

Nurses' Experiences of Patients with Substance-Use Disorder in Pain: A Phenomenological Study

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■ ABSTRACT:

Patients with substance-use disorder and pain are at risk of having their pain underestimated and undertreated. Unrelieved pain can exacerbate characteristics that are believed to be 'drug-seeking' and in turn, perceived drug-seeking behavior can contribute to a patient being stigmatized and labeled 'difficult'. Previous literature has indicated that negative attitudes towards patients with substance-use disorder may affect their pain management but little is known about the specific barriers. This study explored nurses' experiences of working with patients with substance-use disorder in pain, providing an in-depth insight into their perspective. Descriptive phenomenology was employed as a framework for conducting semi-structured interviews to reveal the experiences of registered nurses. A convenience sample of registered nurses from a variety of clinical backgrounds were recruited and interviewed. This rich data was analyzed according to Giorgi's five-stage approach. Participants described feelings of powerlessness and frustration due to patient non-compliance, discrepancies in patient management amongst team members and external pressures effecting pain management. Participants described characteristics believed to be common, including psychosocial factors such as complex social backgrounds or mental health issues. Nurses' education and support needs were identified. Stereotyping and stigmatism were found to potentially still exist, yet there was also a general awareness of some specific clinical issues such as opioid tolerance and opioid-induced hyperalgesia. Further emphasis is required on interprofessional education and communication to improve patient management, alongside an appreciation of patient's rights facilitated by a concordance model of care.

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BACKGROUND

In the United Kingdom, nurses make up 27% of the National Health Service (NHS) workforce ([Health and Social Care Information Centre, 2013](#)); in the United States, 62% of the 3.1 million nurses are in acute care ([U.S. Department of Health and Human Services, 2010](#)). Nurses are often the main point of contact with patients in pain, conducting assessments and providing medications and interventions ([Morgan, 2013](#)). Inadequate pain management in hospitals is a well-documented issue. Recent statistics have shown that the number of people with substance-use disorder (SUD) is increasing within the acute-care setting in the UK; in 2000-2001, there were 25,683 admissions due to primary or secondary drug-related mental health and behavioral disorders, and by 2011-2012 this number more than doubled to 57,733 ([Health and Social Care Information Centre, 2012](#)). As a result of this rise, nurses will increasingly find themselves responsible for patients with SUD who require pain management.

Patients with SUD are at a higher risk of experiencing severe pain due to their related disorders, such as opioid-induced hyperalgesia, opioid withdrawal, or opioid tolerance, resulting in pain being underestimated and undertreated ([Bell, Reed, Gross, & Witton, 2013](#)). Unrelieved pain can exacerbate characteristics that are believed to be “drug-seeking,” such as asking for pain medication before it is due, “clock-

watching,” or requesting specific drug treatments ([McCaffery, Grimm, Pasero, Ferrell, & Uman, 2005](#); [McCaffery & Vourakis, 1992](#)). This perceived drug-seeking behavior can contribute to a patient being stigmatized and labeled “difficult” ([Macdonald, 2003](#)). The aim of this study was to explore nurses’ experiences of patients with SUD in pain to reveal the perceived challenges in managing their pain and to identify the support and educational needs of registered nurses. A phenomenological approach was adopted in order to explore the experiences of nurses; the aim was to illuminate the potential barriers between nurses and patients with SUD, and why pain management may be compromised. [Table 1](#) outlines the key terms and definitions utilized within this study.

LITERATURE REVIEW

Nurses’ Attitudes toward Patients with Substance-Use Disorder

Research relating to nurses’ experiences of patients with SUD in pain is limited and falls into two categories: those that explore nurses’ attitudes toward patients with SUD and those that explore nurses’ general attitudes toward patients with SUD in pain. Of the former, research consistently reveals the existence of negative attitudes toward patients with SUD. However, it has been quantitative in nature and has therefore failed to explore potential reasons behind the negative

TABLE 1.
Key Terms

Pain	“Pain is an unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage” (International Association for the Study of Pain, 2011).
Substance-Use Disorder	Refers to patients who use illicit or illegal substances as defined by the World Health Organization (1994) . These are not necessarily illicit in and of themselves, but by virtue of their production, sale, or use in specific circumstances in a given jurisdiction. These include amphetamines, cannabis, cocaine, crack cocaine, ecstasy, volatile substances, heroin, ketamine, legal highs, LSD (lysergic acid diethylamide), mephedrone, methadone, and tranquilizers (Health and Social Care Information Centre, 2012). The term will not be used in the broader medical sense in which substances such as alcohol, caffeine, and tobacco may be included.
Label	Society labels behaviors that do not conform to normal expectations; according to Goffman (1968) , to label a person as different is applying a stigma.
Stigma	The concept of stigma is based upon Erving Goffman (1968) , a social psychologist, who theorized that there are three types of stigma. The first stigma is of physical deformities; the second is tribal, and is associated with race and religion; and the third, most relevant to this study, is referred to as “blemishes of individual character” and includes prisoners, the unemployed, and those with addiction, alcoholism, and mental disorder. These people have the ever-present potential to be stigmatized.
Stereotype	Goffman (1968) believed there is an intimate association between stigmatism and stereotype. Stereotypes facilitate stigma since certain attributes, such as occupation or character, are not discreditable intrinsically but by the construction of stereotypes (Goffman, 1968).

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