Nursing Attitudes about Substance Abusers in Pain

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Background

- Pain is the number one reason people seek health care in the U.S.
- Despite the prevalence of the problem, many hospitalized patients still receive inadequate pain management.
Background

- People with addictive disorders (substance abusers) have many medical problems, often as a consequence of their years of substance abuse, and often have pain as a result of these problems.

Background

- Health care professionals have many concerns and feel inadequately prepared to assess and treat pain in a population of people with addictive disorders.
- Research has identified that professionals, including nurses, have negative attitudes towards substance abusers and that these negative attitudes may impact the quality of the care delivered.

Review of the Literature

- The complexity of the problem of pain and addiction is a new field—most research has been done in the last 10-15 years to begin to define the problem and helpful approaches to the problem.
- Much of the work has focused on the identification of patients who have chronic pain and develop an addiction.
Review of the Literature

- Few studies have examined the problem of pain in those who are diagnosed with an addictive disorder
- Explorations of nurses’ attitudes and difficulties with patients who have an addictive disorder who are seeking pain relief, and their interactions with patients was not found in the literature

Purpose of the Study

- Purpose of the study-To identify and explore nurses’ attitudes towards hospitalized substance abusers in pain
- Aim-To expand the knowledge about nurses’ attitudes and interactions with substance abusers in pain and generate theory that will contribute to a greater understanding of the problem and improved quality of care

Study Questions

1. What difficulties do nurses encounter in dealing with hospitalized substance abusers who are in pain?
2. What are the difficulties that occur in the interactions between nurses and substance abusers in pain?
3. How do nurses agree/differ with the model describing patients’ understanding of their difficulties in interactions with nurses around pain management?
Being an Addict

Past Experience

Seeking Pain Relief

Current Pain

Treating Me Like a Junkie

Feeling Respected/Not Respected

Strategizing to Get Pain Relief

Keeping Me Comfortable

Getting Some Relief

Still Looking for Relief

Knowing How to Play the Game: Hospitalized Substance Abusers' Strategies for Obtaining Pain Relief

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Response Types Based on Level of Feeling Respected/Not Respected/Strategizing to Get Pain Relief

Method

- Grounded theory is the method being used in the study
- Grounded theory is based on symbolic interaction theory, which "explores how people define reality and how their beliefs are related to their actions" (Burns & Grove, 1997)
- Grounded theories are drawn from the data, and "are likely to offer insight, enhance understanding, and provide a meaningful guide to action" (Strauss & Corbin, 1998, p. 12).
Method

Data Collection
- IRB approval
- Attendance at Nurse Managers Meeting and unit staff meetings to describe study
  - Intention to do individual interviews and focus groups
- Referral process
- Informed consent
- Semi-structured interviews with an interview guide, demographic data form
- Interviews audio-taped

Method

Focus group meetings with nursing staff to discuss the issue-very difficult to arrange-
two early attempts to have focus group meetings were unsuccessful- meetings scheduled and only one person showed up for the meeting

STUDY SETTING AND SAMPLE

Urban public health hospital; nurses including RN's and LPN's from all three shifts
- Demographic Data:
  - N= 14; 1 participant interviewed twice
  - Gender: M-2, F-12
  - Age range: 31-61
  - What do you consider your race? White-6, Black-5, Asian/PI-2, Other-1 (Chilean)
Ethnic background: African-American-1, Latino-2, European-American-3, Asian/PI-2, Native American-1, Other-Jamaican-1, African-2, West Indian-1, Mixed-1

How long have you been a nurse?
1-5 years- 1
6-10 years- 1
11-15 years- 1
16-20 years- 4
21-25 years- 3
over 25 years- 4

Basic Nursing Preparation:
- LPN-5
- RN Diploma- 3
- AD- 3
- BSN-3
- BS-1

Highest nursing degree
- LPN- 3
- RN Diploma- 3
- AD- 3
- BSN- 5

How many hrs/week do you work?
- Full time-13
- Part time-1 (20 hrs/wk.)
Sample

- What is the primary shift that you work?
  - Day shift - 8
  - Evening shift - 5
  - Night shift - 1

Interview Guide

- Broad Beginning Question:
  - I am interested in learning more about how nurses respond to hospitalized patients who have problems with substance abuse and pain. Can you think of an example of a patient with these two problems and how you were involved with their care while they were in the hospital?

- Probes:
  - How was the patient's pain managed?
  - How did you feel about the pain management for this patient?
  - Was the patient's pain difficult to manage?
  - Were there problems encountered in bringing the pain under control?
  - How did other staff members respond to the patient's pain complaints?
  - How did the patient's problems with substance abuse affect his/her pain management?
Final Question:
Can you think of anything else that might be important for me to know to understand the issues encountered by nurses in the pain management of patients who have problems with substance abuse?

Broad Question response

- “...you offer other ways to treat them like, what if I turn you on your side or if I give you some extra pillows or what if I change your position or something or if I... you know, some other way that the pain can be relieved. And, ah, they don't want it, they don't want to hear it. They don't even... 'just give me the pills' and that kind of approach. They have very poor tolerance for the pain. They get very upset if you want to even approach them with something different. They just want the pill and they want it now. OR they want their injection or they want the needle but they want it now. In my experience they usually don't even want to hear any other suggestion and they get very upset. ‘My doctor ordered this for pain, my doctor said that he wanted me to have this.’ Almost like you're trying to prevent them from getting the pills...”

Broad Question response

- “... Since he was 11 or 12 - drugs, drugs, drugs, and then heroin. So, I mean, he had done everything under the sun, um, so that alone, um, I think some of it, I think a lot of it can also be the people... He was pretty well together. He wasn't screaming, He wasn't yelling. He wasn't being obnoxious and swearing and cussing out everybody and all that. But it was just amazing the amounts of meds that it took for him to 'get down' (in control of his pain). His pain level was 10 across the board, at all times. I did medicate him with exorbitant amounts of medication...[he] never blinked, never flinched, never dozed off... I would expect that someone would've fallen asleep at least momentarily generally after giving large amounts of narcotics...that they would at least doze off...”
Data Analysis

- Data analysis-open coding, memo writing identification of concepts and axial coding
- Member checks, validation of concepts
- Identification of core categories and model development
- Sampling until theoretical saturation occurs

Model of Nurses Attitudes Towards Substance Abusers in Pain

- Conditions
  - Nurse's Attitude about Pain
  - Patient's Pain Behavior

- Problem
  - Reacting to the Behavior/Understanding the Behavior

- Core Categories
  - Labeling / Not Labeling PainBehavior
  - Encountering Barriers

- Consequences
  - Patient Pain Treatment

Education
- Nurses Cultural background
- Years of Experience as A nurse

Country of origin resources

Family attitudes, and values about pain

Nursing attitudes & beliefs about pain & addiction

Personal Experience with pain
### Nursing Attitudes & Beliefs

**Cultural**

"First, I, you know, I be, because probably from being Spanish and whatever, I'm very emotional..."

"But I can see how culture plays a major role with a lot of people, how they respond. An um, (I am) White Irish Catholic, you know...you drink."

"Also even nurses born in the U.S.. I mean just living in a different neighborhood... I mean if you're from the south shore or you're from Mattapan, I mean there are different ways of looking at things..."

### Nursing Attitudes & Beliefs

**Cultural**

"In our country (Jamaica) they cry for pain...they don't even realize that somebody has to assess the pain...but then you have the little parish hospital...they don't have money to say, address pain, unless you, the patient has money to buy the medication and sometimes...they kind of dismiss the idea of pain. That's why in those countries people take so many different kinds of bushes (leaves) for pain. They have all these different bushes and they call them different names, this is for pain, and this is for colds and this is for back pain, this is for headache, this is for leg pain, you know, so they would resort to all those medications first before they go to real pain medications."

### Nursing Attitudes & Beliefs

**Personal Experience:**

"In my culture...some people get toughened. They don't believe in aspirin unless it's really unbearable, but...(not me) because personally I have my own (problems with chronic pain)...I think because it's chronic my body kind of like, gets used to the pain...I do take pain meds when it gets really bad...I identify with that... I'm sure they need to be believed so, I can sympathize with them"

I can use an example of my mother who was in pain but she wouldn't ask for anything. She never knew when it was due. She didn't want to bother anyone...She was a different person when that chronic pain was gone"
Nursing Attitudes & Beliefs

Education:
“...they never had a pain management class, you know, some introduction to how to manage pain and what meds to use for what kind of pain.”...”I think inservice in pain, it should be a requirement.”

“They need to be educated about what addiction is and how it comes about. ...nurses didn’t think it was important at all to have all of these drug and alcohol counselors, and...what are you thinking about?...If somebody has cancer, you’re going to find out what you can about cancer. If somebody’s got a hernia you’re going to find out what’s wrong...It’s something that people have and you need to be educated about it.”

Nursing Attitudes & Beliefs

Years of Experience:
“...I’m not a new grad and I’ve evolved in my nursing career as well as from a personal standpoint too...Years ago I would not have had the patience to deal with somebody that was carrying on. Now I look at it from the standpoint that I’m not walking in their shoes...so I can’t begin to judge them based on what their history is...So you kinda learn and I think new nurses and new grads, this is a difficult role to do because they don’t have the experience and they don’t have a lot of confidence yet...”

Patient Pain Behaviors

“...I go right to the bedside and say,’ two Percocets, right here are your Percocets and I open them up right in front of them because they get very suspicious. They get very suspicious...To alleviate the anxiety in them- Did she give me the right amount?”

“They’re very demanding, very demanding people; very difficult to please and our job is very demanding too and so...”
Problem

- Reacting/Understanding the Behavior

Reacting/Understanding the Behavior

- "So learning not to take things personally (when being yelled at), cause if I did, I would not be working here, you know..."

- "People have a bad attitude about people with substance abuse issues, you know and then...they ought to have a little more compassion for those people because of what made them a drug addict. Having worked in a setting with substance abusers you know, it's like, 'What happened to you?' I've heard stories that would just make your hair curl and then I thought I can't possibly hear anything as bad ever again. And then a week later, somebody comes in with something even more horrific and you know, you begin to understand, you know, why is it that we all aren't abusing drugs to, you know, avoid the traumas of life. Some people just don't have the same resilience that other people have in terms of, you know, making it through a trauma. And then they choose the, ah, the method of just, you know, putting themselves into oblivion."

- "It's a very trying profession, you know and I've always found the instant the hairs on the back of my neck go up, it's stop...get away from the situation and come back because, you know, something isn't quite right..."

- "Like, we have one nurse here and she will go off the floor when a patient asks for pain medicine. She will walk off the floor when they're talking about the pain meds."

- "Believe me I'm trying to find ways because I have to give good care and when you have this negative feeling, it's hard to give good care, very hard so I try ways to justify their behaviors so I can really work with them."

- "I don't want to offend, I don't want to, it's so important to me to be professional all of the time. It's so important to keep, like, whole and contained so I move away..."
Core Categories

- Labeling/Not Labeling Pain Behavior
- Encountering Barriers

Labeling/Not Labeling Pain Behavior

- ”The patient will complain of pain and then they will leave the floor to smoke and by the time that they come back, the med nurse is doing another patient and they...the med nurse cannot, um, just drop everything...”

- “And I think the nurses look at the culture, you know, like the profile on the patient. When it’s like Latino, they might think a lot of substance abuse so their tolerance will be high, so maybe they’re just drug seeking...”
Labeling/Not Labeling Pain Behavior

- “Sometimes we say ‘why do you think that?’ ‘Oh because he’s a clock watcher.’ ‘Oh, because you know, he would ask for pain meds and the next thing you know, he’s off the floor. So I don’t think he’s in pain.’

- “I think they should have, like an open mind and don’t, you know, take their bias once they come to work and not label patients. I wish they would read more, you know, about what the patient is here for, not just the medical part but the psychosocial component of their admission, because the medical part is easy to deal with; the psychosocial is tough.”

Encountering Barriers

- “… and you have, I’ll say 14 patients, for example and so the med nurse is thinking about finishing her meds and yes she still has to document, so right there it’s already, ‘Oh my god, will I ever finish?’ So there’s really no time to enjoy the patient, or listening to ‘what is your pain?’… and you know it’s the computer, I think is pulling us from our bedside nursing, it’s preventing us from being at the bedside.”

- “I mean they have tightened up the med error policy that people could be terminated if they make, especially a narcotic error and something like that, so yeah, they think that nursing administration is setting them up for like termination or something like that so they’re worried…”

Encountering Barriers

- Middleman

  “It’s very difficult. And I understand the frustration that we face because I feel it myself, I feel it myself and, you know, when you have to bring the doctor’s order to the patient, then you have to bring the medication to the patient, then you have to call three times before the doctor answers your call to tell the patient that you are working, trying to get more pain medication for him and you are, have another patient you should be dealing with it right now. That is when you feel it. Honest to God the frustration is so high that I feel like screaming at them, you know something. I know you’re in pain but what do you want me to do? You have to deal with it. I mean, that is a true feeling…”
Encountering Barriers

- "Personally it always works if I’m trying to turn the situation around and say ‘What if it was me that were in pain?’"

- "Lately over the past few years, the biggest complaint–we don’t have enough help, we don’t have enough to do this…"

- "You gotta take that extra five minutes…you know when you assume something, assumptions are a bad thing cause you get it all wrong…"

- "And so I think some nurses maybe forget that vulnerability (that patients have in the hospital), and get intimidated or angry or offended without looking past ‘okay, what’s all this bravado about?’"

Final Comments

- "I’m advocating for the patient even though I know that the patient is taking a lot. But at the same time I know that his tolerance is very, very high…Even though, you know, I’m the one asking for more because I really and truly believe that the patient needs more or is it just because I want to get him out of my face? …It’s not the right thing to give him more just to shut him up…Secondly, what worries me is like we say ‘Oh his tolerance is very high but, when are we going to cross that line? When are we going to get him a little bit too much?’"

Final Comments

- "The relationship between patients and nurses is, you know, is very important and if you think about it, they’ve left their homes or if they have homes or not, they’re here and, to me, nursing, like I tell the other nurses—somebody’s life is in your hands. They are trusting you…and their life is in your hands. So if you don’t look at pain, and then you don’t treat them, you know…it’s like you are contributing to their condemnation or whatever way you put it…So, as long as the person is here and we’ve taken a vow to take care of the patient, I think we should do it with all our heart."

- "You’re there to help them. There’s something, you know and we make things complicated, but there’s something simple on some level and it’s an art…"
Challenges Encountered

- Hold up with IRB
- Scheduling of focus group meetings
- Lack of volunteers even with gift certificate
- Not frequently available on site for reminder of study
- Accents and transcription difficulties

A well constructed grounded theory

- Fit- demonstrated when the theory corresponds closely to the data, and the data provide a comprehensive understanding of the phenomenon
- Understanding- demonstrated when those concerned with the substantive area can apply the theory.
- Generality- demonstrated when the theory allows for enough abstraction to be applicable to a wide variety of situations
- Control- demonstrated when the theory indicates the conditions under which things are better or worse, so that change can be planned (Glaser & Strauss, 1967)

Trustworthiness of Research Findings

- Credibility-as demonstrated by detailed descriptions of data collection, coding and analysis
- Transferability-limited by the context of setting and time of the study
- Dependability demonstrated by the audit trail
- Confirmability demonstrated by use of thick descriptions, audit trail, focus group, experts
Implications for Nursing Education, Practice and Research

- Growing body of research on nursing attitudes and effect on practice
- Non-judgmental approach and importance on nurse patient relationship needs more emphasis in education and practice
- One study indicating the need for more research in the area

Questions and Feedback

- Does the model make sense to you in your experience with similar situations?