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Applying Integrative Nurse Coaching Theory and Nursing Presence Theory in the Treatment of Opioid Addiction

Jessica Cook

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The delivery team arrived on the unit with what seemed to be a healthy looking newborn, who delivered a week from their due date. The father also arrived with the newborn, and after I introduced myself, he turned to me and expressed his concerns with his new baby. After I reassured him that we will be keeping a close eye on him, he looked at me with a scared look in his eye and vocalized how worried he was about the health of his baby, as the mom admitted to the delivery team about her drug use. I asked him if he knew what drugs she had taken, and he shook his head reinforcing his worry because he was not entirely sure. I explained to the father that we will find out soon what drugs are in the baby's urine as well as the mother's urine, and if/ when medication may be needed if the baby begins to exhibit signs of withdrawal.

Upon examination, there did not appear to be any physical deficits, but the doctor vocalized the need to perform the withdrawal checklist every 3 hours, as he expected the baby to require morphine very soon. In the meantime, the baby was tolerating formula feeds by mouth and sleeping adequately. So far the baby did not appear to be in any sort of distress.

The mother soon arrived on the unit and began to sob about her baby. She then went on to discuss how guilty she felt that she started using Percocet and oxycodone in the beginning of her pregnancy but then she was referred to a methadone clinic after finding out she was pregnant. She added that the doctor at the clinic had advised her to not completely quit opioids while she

was pregnant, because it puts her at risk to loose the baby. I reassured her that we will take very good care of her baby, and in the meantime we will be watching for signs of withdrawal.

A short while later, the doctor explained the positive opioid test results of the baby to the mother. She responded to this by providing a back story that began after a traumatic car accident that caused her chronic neck and back pain. She had been prescribed opioids for several years, but had recently built up such a high tolerance her doctor refused to increase her dose. This had led her to find additional pain medication illicitly.

She went on to explain that after she found out she was pregnant, she had made an appointment with her doctor to discuss her pain management options. Being told her only option was to not stop the opioids, allowed her the freedom to use at will. Now that her baby is facing the risk of undergoing distress due to opioid withdrawal(s), she expressed feeling betrayed by her doctor. She added that if she was given more options, she may have had a better plan to manage her pain, knowing if she were to get pregnant that her baby would not be in this situation.

Unfortunately, this is not the only story I have heard that is centered around this type of addiction. “The U.S. is now in the grip of an opioid crisis. Every day, more than 100 Americans die from an opioid overdose. This number includes deaths from prescription opioids’’ (NIH News and Health, 2019). This crisis is also affecting those who are pregnant as well. “Chronic pain disorders are a major problem during the perinatal period, and health care professionals

have received limited formal training. Previous data have largely focused on pharmacological management during pregnancy, primarily with the use of opiates" (Ray-Griffith, S., Wendel, M, 2018). With statistics like these, it is important to explore alternatives to manage chronic pain in order to avoid the feeling of only having pain medication as the only method of treatment.

Introduction To Concepts

In this paper, I will be discussing research based concepts. These concepts include chronic pain management with patient to nurse interaction, and ways to promote healing to help mothers like the one mentioned in this paper. I will also provide specific examples of how these theories can be applied as a future practitioner, and what the benefits and limitations are for the theories I chose.

Currently, when a patient presents to a clinic (like the one mentioned at the beginning of this paper), the CDC recommends a patient centered assessment, discussion of various types of treatments, with a goal to eliminate opioid use as applicable (CDC, 2019). This can include asking the necessary questions to understand as much about the patient's background as possible, including any alternative therapy(s). After this is established, then a care plan is made. But given the statistics centered around the opioid crisis, I feel that more needs to be done. That is why I support the incorporation of theoretical framework within our practice. This is because applying theory can enhance situation(s), leading to better outcomes (McEwen, M., & Wills, E. M., 2019). Therefore, the theories I felt would have the greatest impact are, Integrative Nurse Coaching Theory, and Nursing Presence Theory.

Integrative Nurse Coaching Theory

The Integrative Nurse Coaching Theory was created by Barbara Dossey. She brings forth holistic principles that can advance health care on both a patient and a provider level (Gustafson, 2015). This includes incorporating principles that support a healthy mind, body, and spirit among the provider and the patient. More in depth examples of holistic principles are expressed well in the Integrative Nurse Coaching Theory she created. These include, self care, self assessment, and self evaluation (Dossey, B., Luck, S., 2015). Understanding ourselves can be a daunting task. But this theory provides the importance of self and how it shapes so many aspects of our lives. We can do this by engaging in practices that allow us to look deep inside ourselves and become more aware of what contributes to making us who we really are (Dossey, B., Luck, S., 2015). It is by uncovering why we are who we are, what we can do to contribute to a better self, and things that we can be rid of that are not of help to us.

Other variables introduced in this theory include (H) Healing, (E) Energy, (A) Awareness, (R) Resiliency, and (T) Transformation (Dossey, B., Luck, S., 2015). These variables are all individualistically applied. Two people may both have similar upbringing, but require different strategies to heal. Increase in energy by getting enough sleep might be adequate for someone who does not sleep enough, but might involve healthier food choices by someone that already sleeps 7-10 hours a night. Finding awareness, resiliency, and transformation are also

individualistically based. It's the understanding that these concepts can be applied to everyone's life, but must be customized to meet each person based on their own particular life.

Utilizing this theory in the world of addiction requires similar individualist methodology. Just because addicts share a similar problem, does not mean they can all benefit from the same techniques. Not to mention, because providers are in charge of treating these patients, they too can benefit from applying this theory into their lives as well. Therefore, one way we can teach self care is to perform self care within our own lives (as the practitioner). This can include, a hot bath, a massage, journaling, a walk in nature, etc. After finding what works, we can share these experiences with our patients with the hope that they also find it useful within their lives as well. In my opinion, if a provider has established ways to provide self care to their lives, this can help them manage challenging situations better than a provider who may be feeling overwhelmed.

In regards to our patients, some basic ways we can help them establish a route to learn the premise of self discovery can start with a referral to a counselor/therapist/support group. By speaking with someone professional, they can formulate questions that can guide the patient to learn more about who they are. Also, understanding a patient's environment is really important. For example, if a patient is having a hard time with relapse, we can provide them resources to help them change their environment so they are not around those who can influence them to use illicitly. Lastly, we can look to having them journal, or even engage in moments of reflection can be of benefit. After time has lapsed, I also feel we must engage in follow-up to see how these

treatments are working, and what changes can be made to their treatment plan (as what might work for one person, may not work for another).

As research points out, opioid use and lack of coping mechanisms can go hand in hand. "Compared with controls, opioid dependent subjects reported greater stress, less use of adaptive coping, but comparable use of maladaptive/avoidant coping" (Hyman, S., Hong, K., Sinha, R., 2009). Therefore, when the urge to use is there, teaching these patients techniques such as breathing exercises, taking a walk, hot bath, or even calling someone for support can provide more for these addictive behaviors than regular treatment can provide. "With this in mind, a holistic approach to addiction treatment should ideally aim to not only curtail isolated addictive behaviors, but to adequately address a broad set of factors that play a role in the development of the addiction to begin with" (Hardey, 2020). Because we are focused on the patient's mind, body and spirit, having healthy coping mechanisms can contribute to their overall health, and manage their addiction at the same time.

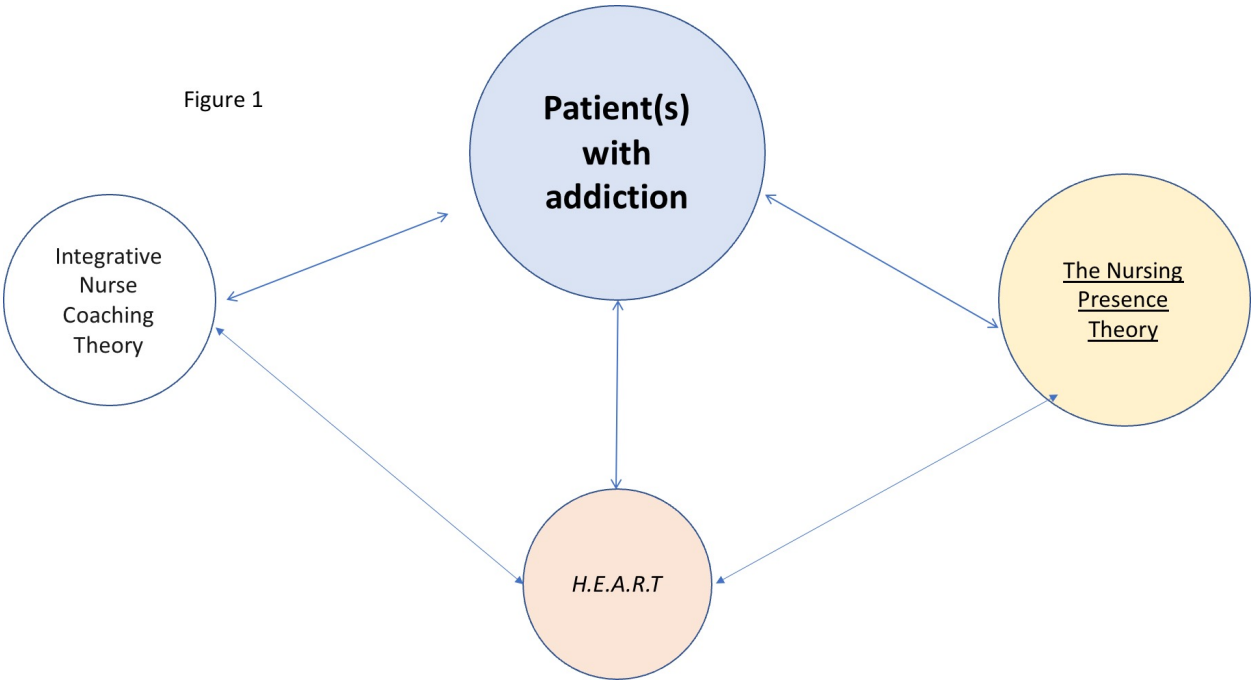
Nurse Presence Theory

The second theory I chose (The Nursing Presence Theory) was written by Donna Schwartz-Barcott and Kim. Donna Schwartz-Barcott is a nurse, professor, and anthropologist that has worked in various parts of the world. She worked along side Suzie Kim (also a nurse and professor) who like Donna, has engaged in research from various parts of the world. By working together, they were able to come up with The Nursing Presence Theory.

This theory provides several ways practitioners can provide a nursing presence during patient interactions. Examples of this includes: having attentiveness, a physical and mental presence, and holistic participation (Mohammadipiour, F., 2017). Every time a provider meets with a patient, it is important they demonstrate a total presence to that patient during their conversation. “A nurse has to display an open, receptive, prepared, and assessable attitude to offer his/her presence” (Bozdogan Yesilot, Saliha. (2016). Knowing how important a providers actions and demeanor can create a better outcome in the realm of addiction and recovery. “The physician can be a powerful influence for getting the patient to accept treatment, especially when the physician is empathic without being judgmental” (Weaver, M., Jarvis, M., Schnoll. S., 1999). Therefore, applying this theoretical framework to our practice gives our patients an opportunity to live a life that is not centered around opioid use.

Figure one displays a diagram that demonstrates both theories, and how they impact the patient. The patient(s) was created as the focal point for this diagram. Even though H.E.A.R.T is technically part of the Integrative Nurse Coaching Theory, I felt it was necessary to have it displayed separately, because it is an important component for my topic.

Figure 1



I chose both theories for several different reasons. For starters, they are both extremely applicable to the world of addiction. These theories contribute to ways providers can live a less stressful life that can in turn have a positive impact on our patients as well. I also feel both theories are very straight forward, and allow for customization based on the patient's interests/ situation.

Strengths and Weaknesses of Theories

The Integrative Nurse Coaching Theory provides many strengths in the world of addiction. The first of which is the use of the underlying variables known as H.E.A.R.T. This

can provide a variety of alternatives to pain management and addiction.“Because the experience of pain is so far-reaching, doctors believe the best approach to pain management is a combination of therapy, mindset and medication” (HSCNews, 2019). This is just one of the few strengths that I feel can help make the difference in the lives of our patients.

The second strength comes from The Nursing Presence Theory. This theory teaches us the importance of the type of presence we portray during our patient interactions. It can include, non-offensive word choices, speaking in a calm voice, non-judgmental demeanor, and avoiding offensive body language (avoid crossing of your arms), etc. “For example, medical training often emphasizes keeping an open body position and remaining calm and soft-spoken regardless of how upset or challenging the patient may be“ (Lang, E., 2013). In my opinion, this will help our patient(s) feel that our intentions and implications for their health is coming from a helpful and positive place.

However, despite these strengths, lies a few weaknesses. In my opinion, The Integrative Coaching Theory may not be able to work on individuals who refuse to make any changes to their situation/lifestyle. Because it is mostly centered around ways to live a happier life, it does not provide ways to help motivate a person to want to better their life.

Within the realm of The Nursing Presence Theory, this theory does not address ways to handle conflict or if the patient presents in a hostile manner. While I do believe that approaching someone who may be upset is best with a warm welcoming demeanor (as mentioned in this theory), it may not be enough in situations that warrant conflict resolution.

Another weakness in the world of addiction, as a future practitioner, is how easy it is to access prescription opioids. "The full extent of the public health consequences of prescription opioids is further complicated by the increased availability of heroin, which is less expensive than prescription opioids in the black market" (DEA, 2013). If we deny a patient a prescription for an opioid, I feel we could potentially see these patients resort to illicit drug use as a resort. Therefore, it is important to note that we cannot control the illegal drug market in the communities we practice in, so it is important to understand it as a potential road block(s).

Conclusion

I designed this paper by starting out with a real life example of pain that led to addiction. Meeting a mother who struggled with addiction, and now learning the repercussions it had, not only on her life but her newborn baby, had a major impact on me. It brought not just tremendous sadness and sympathy for this family, but it also made me realize the disconnect that can exist between providers and patients. With the growing epidemic, I felt the need to address this using a few different angles.

The first way centered around the importance of a thorough assessment. Taking the time to get to know our patients and their history, can lay important groundwork in the care we need to customize to help them. This approach can provide an opportunity to build rapport and

establish trust, so we have a better chance to reach our patients in ways to help with their opioid use/addiction(s). I also discussed the ways we can tackle pain on a medical standpoint, before we resort to prescribing opioids. Some of which included referring out to other specialities, prescribing NSAIDS/Tylenol, and only prescribing opioids after all other options have been explored.

After we establish a great basis centered around assessing our patient(s), I felt the need to introduce two theories that could contribute to opioid recovery. The Integrated Nurse Coaching Theory provides the framework of how to develop a better sense of self. This can come in the form of self assessment, self care, and self evaluation. This can also provide practitioners to help those suffering from addiction to undergo this self discovery by use of therapy, support groups, etc. As this theory also points out, finding healing, energy, awareness, resiliency, and transformation is individualized based. To apply these variables we must be familiar with our patient's interests. That way, they are more willing to apply these changes to their life.

I also introduced The Nurse Presence Theory as a great way to communicate and connect to our patients. This theory reinforces ways to be a successful communicator and effective interactions by utilizing several techniques. These include, a non-judgmental demeanor, eye contact, etc. Now applying these to the interactions practitioners can have with patients that suffer from addiction can allow for better outcomes. Sometimes our interactions may not end on

a positive note, but we must maintain our composure and open dialogue during these difficult situations. I have had several mom's express to me how much they have been "judged" along the way by numerous providers. A few of these mom's had a closed off demeanor when initially interacting with me, which made sense to me after they expressed being judged in the past by others.

Therefore, it can become very difficult to manage those in pain, especially with the role of being able to prescribe. If the patient demands a prescription without pursuing any other alternatives, this can leave us feeling overwhelmed. Despite all of this, I feel that if we tie all the components I mention throughout this paper into one big package, we have a little more leverage for bridging this gap. Sometimes the best approach to overcome an obstacle is starting with a positive intent, a great attitude, open mind, and a warm heart. In my opinion, patients suffering from pain ultimately want to feel one thing, which is relief. Even if this relief is in the form of also fueling an addiction, we must instead focus on how this need began. Is it injury related, triggered by trauma, or a way to cope with some other underlying cause? That way we can customize our efforts to help with more than just requiring a narcotic.

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