

# Nurse Anesthetists' Reflections on Caring for Patients With Previous Substance Dependence: Balancing Between Professionalism and Preconceptions

Markus Forsberg, RN, Catrine Björn, RN, Maria Engström, PhD, RN, Annika Nilsson, PhD, RN

**Purpose:** *The study aim was to describe nurse anesthetists' reflections on the provision of perioperative care to patients with previous substance dependence.*

**Design:** *A qualitative approach with a descriptive design.*

**Methods:** *Semistructured interviews based on clinical vignettes were conducted with 10 nurse anesthetists.*

**Findings:** *The perioperative care provided to patients with previous substance dependence was perceived as balancing between professionalism and preconceptions for this specific patient group. The nurse anesthetists felt that anesthetizing this group of patients constituted a challenge with regard to knowledge, experience, and time. However, the nurses also had feelings of distrust and uncertainty because of lack of knowledge.*

**Conclusions:** *The nurse anesthetists strove to uphold the principle that patients who are/have been substance dependent have the same right to adequate treatment and care as all patients. If guidelines were developed for this patient group, care could be made safer and nurses' sense of uncertainty minimized.*

**Keywords:** *nurse anesthetist, relapse, substance abuse, perioperative care.*

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**PATIENTS WITH PREVIOUS SUBSTANCE DEPENDENCE** who are to undergo surgical procedures involving anesthetic drugs are vulnerable owing to the risk of relapse into drug use.<sup>1,2</sup> Often these patients are not strong enough to speak up for themselves; furthermore, they may

not even admit to being an ex-user.<sup>3</sup> Nurse anesthetists' experience of working with this group of patients varies, and there is little previous research on patients with previous substance dependence who undergo surgical procedures involving anesthesia drugs. Thus, despite the risk

Markus Forsberg, RN, is a Certified Registered Nurse Anesthetist, Department of Anaesthesia, County Council of Gävleborg, Sweden; Catrine Björn, RN, is an Operating Room Nurse, Department of Anaesthesia, County Council of Gävleborg, Sweden; and a PhD, Department of Public Health and Caring Sciences, Uppsala University, Uppsala, Sweden; Maria Engström, PhD, RN, is a Senior Lecturer, Faculty of Health and Occupational Studies, Department of Health and Caring Sciences, University of Gävle, Sweden; and a Researcher and Associate Professor, Department of Public Health and Caring Sciences, Uppsala University, Uppsala, Sweden; and Annika Nilsson, PhD, RN, is a Senior Lecturer,

Faculty of Health and Occupational Studies, Department of Health and Caring Sciences, University of Gävle, Sweden; and a Researcher, Department of Health and Caring Sciences, Uppsala University, Uppsala, Sweden.

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Address correspondence to Markus Forsberg, Department of Anaesthesia, Gävle Sjukhus, Lasarettsvägen 1, 80324 Gävle, Sweden; e-mail address: [markus.forsberg@lg.se](mailto:markus.forsberg@lg.se).

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of patients relapsing into active substance dependence, and of nurse anesthetists not being able to provide adequate care, these concerns have not been highlighted in the research. Consequently, more knowledge is needed.

## Background

In the *Diagnostic and Statistical Manual of Mental Disorders* (Fifth Edition), *use of substance disorder* combines the substance abuse and substance dependence categories into a single disorder; this is measured on a continuum from mild to severe<sup>4</sup>. In 1964, a World Health Organization (WHO)<sup>5</sup> Expert Committee introduced the term dependence to replace the terms addiction and habituation. WHO considers that the concept substance dependence more accurately defines the nature of chemical dependency (henceforth, the term substance dependence will be used). Anesthetic procedures expose ex-users to increased risk of relapse into substance dependence.<sup>2,6</sup> Among ex-heroin abusers, relapse rates have been reported to be between 50% and 80%. When a person with previous substance dependence becomes a patient, there is not only a risk of being exposed to the addictive substance (anesthetic drugs), other stimuli such as stress situations and memories of drug effects may but also increase the risk of relapse.<sup>6</sup> These stimuli are often present in the situation surrounding a surgical event.

Most drugs leading to substance dependence also cause both tolerance and sensitization. Chao and Nestler<sup>7</sup> described this as the result of changes in neural pathways. Some individuals change from temporary use to dependence, whereas others do not develop dependence. It is not yet known why substance dependence occurs in some people and why relapse is common.<sup>7,8</sup> What we do know however, is that development of substance dependence results from an interaction between genetic, environmental, and psychosocial factors and drug exposure.<sup>8</sup>

Substance dependence can be characterized by a compulsion to seek out and take the drug, the absence of control regarding limiting drug intake, and development of a negative emotional state consisting of depression, anxiety, and irritability

when supply of the drug is short.<sup>7,8</sup> When anesthesia is given to patients who are or have been in a state of substance dependence, it is important that a special strategy be used that is based on each patient's individual needs.<sup>7,9</sup> A patient with ongoing substance dependence often shows increased stress sensitivity and a lower pain threshold. It is therefore important that these patients be given adequate dosages of, for example, an analgesic to obtain the same level of pain relief as patients without substance dependence.<sup>8</sup>

Health care staff also fear that they may induce tolerance and dependence in the patient.<sup>10,11</sup> Such fear may result in patients not being given the pain treatment they require.<sup>10</sup> Difficulties may also emerge when patients with substance dependence wake up in postoperative departments with anxiety and distress reactions, which are often a result of inadequate perioperative analgesia.<sup>10,12</sup> It is therefore important to have an adequate perioperative care plan, based on each patient's individual needs.<sup>7,9</sup> Patients who are or have been in substance dependence should therefore be carefully informed that their experiences and perceptions of pain will not be ignored, and that the treatment will be personalized to meet their needs.<sup>9,10</sup>

## Professional Work Domain

In Sweden, nurse anesthetists are registered nurses with an additional year of specialist education. Nurse anesthetists have independent responsibility for patients' anesthetic care. They administer anesthesia to patients undergoing surgical or diagnostic procedures, under the direct or indirect supervision of a physician anesthesiologist according to a plan defined by the supervising anesthesiologist.<sup>13,14</sup> Nurse anesthetists are licensed and trained to handle compromised airways. Nurse anesthetists also administer medications to patients based on a written protocol or in accordance with the anesthesiologist's orders. They may also insert intravenous and arterial lines, depending on locally established protocols and the terms and conditions of service.

Anesthesia care, performed by a nurse anesthetist, is to be based on each patient's individual needs.

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