Bringing Awareness to Nurses’ Perception of Addiction

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Making a Persona

• Draw or make a persona/person that fits the description of a typical substance abuse patient

Include the following:
  - Demographics – where do they live, education, income level, members in household/children, ethnicity, job, age, married/single/divorced?
  - Other information- hobbies, where do they get healthcare? How do they get information? What are their goals or needs? What are their behaviors and attitudes? What are their challenges? Who are her friends? What is her family like?

National Trends in Opioid Use

• According to the World Health Organization 26-36 million people abuse opioids worldwide
• In 2012, it was estimated that 2 million individuals in the US was addicted to opioid pain reliever
• It is estimated that 467,000 people are addicted to heroin
  – Deaths have quadrupled between 2002-2013 with > 8,200 overdose deaths in 2013
• Sales of Opioid pain relievers has quadrupled from 1999-2010 and it is known that prescription opioids use often leads to heroin use of all ages across all socioeconomic groups

Overdose deaths are now the leading cause of injury deaths for adults surpassing MVC.

What We Know About Women

• Heroin use has doubled
  – Depression and anxiety
  – Domestic violence and trauma including in childhood (50-90%)
• Most affected ages of increase is 18-25
• Women become addicted more quickly than men, are less likely to seek treatment, and are judged more harshly

The rate of pregnant women in the US using opioids at delivery has increased 475% since the year 2000 and Neonatal Abstinence Syndrome have had a fivefold increase, with a baby born addicted every 25 minutes.

Impact to Hospitals

• Overload to Emergency and hospital resources
• Increase in cost- $500 billion in 2015
• Requires development of effective protocols and guidelines for screening
• Pain management pathways
  – Affects Patient Satisfaction Scores
• Nurses and staff are uneducated on current trends, symptoms and management
  – Non-compliance with best practices
• Compassion Fatigue and emotional exhaustion
  – Increase in stress, decreased job satisfaction, increased turnover rate
• Quality outcomes are directly affected by judgmental care

What We Know About Women

• Nurses are challenged by management of withdrawal
  – Maternal Units struggle with Neonatal Abstinence Syndrome
• Social and emotional demands place burden on nurses
• Nurses struggle with personal biases with impacts delivery of care
  – 76% of nurses feel anger with pregnant substance abuse users
• Feelings of frustration with complexity of medication use, symptom management and time commitment when working with addicted infants
  – Safety of child upon discharge
  – Continuation of addiction
  – Increase in acuity of patient care
• Literature calls for enhanced interdisciplinary education about opioid misuse and best practices in caring for this population

Knowledge and Attitudes

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Patient Perceptions of Care

- Devalued
- Increased interpersonal interactions
- Reduced standards of care
- Decreased communication

Why does this matter to Nurse Educators?
- Nurses need to accept negative beliefs and increase self-awareness to stop perpetuating stigma beliefs
- Nurses need education to build rapport and a respectful view of individual and importance of nonverbal communication
- Using a non-judgmental sensitive approach to care improves positive outcomes

How did I get involved?
- NAS Grant from the Massachusetts Health Policy Commission
- Leadership Structure Change
- Personal Goal to Impact Change and be viewed as a Leader

Non-Compliance to screening policies
Lack of awareness of bias and judgmental feelings and how that has affected patient perceptions and delivery of care

Lack of knowledge of admission screening, drug testing and breastfeeding policies
Constant blame of physicians or management

Lack of communication skills to improve patient validity and reliability
Conflict among staff within the different units and not understanding the complexity of each role

Patient reports of feeling devalued and treated differently
Compassion Fatigue

Survey of the Problem

What is the educational GAP that you see?

They do not value their patients and their dignity

They are using the hospital as a hotel

They are creations, wrong and unacceptable

They are working hard and paying for them to buy drugs

They are only allowed to take the medication

They do not understand that they are not to take the medication

They are not dumping their money on other patients
Nurses Perception of Training

- Anger
- Frustration
- Feelings of disloyalty
- Thoughts of distrust
- Generalizations
- Lack of motivation

How do you create awareness and self-reflection within nurses to positively affect patient outcomes?

Building the Solution

- How do you build an effective program that will be well received and valued?

Engage and Solicit Support of Stakeholders

- Director approval for mandatory
  - Financial commitment
  - Union rules
- Manager buy-in
  - Support staff scheduling
  - Set expectation
  - Set a positive tone
- Nurse Educators challenges
  - Agents of change
  - Often held accountable for bridging gaps but lack the level of support needed

"Without continued stakeholder alignment and support, it is difficult for a program to meet its potential"
Designing the Program

- Educate on the policies
  - LGH Screening Policy
    - Everyone must be screened
    - Discuss reliability and validity as to why understanding personal anxiety can affect answer
    - Knowledge about how patients can feel judged and embarrassed
  - Communication techniques
    - Prepare, normalize, transparency, eliminate subjectivity
    - DO NOT ASSURE 100% Confidentiality
    - Hand off to staff
  - Drug Screen Policies
    - What do we screen for standardization
    - Inaccuracies in types and who was tested

The alternation of content vs. self-reflection was intentional to keep engagement and make the program meaningful while improving retention.

Inducing Existing Emotions

How does this make you feel?

- How does this video make you feel?
- What are the barriers to caring for these patients?
- What are some challenging you find that frustrate you in caring for these patients?
- What body language have you observed other health care providers using when communicating with a substance abuse patient?
- What tools can we use to help us be self-aware?
- Put your self in their shoes:
  - How would you feel if you were addicted and pregnant coming to the hospital?
  - What are their fears and concerns?

Penny Discussion eliminated educators bias and judgment on calling on students

Remember this?

They are using the hospital as a hotel.
They are normal, wrong and unacceptable
They do not believe they need help or treatment
They are using mothers and do not take the infants
They are using the money and are not getting treatment
They are not honest and are not helping their babies
They are using the money and do not take the infants

Key Gaps in Knowledge

- National Trends in Opioid Use
- Medicated Assisted Treatment
- Substance Abuse as a Chronic Disease
- Evidence-Based Practices around Breastfeeding and Policies
  - Emotional Responses Created lots of discussion
  - Impact of having different units and lactation consultants in attendance
  - Need Significant time to address concerns
Science of Addiction and Addict Stories

Open Discussion

• Do these videos make you feel different about addiction?
  – Why or why not?
• What are some positive things we do well now?
• What are some things we could improve on?
• Tell us about a time you cared for a patient that gave you a positive image of substance abuse patient?
• Tell us a time you cared for a patient that gave you a negative image of the substance abuse patient?
• What are some things you wished you received in warm hand-off to better understand your patient?

It is important to give them time to discuss and analyze their feelings!

Why do they need to know about substance abuse perceptions of care?

• Substance abuse patients compliance with care greatly depends on how they perceive their health care providers view them
• Research shows 75% nurses felt anger with pregnant substance users
• Practitioners need to accept their negative beliefs so that they can increase self-awareness to stop perpetuating stigma beliefs
• Nurses need to learn to develop a rapport with the patient that was based on a nonjudgmental and respectful view of the individual and on the importance of nonverbal communication.
• Using a nonjudgmental sensitive approach to care can lead to trust and a more positive experience for both the patient and nurse creating a positive outcome whereas a negative attitude and frustration by a patient is felt and creates a negative outcome

We need to evaluate how we view addiction to not stand in the way of these women reaching for help and receiving the care that they deserve? Do we want to be the barrier that prevents them from recovery?

How do they go about change?

• Discuss Creating an optimal Environment
  – Start with a desire to transcend bias
  – Maintaining self-awareness of bias and assumptions
  – Make sure the patient is heard and understood
  – Empathy
  – Continue to explore prejudices
  – Addiction is like any other cultural competence
• Self-Care
  – A happy and healthy nurse provides positive best care to patients and helps contribute to a healthy work environment

Leave Nurses with a Feel Good Attitude

• Lawrence General Hospital Maternal Child Health Nurses are truly the best nurses around! Keep up the great work that you do!

• Video Surprise!!!

Program Results

• Pre/Post Survey
• Improvement in knowledge of every objective based question
• Most significant was in “Maintaining 100% confidentiality”
• Comments provided positive, supportive feedback that nurses value sensitivity training and as a result desire improvement of quality of care

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Lawrence General Hospital
Breastfeeding Rates

- CY 2016:
  - 43% exclusive breastfeeding or combination feeds
  - 14 eligible patients
- CY 2017 YTD
  - 73% exclusive breastfeeding or combination feeds
  - 70% increase!
  - 15 eligible patients

Moving to the Future

- At LGH
  - Continuing educational program offerings for reminders
  - Cultural shift observed but takes time
  - Employee recognition
  - Focus on the Patient Experience

Need For Novice Nurse Education

- ACGN call for Opioid Education
- ANA Offerings to address the crisis

How are we integrating the knowledge and skills in academia?
Are programs addressing bias and pre-conceived attitudes?

Opioid Trends in the State

How do we Prepare the Nurses of Tomorrow?

- Clinical Opportunities
  - Placement Challenges
- Simulation Training
- Faculty Education
  - How many faculty continue to work in the acute care setting?
  - Partner with Health Care Organizations
- Sensitivity Training and time to explore self-awareness
- Self-Care Education
- Content Saturation Challenges
  - Threaded throughout the continuum within education
A Mother's Story: We Choose Love

• https://vimeo.com/233698804

LGH in Time Magazine

• http://time.com/stories-opioid-addiction-epidemic-shelter

• http://time.com/james-nachtwey-opioid-addiction-america

References


