



# Outcomes of Positive Interactions Between Injection Drug Users and their Nurse in an Acute Care Setting

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# Disclosure & Learner Objectives

- The author reports no financial conflict of interest or commercial relationship relevant to this presentation. The author is a Clinical Assistant Professor at the University of Massachusetts Amherst
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- **Learner Objectives**
  - Learner will be able to state three interventions to improve outcomes of a nurse and IDU interaction
  - Learner will be able to state three outcomes of positive interactions between the nurse and IDU in an acute care unit

# Introduction

- In 2013, 24 million persons (9.4% of the population) were current illicit substance users (SAMHSA, 2013)
- Injection drug use (IDU) is associated with chronic diseases such as HIV, Hepatitis C (HCV), and injection site complications
- It has been well documented that stigma and discrimination toward the IDU exists among health care providers (HCPs)

# Problem

- Increasing rates of substance dependent persons
- Public health epidemic
- Nurse training on various units in a hospital differ
- Leaving against medical advice
- Delay in seeking care leading to increased costs

# Review of the Literature

- IDUs experience stigma and discrimination from their HCPs, as well as from other substance users
- Mental illness is often co-morbidity
- Dearth of evidence from the IDU's perspective on HCPs, and none found on received nursing care on an acute medical unit

# Setting and Sample

- Two needle exchange services
- 5 men, 4 women; 2 Black, 3 Puerto Rican/Hispanic, 4 White
- Average age 40.2 (22- 61yrs)
- Education from 9<sup>th</sup> grade to college degree
- All had a history of abuse, trauma, or PTSD

# Human-to Human Relationship Model (Travelbee, 1971)

Consists of 5 interlocking phases that must be met to achieve the development of rapport

1) Orientation

2) Emerging  
Identities

3) Empathy

4) Sympathy



5) Rapport

# Model of a Unidirectional Cycle





# Human-to-Human Relationship Phases

	Orientation	Emerging Identities	Sympathy	Empathy	Rapport
Alex	✓	✓	✓	✓	✓
Bob	✓				
Christopher	✓				
David	✓				
Ella	✓				
Grace	✓	✓	✓	✓	✓
Hillary	✓	✓	✓	✓	✓
Isaac	✓				
Jane	✓	✓	✓	✓	✓

# Being Present

“And I talked to her and she listened, and then I cried and she got me tissues. She sat with me, so that felt really good. It was something that I needed.”

# Being Positive

“Everybody’s different, but for me it’s just different. I’d rather have positive people around me because it makes me use less than having negative people. It makes me want to use more.”

# Harm Reduction Education

“I felt like she was a little bit irritated at me, but also she was kind of concerned and annoyed like she cared about what she was doing. If she didn’t care she wouldn’t have said anything. She would have just treated me for whatever and had me be on my way. But she decided to say something so it felt good.”

# Patient Advocacy

*“Even with the doctor didn’t want to give me any drugs. She said – I’m going to see about this. She might have given me a water pill, but it worked. I don’t think she’d go over no doctor’s head, but she did. She said – look I’m going to see about this. I see you’re in pain. You know, from the withdrawal. So she went out and got something and gave it to me...”*

# Detoxification and Rehabilitation

“I think that she was a little more concerned. She just made it a point for me to know that she didn’t want me just to leave. She wanted me to go to the detox. So she very often kept checking up on me to make sure I was still there. And I liked that about her.”

# Seeking Treatment Earlier

“It made me want to go because usually I’m home self-medicating or whatever.... But being there at that hospital I wanted to go back.”

# Outcomes

- Less drug usage
- Increased satisfaction in received care
- Decrease in abscesses
- More honest with nurse
- Willingness to enter treatment
- Seeking treatment earlier



# Implications for Nurses

- Education
- Trauma informed care
- Interpersonal nursing process
- Addiction trained health care teams
- Early identification
- Harm reduction education

# Summary

*“I have plenty of excuses to get high, plenty of them. I can come up with a million reasons to get high. I’m trying to find a reason not to.”*

# References

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