>
<tr>
<td>Alcohol/Opiates</td>
<td>9.1</td>
<td>2</td>
</tr>
<tr>
<td>Alcohol/THC</td>
<td>4.5</td>
<td>1</td>
</tr>
<tr>
<td>Methamphetamine/Cocaine</td>
<td>4.5</td>
<td>1</td>
</tr>
</tbody>
</table>

Current Length of Sobriety and Number of Substance Use Disorder (SUD) Treatments

<table>
<thead>
<tr>
<th>Length of Sobriety (years)</th>
<th>%</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-5</td>
<td>54.5</td>
<td>12</td>
</tr>
<tr>
<td>6-10</td>
<td>22.7</td>
<td>5</td>
</tr>
<tr>
<td>11-20</td>
<td>9.1</td>
<td>2</td>
</tr>
<tr>
<td>21+</td>
<td>9.1</td>
<td>2</td>
</tr>
<tr>
<td>Chose not to disclose</td>
<td>4.5</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of SUD Treatments</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>54.5</td>
<td>12</td>
</tr>
<tr>
<td>2</td>
<td>13.6</td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td>13.6</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>5</td>
<td>13.6</td>
<td>3</td>
</tr>
<tr>
<td>6</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>7</td>
<td>4.5</td>
<td>1</td>
</tr>
</tbody>
</table>

Note: Mean number of SUD treatments = 2.2. SUD treatments @ state approved or licensed treatment facility.
Findings: Participant Self Disclosed Pre-Existing Medical Conditions or History of Trauma / Abuse

<table>
<thead>
<tr>
<th>Self Disclosed Medical Conditions or Trauma History (n=22)</th>
<th>%</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Present (n=19)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chronic Pain</td>
<td>4.5</td>
<td>1</td>
</tr>
<tr>
<td>Headaches</td>
<td>13.6</td>
<td>3</td>
</tr>
<tr>
<td>Insomnia/Sleep Related Condition</td>
<td>13.6</td>
<td>3</td>
</tr>
<tr>
<td>Physical Condition (unspecified)</td>
<td>13.6</td>
<td>3</td>
</tr>
<tr>
<td>Mental Health Disorder (Depression, Anxiety, PTSD, ADHD)</td>
<td>27.3</td>
<td>6</td>
</tr>
<tr>
<td>Childhood Trauma / Abuse</td>
<td>9.1</td>
<td>2</td>
</tr>
<tr>
<td>Combination of Childhood Abuse / PTSD &amp; ADHD</td>
<td>4.5</td>
<td>1</td>
</tr>
<tr>
<td>Absent or not disclosed</td>
<td>13.6</td>
<td>3</td>
</tr>
</tbody>
</table>

Note. This table depicts the primary region of licensure; 4 participants held licenses in more than one state or region.

Findings: State Licensure by Region

<table>
<thead>
<tr>
<th>Licensure States of Participants by Region of U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Region</td>
</tr>
<tr>
<td>---------</td>
</tr>
<tr>
<td>Midwest</td>
</tr>
<tr>
<td>Southeast</td>
</tr>
<tr>
<td>Southwest</td>
</tr>
</tbody>
</table>
State Alternative Program Involvement

<table>
<thead>
<tr>
<th>State Alternative program participation (N = 19)</th>
<th>%</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participation in alternative program by # of states involved</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• One State</td>
<td>79</td>
<td>15</td>
</tr>
<tr>
<td>• More than one state</td>
<td>21</td>
<td>4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Alternative program monitoring status at time of study</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Currently being monitored</td>
<td>57.9</td>
<td>11</td>
</tr>
<tr>
<td>• Completed monitoring successfully</td>
<td>42.1</td>
<td>8</td>
</tr>
</tbody>
</table>

The remaining 3 participants either had treatment prior to development of alternative programs in a state or were licensed in states where there were no alternative programs (in some cases the state BON monitored the nurse)

Coding Led to Development of Two Axial and Theoretical Models

- Unsuccessful Work Re-entry
  - > 8 of the 22 participants experienced unsuccessful work re-entry prior to going back to work successfully
- Successful Work Re-entry

Findings: Axial Coding Diagram for Unsuccessful Work Re-entry

Context
- Diagnosed with Substance Use Disorder (SUD)
- Completed SUD treatment (sometimes more than once)
- Taught about recovery strategies
- Works in a variety of nursing practice settings
- Healthcare worksite culture views nurses as “disposable,” disempowering the nurse with SUD
- Board of Nursing retains legal and regulatory power
- Legal and/or financial limitations and consequences
- Healthcare providers uneducated and discriminatory about SUDs

Antecedents
- Relapses or slips
- Healthcare environment is perceived as stigmatizing
- Healthcare providers uneducated and discriminatory about SUDs

Strategies
- Relapses or slips
- Resists accountability with mandated protocols from BON, alternative program, or workplace
- Receives minimal to no support at work (often because colleagues do not knowing about SUD diagnosis)

Consequence/Outcomes
- Unsuccessful work re-entry
- Does not internalize need for recovery strategies
- Reluctant to share recovery status with work colleagues
- Reluctant to engage with family or environmental recovery support systems
- Perceives healthcare environment as hostile and/or non-supportive
- Puts the need to work before personal health and maintenance of recovery

Intervening Conditions
- Internalizes shame of violating personal and professional moral code
- Does not internalize need for recovery strategies
- Reluctant to share recovery status with work colleagues
- Reluctant to engage with family or environmental recovery support systems
- Perceives healthcare environment as hostile and/or non-supportive
- Puts the need to work before personal health and maintenance of recovery

Findings: Axial Coding Diagram for Successful Work Re-entry

Context
- Diagnosed with substance use disorder (SUD)
- Completed SUD treatment (sometimes more than once)
- Learns about recovery strategies
- Works in a variety of nursing practice settings
- Healthcare worksite culture views nurses as “disposable,” disempowering the nurse with SUD
- Board of Nursing retains legal and regulatory power
- Legal and/or financial limitations and consequences
- Healthcare providers uneducated and discriminatory about SUDs
- Healthcare environment is experienced as stigmatizing

Antecedents
- Uses recovery strategies learned in treatment
- Develops healthy relational processes and support
- Adheres to an aftercare treatment plan
- Crosses paths with “turning point person(s)”
- Manages medical preconditions well
- Maintains boundaries and accountability as mandated by BON

Strategies
- Acknowledges self as addict, characterized by being open and honest
- Alternates personal perceptions
- Integrates new coping behaviors by keeping primary focus on one’s behaviors in recovery
- Maintains support system within recovery
- Re-evaluates career trajectory and re-tools for possible job change within nursing
- Gives back to others (service) which supports normalization

Consequence/Outcomes
- Examines consequences and learns from “slips” or relapses
- Regains recovery status quickly after “slips”
- Becomes a work resource (re: SUDs)
- Maintains boundaries and accountability as mandated by BON, alternative program, or workplace
- Re-enters the work setting successfully

Intervening Conditions
- Effectively engages in treatment (often multiple levels of treatment for ample lengths of time)
- Able & willing to use a variety of recovery strategies and accept family support
- Openly shares recovery status with select work colleagues
- Finds a supportive work environment after treatment
- Maintains boundaries and accountability as mandated by BON
- Makes decisions about work that puts recovery first

Phenomenon (Core Variable): Self-Redefinition (‘I’m not the same person’)

Unsuccessful work re-entry

Phenomenon (Core Variable): Lacking Self-Redefinition (‘I want to get back to my normal life’)

Successful work re-entry
Findings (Questions 2 & 3 to be covered first)

Research Question 2: What helped the RN re-enter the workplace after SUD treatment?

**External Facilitators:**
- Multiple levels of aftercare: "Put recovery first"
- Crossing paths with "turning point people"
- Recovery support (12-step programs, therapy, etc.)
- Learning and setting healthy boundaries: at work and beyond
- Re-evaluation of professional career trajectory
- Positive encounters with state BON & alternative programs

"Number one is put recovery first. That is absolutely the prime objective of the thing, because the minute that it's not, you're going to lose the job, you're going to lose whatever you managed to hold onto, and it's just going to be gone. That is the absolute first thing."

--Participant quote
Findings (Questions 2 & 3 to be covered first)

Research Question 2: **What helped the RN re-enter the workplace after SUD treatment?**

**Internal Facilitators:**
- Nursing pride and spiritual strength
- Strong professional nursing identity
- Accepting of “self as addict”
- Accepting of disease concept of SUD
- Valuing healthy self-care strategies
- Honesty with others
- Enhanced accountability due to monitoring mandates

- “My career as a nurse is one of those things that gives me purpose and value.”
- “Nursing was more than just what I did. It really was a big part of my identity...it was also a source of great pride for me.”
- “I love what I do...I never thought I wasn’t going to go back to it. I guess it really is a part of my identity.”
- “(Nursing) is the only thing I ever wanted to do and I really love it...”

--Participant quotes

Research Question 3: **What acted as barriers to the RN’s re-entry to the workplace after SUD treatment?**

**External Barriers:**
- Lack of education about SUDs
- Discrimination in work settings
- Financial stressors (numerous!)  
- Lengthy wait-time for BON investigations and decisions
- Difficulty finding nursing employment
- Returning to work before sound recovery was in place
- Drug(s) of choice
- Co-morbid medical conditions and/or history of trauma/abuse

--Participant quote

“Ironically, the very profession that is supposed to be about healing and caring (nursing) doesn’t get the disease concept.”
Findings

Research Question 3: What acted as barriers to the RN’s re-entry to the workplace after SUD treatment?

Internal Barriers:
• Stigma
• Shame
• Fear

“Nurses aren’t disposable. I think our profession needs to understand that and do everything they can to intervene with someone who’s got a problem as soon as possible, and do it compassionately, lovingly, without the punishment, and without the shame.”

--Participant quote

Findings

Research Question 1: What does a registered nurse experience in actualizing workplace re-entry after SUD treatment?

• Re-defining personal identity
• Perseverance
• Honesty with self
• Hope
• Professional identity change
• Balancing personal and professional identities

“[First you must be] accepting of yourself as who you are in the [SUD] disease process ...and then deal with the professional, because the professional is not the biggest aspect; it’s who you are and whether or not you’re willing to change that is going to affect the professional part. Because, if you don’t change, [the professional nursing part] doesn’t matter.”

--Participant quote
THEORETICAL MODEL: UNSUCCESSFUL WORK RE-ENTRY

- UNTREATED & RECOVERY
- Lacking Self-Redefinition
- Projects internal responses onto work environment

THEORETICAL MODEL: SUCCESSFUL WORK RE-ENTRY

- SUD TREATMENT AND RECOVERY
- Redefines personal perceptions, values, and priorities
- Redefines professional relationships/processes
- Redefines response to recovery processes

HEALTHCARE WORK ENVIRONMENT

UNIVERSITY OF NORTH DAKOTA
Limitations of the Study

- Homogeneity of participants by:
  - Geographic area
  - Co-morbid conditions
- Self-selection of participants
- Only nurses with SUD treatment completion and work re-entry experience were studied
- All participants were ultimately successful with return to work (and sobriety/recovery)
- Not generalizable to other situations

Study Implications

Education, Education, Education...

- Nurse managers / supervisors / worksite monitors
- Staff development/continuing education
- Nursing Education – curricula on topic needed for use in nursing education programs at every level in the academic settings
Study Implications

Nursing Regulation and Policy
• Lengthy wait time for BONs to make decisions
• Differences in alternative programs and BON policies among states

SUD Treatment Services
• Lack of clarity about evidence on which nurses are treated for SUDs

Recommendations & Future Research

Nurses with SUDs
• Nurses who choose not to return to work
• Study related concepts of stigma, shame, self-efficacy, resilience, social support, self-care, etc.
• Link between co-morbid conditions & SUDs
• Length of time taken off before work re-entry
• Professional nursing identity and its role in recovery and work re-entry
• Nursing peer support: Impact? Effectiveness? Best strategies?
Recommendations & Future Research

- Alternative program and B.O.N. differences
- National studies needed regarding regulation(s)
- Curricula for colleges/universities and education departments in healthcare systems
- National study of SUD treatment facilities with nurses and/or health professional tracks
- Healthcare system policies related to work re-entry of nurses and other healthcare professionals with SUDs

*NEEDED*: National dissemination of research findings and information to expand body of literature on these topics!

Acknowledgements

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  - CRE Grant R70011 funded this study
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- Eleanor Yurkovich, EdD, RN, FAAN, professor emeritus, methods advisor, College of Nursing and Professional Disciplines, University of North Dakota
- Glenda Lindseth, PhD, RN, CNS, FADA, FAAN, doctoral committee chair, College of Nursing and Professional Disciplines, University of North Dakota
- Tracy Evanson, PhD, RN, APHN-BC, University of North Dakota, faculty advisor, College of Nursing and Professional Disciplines, University of North Dakota

Special thanks to the 22 RN participants who courageously shared their stories of recovery and work re-entry after SUD treatment.


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**Audience Discussion & Questions**