Providing assistance to users of drugs of abuse: nurses' experience of a first-aid post

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ABSTRACT

Objective: to learn the everyday care provided by nurses who assist victims of violence associated with use of drugs of abuse in a unit of attention to emergencies. Method: descriptive study with qualitative approach based on semi-structured interviews with 19 nurses and analyzed through content analysis technique in the Thematic mode. Results: three central themes emerged << Experience of providing assistance to victims of violence who are users of drugs of abuse >>, << Experience of hosting victims of violence who are users of drugs of abuse >> and << Experience of violence during the assistance to users of drugs of abuse >>. Most participants said that patients who are users of drugs of abuse were aggressive and nursing care for these patients was not fully realized, since nurses reported to be unprepared to receive this clientele. Conclusion: there is no model to provide care beyond the technical assistance and to establish links with the patient.

Descriptors: Illicit drugs; Violence; Alcoholic Beverages; Nursing Care.

RESUMO

Objetivo: conhecer o cotidiano da assistência de enfermeiros que assistem vítimas de violências associadas ao uso de drogas de abuso em uma unidade de atenção às urgências. Método: estudo descritivo, de abordagem qualitativa, a partir de entrevistas semi-estruturadas com 19 enfermeiros e análise dos dados pela Técnica de Análise de conteúdo na modalidade Temática. Resultados: a partir da análise emergiram três núcleos temáticos << Vivência de atendimento às vítimas de violência em uso de drogas de abuso >>, << Vivência de acolhimento às vítimas de violência em uso de drogas de abuso >> e << Vivência de violência no atendimento aos usuários de drogas de abuso >>. A maioria afirmou que pacientes usuários de drogas de abuso eram agressivos, e a assistência de enfermagem a estes pacientes não era realizada integralmente, visto que os enfermeiros informaram não estar capacitados para atender a essa clientela. Conclusão: não existe um modelo para o cuidar extrapolando o cuidado técnico e para estabelecer vínculos com o paciente.

Descriptors: Drogas Ilícitas; Violência; Bebidas Alcoólicas; Cuidados de Enfermagem.

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INTRODUCTION

Violent situations generate the painful reality of high morbidity and mortality, requiring urgent responses from governmental and non-governmental sectors and from health services and professionals, by placing the phenomenon in the public health agenda of many countries. When considering violence as a public health problem, we are faced with the complexity of its approach, because violence has roots in multiple and interrelated determinations that cross objects from different disciplines and sectors of society.¹

Among the many causes associated with violence is the consumption of drugs of abuse. The dysfunctional use of drugs is also considered a social and public health problem as the abuse of psychoactive substances leads to undesirable occurrences such as family crises, violence and avoidable hospital admissions, with consequent increase in demand and overload of units of urgency and of occupancy rates of hospital beds.²⁻⁴

Urgency permeates all pathologies at any time of their evolution, regardless of causing risk to life or great potential of sequelae, and should be identified as early as possible so that appropriate therapy may be adopted to minimize or avoid the damage to the patient.⁴ Victims of violence due to physical trauma and injuries that these entail are forwarded to urgency services in the search for a quick and efficient assistance. This sector is usually the gateway for these patients. They are usually brought by the pre-hospital service or in private transportation, and the first contact is proceeded in the Home Sector or in the Stabilization and Resuscitation Room of the urgency unit by the Nursing team.⁵

Urgency units deal every day with the increasing demand of users and, in turn, have an inefficient service system, with regard to social support to people and families and the technological and physical deficiencies of the workplace.⁴ The nursing staff working in these units experiences a variety of problems related to working conditions that increase stress. They meet a demand that goes beyond the capacity of services in the 24 hours of the day and people with health problems that require immediate care.⁵

A considerable proportion of patients seeking treatment in urgency units with trauma and other injuries have problems related to alcohol and other drugs of abuse. These include abstinence, neurological disorders, chronic diseases in critical state related to drugs and mental comorbidities, which sometimes are more urgent than intoxication or alcohol syndrome per se. It is estimated that in Brazil, 9% of the population is dependent on alcohol, 24% drinks alcohol often, and it is estimated that alcohol consumption is responsible for over 10% of the morbidity and mortality in the country.⁸

Exacerbating a usually hostile environment, patients who are users of drugs of abuse, when admitted to urgency room, very often refuse the service, as they are commonly compulsorily taken to services and have difficulty in maintaining a confidential relationship in an open environment in which nurses, nursing technicians, physicians, security, first-aid professionals, other patients and patients companions interact simultaneously.⁹

Bearing this in mind, the research question that led us to the development of this study was: Which are the care strategies developed by nurses while providing care for drug users in situations of violence? In this context, the present study aims:

- To learn the everyday care provided by nurses who assist victims of violence associated with use of drugs of abuse in a unit of attention to urgencies.

METHOD

Descriptive, exploratory and qualitative study conducted in the First-Aid Post - FAP of a general teaching hospital, public and medium-sized, located in Maringá - Paraná. The hospital is a regional reference for urgencies of medium complexity and situations of violence against children, adolescents and women who need hospital care, and to the provision of care for acute and chronic cases dramatically worsened by intoxication by drugs of abuse through the Center of Toxicological Assistance.¹⁰

The First-Aid Post works on permanent duty regime with a daily average of assistance to 150 patients. It has 31 beds for clinical observation of patients, which are also used for long-stay in the hospital because of the lack of beds for hospital regulation.⁷

The study population consisted of nurses in the technical and teaching modalities working in the post in March and April 2013 according to schedules prepared by the head of the unit. The following inclusion criteria were used: be working at the FAP, regardless of the type of contract and time in the unit; acting directly on patient care; not exercising administrative activity or having administrative position; and acting in the months of March and April 2013; professionals who were away for over 30 days were excluded.
There were 28 nurses on the schedule of work during the period of interviews, but only 24 met the pre-established criteria. From this total, there were five losses justified by maternity leave, vacation and refusal to participate, leaving a total of 19 interviews at the end. These professionals are 13 technical nurses and six, nursing teachers. As for the workday, 14 worked in the daytime and five in night shifts.

Monthly schedules of the nursing staff per shifts in the months studied, which are documents organized by the institution, were used as data sources. The data collection instrument was a script for semi-structured interview developed by the researchers and consisting of two thematic blocks: Block I, for characterization of the study population and Block II consisting in three guiding questions: Which are the strategies of care that you adopt when it comes to provide care for patients in situations of violence that are users of drugs of abuse? What is your feeling in face of this situation experienced by the patient? Have you ever been in a situation of violence during the provision of care to these patients?

Data collection was conducted through documentary analysis of work schedules for the selection of respondents and interview with the professionals. In order to proceed the interview, it was asked that the professional suspended activities for a few minutes and the interview happened in a private place. The interviews lasted an average of 20 minutes and occurred through a single meeting with each participant. Participants were informed about the research objectives and signed their affirmation of being aware of the Terms of the Informed Consent.

Statements were literally transcribed and categorized through thematic content analysis. An initial overview reading of interviews were made, in order to gain familiarity with the speech of the respondents, and in the sequence, the reports were examined again in order to identify and highlight the aspects defined for the study and the recurring themes. The evident nuclei of meaning, whose presence or frequency showed significance for the analytical objective of the study, were grouped into thematic categories.¹¹

In order to ensure anonymity, nurses were identified by the letter N and a number that corresponds to the order of interviews (N1, N2, N3 …). The study followed the ethical principles of research with human beings. The research project was approved by the Standing Committee on Ethics in Research.

RESULTS AND DISCUSSION

The results of this study assemble the perceptions of 19 nurses working in a unit of attention to urgencies. Among these, 17 were female and ages ranged from 23 to 56 years. In the period of interviews, there were more white and married nurses and most had one or two children. Regarding occupation, 13 participants acted as technical nurses in the hospital and six as nursing teachers linked the educational institution, and had been working in the hospital sector for three to 23 years. Regarding family income, there was variation between three and 10 minimum wages, according to values valid for the year of the study. As for religion, 10 of these professionals were Catholic.

From the exploration and analysis of the speeches of deponents, three central themes raised: Experience of providing assistance to victims of violence who are users of drugs of abuse; Experience of hosting victims of violence who are users of drugs of abuse and Experience of violence in the assistance to users of drugs of abuse.

♦ Experience of providing assistance to victims of violence who are users of drugs of abuse

All interviewed nurses reported having already provided service to patients who were victims of violence associated with the use of drugs of abuse in the unit in which they work, although this unit is not a reference for attention to psychiatric urgencies neither formally incorporates Psychosocial Care Network.¹²

The 2011 World Report on Drugs reveals that the number of drug users increased from 180 million in 2009 to 210 million in 2010 (United nations office on drugs and crime, 2011),¹³ which indicates the increase of the possibility of drugs, whether legal or illegal, to lead to hospitalizations or need for care in urgency/emergency units. Whereas care is needed in cases of moderate to critical intoxication, this population requires an integrated management of the different situations of abuse.²

The vast majority of deponents reported having carried out direct services to drug users in situations of violence; only in one statement, the professional gave an opposite information, that is, providing assistance in different situations of violence but not linked to the use of drugs.
This information confirms the high possibility of hospitalization of drug users urgency unit, as they are susceptible to car accidents, physical aggression, suicides and homicides, and other accidents. It was mentioned that the patients used alcohol in binge drinking defined as the consumption of five or more doses of alcohol on a single occasion by men or four or more doses by women\textsuperscript{9,14} and they were exposed to risks that led to participation in violent situations.

The presentations regarding the regularity of care for victims of violence mostly expressed that hosting these patients occurred in daily basis, but the frequency increases on weekends, and only two professionals described these occurrences as occasional. This trend, especially the relationship of care with binge drinking, is reported in the literature\textsuperscript{9,14}

On the quality of care provided to this type of customer by the health team of the unit, eight nurses reported that the service provided is good or excellent according to their personal judgement, but four reported that the service is bad and below what would be desired.

The service in fact requires a little more attention, because we do the initial care even aimed at health, but we do not give adequate psychological support as nurse. Of course, there is the service of the social worker, the psychology service that comes to help. (N7)

There is an evaluation on how that can be done, he is regular, because when the patient comes beaten, drunk, the way he is there, the assistance is kind of restricted, we have to wait some time for the alcohol level decrease, the patient is often contained, we ask a tomography when necessary, sometimes, tomography is inadequate, as far as possible, this patient is regular. (N14)

Deponents spoke about the anguish and limitations experienced in the care of patients who are victims of violence and drugs, and many were the feelings expressed. Dissatisfaction with the organization of the care network of the local health system and the lack of guidelines or protocols for these cases generated feelings of failure of public policy and a perception of negligence with the care to these people, which interferes directly in the quality and comprehensiveness of the care provided (Figure 1).

The representation of the experiences of nurses were flooded by feelings that depict the deeper meaning of their emotions in the service to the victims of violence, among which failure, lack of equity, humanization, prejudice against victims, technicist care, and little affection toward the other can be highlighted.

Providing care for victims of violence and the possibility of progressions toward a violent behavior is a challenge for health professionals, particularly for nursing professionals, because there is no one structured model on how to do this, and only recommendations and guidelines for professional practice are available. Caution should be focused on the promotion of security, acceptance, respect and satisfaction of individual needs, establishing a relationship of care between the patient and nursing professionals.\textsuperscript{15}

A study conducted in the European Union investigating the quality of hospital care showed that one in ten patients hospitalized...
due abuse of alcohol suffer damage that is considered avoidable during the care received. Unsafe health practices can result in premature death of patients assisted in hospitals, exceptionally those who demonstrate aggressive behavior.16

A genuine therapeutic relationship established with the patient and a contract of agreement between the parties serve as the basis for treatment, and ensure its continuity and quality. This approach reduces resistance and thereby increases the patient's motivation to cooperate and participate in what is being proposed.17

● Experience of hosting victims of violence who are users of drugs of abuse

The attention to clinical urgency occurs in pre- and in-hospital services and professionals of these services must be prepared to perform the reception in a safe manner and promote the correct referral of patients to other health care levels. In order to the initial care occur properly, the health team must relate to an approach based on scientific evidence that warrants a favorable outcome to the patient.17,18

The initial care in urgency services is characterized by the search for stabilization of vital conditions of the human person, throughout life support, which requires agility and objectivity by the health team, with actions aimed at maintaining life and minimizing potential sequelae. These services give priority to a logical sequence during assistance and must be guided by the minimum standards of care in order to ensure the effectiveness of the conduct adopted by health professionals and reduce the stress during the assistance.18-20

Relating these premises to the hosting of victims of violence, reports of nurses regarding the reception were positive, because most professionals said to host the victim in a humane way, with affection. However, in other statements the reception occurred in a strictly professional manner, lacking empathy toward the patient. Others reported to prioritize the hosting aiming to guarantee patient safety, and said that this care with little proximity promoted a distance between professional and patient.

Complications related to the lack of standardization in the service to users of alcohol in urgency units are a recurring fact today. The spread, diversification and availability of psychoactive substances put health professionals on various clinical settings, alone or combined, minimized, exaggerated or masked by other situations.3,17

Regarding the care strategies, some nurses reported to request the presence of a family member and/or another nurse to accompany the patient at the time of assistance and avoid exposing the patient, trying to understand the situation of extreme vulnerability in which such patient is.

Affirmations considered suitable for a qualified psychosocial assistance, because drug users are more susceptible to accidents and violence even in the health care environment, and alcoholic poisoning may serve suicidal purposes or may trigger psychiatric illnesses in individuals who already have them.17

The speeches about the feelings expressed by professionals in the exercise of care to drug users was ambiguous: either the presence of feeling of indignation and rage, sometimes flooded with compassion and sorrow for the situation of patients. There was also a feeling of powerlessness in the face of the need for continuity of care, as well as wear, insecurity, indifference and often the condition of professional failure.

In order to establish an empathic relationship, intentionality, availability, responsiveness, trust and acceptance are all necessary, as they foster the growth of both the professional and the patient. The provision of care requires technical and scientific knowledge, skills and competence proper of the profession, favoring the perception of the human being in the biological, psychological, social and spiritual aspect.11

Sometimes I realize that I have some patience trying to understand the process that brought the person here, but other times we see that we lose patience, because I thought, come on , they drink, drink and then come here for us to take care, because the service ends up all with us because the family abandon them here... sometimes we call a family relative to be together but they don't come, so we lose the patience.(N3)

I try to host in humane way, avoiding to expose the patient, I try to create a bond with him. (N13)
When asked about the differences between the assistance to patients victims of violence and patients assisted due to other health problems, a significant number of nurses responded that there are differences in the care of victims of sexual violence because this is guided by a specific protocol; but in the case of users of drug of abuse, a population with specific characteristics and needs, there are no protocols and care is, consequently, impaired.

However, there was still a large majority of testimonials that observed the existence of positive differences in the care of victims of sexual violence. Although it is more complicated and has various procedures to be followed, the nursing team shares skills and formal responsibilities with other health team professionals, especially social workers and psychologists, and in these situations, there is a sense of compassion for the victims of sexual violence, unlike the victims of violence who use drugs of abuse in binge or are chronic drug users, who are found guilty of the violence they have undergone.

The approach is limited to the physical part. I know these people, they need more care and other types of care. And it has already occurred that patients came here in the reception, that there was a time he would come back here every week, totally drunk then we try to route them, you realize that something is missing. (N3).

The service in fact requires a little more attention, because we do the initial care even aimed at health, but we do not give adequate psychological support as nurse. Of course, there is the service of the social worker, the psychology service that comes to help. (N7).

In relation to the care and safety of patients in urgency units, health professionals, especially the nursing staff, would need to improve the methodology of initial approach. The approach carried out with feelings of pity and empathy to more depressive patients, or estrangement, fear, anger and revolt demonstrated to the more aggressive or theatrical patients, point out the availability of professionals to serve them. Generally, demotivation or disinterest in serve them creates a defensive position, especially toward the aggressive, because of lack of formal training and unpreparedness for assistance to drug users in their psychological dimension and social every day life. This unpreparedness or difficulty for caring coupled with the idea of the patient as potentially aggressive permeates the idea that should be such customer should be assisted in a specific location, the so-called psychiatric urgency.

Experience of violence during the assistance to users of drugs of abuse

Violence in the workplace, self-reported as physical or verbal aggression, were mentioned by ten nurses who said to have suffered direct violence during the course of assistance to users of drugs of abuse, considered a moment of fear and need for step away from the patient and the care.

Workplace violence is recurrent in many countries and can occur regardless of the socioeconomic context and the type of the current health system. Canada has a health care system that has served as a model for other nations when provides universal and comprehensive coverage of medical and hospital services. However, this right does not prevent the occurrence of conflicts between workers and users, as shown in the results of a study carried out in the country. Studies conducted in Ribeirão Preto - SP and Chile, also point out and discuss this situation.

During the accounts on change of behavior after suffering occupational violence, nurses said not having changed the way they provide assistance after such episode, but that they changed their behavior while approaching the patient, requesting the assistance of other

Figure 2. Representation of the feelings experienced in the hosting of patients victims of violence and users of drugs of abuse. Maringá, 2013.
nursing professionals to share in the assistance. A nurse, however, reported that the experience of the violent episode drove her away from the care of these patients.

Oh, I get apprehensive to assist them. Sometimes we keep thinking, the person is here, she is drugged on crack or drunk, if I go out on the street I do not know who she is, who is she, it because we meet a lot of people, but she knows who I am. Thus we feel a little held hostage, and that's why we share the service [...](N3).

I provide assistance differently. Yes, because from the moment he swore at me and attacked me verbally, I was very angry to assist, anyone who comes to service (N10).

I did not mistreat or anything, but I left, I called other people to take care and I went to give care for those who really were in need (N12).

Urgency care units are promoters of stress and nursing professionals who work in these units are exposed to various occupational hazards and their health may be compromised due to exposure to such risks, especially psychosocial risks. Nurses may not realize the mental suffering, not even relate it to working conditions and the influence of suffering on the assistance provided.19,20

It stands out here the importance of these professionals to seek alternatives to prevent injuries and illnesses and to promote health by improving their quality of life in the workplace and in personal life. However, the study revealed that most of the strategies for coping were individual or shared with the own nursing staff. This means that the charges resulting from the work process, although they are discussed collectively in the care everyday, they are not forwarded as management objects. In this context, the actions and possible individual solutions do not reach the collective, to improve the work process and the quality of life and work of these professionals.26

It is expected that nurses, when acquiring competence in the areas of critical content, may become capable of meeting the challenges emerging in health such as the rapid change of social structures, the need for production and rapid availability of knowledge applied to the health of the population and of new health technologies.27

**FINAL REMARKS**

Istigate reflection on the care of victims of violence due to the use of drugs of abuse is necessary because there is no a structured model to accomplish it; what is perceived, in practice, is that health professionals have difficulty to deal with such victims. For health professionals recognize the violence and effectively provide care to victims, they need to be prepared to do so. There is no model to this care. However, better-prepared professionals will be able to establish a relationship of care that goes beyond technical actions, to establish links of care with the patient.

The nurse, as a member of the healthcare team, must be able to perceive, face the problem and provide care responsibly. Notwithstanding, it is notable that the care process does not occur in isolation, but through intentionality, interaction, availability and trust between the professional and the patient.

The present article had the objective of carrying out a reflection on the work of nurses in the care provided to victims of violence who are drug users with a view to establish a qualified healthcare relationship, but with a view to the care with the extrapolation of the aspects discussed, the kind of methodological approach stands out for in-depth discussion and leads to representative results only for the investigated context, and thus, it is not possible to exceed or generalize the results to other contexts.

It is suggested to include measures aimed at the standardization of care that in addition to regulate the practice of nursing, fulfilling the principles of Professional Practice, may improve the performance of activities of the assistance program. The implementation of minimum standards assists in prescribing individualized care, aiming, beyond the basic care usually offered, new modes of care that may contribute to the recovery and quality of care provided to patients who are users of drugs of abuse.

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