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**Managing Postoperative Pain For Patients With Addiction And The Theory of
Interpersonal Relations**

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NURS 501: Theoretical Foundations of Advanced Nursing

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Critical Issue

Controlling postoperative pain for patients with a history of addiction is a challenging, complex issue faced by healthcare providers and their patients daily. There is a major stigma surrounding patients who have struggled or are struggling with addiction. Often providers assume they will not be able to adequately control a patient's pain if they have a history of substance abuse. Bias is passed down from our peers and mentors beginning early in our clinical rotations and patients are being classified as having "drug-seeking behaviors" affecting how we treat and care for them.

There are many barriers that contribute to the undertreatment of pain in this patient population. As mentioned above addiction bias by healthcare providers can cause them to undermedicate these patients. In nurse to nurse shift reports we often hear things like, "This patient always rates their pain as 10/10", and "they are talking on the phone and laughing, they must not really be in severe pain." When we get a subjective, biased report from the previous shift, we are more likely to disregard and undertreat our patient's pain. I think we have all given and been given a subjective report on a patient, mentioning negative attributes that are not necessary to the nursing care of the patient. This sets the next shift off on a biased, negative note, and does not help facilitate a holistic nurse-patient relationship. We are taught in school that pain is subjective and individual to each patient, but we often don't take pain seriously for patients who have an addiction history.

Lack of education and awareness of pain management interventions and considerations for patients with addiction history is another barrier to adequate pain control. Some patients are reluctant to take opioids after a major surgery because they are afraid of addiction or relapse. Providers can also be hesitant to prescribe opioids during hospitalization, at discharge, or in the outpatient settings even when the medication is warranted for fear of aiding in the patient's

addiction. We need to provide these patients with the support and resources they need to make an informed decision regarding their pain management. Pre-op planning for these patients should include a thorough conversation between provider and patient, where a pain management plan is developed. Both medication and non-medication modalities should be discussed, and together the providers and patients can come up with a solution based on the patient's preferences and history. Support and follow up post-discharge are also very important, and often education such as how and when patients should taper off their opioids can be overlooked.

Labeling patients as “drug-seeking” or exhibiting drug-seeking behaviors creates bias and injustice in patient care, especially for those with a history of substance abuse and addiction. These patients may prolong getting necessary medical care for fear of being judged by healthcare providers and fear of inadequate pain control. A sudden increase or change in pain postoperatively could indicate a serious complication. If physicians and nurses have already classified a patient as drug-seeking, they may disregard or downplay a patient's complaints, which can result in harm if there was a complication that went uninvestigated. As nurses and future advanced practice providers, we play a crucial role in advocating adequate pain control for these patients. One of the simplest interventions we can start with is to stop spreading bias and negativity about patients to our colleagues, before they have had a chance to evaluate a patient for themselves.

Theory of Interpersonal Relations

The Theory of Interpersonal Relations is a middle-range nursing theory developed by Hildegard Peplau and published in 1952. The focus of this theory is the nurse-patient relationship and the various concepts involved. Peplau saw the need for the nurse and patient to form a partnership rather than the patient receiving treatment passively from a nurse who is

passively following doctor's orders (Gonzalo, 2019). The four main concepts of the theory are person, environment, health, and nursing. The theory also discusses four phases of the therapeutic nurse-patient relationship that are utilized to attain a shared goal. These phases are the orientation phase, identification phase, exploitation phase, and resolution phase.

Subconcepts of the Interpersonal Relations Theory include seven main roles of the nurse in the therapeutic relationship: stranger, resource person, teacher, leader, surrogate, counselor, and technical expert. Another sub-concept of the theory are four levels of anxiety (mild, moderate, severe, and panic). By acknowledging a patient's anxiety Peplau felt nurses can help reduce anxiety levels and convert this energy into constructive action.

About the Author

Hildegard Peplau was the first published nurse theorist after Florence Nightingale and was known as the "Mother of Psychiatric Nursing." Her Theory of Interpersonal Relations was mainly influenced by Henry Sullivan's Interpersonal Theory of Psychiatry. Peplau had a passion for mental health and nursing education. While working as a school nurse at Bennington College she earned a Bachelor's degree in interpersonal psychology. She then went on to serve in the Army Nurse Corps where she met many leading figures in British and American psychiatry, later working with them to reshape the mental health system with the passing of the National Mental Health Act of 1946. Peplau was also certified in psychoanalysis, taught the first classes for graduate psychiatric nursing students at Teachers College, and created the first clinical nurse specialist graduate program in psychiatric nursing at Rutgers University. Peplau's fifty year nursing career was nothing short of inspiring. From founder of modern psychiatric nursing, innovative educator, advocate for the mentally ill and the advanced education of nurses; to executive director then president of the American Nurses Association (Gonzalo, 2019). Peplau is also a prolific author, who has inspired other theorists in her field.

Why I Chose This Theory

I feel the Theory of Interpersonal Relations can address the problem of managing postoperative pain for patients with addiction history because at the heart of both this theory and this problem is the nurse-patient relationship. A partnership is necessary between the nurse, patient and the rest of the healthcare team in order to tackle the common goal of adequate pain management for these patients. “Peplau’s belief was that the nurse must interact with the client as a human being, with respect, empathy, and acceptance” (McEwen & Wills, 2019). When we interact respectfully, empathetically and accept the patients as they are, we can control for addiction bias in patient care. This theory’s roots in psychiatry, and Peplau’s experience in mental health and nursing education make this theory adaptable to the treatment of patients with addiction history. Substance abuse and addiction should be seen as a disease or comorbidity that requires treatment just as we treat heart disease and diabetes for example. If we ignore or undertreat a patient with addiction we are not providing the holistic, compassionate care that is necessary for proper patient care (Bartlett et al, 2013). The nurse’s roles of resource person, teacher, and counselor in the therapeutic nurse-patient relationship can be used to address the concepts of pain control and pain management interventions.

Major Concepts and Phases

The first four concepts of the theory are person, health, environment, and nursing. Person refers to the individual patient (client) with one or more needs, who’s goal includes decreasing the tension and anxiety surrounding these needs. Health is subjective but it is often the goal of the encounter and symbolizes “forward movement of personality and other human processes toward creative, constructive, productive, personal, and community living” (Petiprin,2013). Environment includes the existing forces outside of the patient including culture. Peplau defines the concept nursing as “a significant, therapeutic, interpersonal process.

It functions co-operatively with other human processes that make health possible for individuals and communities" (Peplau, 1991). All four of these components make up the next concept: the therapeutic nurse-client relationship.

According to Peplau there are four overlapping phases of the nurse-patient relationship. The first phase is orientation and begins when the patient and nurse first meet. The patient seeks help, asks questions, and shares preconceptions and expectations. The nurse then explains his/her roles, assesses the patient and situation, helps the patient identify and define their problems and find resources and services. Figure 1. depicts the factors that influence this phase of the relationship.

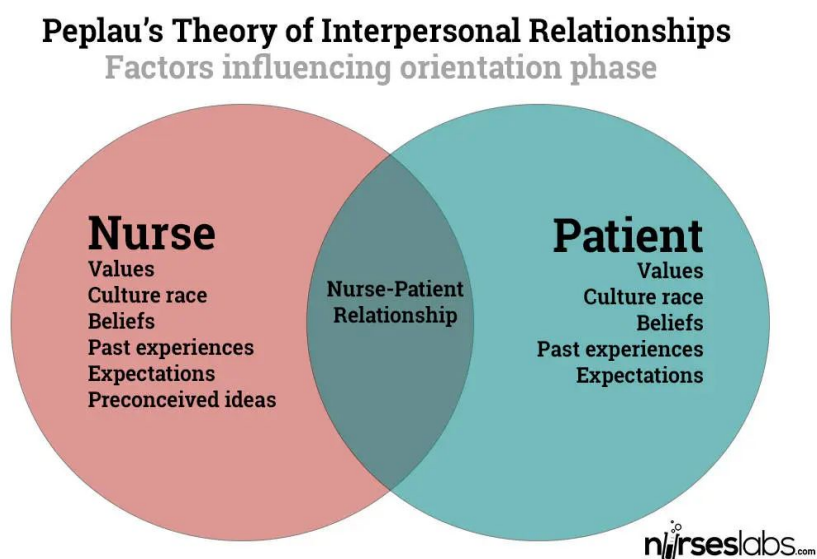


Figure 1. Factors influencing the orientation phase (Gonzalo, 2019).

The second phase in the nurse-patient relationship is identification. In this phase the nurse and patient work interdependently and the nurse develops an individualized care plan based on the patient's specific situation and goals. Patients begin to feel they belong and are

active participants in their care. Patients also feel capable of dealing with the problem with decreased levels of helplessness and hopelessness.

The next phase is called exploitation, because it is the step in the relationship that uses additional professional services to help solve the patient's unique problem. It is also the phase that includes implementing the nursing care plan, and taking action to meet the goals identified in the previous two phases. "If the patient feels fully at home, as if he belongs and is a participating member of the hospital family, and if he has a feeling of being comfortable and well taken care of, he will explore all of the possibilities of the changing situation" (Peplau, 1991).

The final phase of the nurse-patient relationship is called the resolution phase and marks the end of the professional relationship once the patient's needs are met. In this phase we evaluate the nursing process, and whether all goals have been achieved. Assumptions of the interpersonal relations theory are: both the nurse and patient can interact; the nurse and patient mature at the end of the therapeutic relationship; communication and interviewing skills are key in all patient-nurse interactions; and nurses must clearly understand themselves in order to promote the patient's growth and to avoid limiting the patient's choices based on their own values (Gonzalo, 2019).

Theory Application

Nurses and other healthcare providers can apply the theory of interpersonal relations to their practice, to better control post-op pain for patients with addiction history. By applying the theory to the concepts mentioned earlier in this paper: nurse-patient relationship, addiction bias, pain control and pain management interventions we can address this issue and improve patient satisfaction and outcomes. Nurse-patient relationship is a main concept of the theory and a concept of the critical issue of post-op pain control for patients with addiction history. Establishing a trusting, therapeutic relationship with our patients is necessary to provide quality

patient-centered care for all patients, but especially for those struggling with addiction, and have complex pain management needs. We can work through each of the four phases of Peplau's nurse-patient relationship model with these patients in order to establish this relationship. In each phase of the nurse-patient relationship we can address the other concepts of the critical issue previously mentioned as well.

Application of the Phases

The first phase of the nurse-patient relationship is the orientation phase. As seen in figure 1 above, there are several factors that influence this beginning phase. Our first encounter with patients is also when addiction bias influences our behaviors and actions going forward. "Negative attitudes of health professionals may have a negative impact on the empowerment of patients, and as a consequence, influence treatment outcomes and patients' self-esteem. According to one study, clinicians unwittingly impose their beliefs and prejudice on patients with substance use disorders, resulting in impeding collaboration between professional and patient" (van Boekel et al., 2013). Addiction bias prevents us from forming a trusting therapeutic relationship and treating pain effectively for these patients. We can prevent addiction bias by reflecting and becoming aware of our own values, beliefs, past experiences, and preconceived ideas of patients with addiction. It is also important to recognize that the patient also comes with their own values, beliefs, and past experiences that impact their behavior. Self-awareness allows nurses to not impose their own beliefs on the patient and avoids addiction bias. Asking the patient open-ended questions about their past experiences with pain control, and their expectations and needs for this encounter will help us establish empathetic, trusting, open communication. Peplau (1992) emphasized that careful, nondirective listening was extremely important and wrote, "It is during this time period, in the orientation phase, that the nurse's

behavior signals a pattern of receptivity and interest in the patient's concerns or fails in this regard”(Hagerty et al, 2017).

The next two stages of the theory: identification and exploitation, also called the working stages of the nurse-patient relationship, is where we can apply the theory to the concepts of pain management interventions and pain control. In these phases nurses identify and meet the needs of the patient. In Fernandes & Nunes de Miranda, 2016's theoretical study, the theory of interpersonal relationships was applied to nursing interventions for patients with mental illness or substance abuse including alcohol and drugs in a “psychosocial care center.” Specific individual treatment plans were made based on the patients' needs, and a multidisciplinary team was involved in the development of the plan. Individualized treatment plans regarding pain management can be implemented in the hospital setting as well for patients with substance abuse histories. These plans can be established by the nurse, patient, and providers, and written down before the procedure, reducing the nurses and patients anxieties regarding adequate pain control, and can include different pain management interventions to utilize post-op.

The resolution phase of the nurse-patient relationship marks the end of the patient's care with the nurse. Thorough discharge teaching and a written plan regarding pain management should go home with the patient. In this phase the nurse and patient evaluate the interventions, and discuss what worked and didn't work regarding pain control. Follow-up appointments and support services should be established based on the patient's needs. The concepts of nurse-patient relationship, pain control, and pain management interventions are all readdressed and concluded in this stage.

Strengths

According to Fernandes & Nunes de Miranda, 2016, Peplau's theory of interpersonal relations has great influence and contributions to nursing in mental health facilities. They go on

to discuss that the theory “can also be directed to other services that meet this population.”

Peplau’s mental health nursing background, and the theory’s psychiatric influences make it adaptable to the care of patients with addiction or substance abuse history in various healthcare settings, including post-op surgical care. Another strength of the theory is the broadness of the main concept: the nurse-patient relationship. The four phases of the relationship are not too specific, and can be applied to many different practice problems or settings. The nurse-patient relationship is the foundation of patient-centered and individualized patient care, and the theory makes it adaptable and customizable to many situations. Easy adaptability and simplicity, make this theory practical for nurse and patient use. It is one that can be easily taught during a nurse’s orientation, and tailored to the patients in a particular setting, such as a postoperative nursing unit, or a particular patient population: patients with complex pain control issues due to addiction history.

Limitations

The theory of interpersonal relations’ application to the problem of pain control for patients with addiction history does have its limitations in the acute care setting. One limitation is that nurses caring for patients post-operatively have less time with these patients, and may only care for the patient during the orientation phase of the relationship. Patients are often transferred from OR, to PACU and/or to ICU or step-down units after surgery, and could have as many as three nurses that day. Handoffs, free of addiction bias are important in this phase, as well as reporting off any pain management plans already discussed by the patient, nurse, or providers. “Nurses who facilitated a smooth orientation phase for patients were described by patients as genuine, understanding, and respectful; capable of treating [patients] as human beings”(Hagerty et al., 2018). The first phase of the nurse-patient relationship is crucial to establishing trust, and encouraging the patient to express their needs. This allows nursing to

provide individualized pain control for these patients. Another limitation to this theory is it can not be used for patients that are unable to express a need (Petiprin, 2016). Some patients who are acutely ill cannot express their needs initially, and in order to fully apply this theory, patient participation is necessary. Patients with an addiction history who are undergoing a planned surgery where post-operative pain is expected, can benefit from a pre-operative appointment with a provider on the surgical team. At this appointment a pain management plan can be established ahead of time and shared with the nurses caring for the patient post-operatively.

Summary

The major assumptions of the theory of interpersonal relations and the concepts of the theory's nurse-patient relationship can lay the foundation for a therapeutic relationship centered on the patient with addiction's needs and goals for pain control. The nurse has many roles during the nurse-patient relationship process, beginning with the stranger role in the observation phase. It is in this phase that the factors influencing both the nurse and patient's behaviors need to be acknowledged and discussed, and it is in this phase that nurses can prevent addiction bias. In the working phases of the nurse-patient relationship (identification and exploitation), the nurse works with the patient to identify and treat pain as a shared goal. The nurse functions in the role of resource person, teacher, counselor and surrogate for the patient in times of acute illness and recovery. As a resource and teacher the nurse educates the patient on pain control and pain management interventions. In the resolution phase, education continues through discharge planning, and patients are given the resources and support they need to manage their pain at home.

Future Work

The problem of pain control for patients post-op with addiction history, is a specific one, and there was no research on this theory applied to this exact problem. Further research is

needed that applies the theory to pain control for patients with addiction history, whether that be in acute care settings or outpatient settings. Addiction bias in itself could also be the focus of future research, and the theory's application to the concept. I did find research on the theory and its application of the nurse-patient relationship in psychiatric care facilities including those that care for patients with substance abuse history. The focus of this research was the nurse-patient relationship and applying it to the general care of this patient population.

This theory could be applied further to this problem in the future, by modifying the phases of the nurse-patient relationship for the time constraints of the acute care setting. One suggestion would be to modify the phases to incorporate just those that fit the nurse and patient interactions in a single 12-hour shift. This would be a more abbreviated version of the concept, or could incorporate just the observation phase. Another suggestion for future research and application could be the involvement of a pain resource nurse that met the patient preoperatively and checked in with the patient throughout the postoperative inpatient stay. This could be a nurse or provider who is an expert in pain management, and who could perform all the phases of the nurse-patient relationship, creating continuity of pain management care in the acute care setting. It can be challenging for a bedside nurse to build rapport with a patient, especially if they are only the patient's nurse for one shift. If the same pain resource nurse can check in on the patient daily for a short session, address the patient's complex pain needs, and continue through the phases, the patient may have more success with pain management.

Conclusion

Overall Peplau's theory of interpersonal relations has many applications to promote better pain management for patients with addiction history. Addiction bias can be addressed and prevented by following the phases of the nurse-patient relationship, beginning with the incorporation of the orientation phase factors. Awareness of our preconceived ideas and beliefs

about addiction are especially important in this phase to prevent bias. The four main concepts that make up this relationship: person, health, environment, and nursing, are clear and transferable to acute care settings. Establishing therapeutic communication and nurse-patient relationships are necessary to controlling pain adequately for all patients, but particularly needed for those with an addiction history.

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