



Agency and Addiction in a Harm Reduction Paradigm: French Nurses' Perspectives

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ABSTRACT

French psychiatric nurses' perspectives on individuals addicted to drugs and their treatments are influenced by French socio-cultural norms. In this study, steps of the ethnographic method were used to elicit the intertwining of French professional and cultural perspectives on drug addiction. Emergent themes from nurses' interviews and cultural participant-observations suggest that drug addiction management in France's harm reduction paradigm challenges nurses' beliefs about addicted individuals' agency and conformity to treatment goals, and is influenced by European Union membership, changes in health care, drugs and demographics. Novel nursing strategies emergent from these themes might be applicable in other cultural contexts.

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The purpose of this study was to elicit the unique but unheard voices of French psychiatric nurses who care for individuals addicted to drugs in France. Findings from this qualitative study offer a glimpse into the world of French psychiatric addiction nursing from four nurses, who work with addicted persons in two public psychiatric institutions in southern France, and one who works in a private psychiatric clinic in northern France. Factors salient to the French culture, observed to influence these addiction nurses' perspective, emerged from multiple perspectives: the five key informants' interviews, informal interviews with nine non-psychiatric nurses, conversations and observed interactions with other French inhabitants in my role as participant-observer living in the French culture, and archival research. The ethnographic method provided the steps to explore French nurses' responses to addiction from these multiple cultural perspectives.

BACKGROUND

Addiction to psychotropic drugs is a global phenomenon. The interconnectivity among world populations afforded by advanced

transportation and communication technologies has also fostered an increased global drug trade and attendant threats to public health (Gray, 2008; Wodak, Sarkar, & Mesquita, 2004). Economic disparities lure the disenfranchised into the drug trade (Clayton, 1995; Guaracy, 2001) or encourage immigration for better life opportunities. Immigration can disrupt rich traditions of global communities and foster marginalized communities with addiction life styles (Alaniz, 2002; Wilshire, 1998).

World communities have addressed drug addiction from perspectives of morality, criminal punishment and more recent harm reduction policies (Roche & Evans, 2000). Myers and Stohlberg (2003) compared ethnographic studies of psychoactive substance use from Africa, Asia, Australia, Europe and North and South America, and found three characteristics in common between culture and substance use and abuse: its rituals, its public nature, and the infrequency of drug problems in small traditional communities. His comparison supported cultural construction theory of addiction and addiction roles, reiterated in Järvinen's (2003) study of cultural implications in drinking rituals in Denmark. Wolcott's (1974) ethnography of drinking rituals in Bulawayo, Africa found that the local beer industry served a political role in maintaining the relationship status quo between Africans and Europeans. Dimensions of the addiction problem within and across cultures prompt a "development of empathy" lacking in complex social and health problems like addiction (Agar, 2002, p. 251). Addiction is a culture itself; its global prevalence calls for multiple intervention layers described by Agar as "interventions as intercultural communication" (p. 254).

Addiction in France is of particular interest for several reasons: the general acceptance of alcohol, particularly wine drinking, as both a family tradition and a source of national economy and pride in French culture (Craplet, 2005; Demossier, 2010), the thriving illegal drug traffic in France's port cities, and France's example as a leader in and

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responder to the European Union's [EU] evolving addiction policies. Such membership affects health care professionals like nurses who serve a growing population affected by substance abuse.

Limited studies have examined nurses' roles or involvement in addiction in France. Cultural competence must be informed and shaped by the cultural context in which nurses develop relationships with addicted individuals (Naegle, 2003). Clancy (2002) included France in a cross cultural survey of nurses' roles in methadone substitution programs across eight European countries. Results indicated that nurses' number one role was dispensing methadone. France, like the other countries, reported no role in addiction research as a nursing responsibility. Bourgeault, Khokher, Sainsaulieu, and Hirschhorn (2010) compared the effects of 'open' (active patient role) and 'closed' (passive patient role) hospital unit organization on the work of health professionals in France and Canada. French professional nurses in open communities described a stronger relationship with patients but a weaker relationship with colleagues than in Canada. In closed communities the results indicated fewer differences between the two countries, but general tension between bureaucratic and professional orientation. English language literature reviews revealed no studies in which French psychiatric nurses shared their perspectives on work with addicted persons.

The growing prevalence of drug abuse and its largely unreported impact on the work of French nurses, and, from a professional perspective, the missing voice of French nurses reporting on their views and work with addicted individuals in English language international nursing journals and conferences in which this author has participated, prompted this nursing focused study. Two research questions guided this study: What are the perspectives of French psychiatric nurses on individuals treated for drug addiction, and what factors in French culture influence addiction nurses' views and work with addicted patients?

METHOD

The research method best suited to describe the world of French nurses who work with addicted patients is ethnography, a qualitative method in which a group or culture interaction with the phenomenon of concern is described from multiple perspectives (Fetterman, 1989), and in which the meaning of events emerge from those living in that world (Omery, 1988). To study French psychiatric nurses' perspectives on addiction, I lived in southern France for 5 months, an immersion experience described by Wolcott (2001) as an "ethnographic intent" (p. 40).¹ Research on global aspects of addiction (Gray, 2008) point to southern France as one active entry port for illegal drugs. I therefore contacted the directors of psychiatric hospitals in this southern region to gain entrée to the world of French addiction nursing. Two public psychiatric hospital directors responded positively to my written request to interview their addiction nurses. A contact with a research director for a private psychiatric addiction clinic in northern France provided permission for another interview.

Key informant sample selection was limited to addiction nurses who worked in these psychiatric facilities. The two addiction facility directors selected six addiction nurses' names based on position responsibility and longevity in the position. I then contacted the

¹ Wolcott (2001) declared a time frame less than 6 months an 'ethnographic intent' rather than 6 months to 1 or more years common in ethnographical studies. 'Ethnographic intent' signifies a preliminary immersion experience in which the researcher uses steps of ethnographic method (participant observation, interviews, archival research) to begin an exploration of a phenomenon such as drug addiction as understood and lived by inhabitants (psychiatric nurses, other French nurses who encounter addicted persons in their practice) within a particular culture (France). As a prelude to a more extended study in the future, an ethnographic intent is analogous to a pilot study employed in other research methods.

Table 1
Data Analysis: Domain.

	Domain subcategories (taxonomy analysis)	Themes (thematic analysis)
Addicted person	Responsibility Readiness for change Available resources Self care	Agency addicted individual
Nurse–Patient relationship	Authority Respect Control Management Responsibility Caring	Boundaries in the nurse–patient relationship
Addiction treatment	Methadone substitution Supervision Planned activities Counseling Economics	Effective therapy: 1. Transgression is normal 2. Perception of time
French culture	Addiction treatment facilities Nursing culture Nursing organization hierarchy Philosophy of nursing care Setting of nursing practices Economics	France's response to European Union membership: 1. Harm reduction drug policy 2. Changes in nursing education 3. Changing population demographics 4. Changes in drug habits 5. Changes in French health care system 6. Changing drug and alcohol habits
European culture	Addiction treatment facilities Addiction policies Autonomy of country and demographic shifts	1. Changing drug policies 2. Changes in nursing education 3. Changing population demographics 4. Changes to health care systems

nurses directly for interviews. Two addiction nurses were unavailable or refused interviews. I acquired a fifth addiction nurse interview via a mutual acquaintance made while living in France. Other nursing informants (9) were gathered through snowball sampling via local inhabitants, and visits to other health care and community settings (Table 4).

Ethical considerations for this study included: institutional review board (IRB) exemption approved by my university, written interview consent from directors of two public French hospitals, and one private psychiatric clinic, and informed and process consent with key informants and nine other non-psychiatric nurses as audio taped interviews unfolded in real time. All interviews were audio taped in French with the exception of two key informants who requested English. Each interview began with open ended questions and lasted 1 1/2 to 2 hours, sufficient to elicit rich data and reach data saturation.² Data validation was confirmed intermittently during the interview and at the conclusion. Confidentiality was assured through the use of fictitious informant initials used in this report's text and tables, and by audio tape destruction on completed analysis. I preplanned translation assistance from an English-speaking, native French women, because I anticipated difficult nuances in French–English translation.

Ethnographic questions must emanate not just from the topic (addiction) but from the culture itself (Omery, 1988). The questions developed prior to formal interviews thus represented efforts to elicit this unique nursing perspective within the reality of nursing in France. Semi-structured interview questions focused on psychiatric addiction nurses' demographic data, beliefs about addicted individuals and the nurses' role in effective treatments.

² Data saturation is described as a point reached when new informants repeat words, ideas or patterns similar to previously interviewed informants. At this point the researcher concludes that no new information is occurring and interviews cease (Lo-Biondo-Wood & Haber, 2010).

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