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A Phenomenological Exploration of the Lived Experiences of Nursing Professionals Who Treat Pregnant Women Addicted to Opiates

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Abstract

The purpose of this study was to gather qualitative data on the lived experiences of those nursing health care professionals who care for and treat pregnant women addicted to opioids to help inform the unique needs of those health care providers under the scope of the Stress-Coping Theoretical Model. The lived experiences of nurses who treat pregnant women addicted to opioids were captured and thematically analyzed to help better understand their unique stressors and methods of coping specifically to phenomena such as burnout, compassion fatigue, and moral distress often involved in providing care and treatment for pregnant women who are addicted to opioids. As a result of the findings of this study, the Adaptive Remediation Model was born. Thus, to remediate the difficult lived experiences that nurses treating pregnant women addicted to opioids face, an increase in professional training and team building efforts is recommended. To remediate the unique stressors that nurses treating pregnant women addicted to opioids face, adjustments to nursing academic preparedness is recommended through mentorship and transparency. Lastly, to remediate the negative coping-methods utilized by nurses who treat pregnant women addicted to opioids, healthy self-care measures are recommended.

Keywords: Nurses; Pregnant Women; Opioids; Addiction.

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1. Introduction

To date, there is very limited research focused on understanding nursing professionals and their experiences associated with treating pregnant women addicted to opioids. Most of the research currently available is focused on physicians who struggle with addiction themselves and/or therapists who provide substance abuse treatment to clients. Several studies [1,4,13]. Note the experience of work-related stressors for nurses including moral distress, burnout, and compassion fatigue.

There is a great value placed on those nurses who specialize in addictions [9]; yet, there is still very limited research regarding the experience of health care professionals who treat pregnant women addicted to opioids. Such nurses are subject to experience the work-related stressors mentioned above including moral distress, burnout, and compassion fatigue. Moral distress is the experience that occurs “when one has made a moral judgment but is unable to act upon it” [16]. Burnout, originally coined by Freudenberger in the mid-1970s and further defined by Maslach in the late 1990s, is characterized by a “prolonged mismatch between a person and at least one of the following six dimensions…workload, control, reward, community, fairness, values” [3] Compassion fatigue “occurs when nurses develop declining empathetic ability from repeated exposure to others’ suffering” [19]. Moral distress, compassion fatigue, and burnout are important aspects to capturing the understanding the lived experiences of nursing professionals who treat pregnant women addicted to opioids.The proposed study was conducted through a qualitative, phenomenological method and designed to answer the three research questions regarding moral distress, compassion fatigue, and burnout through the lens of the lived experiences of nursing health care professionals who treat pregnant women addicted to opioids. The current study was conducted through the theoretical lens of the Stress-Coping Theoretical Model, with which the research questions have been aligned and answered.

2. Background of the Problem

The foundational work of the authors [15] in the development of Stress-Coping Theory laid the groundwork for understanding stress and coping responses in populations such as nurses treating pregnant women addicted to opioids. The suggestion of the author [17] to apply the Stress-Coping Model to health care professionals reinforces this thought. As the authors [14] suggested, understanding how to effectively manage stress and develop healthy coping styles is imperative for health care professionals. Similarly, the authors [21] made an identical suggestion with a recommendation to provide updated curricula and social support systems for health care workers exposed to high-stress work environments. While the author [10] identified the serious social problem of opioid use disorder in females, and the opioid use in pregnant women on the rise, according to the authors [22] there was an emergent need to improve treatment barriers associated with access in this population [7]. The work done by the authors [20] was important in that themes were identified regarding the experience of nurses who treat pregnant women, specifically the need for acquisition of more knowledge, feeling challenged, and clinical concern for both mothers and babies. Furthermore, the authors [9] support the value of clinically specialized nurses for treating such populations, with a need to begin education in undergraduate curricula. With nurse suicides of high concern, according to authors [5] and authors [18], support of this notion in their call for turning attention toward the mental health conditions of health care providers is at the forefront of attention. The authors [8] noted that the work

environments of health care professions need to be non-punitive and compassionate to allocate appropriate treatment services for pregnant women addicted to opioids. The authors [11] recommend a holistic approach to staff services with screening measures in place to control for professional burnout to improve outcomes related to personal and spiritual burnout in health care providers. The authors [12] also recommended exploring spirituality as a coping mechanism for improved provider well-being and patient care. Overall, these studies and more supported the identification of the gap in the literature pertaining to a better understanding of the lived experiences of nurses who treat pregnant women addicted to opioids, with attention on both stress response and coping strategies. As mentioned in the introduction, given the need to fill the gap in the literature pertaining to the lived experiences of nursing professionals who work with pregnant women addicted to opiates, the current study included an exploration of how these professionals navigated the stressors of their work, and what coping methods they found helpful, if any. The proposed study provided a framework for both interviewing the nursing professionals about their experiences in supporting opiate-addicted pregnant women and in analyzing the nurses' responses for patterns in Stress-Coping approaches.

3. Purpose of the Study

The purpose of this study was to gather qualitative data on the lived experiences of those nursing health care professionals who care for and treat pregnant women addicted to opioids to help inform the unique needs of those health care providers under the scope of the Stress-Coping Theoretical Model. Using semi-structured open-ended interviews, the lived experiences of the nurses of interest were captured and thematically analyzed to help better understand their unique stressors and methods of coping specifically in dealing with such phenomena as burnout, compassion fatigue, and moral distress often involved in providing care and treatment for pregnant women who are addicted to opioids. The experiences and phenomenon were explored to fill the gap in the literature and further inform the need for healthy coping methods and interventions for nurses to help control for and/or reduce such experiences while offering high-quality care for pregnant women addicted to opioids.

4. Research Questions

The following three research questions were used to inform the proposed study:

4.1 Research Question One

What are the lived experiences of those nursing professionals who care for and treat pregnant women who are addicted to opioids? This study will explore, describe, interpret, and analyze such lived experiences of those nursing health care providers who treat pregnant women addicted to opioids using the lens of the Stress-Coping Model.

4.2 Research Question Two

What are the stressors experienced by these nursing professionals in treating this population? This study will explore, describe, interpret, and analyze the lived experiences of stressors experienced by nursing health care workers who treat pregnant women addicted to opioids, using the lens of the Stress-Coping Model.

4.3 Research Question Three

What are the coping strategies used by these nursing professionals in treating this population? This study will explore, describe, interpret, and analyze the lived experiences of coping strategies utilized/implemented by nursing health care workers who treat pregnant women addicted to opioids using the lens of the Stress-Coping Model.

5. Research Methodology and Design

This study implemented a qualitative phenomenological methodology through the acquisition of semi-structured, in-depth interviews using open-ended questioning techniques. The author [24] defined qualitative research as "scientific research in which observations cannot be or are not quantified, that is, expressed in numerical form. She noted that qualitative research offers a unique conceptualization of human behavior that quantitative research cannot offer [24].This study explored, described, interpreted, and analyzed the lived experiences of nursing professionals who treat pregnant women addicted to opioids. The study explored the individual experiences, stressors, and coping strategies from the participants' unique and individualized experiences in working with the vulnerable population. Purposive selection was implemented to select health care providers to participate in in-depth, semi-structured interviews using open-ended questioning techniques for inductive analysis to generate a framework and themes from the data collected [27]. Inductive research "involves the search for patterns from observation and the development of explanations – theories – for those patterns through series of hypotheses" [2].

Table 1: Research and Interview Questions via the Stress-Coping Model

Categories	Research Questions	Interview Questions	Theory
Lived Experiences	What are the lived experiences of those nursing professionals who care for and treat pregnant women who are addicted to opioids?	IQ1, IQ2, IQ3, IQ9, IQ10, IQ11, IQ12, IQ13, IQ14, IQ 18	The Stress-Coping Model
Stressors Experienced	Research Question Two: What are the stressors experienced by these nursing professionals in treating this population?	IQ4, IQ5, IQ15, IQ16, IQ17	
Coping Strategies	Research Question Two: What are the stressors experienced by these nursing professionals in treating this population?	IQ6, IQ7, IQ8	

Note. Table 1 is a summary of the categories of the study, the research questions, and the interview questions as they align with the theoretical model, The Stress-Coping Model.

This study included the purposive selection of ten nurses who provide treatment to pregnant women addicted to opioids given the unique experiences from such professionals that provided insight into their individual experiences, stress responses, and coping strategies utilized while treating this vulnerable population of women.

Data for this study was acquired through the facilitation of Zoom teleconference interviews with health care providers who treat pregnant women addicted to opioids. The audio was recorded and utilized for transcription. The transcripts were analyzed, coded, and themed using ATLAS TI.9 qualitative software. “Coding in qualitative research is comprised of processes that enable collected data to be assembled, categorized, and thematically sorted, providing an organized platform for the construction of meaning” [25]. Through such coding methods, themes emerged from the data leading to categories from which meaning was identified, organized, and expounded upon.

Table 2: Participant Demographics

Participants

	A	B	C	D	E	F	G	H	I	J
Age	61	39	50	30	26	36	59	27	32	31
Gender	F	F	F	F	F	F	F	F	F	F
Race	His	W	W	W	W	AA/W	W	W	W	AA
Religious	RC	None	Jew	None	RC	None	RC	None	RC	Ch
Years Worked	40	2	7	5	2	8	23	6	7	9

Note. AA represents African American, Ch represents Christian, His represents Hispanic, Jew represents Jewish, RC represents Roman Catholic, and W represents white.

6. Results

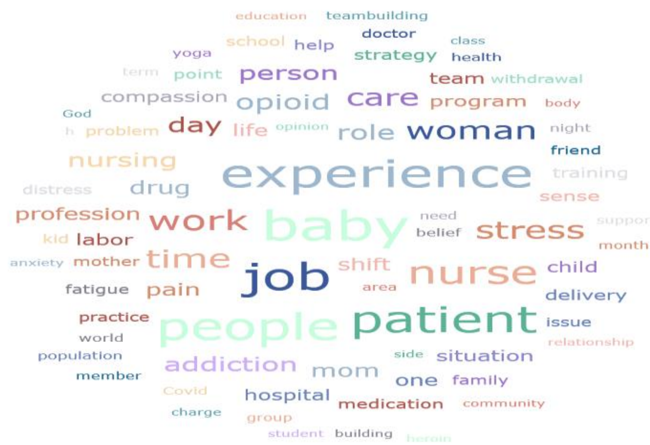

Figure 1: Word Cloud of All Participants (ATLAS.TI23)

The word cloud, Figure One, shows a visual representation of the most frequent terms that were used by all participants, with baby, job, work, stress, patient, and experience being the most visually prominent. Filler words

such as "um" and "well" were manually removed from the word cloud by the researcher. A Code-Document Analysis was then generated using ATLAS TI 23 software. A limitation is that these non-verbal and paraverbal words were not considered in the data analysis.

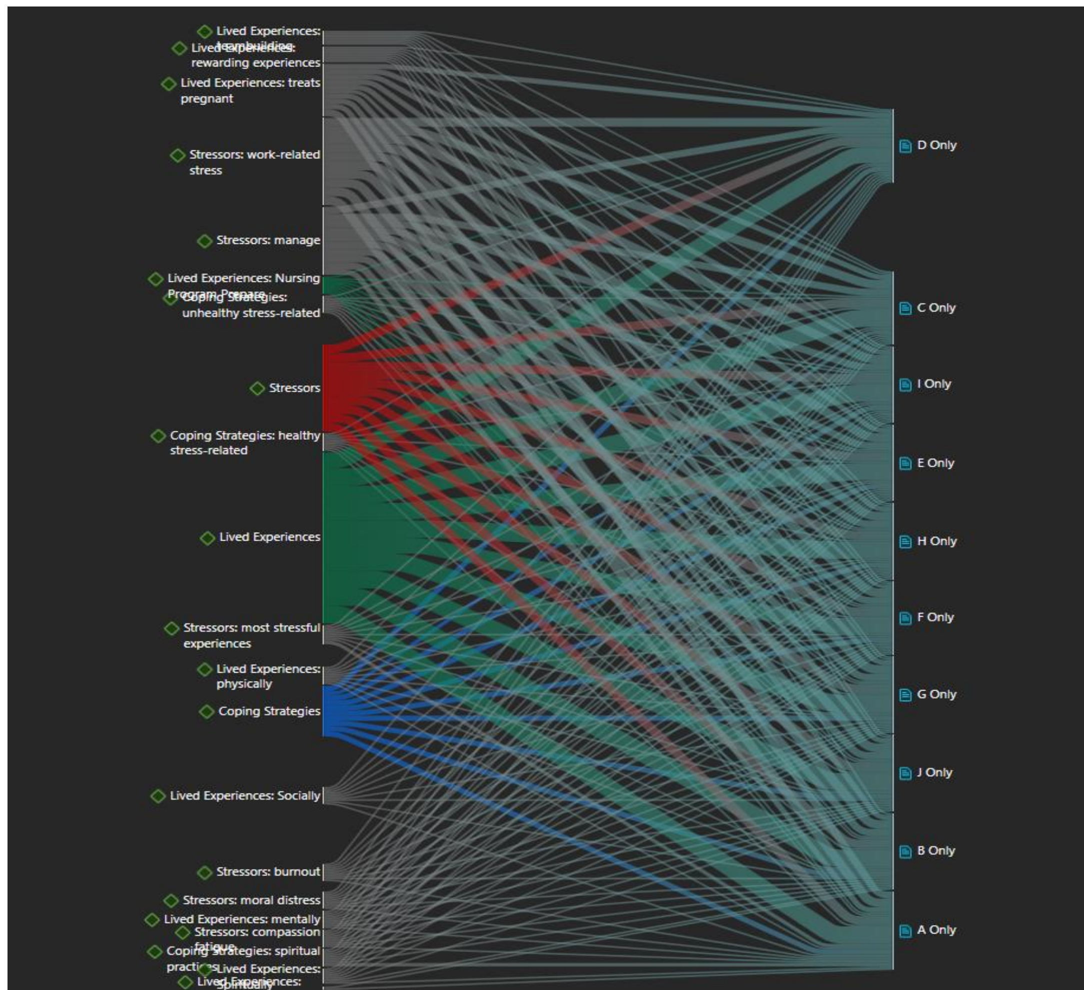

Figure 2: Sankey Diagram (ATLAS.TI 23)

The Sankey Diagram generated in ATLAS TI 23 is a visual representation of data that are associated in a flowing manner, while allowing factors considered stronger to be easily identified for data analysts [26].

Key: Blue lines represent coping strategies. Green lines represent lives experiences. Red lines represent stressors. Line thickness indicates strength in frequency respective to the participants.

All of the data featured above led to the identification and explication of the emergent themes featured below.

6.1 Emergent Theme One: Job stress lack of control

In emergent theme one, a pattern of job stress associated with lack of control was evident in the ATLAS TI 23 open coding. The participants referenced ways in which they felt unable to control or influence experiences at work. The presence of terms including anger, trauma, mentally taxing, stressful, abusive, and assault are all

associated with the nurses feeling both stressed out at work and lacking in a sense of being able to control their stressors. All the participants communicated notable stressors, with the quotes above standing out the most to the research regarding the complexities of this unique role. The following emergent theme speaks to unhealthy coping methods which are likely born from a lacking sense of control over stress.

6.2 Emergent Theme Two: Job stress and unhealthy coping methods

In emergent theme two, a pattern of job stress associated with unhealthy coping methods was evident through the ATLAS TI 23 open coding. The participants referenced ways in which they coped with job stress in unhealthy ways. The individual reports of coping methods for job related stress included eating, gambling, drinking alcohol, using food, and phone use as well as some reports of internalization, brushing things off, and not talking about it. All the methods of coping are substantively unhealthy in nature. All the participants reported utilizing unhealthy coping mechanisms for job related stress.

6.3 Emergent Theme Three: Low college preparedness and stress

In emergent theme three, a pattern of low college preparedness and stress was evident in the ATLAS TI 23 open coding. The participants referenced ways in which their college programs did not adequately prepare them for the stressors at work. When asked about preparedness, responses included having not been prepared at all, only somewhat prepared, or not well. Some said that nursing school was by the books only and meant to prepare us to pass licensing exams. For some, addiction was not mentioned at all, or curricula was significantly disrupted by the COVID-19 Pandemic.

6.4 Emergent Theme Four: Low teambuilding and stress

In emergent theme four, a pattern of low teambuilding and stress was evident in the ATLAS TI 23 open coding. The participants referenced ways in which their workplace did not offer teambuilding opportunities, specifically events and activities that strengthened the cohesiveness and work efficacy of the medical team. When asked about teambuilding interventions at their respective jobs, several research participants reported engaging in either none, one per year, or having to figure things out on their own. With high stress, low preparedness, and little to no teambuilding, it can be suggested that nursing staff are, in fact, left to figure things out on their own, which in turn may be associated with unhealthy ways of coping.

6.5 Emergent Them Five: Work related stress is related to burnout, compassion fatigue, and moral distress

In emergent theme five, a pattern of burnout, compassion fatigue, and moral distress related to work stress was evident in the ATLAS TI 23 open coding. The participants referenced ways in which they experienced burnout, compassion fatigue, and moral distress. Responses from each research participant regarding their individual experience with burnout, moral distress, and compassion fatigue seemed alarming. All the research participants reported experiencing both burnout and moral distress, and eight of the 10 research participants reported experiencing compassion fatigue. Based on the excerpts provided above, burnout appears to have become normalized in the world of professional nursing and even expected along with moral distress. Regarding the two

participants who did not report experiencing compassion fatigue, interestingly one of those individuals was also the participant who internalized work-related stress while the other wrestled with fear of falling into addiction.

7. Development of a Model

As a result of careful analysis and reflection on the participants' meaningful self-reports, a model was developed and designed by the researcher to help nurses adapt to and remediate job related stress that often leads to burnout, moral distress, and compassion fatigue. The model is featured below in the following subsection, title *The Adaptive Remediation Model for Nurses Treating Pregnant Women Addicted to Opioids*.

7.1 The Adaptive Remediation Model for Nurses Treating Pregnant Women Addicted to Opioids

As a result of the findings of this study, the proposed model [outlined in Figure 3] was born out of the foundational Stress Coping Model [15], to which the current study was aligned, and under which constructs it was conducted. Thus, to remediate the difficult lived experiences that nurses treating pregnant women addicted to opioids face, an increase in professional training and team building efforts is recommended. To remediate the unique stressors that nurses treating pregnant women addicted to opioids face, adjustments to nursing academic preparedness is recommended through mentorship and transparency. Lastly, to remediate the negative coping-methods utilized by nurses who treat pregnant women addicted to opioids, healthy self-care measures are recommended through encouragement, resources, and accountability.

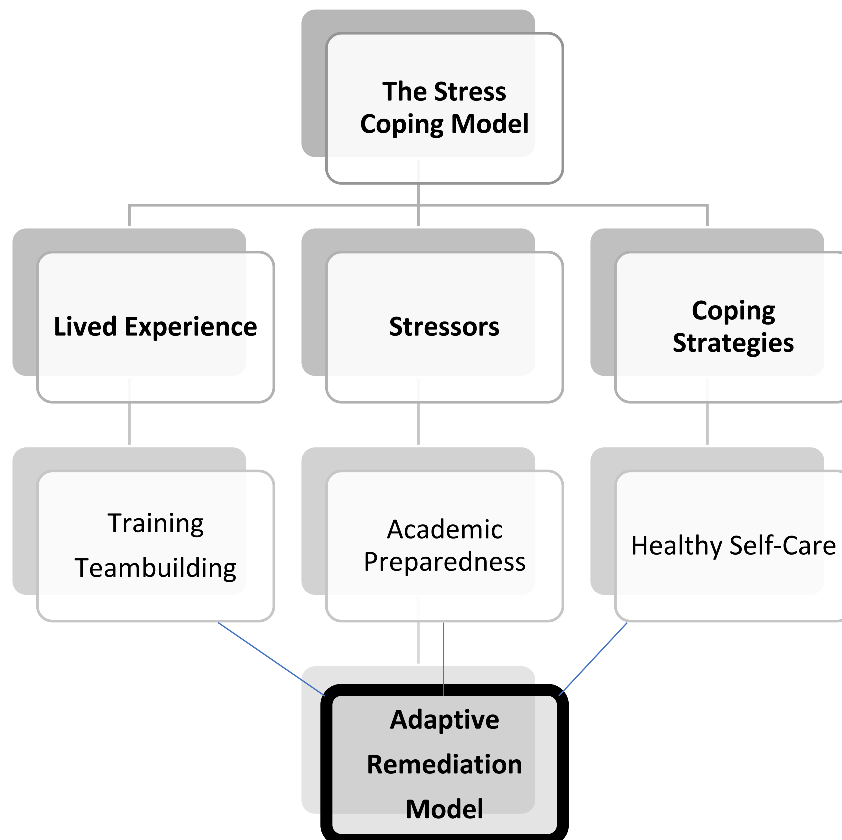

Figure 3: Adaptive Remediation Model

8. Conclusion

In conclusion, to correct the issues at hand both an inside out and outside in approach much be applied to help support, train, and heal nursing staff who have become burnout, fatigued, and distressed in relation to the important work they do. Beginning with nursing school, a proper experiential component needs to be integrated beyond the clinical requirements to pose a realistic expectation for job-related factors that may be problematic. While some may not be sure of their track post-graduation, making an informed decision about their professional path seems ethical in nature. Furthermore, once placed in the unique role of treating pregnant women addicted to opioids, ongoing teambuilding and trainings need to be regularly implemented to help secure job satisfaction and reduce negative outcomes. Lastly, a responsibility of self-care needs to be instilled, encouraged, and regularly reinforced to help the nurses remain accountable to their own needs, which will ultimately better equip them to serve others.

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9. Conflict of interest

The authors of this publication declare there is no conflict of interest.

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