

The Lived Experience of Nurses Caring for Drug Dependent Persons

Julius C. Daño, Jillian A. Bejoc, Emiliano Ian B. Suson II

Bachelor of Science in Nursing, Cebu Normal University, Philippines.

***Corresponding author:** Julius C. Daño, Bachelor of Science in Nursing, Cebu Normal University, Philippines.

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Abstract

This study was a phenomenological investigation of nurses caring for drug-dependent persons in rehabilitation centers in the Province of Cebu, Philippines. The study utilized hermeneutic phenomenological approach of Van Manen. The researchers explore the lived meanings of thematic happenings that describe ways that nurses with no experience in dealing with drug-dependent persons encounter in a situation that compiles to be absolute obedience to the demands of the job, making security as a priority, depicting a robust behaviour, maintaining a paranoia personality, initiating safety care management, and coaching to optimum well-being. The recommendations frames the need for understanding the experiences of nurses caring for drug-dependent persons. These experiences are very essential in designing nursing roles in dealing with drug-dependent persons.

Keywords: suspicious ethics; moral perspectives; drug-dependents; lived experience; phenomenology; van manen

Introduction

The drug addiction from the perspective of the Philippine social media’s (facebook, instagram, twitter) is rampant and affects all sectors of society. It has greatly devastated the person, family, community and the country in general. Drug addiction affects young adolescent and elderly population alike including all genders. The widespread use of drugs is thought to be caused by easy access of drugs in the neighbourhoods. Accessibility of these drugs is brought about by drug peddlers sourced out from drug lords. Unfortunately, these drug dealers are not only the local residents in the community but majority of them are businessmen, incumbent local government leaders, politicians, and military men. They need to be stopped and be punished. Hence, President Rodrigo Duterte’s administration boldly launched the crusade to eliminate the production, distribution and use of drugs in the country.

The social media reports resonates the movement of eliminating the illegal drug traders and users. They were ordered to surrender or be killed. The Philippine Daily Inquirer (2016) reports they became victims of shoot-out and summary execution by the policemen and unknown gunmen or otherwise called the “vigilantes”. Eventually, the campaign against these culprits causes a rise of mortality particularly those who are in the watch-list of the Philippine National Police Drug Enforcement Agency. Consequently, the action of the government compelled them to surrender to authorities and voluntarily submitted themselves for treatment and rehabilitation.

In the treatment and rehabilitation of these surrendering drug dependent persons, the Department of Health (DOH) were tasked to assist them. The nurses were recruited by the DOH to deliver the care they need. Naegle (2006) describe nurses as uniquely positioned to deliver interventions for drug use, abuse and dependence. These nurses are truly registered nurses under the Philippine law. They were able to finish the basic education provided by the Professional Regulation Commission Board of Nursing which is Bachelor of Science in Nursing. The nursing education curriculum usually mandates to practice nursing in hospitals and community based health care facility with patients vary according to

medical problems. However, in their practice they were not exposed to clients with drug dependency problems and how to handle them properly. Few provide such care however, because their basic educations lacked information and clinical teaching on drug use, treatment of addictions and health. Having exposed to an environment that nurses are not competent with may cause the nurses to react and behave differently. Hence, this study is conceptualized to understand the meaning of the lived experience of nurses caring drug dependent persons in drug rehabilitation center. The result of the study would be used in designing and conceptualizing nursing care plans of drug dependent persons as well a theory to guide nursing practice.

Theoretical Framework of the Study

This study was anchored on Swanson’s Caring Theory (1991) describing nursing as “informed caring for the well-being of others” (Alligood and Tomey, 2010). The theory presents a structure of caring composing of 5 interrelated caring processes illustrated in Figure 1.



Figure 1: Swanson’s Caring Theory (2010) Framework

These processes lead to the intended outcomes of patient healing and well-being.

1. Maintaining belief – sustaining faith in the capacity of others to transition and have meaningful lives
2. Knowing – striving to understand events as they have meaning in the life of the other
3. Being with – being emotionally present to the other
4. Doing for – doing for the other what they would do for themselves if possible
5. Enabling – facilitating the capacity of others to care for themselves and family members

The use of the theory of Swanson's Caring Theory enables the nurse in understanding the

Caring experiences of rehabilitation nurses caring for drug dependent persons. As Swanson (1987) describes nursing as informed caring for the well-being of others. The researchers believed that Swanson could help describe the experiences of nurses caring the drug-dependent persons in the rehabilitation center.

Objective of the Study

This research study aims to understand the meaning of the lived experience of nurses caring for drug dependent persons.

Methodology

Research Design

This study utilized the hermeneutic phenomenological approach by Max van Manen (1997). Hermeneutic phenomenology is a "research methodology aimed at producing rich textual descriptions of the experiencing of selected phenomena in the lifeworld of individuals that are able to connect with the experience of all of us collectively". From identification of the experience of phenomenon, a deeper understanding of the meaning of that experience is sought (Smith, 1997). This occurs through increasingly deeper and layered reflection by the use of rich descriptive language.

Phenomenology is concerned with lived experience, and is thus ideal for investigating personal learning journeys. The use of hermeneutic phenomenology enabled the exploration of Informants' experiences with further abstraction and interpretation by the researchers based on researchers' theoretical and personal knowledge. Hermeneutics adds the interpretive element to explicate meanings and assumptions in the Informants' texts that Informants themselves may have difficulty in articulating, for example, tacit practice knowledge (Crotty, 1998). Communication and language are intertwined and hermeneutics offers a way of understanding such human experiences captured through language and in context (van Mannen, 1997). Notably, this study underscores the deeper understanding of the meaning of nurses' caring experience as they participated in the drug rehabilitation program.

Procedure for Data Gathering, Storage and Management

In the conduct of the study, the researchers will explore the lived experiences of nurses caring for drug-dependent persons admitted in a rehabilitation centers. The exploration of these lived experiences of nurses will allow the researcher to acknowledge nurses' previous experience, knowledge and beliefs, and how these may influence the researchers in all phases of data collection, analysis and interpretation (Van Manen). The face-to-face interview was conducted inside the selected rehabilitation centers in the Province of Cebu. The convenient location ensures that credible stories were generated. Setting of time was mutually agreed upon. Individual interviews were conducted in bilingual language (Cebuano/English) using interview questions. The duration of the interviews ranged from 60-90 minutes. The researcher likewise

employed "silence" as a tactful way to prompt the Informants to recall and tell their experiences.

In-depth, semi-structured interview is a useful way to gather stories and obtain a person's account of a given experience. The intimacy that in-depth interview can create is valuable when endeavouring to learn about little known phenomena. Interviews for this study will be conversational in nature, with open-ended questions in order to guide, and allow the interviewees to express their values, beliefs, understandings, experiences and opinions (Byrne, 2004). Informants were encouraged to elaborate their responses to some questions and to further expand and clarify these responses thus, allowing flexibility in gathering information from the Informants (Polit & Beck, 2008). For further elaborations, Informants can likewise freely express their experiences by creating aesthetic representations.

Consent forms and transcripts of the interviews were stored separately, secure at all times. Computer files and memory card containing the audio-recorded interview were password-protected and all printed manuscripts were placed inside the locked cabinet wherein only the researchers have access to. Meanwhile, a research assistant was hired and trained and assisted the researchers during the face-to-face interview. The research assistant will be solely responsible in transcribing and encoding the narratives as well. All translations were done by an expert in coordination with the researchers. Immediately after each interview is completed, the recording were played and re-played, reflective notes were made and the interview were then transcribed. Notes were made on the Informant's general demeanour, body language, and tone of voice, laughing, crying, as well as the interviewer's feelings about their accounts.

Ethical Considerations

Ethics approval from the Cebu Normal University Research Ethics Committee (CNUREC) was obtained prior to actual data gathering. After compliance of the requirement from the ethics committee, the researchers conducted pilot testing through interviewing actual number of individuals in order to correct flaws, limitations, or other weaknesses so as to ensure refinement of the interview guide prior to the implementation of the study (Kvale, 2007).

In the conduct of the pilot study, the researchers observed carefully the non-verbal cues demonstrated by the Informants during the interview. Field notes and field diaries were also used to aid in understanding the informant's lived experience/environment. In the conduct of the study, the Informants were given thorough orientation outlining the purposes, benefits and potential risks of the study. Researchers' contact details were also be given for the Informants to reach out for any concern.

Confidentiality

The consent process (Informant consent form) included explanations of the interview process, the potential topics to be explored and the assurance of confidentiality. All data collected were kept confidential by using code names and any identifying details were removed. Every effort was made to ensure that the Informants were not be put at risk of emotional harm and they were assured that they could cease the interview at any time. Prior consent were also sought for audio-recording the entire interview which runs for about 60-90 minutes. The face-to-face interview with each Informant was terminated whenever the Informant has comprehensively narrated the experience.

Key Informant Recruitment & Site Selection

Snowball purposive sampling method was used in selecting the Informants recruited through personal networking and by word of mouth.

They were contacted personally and asked by the researcher to voluntarily participate in the interview. The Informants chosen are based on the following inclusion criteria: (a) must be licensed professional nurses who are employed in a rehabilitation facility within the Province of Cebu; (b) must have worked in the rehabilitation facility for at least six (6) months; (c) must have practiced nursing for drug-dependent persons diagnosed by a licensed physician; (Sec. 10, R.A. 4224, Amended Medical Act of 1959) and (d) must have voluntarily consented to be part of the study. Additional Informants will be sourced out from these initial contacts (Patton, 2002). Exclusion criteria includes registered nurses with immediate family members who are drug dependents or have undergone rehabilitation will be excluded from the study. The themes that emerged from the data can best be comprehended through each Informant's story (see table 1).

In the study, there are five (5) government-managed drug rehabilitation centers in Cebu Province were included in the study. Data saturation was attained with the 8th informant. All of the informants were permanent employees of which five (5) were female nurses and 3 male nurses. There ages range between 26 & 50 years old. The two (2) informants were barely employed for two years or less and the rest of the total informants were employed for more than 4 years. Notably, two (2) informants were husband and wife but working in different facilities.

The Informant 1 is a male employee from a north rehabilitation center, is 26 years old and has been working with the drug-dependent inmates for barely 17 months. Informant 2, female, is also from a rehabilitation center northern Cebu, 26 years old and was employed there for two (2) years already. Informant 3, also a female, 44 years of age, is the senior nurse having worked with the facility for 19 years in a rehabilitation center, located north of Cebu. Informant 4, is a 45-year old female, who is also a seasoned nurse, having worked for 19 years in a facility situated in southern Cebu. Informant 5, 28-year old male, had worked as a rehabilitation nurse south of Cebu for four (4) years already. Informant 6, a 26-year old male, has been working as a rehabilitation nurse north of Cebu for six (6) years already. Informant 7, is now in his golden years. At 50 years old, he has been employed in a south Cebu facility for 19 years. He has spent more than half of his employment in a rehabilitation center located in Cebu City before being transferred to his present employment site. And the Informant 8, a female, 47 years of age has the longest years of service in a rehabilitation center having been employed for 20 years already.

Data Analysis and Interpretation

In determining the meaning of the lived experience of the nurses caring for drug dependent persons, the researcher utilized Van Manen's six step for hermeneutic phenomenological data analysis to arrive at description(s) of the meaning of the experience. According to Van Manen (1990) this human science approach provides the research process; these include raising questions, gathering data, describing a phenomenon, and constructing textual interpretations which direct the researcher to comprehend the meaning of the lived experience of nurses caring for drug-dependent persons. Furthermore, this approach offers the guides to describe the four (4) lived worlds reflecting on the interpretive texts of life thus assisting the researcher to distinguish the lived structures of the meanings of caring for drug-dependent persons. The hermeneutic phenomenological research as a dynamic interplay among six (6) research activities of human science is illustrated below.

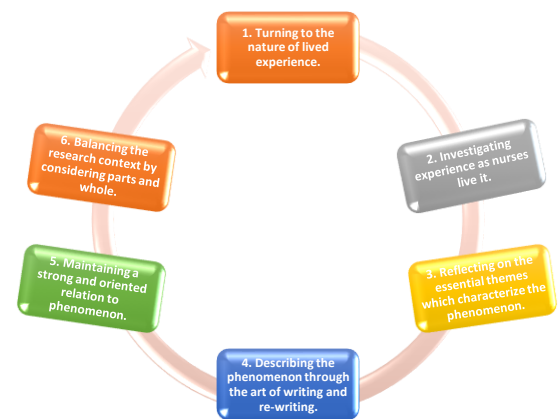


Figure 2. Flow of Data Analysis

The first activity is the *turning to the nature of lived experiences*. It describes phenomenological research as driven by a commitment of turning to an abiding concern. Turning to the phenomena of interest will offer the researcher the full thought of wholeness of life and the sense of certain aspects of human existence (Greene, 2009). In the current situation, nurses were appointed to work on drug-dependents who are in the rehabilitation centers. By this situation, the researcher will gain a deeper understanding of the essential nature of the phenomena and describing it with insightfulness. The next activity is *investigating experience as we live it*. In this theme, Van Mannen (1990) points out the importance of investigating experience believing that the practical wisdom is in the understanding of the nature of lived experience itself. "Being experienced is a wisdom of the practice of living which results from having lived life deeply". Van Mannen suggests that researchers explore the lived experience and conduct personal descriptions of a lived experience as a starting point of the study. The data gathering points out the lived experience of nurses caring for drug-dependents. The researcher needed to understand their experiences as they cared for drug-dependent persons in the rehabilitation centers.

The third activity is *reflecting on the essential themes which characterize the phenomenon*. Van Mannen (1990) posits that "phenomenological research, unlike any other kind of research, makes a distinction between appearance and essence; between the things of our experience; and, that which grounds the things of our experience". This step requires the researcher to reflect on the essential themes emerge from the experience of nurses caring for the drug-dependent persons in the rehabilitation centers. Fore forth, Van Mannen proposes that true reflection on lived experience is achieved by asking "What is it that constitutes the nature of this lived experience?" In reflecting on the essential themes which characterize the phenomenon, Van Mannen (1990) offers the activities of isolating themes, interpreting themes, reflecting on themes, and determining incidental and essential themes. Van Mannen also suggests three approaches for isolating themes from the transcript: the wholistic or sententious approach; the selective or highlighting approach; and the detailed or line-by-line approach.

Van Mannen (1990) asserts that the structure of the human

lifeworld consists of four fundamental four existentials. These are lived space (spatiality), lived body (corporeality), lived time (temporality), and lived human relations (relationality). The details of these four lived worlds are described as follows: *Lived space* includes both the internal feeling of the formation of lived space and also the external feeling of being relation to place. We may feel small in a large space. Some place is special space of being. Lived space is a category for inquiring into the ways we experience the affairs of our day to day existence and helps us uncover more fundamental meaning dimensions of lived life. *Lived body* refers to the fact that we are always bodily in the world. Our physical or bodily presence we both reveal something about ourselves and conceal something at the same time. Lived body includes emotional, psychological and physiological dimensions. *Lived time* is subjective time as opposed to objective time. The time will speed up or slow down depended on our feeling of being in the world. This includes our time perception in relation to the dimensions of past, present, and future. *Lived relation* is the way that we maintain relation with others in the interpersonal space that we share with them. As we meet the other we approach the other in a corporal way. As we meet the other we are able to develop a conversational relation which allows us to transcend ourselves. The researcher utilize the four existentials in understanding the life worlds of nurses caring for drug-dependent persons. As nursing researchers (Locsin & Matua, 2002; Moene, Bergborm, & Skott, 2006) brought four lived worlds to guide the reflection of the lived experience of human under study

The fourth activity is the *describing the phenomenon through the art of writing and re-writing*. Van Mannen (1990) suggests that to do research in a phenomenological sense is rendering something into language. In order to do this, writing is undertaken. Language and responsiveness to phenomena will be used to transform the phenomena precisely as it shows itself. The researchers will write and re-write as further reflection, so that through expressing the meaning or the essences of the experiences of nurses caring for drug-dependents and will be better known through illuminating the meaning of the lived experience.

The fifth activity is *maintaining a strong and oriented relation to phenomenon*. Through this activity Van Mannen (1990) indicates that the researcher should remain strongly related to the research question and the phenomena under study in order to guard against aimlessness. The researchers focused closely on the phenomena of the lived experiences of nurses caring for drug-dependents in the rehabilitation centers. Being fully oriented in relation to the phenomena will assist the researcher to gain full and human insight. And the last activity is the *balancing the research context by considering parts and whole*. Van Mannen (1990) suggests that the researcher needs to constantly measure the overall design of the study in order to maintain the balance of all the parts in the total structure. In the finality of analysing the phenomenon, the researchers made validation of the study by checking and rechecking of the findings. It is necessary to step back and look at the totality of the text to consider how each of the parts contributes towards the whole.

While these steps are sequential there is a back and forth movement between the steps throughout the research process. An unfolding and refolding occurs as the data is read and re-read, considered and re-considered, examined and re-examined. There is no beginning or end, no top or bottom to this circular process (Greene, 2009). As phenomenologists try to interpret and grasp the essential meaning of the experience being studied, it advises the researchers to use art forms which can provide a wealth of experiences that can be used to increase understanding in the reflection process. It stretches out the researchers' interpretive receptivity (Polit & Beck, 2008). With this analysis, the researchers hope to encapsulate the essence of the experiences of nurses caring for drug dependent persons by creatively formulate significant themes out of their experiences.

The interpretation of the transcribed data will be on-going in all stages of the data analysis. In addition, we will continually test our pre-research assumptions about the phenomena by comparing and contrasting these assumptions with the findings in the research text. In this way, we will be able to address any prejudices developed from the literature and personal experience. Dialogue between the authors of this paper about emerging findings served to further check the faithfulness or authenticity to the data.

Results

The inquiry into the phenomenon of nurses caring for drug-dependent persons culled out the following interpretive themes which composed the lived experiences: (a) obedient to the demands of job, (b) making security as a priority, (c) depicting a robust behaviour, (d) maintaining a paranoia personality (e) initiator of new health care management and (f) coaching to optimum well-being. These lived experiences of nurses shows the manifolds of lived meaning that may relate to the phenomenon of the nurses caring for drug-dependent persons.

The Lived Experience of Absolute Obedience to the Demands of the Job.

Compliant to the policies imposed on nurses in the rehabilitation centers and the profession is a demand that nurses must follow. In the entire day shifts, the nurse's voyage in caring the drug-dependent persons in the rehabilitation centers stresses them most. There are two (2) thematic statements that compose the essential themes absolute obedience. They are 1) the experience of powerlessness and 2) the experience of heeding to the demands of work.

The experience of powerlessness makes the nurses not performing the work they expected to do. The nurses caring for drug-dependents in the rehabilitation centers felt that attainment to the fullest of doing the task is controlled. The Informant 1 as a beginner in the job reflects the time when drug-dependent persons needed immediate help but she cannot respond immediately because certain policies do not allow her to do so. She sees it as:

"So as a jail nurse, I don't have the capacity to treat the patients because they still have to see the doctor for consultation but if there is no doctor, we can't handle it here. And then usually, I would ask guidance and try to find the doctor sir." (Informant 1)

The experience of heeding to the demands of work. When drug-dependent persons complained of emergency medical related conditions, nurses cannot intervene directly due to the fact that doctors are authorized to make treatments. In as much as nurses wanted to facilitate the emotional needs of these drug-dependent persons, the facility policies limit them to do so. For nurses, the choice is not always seen:

"So we, the jail nurses, we don't have a power to have a court order immediately to seek permission in helping the drug dependents. With that, we can recommend it to the warden, ... Sir, he needs to go the hospital. Provided, uhh, we need a court order, that's what will happen to our patient sir. we have certain limitations in practicing nursing here in the jail facility sir. We are bound by the rules and regulations and that we are obliged to abide with it." (Informant 2, Informant 5)

The Lived Experience of Making Security as a Priority

In the Rehabilitation Centers or the otherwise called the Bureau of Jail Management and Penology primary objective is to make sure that the prisoned drug-dependent will be safe from harm and avoid escapes from the rehabilitation centers. There were two (2) thematic statements that compose the essential themes of security as a priority: (2) the experience of freedom from fear and anxiety; and (b) the experience of keeping client's security.

The experience of freedom from fear and anxiety

The nurses assigned in the rehabilitation centers are always on alert state in guarding the drug-dependent persons. These nurses escorts the drug-dependent persons during court hearings and hospitalizations. The escorting of nurses with the drug-dependent persons to courts and to the hospitals uses a mini security transport van that is guarded with two other security escorts. The threat of being escaped by the drug dependent is unpredictable. With these situations, these nurses are fearful and wary as to the consequences that happens under their custody. They quipped:

"It's difficult sir when it comes to health. Health contradicts with security sir because we want to implement this but it would be used by the inmates for escape. My experience sir as a jail nurse, uhm, if there are complaints from our inmates here, as much as possible, we would address it but we should also consider the security at risk." (Informant 1)

"Truthfully, I'm really scared sir but I channel that fear to how I would guard them. I would guard their every move. I would channel that fear by looking strong. You should just guard the—

You should be able to address his complaint but also put into consideration the security of the jail. The only thing we are worried about sir is they would escape. If they go out of jail, out of the jail's perimeter because of hospitalization, there are things that run in our minds that maybe that is his plan." (Informant 2)

"Escorting, I escort the drug-dependent to the court house and also to the hospital if they will be admitted. Uhm, it's quite challenging." (Informant 5)

"If it matters, your safety is your top priority." (Informant 7)

The experience of keeping client's security

The drug-dependent persons admitted in the rehabilitation centers most of the time suffers from withdrawal syndrome. To some extent, the withdrawn drug-dependents exhibit irritability and restlessness. These drug-dependents became too violent to the extent that would cause them harm and to other inmates. The violence tends to lead to being more physical harm and may endanger their lives. The on-duty nurses sees the need for safety and security. They need to make sure that the drug-dependent persons are not harmed and will not harm others as well in the rehabilitation centers. More often, isolation by restraining these drug-dependent persons is one of the interventions that nurses do in the facility. They claimed that:

"At least... if the inmate becomes violent, we can restrain him." (Informant 1)

"They are here and that we are here to provide them safekeeping and development. Yes, we restrain, yes." (Informant 5)

The Lived Experience of Depicting a Robust Behaviour

In the conduct of duty, the nurses must project a robust personality. These nurses project an able-body, bouncing and physically fit in front to the drug-dependent inmates in order to promote respect and authority. The respect and authority nurses projected is necessary in the rehabilitation centers so as to establish control and make the work more manageable. There are two (2) thematic statements that compose the essential itemes of depicting a robust behaviour, as follows: (a) the experience of being in power; and (b) the experience of being feared.

The experience of being in power

As nurses working in a rehabilitation centers, it is necessary that they project a strong personality with the ability to act or produce an effect to the drug-dependent inmates. These acts are merely the influences that assist the drug-dependent clients moved into a state of recovery. Thus, these nurses invoke their legal authority to establish power amidst the very challenging client's. The informants claimed that:

"So as a jail officer, I am caring and somehow I impose the policies." (Informant 1)

"Although you are scared but you should be very firm. Your image is that you are still strong." (Informant 2)

The experience of being feared

The nurses experienced manipulation by the drug-dependent persons. This manipulation would cause an unpleasant, often strong, emotion caused by anticipation or awareness of danger. In order to counter the manipulation made by the drug-dependent persons, the nurses showed a fearful gesture that would allow distance between them. Informant 1 claimed that:

"You must be feared by your patients. Being feared sir means that they won't try to fool you and lie with their ailments, that you know their behavior."

The Lived Experience of Maintaining a Paranoia Personality

The nurses who work and have direct contact with the drug-dependent persons developed the personality of being distrustful to their clients. The manipulative behaviour of the drug-dependent persons cause these nurses to be paranoid. This paranoia stems from the fear that the drug-dependent persons might have plans to escape the rehabilitation centers. There are two (2) thematic statements that compose the essential themes of maintaining paranoia personality, namely: (a) the experience to manage manipulative drug-dependents; and (b) the experience of being watchful and discreet in the face of danger or risk.

The experience to manage manipulative drug-dependents

Health related manifestations are the common behaviours presented by the drug-dependent persons to the nurses on duty in the rehabilitation centers. During these moments, the nurses felt unscrupulous control of a situation by the drug-dependent persons in the rehabilitation centers. One informant expressed her experience with these drug-dependents. She states that:

"So sometimes, we psy-war them and that's the time we can say,... Ahh, their ailment is true. So it's possible that they are just malingering and so we, the jail nurse, learns from it and we become an expert in assessing them to determine whether they are malingering or not." (Informant 1)

The experience of being watchful and discreet in the face of danger or risk

The nurse shared her experience that happened in the conduct of duty. She claimed that she was always careful in order to avoid potential problems or dangers in dealing with the drug-dependent persons, saying:

“I would still be calm sir. I won’t reprimand them. But I would be cautious next time during emergencies because that is what they are planning to use as a method to escape.” (Informant 3)

The Lived Experience of Initiating Safety Care Management

The nurses are equipped with critical thinking skills in making judgment of how to manage the drug-dependent persons lived harmoniously with other drug dependents in the rehabilitation centers. As new drug-dependent persons enters the rehabilitation centers, many of them manifest an aggressive behaviour that would result to harming themselves and often to others. With these situations, the nurses are caught in difficult situation in handling this drug-dependent persons. To cleverly respond to this need, nurses initiate ways in handling this difficult situation to protect the drug dependents from harm and injury. There are two (2) thematic statements that compose the essential themes of initiating health care management which include: (a) the experience to designate a health leader; and (b) the experience of coordinated teamwork.

The experience to designate a health leader

The prevention of chaos, conflict and injury that may happen in the rehabilitation center by the drug-dependent, the nurses manage to place a health leader or a facilitator. These nurses believed it would help them in realizing their health promotion plan. These preventive actions in which the drug-dependents in the rehabilitation centers have responsibilities in making the place a reasonable care for their own safety (NSW & Midwives, 2013). They claimed that:

“We would just inform the facilitator. But in every cell, there’s a facilitator. Also an inmate.” (Informant 5)

“So I made a health leader in every cell. About the mode of transmission, they are taught about that.” (Informant 4)

The experience of coordinated teamwork

Coordination with the designated health leader is essential in managing the rehabilitation center. The nurses make sure that the designated leader is in frequent contact with them in order to assure continuous communication of what is happening in the rehabilitation center. The designated leader in the rehabilitation center is called the Warden. Since nurses working in the rehabilitation centers are doing multi-tasking responsibilities, they believed that proper coordination with the Warden is essential in maintaining harmony with the drug-dependents in the rehabilitation center.

“It was already on the program sir. A part of the jail activity sir. So in each dorm, there’s a leader. Before they would come directly to me, they must approach first their dorm leader.” (Informant 7)

The Lived Experience of Coaching to Optimum Well-being

The drug dependent persons has been assumed to possess a lot of problems. Much more when they are admitted in rehabilitation centers where they are considered as prisoners and thereby separating them from their family and their usual routine. Consequently, the situations would

lead to many psychological and emotional dilemmas among the drug dependents that may result to depression and to much extreme violence inside the rehabilitation centers or suicide. This is the time the nurses take the lead in helping the drug-dependents to be sober and making them feel home in the rehabilitation centers. There are two (2) thematic statements that compose the essential themes of coaching to optimum well-being: (a) the experience of being a health educator; and (b) the experience of being a motivator.

The experience of being a health educator

Nurses in the rehabilitation centers experienced promoting health by educating regularly the drug-dependents. When the drug-dependent shows sign and symptoms of withdrawal, they may interpret these behaviours as not normal and may respond differently. The nurses sees the need to rightfully inform the drug-dependents the crucial body’s response to drug withdrawal. Communicating to them in the most comfortable way is a technique they used in educating the drug-dependent persons. They states that:

“Practicing nursing sir wherein your major roles is promoting health. The crucial roles is health teaching sir.” (Informant 5)

“You talk with them about health teachings especially if they display signs and symptoms of withdrawal stage. So you talk with them slowly.” (Informant 7)

The experience of being a motivator

Many drug-dependents are out-of-school persons and they lack the ability to make right choices that would promote them to become productive citizens. The nurses in the rehabilitation centers experienced themselves as motivator of change. A motivator is a person that provides a reason or to stimulate to do something. The most important role of a nurse motivator in the rehabilitation centers is to keep the the drug-dependent persons so focused and concentrates what desire to accomplish in life. This is so, as many drug-dependents does easily quit and not able to reach their dreams and goals, because they faced a lot of problems and challenges in the rehabilitation centers. These nurses took the opportunity in motivating one to do something positive in life by learning and re-learning. Special classes are also conducted in the rehabilitation centers. As Informant 6 said that:

“Even though... we would encourage them to go back to school.”

Discussion

This study shows how nurses experience caring for drug-dependent persons in the rehabilitation centers in the Province of Cebu, Philippines. For nurses, their experiences were very challenging as it entails many profound phenomenon. Although the experiences have greatly afflicted their nursing profession but yet they find it more meaningful and rewarding in helping the drug-dependent persons cope up their experiences inside the rehabilitation centers.

As Kristen Swanson (Tomey and Allgood, 2009) describes caring as “a nurturing way of relating to a valued other toward who one feels a personal sense of commitment and responsibility. It emphasizes that the goal of nursing is to promote the well-being of others. The drug-dependents are utmost importance in good nursing as it cares the client’s bio psychosocial and spiritual well-being. This good nursing is grounded in maintenance of a basic belief in human beings, supported by knowing the drug-dependent’s reality, conveyed being emotionally and physically present, and enacted by doing for and enabling the client.

From a rational perspective, nurses being obedient to the work demands in rehabilitation centers is a necessity to coordinate and communicate properly with their immediate superiors. As they enter the rehabilitation centers, they have to conform and be obedient to the standards operating in the said institution. According to Piero Bocchiaro and Adriano Zamperini (2012) conformism and obedience is the modification of how one employee thinks, feels and stand-in following work related pressures that could be real or imaginary. The obedience of these nurses develop a sense of dependence on how work in the rehabilitation centers require them to act and consider. In a very tight security measures imposed in the rehabilitation centers, nurses are caught in real shared agreement with the institution and other times they are not. In many situations that affects the health of the drug-dependent persons, the nurses are not freely able to express their ideas in resolving health issues. Even in emergency situations, the nurses become submissive to their superiors. But the obedience to the demands of the rehabilitation may signal negativity in affirming their values as nurses, this may entail more positivity as it entails security at the workplace which is a priority. According to Swanson (1993), obedience to the work demands is a foundation to the practice of nurse caring. The nurse maintain its belief that by being obedient to the policies imposed in the rehabilitation center is one that sustains nurse caring. Such an orientation fuels nursing and nurses to a commitment to serve each client.

The Republic Act 9165, otherwise known as “Comprehensive Dangerous Drug Act of 2002”, mandates the Department of Health to regulate, oversee and monitor the integration, coordination and supervision of all drug rehabilitation, intervention, aftercare and follow-up programs, projects and activities as well as the establishment, operations, maintenance and management of Drug Abuse Treatment and Rehabilitation Centers in the Philippines. The Bureau of Jail Management and Penology in the Philippines is mandated to direct, supervise and control the administration and operation of all district, city and municipal jails with pronged tasks of safekeeping and development of its inmates. Moreover, the Bureau of Jail Management and Penology is committed to providing client safety and security and are believed essential to a successful recovery especially in the rehabilitation centers in the Philippines. The warm, stable environment we strive to create will help you face addiction, deal with your feelings and ultimately pursue a drug-free lifestyle—one day at a time. The nurses in the rehabilitation centers are greatly involved in the primary health care of the drug dependent persons in the rehabilitation centers and their primary roles is to make sure that the drug-dependents are safe and their health are improved.

According to the International Council of Nurses (2007), “the principle of ‘do no harm’ is a cornerstone of care. Patient safety and worker safety must complement each other – one does not override the other. Importantly, a task is not safe unless it is safe for everyone engaged in or affected by the task – this includes the patient and all workers.” This is one of the elements of professional nursing that nurses maintain the safety and security of drug-dependent persons placed in rehabilitation centers. However, violence among the drug-dependents may also inflict security threat to the nurses but management style and ward structure may also be addressed in order to stop the helix of violence.

As rehabilitation nurses working with drug-dependent persons, it cannot be helped and controlled the violence that happened in the rehabilitation centers. According to the Guardian (2015), the violence comes in many forms where the nurses became victimized and traumatized by it. This makes nurses become hyper-vigilant, even though they have control in the rehabilitation centers but yet they don’t have the control because the drug-dependents sometimes run the rehabilitation centers. The drug-dependent could be compliant to the demands of the rehabilitation centers policies but sometimes they choose not to be. The hyper-vigilant behaviour of nurses project a fearful stance in order to prevent from being manipulated by the drug-dependent persons.

Figure of authority projected by the nurse is important in order to prevent chaos in the rehabilitation centers. However, according to Zimbardo (1999), these authority figures should not be abused and should not take these authority as the final deciding factor in a making actions or decisions. The nurses in the rehabilitation centers are still conscious of the morals which play a big role in their decision-making processes as they dealt with the drug-dependent persons. Moreover, the professional nursing mandates (RA 9173: Code of Ethics) nurses to be an ethico-moral nurses that adheres to the Code of Ethics of Nurses and abide its provision. It is imperative therefore that nurses in the rehabilitation centers exercise all its authorities as mandated by the laws with utmost respect and dignity to the drug-dependent persons.

As nurses working with drug-dependent persons in the rehabilitation centers, they project some degree of suspiciousness. They have this unreasonable feeling that the drug-dependent persons are trying to escape in the drug-rehabilitation centers especially when they are under the nurse’s custody. This suspiciousness is true in many jail officers as Larson and Walker (1924) claimed that when jail officers are always confronted with abnormal behaviors, they tend to show paranoia personality. Moreover, these jail officers may have some degree of paranoia that their department won’t support them if something happens in the rehabilitation centers. This paranoia becomes the greatest stressor they felt in the conduct of their work.

According to American Psychiatric Association (2000), paranoia is a thought process believed to be heavily influenced by anxiety or fear, often to the point of being irrational. It is believed that social circumstances appear to be highly influential on paranoid beliefs. According to Mirowski and Ross (1983), paranoid beliefs seem to be associated with feelings of powerlessness and victimization, enhanced by social situations. The potential causes of these effects included a sense of believing in external control rehabilitation centers and mistrust of the institutional system. But the female nurses have the tendency to believe in external control at a higher rate than males, potentially making female nurses more susceptible to mistrust.

In the promotion of safety and prevention of injury among the drug-dependent persons admitted in the rehabilitation centers, nurses initiates safety care management. These initiatives of safety care management is important to promote physical and psychosocial health among the drug-dependent persons in the rehabilitation centers. One initiative is the training and assigning a health leader in the rehabilitation center. The health leader is a drug-dependent person who is still admitted in the center but in the process of recovery. The health leader helps the nurse in identifying and enforcing safety precautionary measures that prevent the harm affecting the drug-dependents and its company in the rehabilitation centers.

The initiatives of these nurses in managing the health of the drug-dependent persons in the rehabilitation centers shows greater nurse autonomy and control over the work environment. They organizes work plan in order to facilitate the essential care of the drug-dependent persons (CMO No 14, s. 2009). According to the Association of Rehabilitation Nurses (2014), one of the functions of a rehabilitation nurses, is the coordination and collaboration with other members in the rehabilitation centers including shared governance or decision making. As Swanson describes it, being with assures the drug-dependents that their reality is appreciated and that the nurse is ready and willing to be there for them. Being there includes not just the side-by-side physical presence but also the clearly conveyed message of availability and ability to endure with the other.

The drug-dependent persons admitted in the rehabilitation centers manifest low-self-esteem, much more to those who are isolated from their families. Many of the drug-dependent persons suffer psychological and emotional dilemma as they are placed in a secluded

rehabilitation centers. These sufferings might lead to depression and suicide. The rehabilitation staff nurse assists clients in adapting to an altered lifestyle, while providing a therapeutic environment for client's and their family's development. With these situations, nurses must do ways to enhance their drug-dependents esteem and motivate them to become an able person amidst inside the rehabilitation centers. Frequent coaching the drug-dependents is there way of uplifting the lives of the drug-dependent persons. According to the Drug Addiction Treatment (2012), coaching is very helpful especially to recovering drug-dependents. The coaches help the drug dependents set goals and try to learn skills that will enable them to integrate back into society. It help recovering drug-dependent persons heal from a past riddled with substance abuse, or help with simple things like putting together a résumé and working on social interaction. The nurses in the rehabilitation centers became the drug-dependent's "life coach" in order to help them get the recovery assistance they need without driving them away and help them form positive and healthy life habits. The nurses coached also give the drug-dependents information about other programs and options for their lives outside of prison.

Conclusions

The lived experiences of nurses working in the rehabilitation centers tends to be understood theoretically as a caring nurse however, more things are needed to assume that nurses felt and perceived differently as they delve themselves into a drug-dependent client whom they have no experience in handling them.

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