

CREATING CULTURALLY SAFE CARE

in Hospital Settings for People who use(d) Illicit Drugs

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HEALTH CARE AND ILLICIT DRUG USE

People who use, previously used or are presumed to use, illicit drugs face challenges getting good health care and often have poorer health than the rest of the population. The stigma and criminalization associated with illicit drug use is increased for people living in poverty, impacting health and acting as a barrier to accessing care.¹ Negative experiences in hospitals can lead people to avoid seeking care and, if admitted, to leave before their care is complete.

Hospital nurses are critical to helping people access the care they need, shaping patients' hospital experiences, and ensuring supports are in place when people leave the hospital. However, there are few models or guidelines to help nurses provide ethical, safe and appropriate care when working with people who use(d) illicit drugs and face poverty and homelessness.

The concept of cultural safety has been used to guide nursing practice in ways that counteract the problems of stigma, discrimination and inequitable access to care, particularly when working with Indigenous peoples.² Cultural safety has been endorsed by organizations such as the Canadian Nurses Association (CNA), the Canadian Association of Nurses in AIDS Care, the College of Registered Nurses of British Columbia (CRNBC), the Canadian Medical Association (CMA) and the Aboriginal Nurses Association of Canada (ANAC). Nurses working at Insite, a supervised injection site in Vancouver, Canada, found cultural safety to be a helpful concept in working respectfully with both Aboriginal and non-Aboriginal clients.³

Our goal was to generate knowledge about what cultural safety looks like in acute care settings and how this knowledge could improve the delivery of health care.

OUR RESEARCH QUESTIONS:

1. What is culturally safe care in acute care settings for people who use(d) illicit drugs and face multiple social disadvantages?
2. How can nurses enhance delivery of culturally safe, competent and ethical nursing care to people who identify as currently or previously using illicit drugs?

OUR RESEARCH METHODS:

We conducted a qualitative, ethnographic study in a large acute care hospital, exploring patients' and nurses' views on culturally safe care and the role of the hospital environment in fostering or limiting that care. We did in-depth individual interviews with 34 participants, including 15 patients (8 male, 6 female and 1 transgendered person), 12 nurses and 7 acute care managers or educators. We also spent time (275 hours over 12 months) on two different hospital units to observe nurses' work with patients, and studied the hospital's organizational policies and documents (e.g., philosophy of care, mission and mandate, substance use policies).

Two advisory committees were involved in all stages of the research project: one included nurses, and the other included peers from the Society of Living Illicit Drug Users (SOLID), a peer run organization for people who use(d) illicit drugs. We worked with both advisory groups to develop interview questions, interpret data, and develop and present the findings. At the end of the project, we hosted two policy forums to share findings with an expanded group of nurses, health care managers, peer-run organizations that represent people who use(d) drugs.

WHAT IS CULTURALLY SAFE CARE?

Cultural safety is based on the principle that the people receiving care decide what is safe or unsafe.⁴ Thus, there is a shift of power from providers to recipients of care. Cultural safety encourages nurses to a) learn how stereotyping, discrimination and other assumptions operate in health care settings, b) reflect on hospital policies that negatively impact

patients, c) understand how social inequities shape patients' access to health care, and d) convey unconditional acceptance of patients regardless of their decisions or circumstances and, e) treat patients with dignity and respect at all times.⁵ Below, we highlight five elements of culturally safe care for people who use(d) illicit drugs. These elements emerged from our understanding of cultural safety, the findings of this research and our collaboration with nurses and people who use(d) illicit drugs, and are meant to help guide nurses' practice.

1. Culturally safe care fosters engagement and participation of people who have experience with substance use and marginalization in shaping the care they and their peers receive.

In hospital, people who use(d) illicit drugs often feel excluded and judged. Patients in our study had experienced hospital care that they described as disrespectful and lacking compassion. A common fear expressed by patients – and reinforced by our peer advisory – was that in hospital they would be judged, labelled and blamed for their current health problems and drug use.

“...I've seen the way they treat people when they've had drugs: you're a drug addict, you know, you're considered a drug addict. It's like a label, you know, 'drug addict', and they just discard you.

—Patient participant

Patients described worries that they would be written off, not listened to, or seen as undeserving of care. As a consequence, they felt they would receive poorer quality care. It helped patients to feel safer when nurses listened to and believed what they said. We recommend that nurses, managers and others in health care:

- Actively listen to and acknowledge concerns expressed by patients about their care.
- Seek opportunities to learn from patients – about their lives, their needs, their preferences, and their perspectives on good hospital care.
- Accommodate patients' preferences for care, to the extent possible.
- Ensure that patients know their rights and what they can

expect when receiving health care.

- Create and promote opportunities for staff to engage in experiential learning in community settings, such as harm reduction outreach, street nursing programs, and community health clinics.
- Involve people who use drugs and peer advocacy organizations in the development and delivery of education about hospital care for people who use(d) drugs.

2. Culturally safe care recognizes that people's health, health care, priorities and experiences are influenced by history and policies that criminalize drug use.

Canada's history of criminalizing drug use and poverty has fueled negative attitudes towards people who use(d) illicit drugs. There is increasing recognition that current drug policies can be a barrier to obtaining health care, and the establishment of appropriate health care services.^{6,7} In our study, patients described feeling 'under surveillance' while they were in hospital. Some patients indicated that if anything went wrong or missing on the unit, they would be the first ones accused, and some felt under constant suspicion of drug use.

“I just left; it was 11:00 at night, the guy is demanding a urinalysis from me... I said 'what for?' He said 'because you've been going out for walks a lot'. I said 'Because I'm going out, I'm getting fresh air, that means that you're suspecting me for doing drugs?'

—Patient participant

Even more concerning is that patients in this study told us they were afraid to ask nurses or doctors for pain medication for fear of being labelled as 'drug seeking'.

“If you're in pain and you're asking for pain medication, they'll doubt it... half the time they'll think 'oh, he just wants to get high' instead of 'this guy is really hurting'.

—Patient participant

Nurses said that the hospital had a harm reduction philosophy



but hospital policies indicated zero tolerance for substance use. Most nurses were unclear as to exactly what the harm reduction policy said, or what they can or should do when they become aware of active drug use. Nurses responded in various ways, such as ignoring drug use, reporting it to their manager, or trying to ensure patients' safety.

“ I remember seeing [clean needles] in, like she had a little makeup bag. I didn't take them away. Because to me that's not, that's not harm reduction at all. If I take them away, you know, I might be putting her in a position where she's got to go and share with somebody else.

—Nurse participant

Only a few nurses mentioned promoting safer drug use, for example, by providing supplies or education for safer use. Hospital policies emphasizing zero tolerance of substance use, and the lack of explicit harm reduction policies, leave nurses caught between professional ethical commitments to health promotion and official policies more aligned with criminalization. To enhance culturally safe care, nurses, their managers and health care leaders can:

- Reflect on their own attitudes and beliefs about illicit drug use and people who use(d) illicit drugs. Consider how drug policies have shaped these attitudes.
- Recognize that people may feel under surveillance while in

hospital. Be sensitive to giving people space.

- Ensure that the hospital environment is free of the threat of criminalization.
- Assess patients for pain and manage pain accordingly, rather than assuming they are 'drug-seeking' based on their history.
- Resist assuming that people using illicit drugs will not require pain medication.
- Ensure nurses have training in withdrawal management.
- Expect to talk to patients about drug use as it relates to their care. Ensure privacy, choose the right moment, explain any specific concerns, and focus on health and safety – avoid lectures or judgment.
- Look at the existing evidence base showing the effectiveness of harm reduction strategies.
- Ensure that patients who use illicit drugs have access to harm reduction supplies and services.
- Ensure that patients who are ready to stop or reduce drug use have access to detox, replacement therapies and other treatment options.
- Establish and clearly communicate harm reduction policies to nurses and others.
- Provide and promote opportunities for leaders and front-line staff to question assumptions through open discussions of drug policy, criminalization, marginalization and stigma.

3. Culturally safe care considers how past histories of trauma and violence, layers of disadvantage and stigma may affect patients' ability to engage with providers and care plans.

Some nurses said they know that people come to hospital feeling distrustful and fearful of how they will be treated. Many were aware that patients are sometimes treated poorly, disrespected or dismissed, and do not always have their needs met.

“ I like to think everybody is the same, but I think people who are more marginalized often times might have like more abuse and trust issues. So I think you have to just work a little bit extra hard at that.

—Nurse participant

Nurses described having to ‘think differently’ about drug use and people who use drugs, recognizing stereotypes and societal conditions that contribute to the harms of drug use.

Patients highlighted that nurses’ attitudes and mannerisms are as important as what they say and do. Patients repeatedly told us that when nurses took time with them and provided honest explanations, it helped them feel more comfortable.

“*You ask for things; if they’re there, they’ll give it to you, if not, they’ll explain why. They don’t just say ‘no, there isn’t,’ you know.*

—Patient participant

Explaining actions and decisions was important for many reasons: to show respect, to avoid surprising patients, and to give patients control over their own health care. To promote cultural safety, nurses can:

- Recognize that angry or frustrated behaviours often stem from life situations and health problems, and are not a personal attack on the care provider.
- Encourage and help other staff members to see each patient’s behaviour in the context of their life and possible past experiences.
- Recognize that people may be ‘on guard’ if they have experienced abuse, homelessness or victimization.
- Be prepared to go the extra mile in providing people with options – be explicit about supporting their choices, and avoid unnecessary power struggles.
- Explain what you want to do before you do it to prevent re-traumatizing.
- Explain decisions rather than just saying yes or no – so that patients do not feel as if they are being criminalized, dismissed or punished.
- Avoid a rushed or hurried manner. People may be very sensitive to body language that can be interpreted as dismissive.
- Be flexible in helping to create a safer environment in hospital. For example, people who have experienced trauma may not feel safe in a mixed-gender room; some may want to sleep with the lights on, etc.

- Ensure opportunities for staff to develop competencies in caring for people who have experienced trauma related to life circumstances.

4. Culturally safe care emphasizes relationships and trust as priority outcomes.

Developing trust is critical to facilitating access to health care services^{8,9} and consistent with principles of cultural safety. Building positive relationships with people who use(d) illicit drugs should be a high priority for nurses.

“*The whole thing that motivates me is to maybe plant a seed of safety, trust... Because a large proportion of our patients have a really hard time trusting people; it’s really hard for them to access any kind of treatment or services. I don’t really think our patients need any more people judging them.*

—Nurse participant

In this study, we found that patients felt safer, more welcome and comfortable when they felt that nurses trusted them. For example,

“*You can roam around, do what you want. As long as you let them know what you’re doing... They don’t mind, as long as you don’t... cause trouble or get out of hand or get ornery, you’re fine. They’ll let you be, right? They check on you, right, see how you’re doing and they ask you if you need anything.*

—Patient participant

Patients also felt more comfortable knowing that nurses could be trusted to recognize and respect their physical as well as emotional space.

“*[The nurses are] caring; they care. They make sure that you’re really comfortable... it’s like, they know me, they’re able to say ‘OK, well, she doesn’t feel comfortable talking about that,’ and switch to another subject.*

—Patient participant

Repeatedly, patients recounted times when nurses did ‘little things’ that made them feel safer and more comfortable.

“They’ll take that extra couple of minutes. And, you know, see that you’re okay... ‘let me grab a blanket’ or, you know, ‘are you sure you don’t need something for pain?’ You know, you can tell by just even their voice that there’s genuine concern.

—Patient participant

When patients expect to face stigma and discrimination, little things matter and help patients to feel seen and respected rather than written off or discarded. To promote cultural safety, nurses can:

- Resist assuming that people trust you because you are a health care provider.
- Prioritize building a trusting relationship as a key pathway and outcome of good care.
- Be aware that showing trust is a good way to build patients’ trust in you.
- Show genuine concern and empathy, call patients by name, offer small things, and get to know something about the patient – these can become profound acts.
- Seek and promote educational opportunities that focus on developing relational skills.



5. Culturally safe care requires a culture of respect and safety within the unit or workplace, where all patients are valued and seen as deserving of care.

Culturally safe care is easier to provide in a supportive environment where the health care team shares similar values and consistent approaches to care. In our study, we found that staff turnover and resource constraints posed challenges to creating culturally safe environments, and heightened tensions around who is most deserving of care. Shared approaches and understandings of substance use are important to creating a health care culture that fosters cultural safety. Conversely, many nurses indicated that they had few opportunities within their basic or continuing education to develop skills related to care for people dealing with substance use and social disadvantages. We recommend that nurses, managers and educators:

- Build strength within interdisciplinary teams: provide education on drug policy and substance use to all staff, including physicians, nurses, pharmacists and other providers.
- Encourage peer-to-peer support, and work as a team to manage and debrief difficult situations or behaviours.
- Use respectful and non-stigmatizing language at all times, and avoid stereotyping. Overhearing staff conversations can reinforce patient fears and mistrust; health care providers also benefit from consistent messaging and role-modelling of respectful treatment by health care leaders.
- Address staffing shortages and policies that can limit nurses’ ability to engage with patients and build their trust.
- Promote mentorship opportunities for new nurses, support them to develop expertise and skills, and to understand unit norms and expectations related to substance use and cultural safety.

CONCLUSION

Cultural safety is especially relevant in the provision of nursing care for people who use(d) illicit drugs and live with social disadvantages such as poverty and homelessness. Specific attention to these five elements of culturally safe care holds promise for improving nursing practice in ways that can foster equity and social justice in health care.

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