

Nurses' Attitudes Towards Patients Who Use Substances in the Hospital Setting

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Objectives

Nurses

**Patients Who Use
Substances in the Hospital
Setting**

**Recommendations For
Health Care Organizations**

Future Research Directions



**Nurses'
Attitudes
Towards
PWUS in the
Hospital
Setting**

Substance Use, The Hospital, and its Significance

Compound with
the possibility of
causing social and
wellbeing harm,
addiction ¹

Alcohol, marijuana

Heroin,
crack/cocaine

Oxycodone

2019– 2021
Death by overdose
increased by 50%;
alcohol increased
18% ²

15% active in their
substance use
journey ³

High risk
behaviors^{4,5}

Adverse health
outcomes ⁶

Why nurses?

- 1/29 Regulated Health Professions in Ontario ⁷
- Largest group of health professionals worldwide; 59% of the workforce ⁸
- 24 hours a day, 7 days a week
- Recognition
- Intervention



Nurses' Attitudes - What Are They?



NEGATIVE ATTITUDES

1. Low motivation, low satisfaction ^{10, 11, 12}
2. Increased frustration, increased emotional drain ^{10, 11, 12}
3. Problematic, disruptive and rude ^{13,14}
4. "Waste of space", "something we have to deal with" ^{13,14}
5. Personal safety concerns ^{10, 13, 15}

Rationale For Nurses' Negative Attitudes

Substance use is an individual choice ^{15,16}

Abstinence as the foundation to success in hospital ^{3,5}

Personal views, attitudes, beliefs ^{3,5}

Lack of knowledge of determinants of substance use ^{13, 17,18}

Nurses, all facets

Patients, risk and Opportunity ¹³

Lack of organizational policy and/or procedure(s) ^{5,12,16}

Environment of uncertainty, informal policies ⁵

How Can Organizations Help (1)?

Professional Development Opportunities

EDUCATION ^{16,19,20,21,211}

Current state, less academic, high risk patients, storage, and disposal, withdrawal management

CULTURAL SAFETY TRAINING ^{23,24}

Decrease stigma and discrimination
Applicable to local context, impacts of historic and ongoing colonialism



How Can Organizations Help (2)?



Implement organizational
policy and/or procedure(s)
13,25

Interprofessional, lived
experience

Minimize/exclude
punitive approaches

Harm reduction
philosophy



Patient Views on Treatment by Nurses'



Bad, demanding, non-compliant people ^{26,27}

“Frequent flyers” ^{26,27}

“Junkies” ^{26,27}

Unprofessional Interactions

Stigma/discrimination ^{28,29}

Ignorance of comments/concerns ^{24,28,29}

Denial of care and/or pain management ^{4,5,29}

Over-surveilled ^{5,24}



Homelessness



Higher rates of substance use

17-30 times higher rates of overdose ^{30,31}



Decreased access to care

Increase repeat ER visits, hospitalizations ³²



Increased mental health concerns

Re-admission ³³

Income

DECREASED INCOME



HIGH RISK BEHAVIOUR ³⁴

SOCIAL ASSISTANCE



PATIENT NEEDS ^{34,45}

1% INCREASE IN
UNEMPLOYMENT



INCREASED 3.6% DEATH
RATE + 7% ER VISITS ³⁶

How Can the Organization Help?

Housing

1. Connections with community partners ³⁵
2. “Housing-first” philosophy ³⁶
3. Social work to aid ³⁵

Income

1. Social work to decrease financial burden ³⁵
2. Aid with medications, government identification ³⁵

Educate nurses ³⁷

Screen for SDoH! ^{37, 38}



Is It Over Yet?

A large stack of papers is shown, with a semi-transparent brown rectangular box overlaid in the center. The text "More Research is Warranted!" is written in white, bold, sans-serif font within this box. The stack of papers is thick and appears to be a collection of documents or research papers. The background is white, and there are some dark brown rectangular shapes in the corners of the image.

**More Research is
Warranted!**

Gaps Identified



Demographics and associations
Study Location and unit of work
Nursing environment

QUESTIONS?

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