MEDICINE WARD STAFF PERCEPTIONS: EASE WITH PEOPLE WHO INJECT DRUGS, DISCOMFORT WITH THEIR TREATMENTS

Paul Boulanger K1, Bettache N1,2, Martel-Laferrière V1,2,3, Dion J2, Bédard K2, Beaudet-Hillman G2,3, Khemiri R3, Talbot A1,2,3

1Université de Montréal
2Centre hospitalier de l’Université de Montréal
3Centre de recherche du Centre hospitalier de l’Université de Montréal

Backgrounds: Due to the medical complications and social complexities associated with substance use, people who inject drugs (PWID) are frequently hospitalized. These episodes of care are challenging for both patients and staff due to issues with substance withdrawal, pain management, conflicts of values and priorities in care order. The aim of our study was to assess perceptions of PWID for staff working at an in-patient internal medicine ward (MW).

Methods: In September 2020, a 12-question survey was submitted to the staff on the MW. It addressed demographic issues, comfort in various care aspects with PWID, pain management and harm reduction. Responses are presented as a proportion. Clinical aspects were analyzed for the subgroup of providers (nurses and physicians) who can prescribe or administer medication only.

Results: There were 85 respondents (participation rate: 71%): 27.1% nurses, 25.3% physicians, 11.8% patients, 7.1% students, 2.4% administrative staff, and 14.8% professional/other. The majority of respondents (54.1%) believe they do not hold any prejudices towards PWID, 73% feel rather/ completely comfortable engaging with PWID and 61.9% say they are rather/quite comfortable with harm reduction. On the other hand, 59.1% of respondents feel that they do not have the knowledge required to care for PWID. Among providers, 52.8% reported taking care of >10 PWID in the past year. The majority did not feel comfortable with managing substance withdrawal (77.4%), managing pain (67.9%) and teaching the use of the naloxone kit (73.6%).

Conclusion: Despite the fact that MW staff consider themselves mostly at ease with the PWID population and the harm reduction approach, there is discomfort among providers regarding concrete aspects of care (pain, substance withdrawal, naloxone). Targeted training focused on these aspects could improve the quality of care for hospitalized PWID.

Disclosure of Interest Statement:
No grants were received in the development of this study. VML is supported by the Chercheurs-boursiers cliniciens - Junior 1 program of the FRQS. AT have a family member working for a pharmaceutical company