Creating culturally safe primary care for people who use substances

Reducing Stigma in Primary Care Research Team:

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Acknowledgements

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island health

Division of Family Practice
A GPSC initiative

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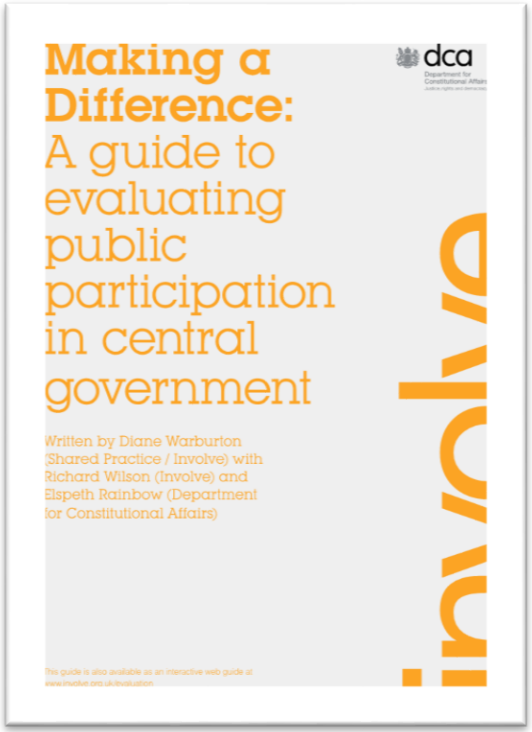
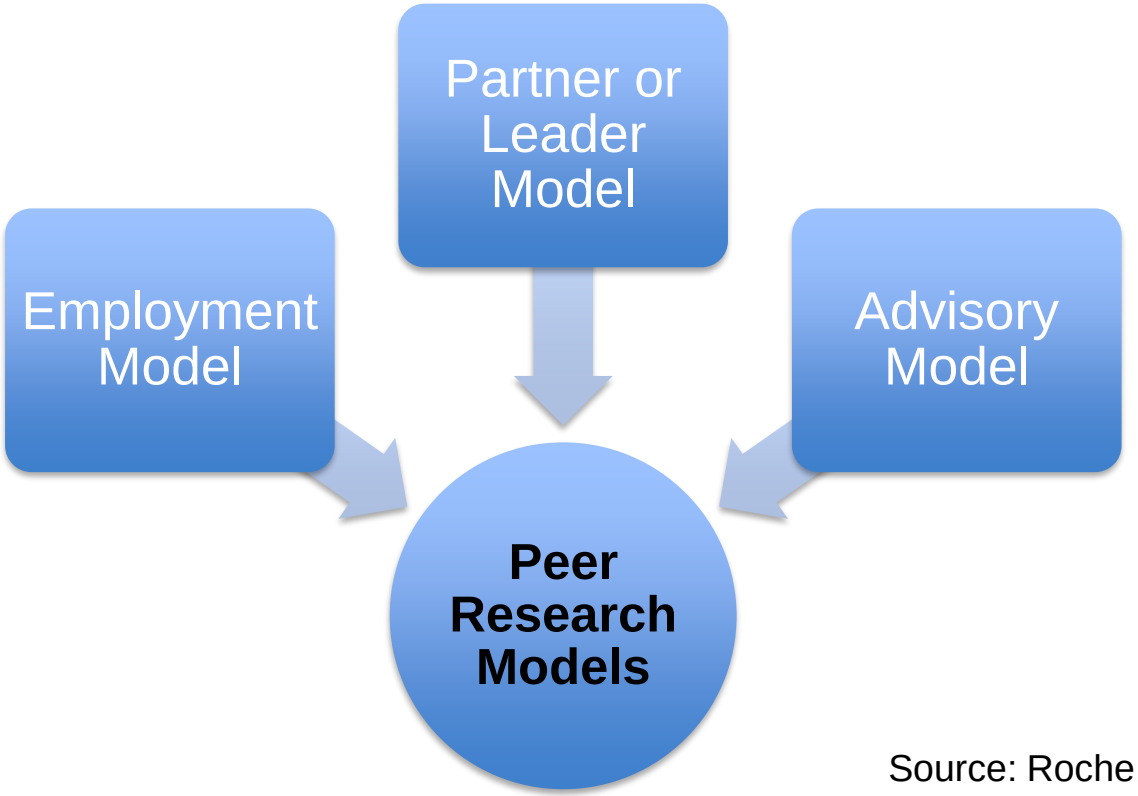
Patient-Oriented Research (POR)



Shifting the Power

Shifting from researcher-driven
to
patient-driven research

Peer research models in public health and community-based research

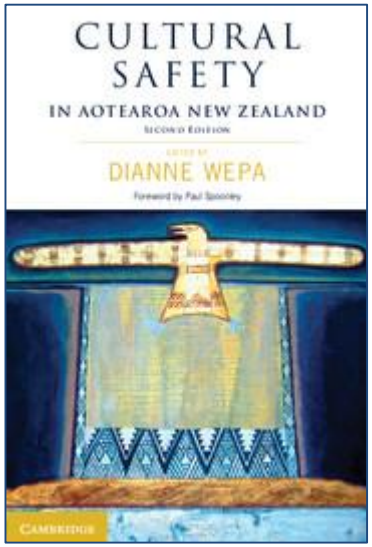


Source: Roche, Guta & Flicker, 2013

Our approach

Cultural safety: origins in nursing

Cultural safety is a framework developed in New Zealand in response to the health needs of the Maori people to address culturally inappropriate and insensitivity in the health care system (Ramsden, 1996)



Wepa, 2015; Cambridge University Press

Cultural safety in health care to reduce drug related stigma in hospitals

Peer advisory research team (2012-2014)

CREATING CULTURALLY SAFE CARE

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

AUTHORS: Bernie Pauly RN, Ph.D, Jane McCall, MN, Joanne Parker, MA, Cat McLaren, BA, Annette J. Browne, RN, Ph.D, Ashley Mollison, MA

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

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https://www.uvic.ca/research/centres/cisur/assets/docs/bulletin11-creating-culturally-safe-care.pdf

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Creating culturally safe primary care for people who use substances: Objectives

- Identify ways of creating safe spaces for service planning, implementation, and research that are inclusive of members of the population who use substances
- Investigate patient understandings of cultural safety in primary care
- Develop recommendations for implementing culturally safe primary care services and research with people who use substances

Our approach

Project expectations (developed by the community researchers)

- Increase awareness
- Increase dignity
- Contribute in a meaningful way to the community

Project expectations (developed by the community researchers)

Increase awareness:

- We hope to increase physician awareness and compassion to reduce stigma
- We will be aware that stigma between people who use substances and primary care providers can go both ways
- We hope that one day substance use and mental health will be less stigmatized and openly discussed and acknowledged

Project expectations (developed by the community researchers)

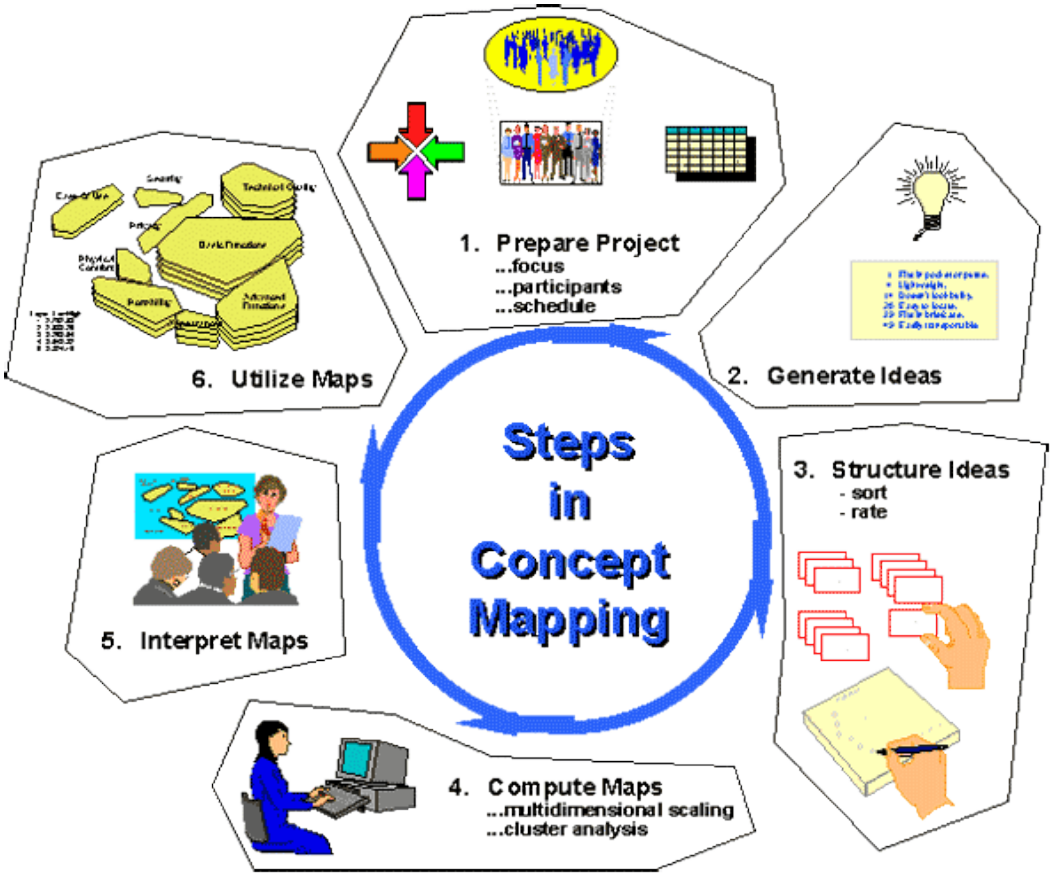
Increase dignity:

- In healthcare and other social settings – this in the form of more humane treatment and safe respectful services
- We expect to be treated with dignity while learning and sharing our experiences with one another
- We hope to build trusting relationships across the groups represented in this project

Project expectations (developed by the community researchers)

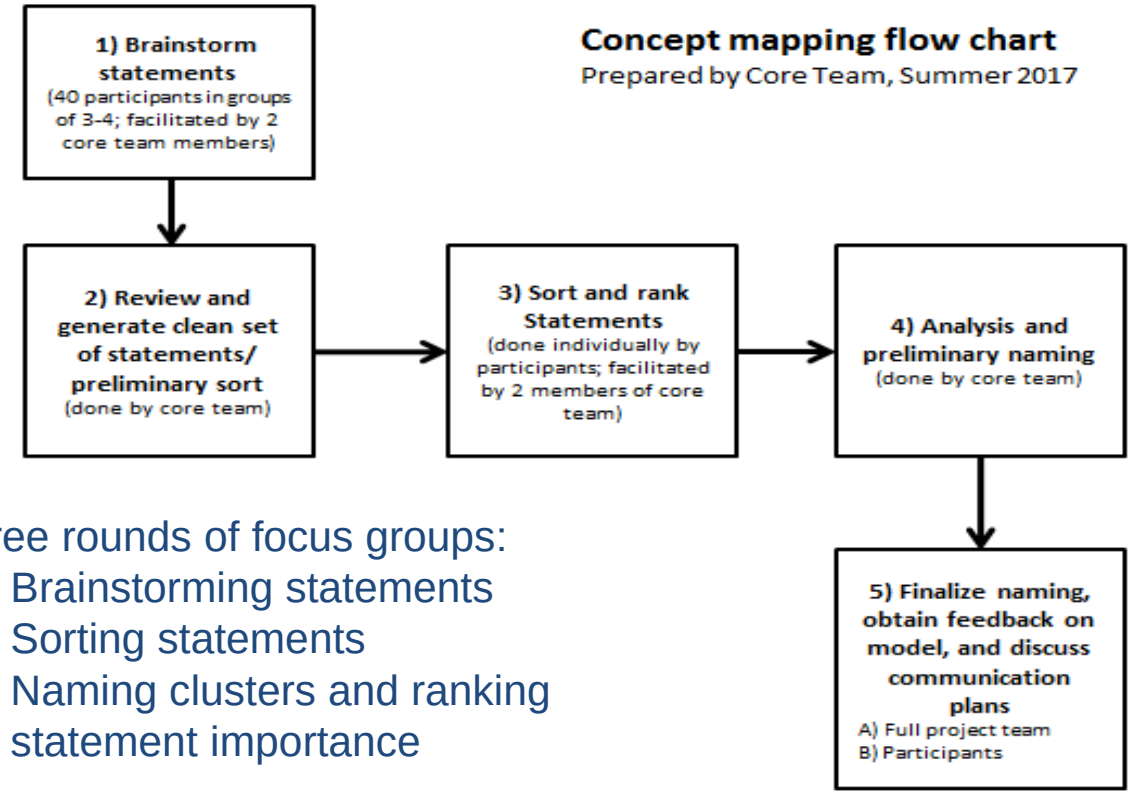
Contribute in a meaningful way to the community:

- Given the current opioid epidemic, we expect our team to acknowledge the value in both abstinence and harm reduction models and keep in mind the importance of saving lives.
- We aim to be part of a forward thinking movement building on the work of Insite [supervised injection site in Vancouver] and the overdose response units here in Victoria.
- We hope to impact physicians in positive ways so that primary care will be improved for the whole community and prevent or lessen the impact of harms which could ultimately result in savings to the economy.



Source: Trochim, 2006
https://socialresearchmethods.net/kb/conmap.php

FOCUS PROMPT: *I would feel safe going to the doctor if…*



Three rounds of focus groups:

1. Brainstorming statements
2. Sorting statements
3. Naming clusters and ranking statement importance

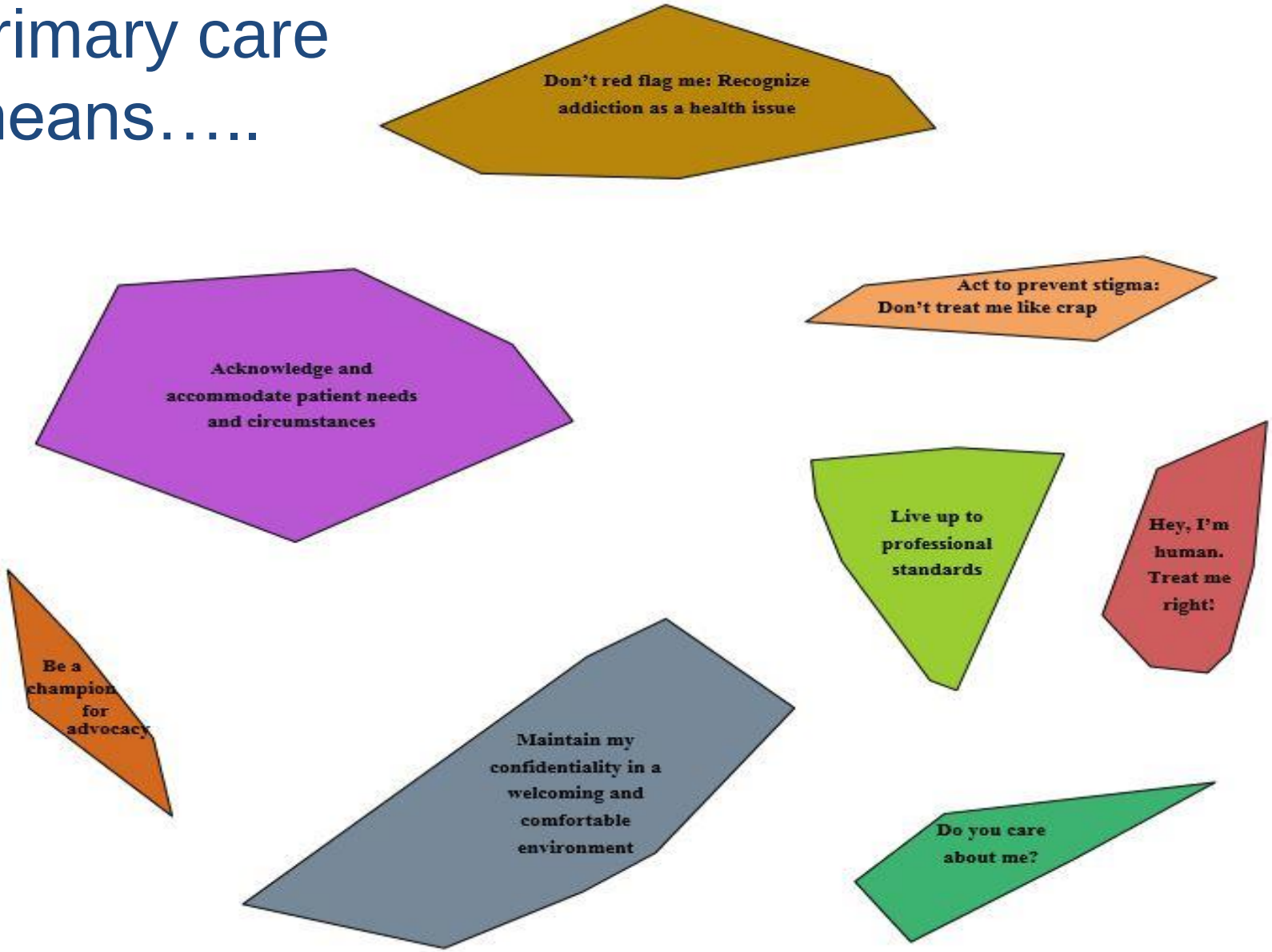
ROUND 1: Within three weeks….

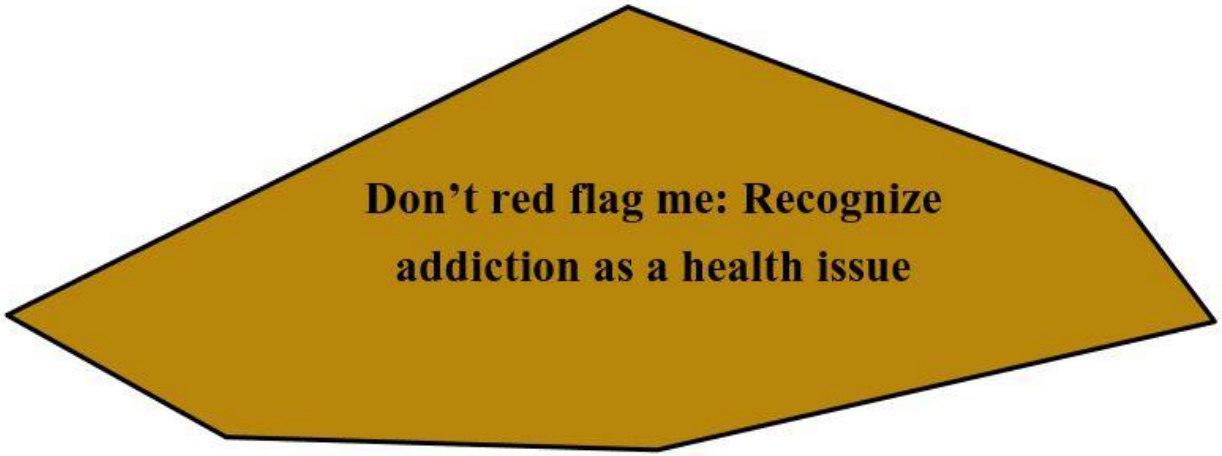
- 75 participants recruited in 12 focus groups
- Groups led by community researchers, with support from the academic researchers
- Even numbers of males and females
- 80% of participants returned for Rounds 2 & 3

Pre-ROUND 2: a mind-melting experience

- 700+ statements brainstormed in Round 1
- Reduced to 73 statements for sorting in Round 2
- Volume, time, pacing, and differences in perspectives

Culturally safe primary care means…..





Definition

Physician is 'drug wise' meaning they are knowledgeable about and recognize addiction as a health condition not as a criminal issue. They are up to date on treatment, management and resources. Don’t red flag me for my drug use and instead offer a range of treatment options including harm reduction.

Definition

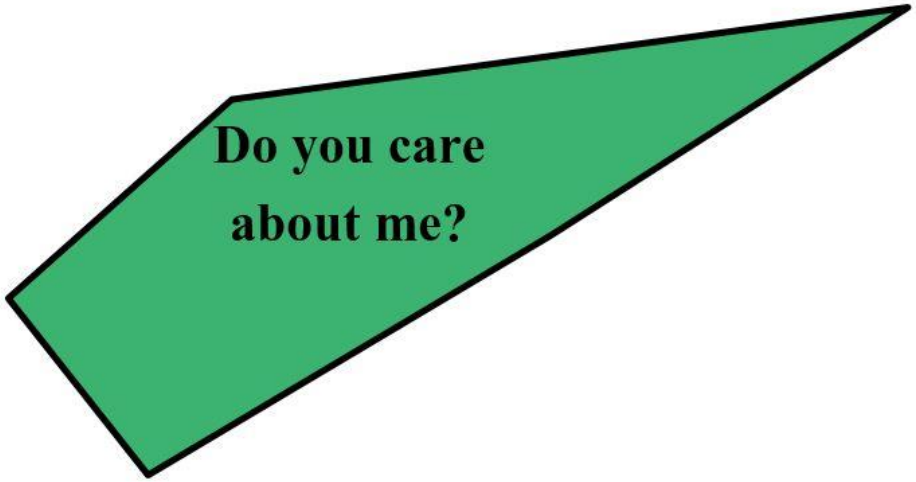
The care I receive is characterized by respect, dignity, sensitivity, empathy and understanding. I am not fearful of being judged, labeled or stigmatized for drug use.

Definition

Don't turn me away or refuse to provide care for me as a result of my drug use. Treat all patients with respect, compassion, dignity, and human decency.

Definition

The doctor has up to date knowledge of addiction and pain management for people who use drugs. My doctor collaborates and communicates with me to make informed decisions about my treatment, especially with regard to prescribing medications and pain management.



Definition

Feeling like the physician has time and isn't rushing. We have a relationship and rapport with consistency in care from one provider which allows for continuity and follow up. Our relationship is characterized by trust and rapport and the care provided is holistic.

Definition

The environment of the clinic itself is welcoming, comfortable, and non-institutional to reduce my feelings of vulnerability. The waiting room has adequate space. Office policies and protocol are designed to ensure patient information is kept private and confidential. There is no public sharing of information in the waiting room or between staff. I don't have to wait for an appointment and appointments and information are accessible.

Definition

An approach to care that recognizes the social determinants of health and makes the necessary arrangements to ensure care is not limited by my circumstances. Patients should not suffer negative repercussions and/or harms as result of their social and economic position in society.

Definition

Patients need supports to feel safe and secure to reduce anxiety they may have about seeking care. These supports extend beyond the competencies or characteristics of individual physicians or the clinic itself to include environmental supports such as an advocate, the environment outside the clinic and system supports such as adequate insurance coverage.

Strategy for Knowledge Exchange

In community the results of our study, we want to:

1. Raise awareness of the issues related to stigma and barriers to primary care experienced by people who use/used substances, and share understandings of culturally safe primary care for this population
2. Support the ability of people who use/used substances to advocate for their own primary care
3. Secure the commitment of people who use/used substances, physicians, and health planners/government to collaborate on strategies to improve cultural safety in primary care
4. Encourage the participation of people who use/used substances, physicians, and health planners/government in developing and implementing policies and practices to improve cultural safety in primary care


CREATING SAFE
PRIMARY CARE TO
REDUCE
STIGMA
FOR PEOPLE WHO USE OR
HAVE USED SUBSTANCES
We met with 75 people in Victoria who self-identified as having experience with substance use and asked them to complete the statement: "I would feel safe going to the doctor if..."
more information at: www.spc.cisur.ca

Engagement with physicians to enhance cultural safety in primary care for people who use substances

Hartney E (PI), Harrison A, Urbanoski K, Pauly E.
With SOLID Outreach and the Umbrella Society

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Definition of culturally safe research

Culturally safe research must be led by people with lived experience of substance use (either past or current). They determine what is safe within a collaborative and community engaged framework. Lived experience is valued and recognition of how stigma and power operate with equitable processes for doing research and action as an outcome.

Developed by the Reducing Stigma in Primary Care Research Team

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Thank you!

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