The social processes of nurse-client therapeutic relationships in injectable opioid agonist treatment programs in Vancouver, BC

Category: Oral Presentation

Abstract Body

Background: Nurse-client therapeutic relationships are a critical part of providing person-centered care through sites that offer injectable opioid agonist treatment (iOAT), an evidence-based treatment that provides a safer prescribed supply of diacetylmorphine (pharmaceutical-grade heroin) or hydromorphone in the Canadian context. Considering iOAT programs are nurse-led, an examination of the social processes' nurses follow in establishing and maintaining therapeutic-relationships with this priority population has implications for optimizing addiction care.

Methods: Using grounded theory, our research collected data from 24 registered nurses working across 6 iOAT sites in British Columbia from January 2020 to June 2022. Through theoretical sampling, one-on-one, semi-structured interviews were analyzed with the constant comparative method, using open, axial, and selective coding to explore the data iteratively before being entered into a conditional matrix. To determine saturation, coding categories were reviewed with stakeholders and key informants. Findings integrated feedback from knowledge users and confirmed with member-checking. All findings adhere to the COREQ1 standardization checklist.

Results: Five complex and interrelated categories emerged: Ways of Knowing, Personal Investment, Leveraging Empathy, Finding Flexibility, and Collaborating to Overcome. These categories form a dynamic social process we have named, "The autonomy, advocacy, and action of nurse-client therapeutic relationships in iOAT care." This unique culture of care is enacted through the creation of a safe and non-judgemental space where nurses establish trust and facilitate an extension of care into client needs that exist outside of medication management. To achieve the best care for clients, nurses participate in team-based problem solving to address remaining client-barriers to receiving care.

Conclusions: Nurses use therapeutic relationships to build and maintain trust with clients receiving iOAT. The efforts nurses make to connect with and see clients holistically and without judgement is an integral piece to the provision of individualized care that facilitates the bridging of gaps in a complex healthcare system that is not consistently aligned with patient-centered care of people with substance use disorder. Without proper supports

and the immediate expansion of iOAT programs, nurses are limited in their ability to meet the diverse needs of iOAT clients.

Key Words

- Behavioural Addictions
- Caring in Crisis
- Opiate Agonist Therapy
- Substance Use Disorder (general)
- Treatment Models/Programs

Learning Objective # 1 Explain the critical aspects of the larger social processes that shape nurse-client therapeutic relationships in injectable opioid agonist treatment.

Learning Objective # 2 Consider how healthcare systems and public policies impact nurse-client therapeutic relationships and limit access to iOAT care.

Reference # 1

Comiskey, C., Galligan, K., Flanagan, J., Deegan, J., Farnann, J., & Hall, A. (2019). Clients' Views on the Importance of a Nurse-Led Approach and Nurse Prescribing in the Development of the Healthy Addiction Treatment Recovery Model. Journal of Addictions Nursing, 30(3), 169-176. https://doi.org/10.1097/JAN.00000000000290

Reference # 2

Marchand, K., Foreman, J., MacDonald, S., Harrison, S., Schechter, M. T., & Oviedo-Joekes, E. (2020). Building healthcare provider relationships for patient-centered care: A qualitative study of the experiences of people receiving injectable opioid agonist treatment. Substance Abuse Treatment, Prevention, and Policy, 15(1). https://doi.org/10.1186/S13011-020-0253-Y

Lead Author Mx. Sarin Blawatt Researcher | UBC/CHEOS

Co-Author David Byres President and CEO | Provincial Health Services Authority

Co-Author Sherif Amara

Co-Author

Scott MacDonald Crosstown Clinic Physician Lead | Providence Health Care

Co-Author

Martin T. Schechter Canada Research Chair in HIV/AIDS and Urban Population Health | 1.School of Population and Public Health, University of British Columbia

Co-Author

Wistaria Burdge Crosstown Clinic Clinical Coordinator | Providence Health Care

Co-Author

Scott Harrison PHC Director Urban Health, Indigenous Health and Substance Use | Providence Health Care

Co-Author

Julie Foreman Clinical Coordinator at Hope to Health Clinic | British Columbia Centre for Excellence in HIV/AIDS

Co-Author

Eugenia Oviedo-Joekes Canada Research Chair in Person Centered Care, Professor | School of Population and Public Health, University of British Columbia