

Exploring Cannabis Patient Care: Institute of Living Staff Experience and Knowledge

Nique Pichette¹, David O’Sullivan³, Ariana Caruso¹, Ellen Blair⁴, Godfrey Pearlson^{1,2}

¹Olin Neuropsychiatry Research Center, Institute of Living, Hartford, CT, United States; ²Department of Psychiatry, Yale University, New Haven, CT, United States; ³Hartford HealthCare Research Administration, Hartford, CT, United States, ⁴Behavioral Health Network, Institute of Living, Hartford, CT, United States

Background

Nursing (NCSBN) has already developed guidelines for medical cannabis nursing¹, which can serve as the foundation for the Cannabis Nurse Navigator role. Nurses in this role would need to:

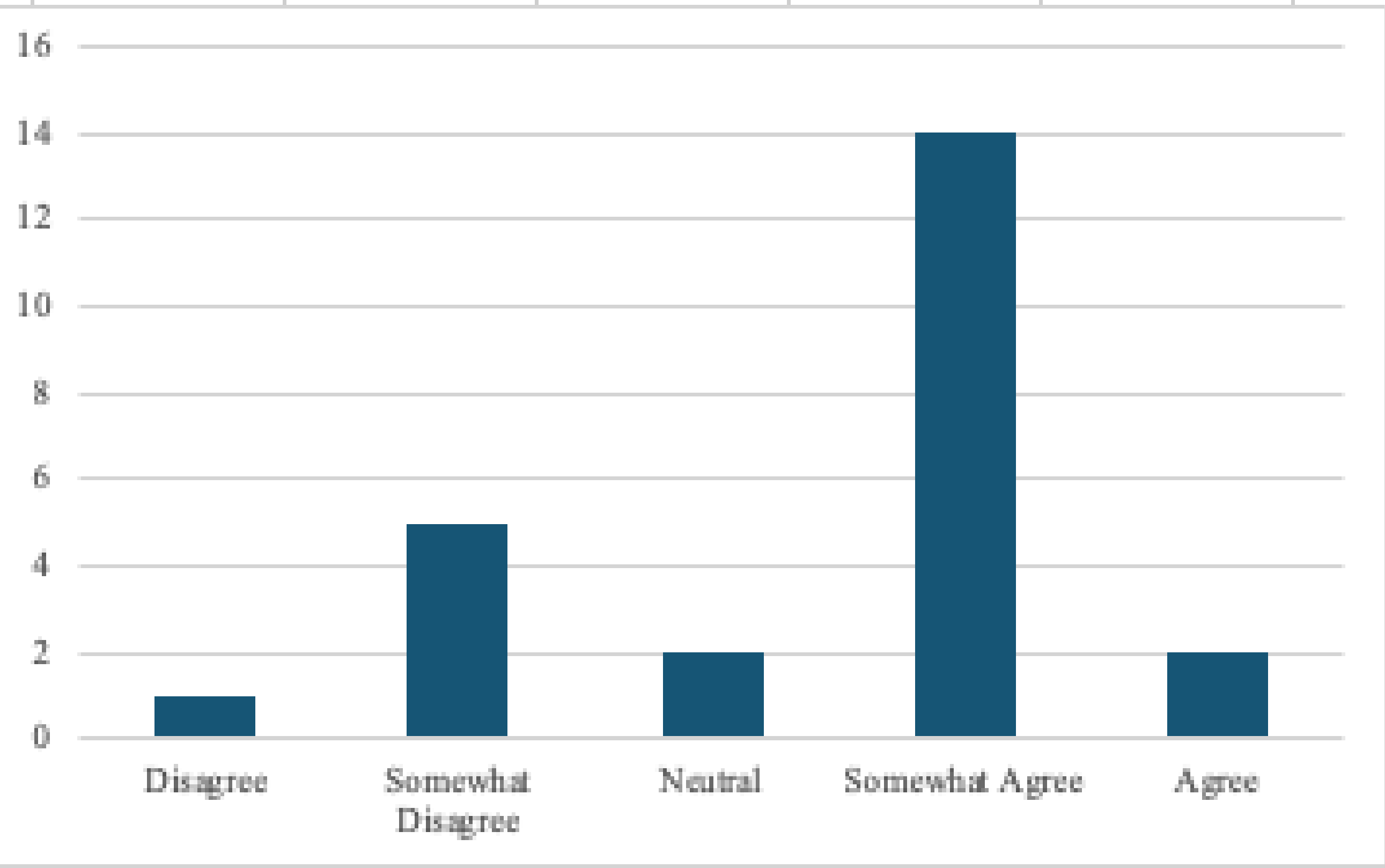
1. Understand the legal landscape surrounding cannabis use.
2. Be knowledgeable about medical cannabis programs and patient rights.
3. Have expertise in the endocannabinoid system and cannabinoid pharmacology.
4. Safely and effectively manage patient care related to cannabis use, including patient education and harm reduction strategies.
5. Approach patients without bias regarding their treatment choices, including cannabis use¹.

The scope of practice for the Cannabis Nurse Navigator would extend beyond the general nursing scope defined by the American Nurses Association^{2,3}, to include competencies specific to cannabis care. This specialized role could bridge the gap between healthcare providers' limited knowledge and the growing patient need for cannabis-related care, thereby enhancing overall patient outcomes.

Research Gaps and Proposed Study

Despite the potential for nurse navigators to improve care in cannabis-related healthcare, little research has been done on this specific role. The literature lacks comprehensive studies on the integration of cannabis nurse navigators into interdisciplinary healthcare teams.

Figure 1
Possession of working knowledge of the current state of cannabis legalization



Purpose

To address the experience, knowledge and perceptions of healthcare staff at the Institute of Living (IOL) regarding the care of patients who use medical cannabis. The study aims to determine whether implementing a Cannabis Nurse Navigator, based on the opinions of participating IOL staff, might improve care coordination, patient education, and health outcomes.

Methods

This exploratory study used a survey, distributed via REDCap to IOL staff, which included a 13-item balanced Likert scale and two open-ended questions assessing staff knowledge of cannabis use and care, attitudes toward cannabis patients, and willingness to collaborate with a Cannabis Nurse Navigator. Specific items measured knowledge of cannabis pharmacology, the endocannabinoid system, patient safety, and organizational policies.

Responses from 23 participants were analyzed. The 13-item Likert-scale total score (range: 13–65; Q12 reverse-coded, ideal max = 61) was summarized with minimum, maximum, and median/IQR.

Qualitative data from two open-ended questions were analyzed thematically using Word (Microsoft, 2019) or NVivo (v1.4, 2023).

Figure 2
Confidence assessing signs and symptoms of cannabis adverse effects, routes of administration, medical cannabis dosage, purpose for use and relief

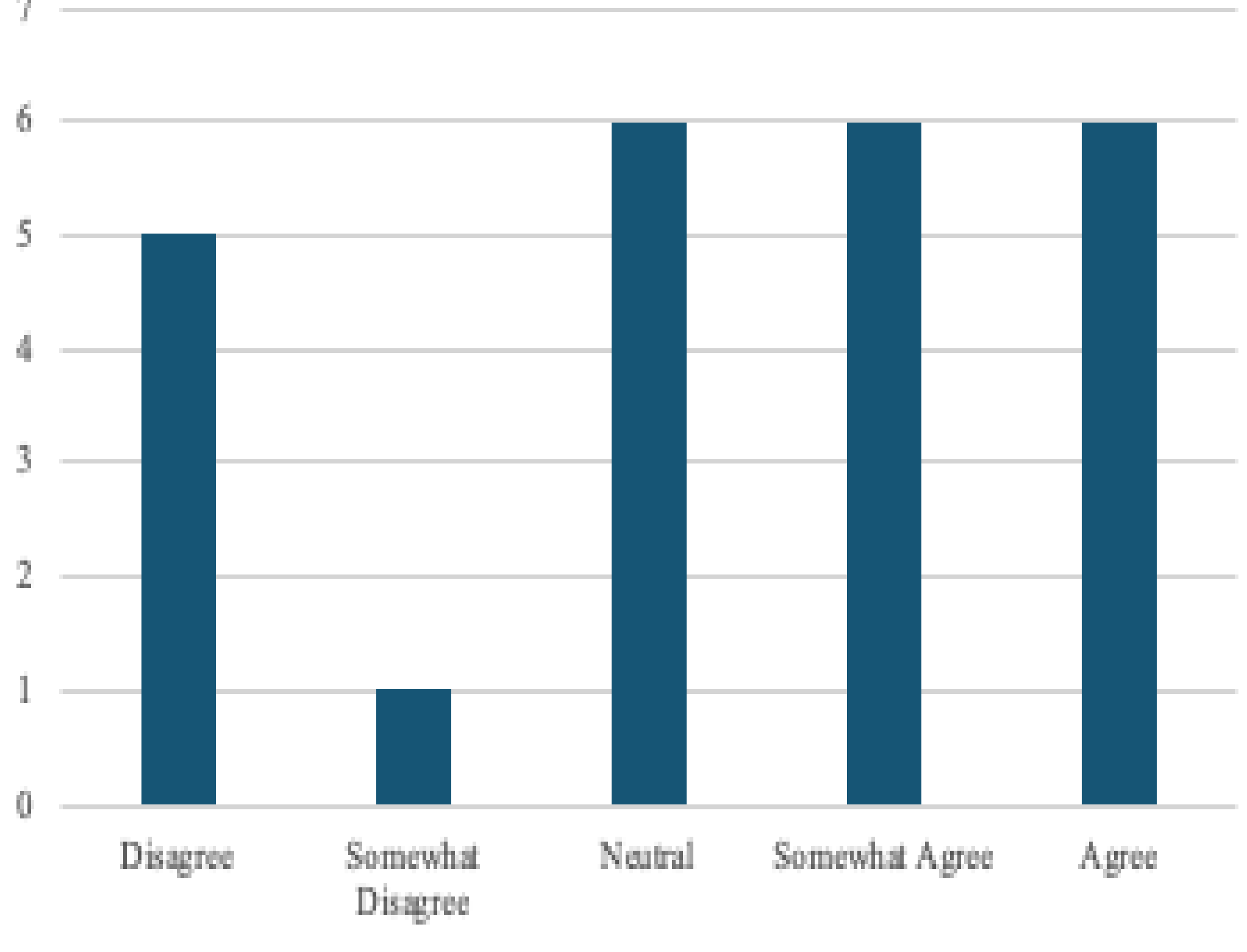
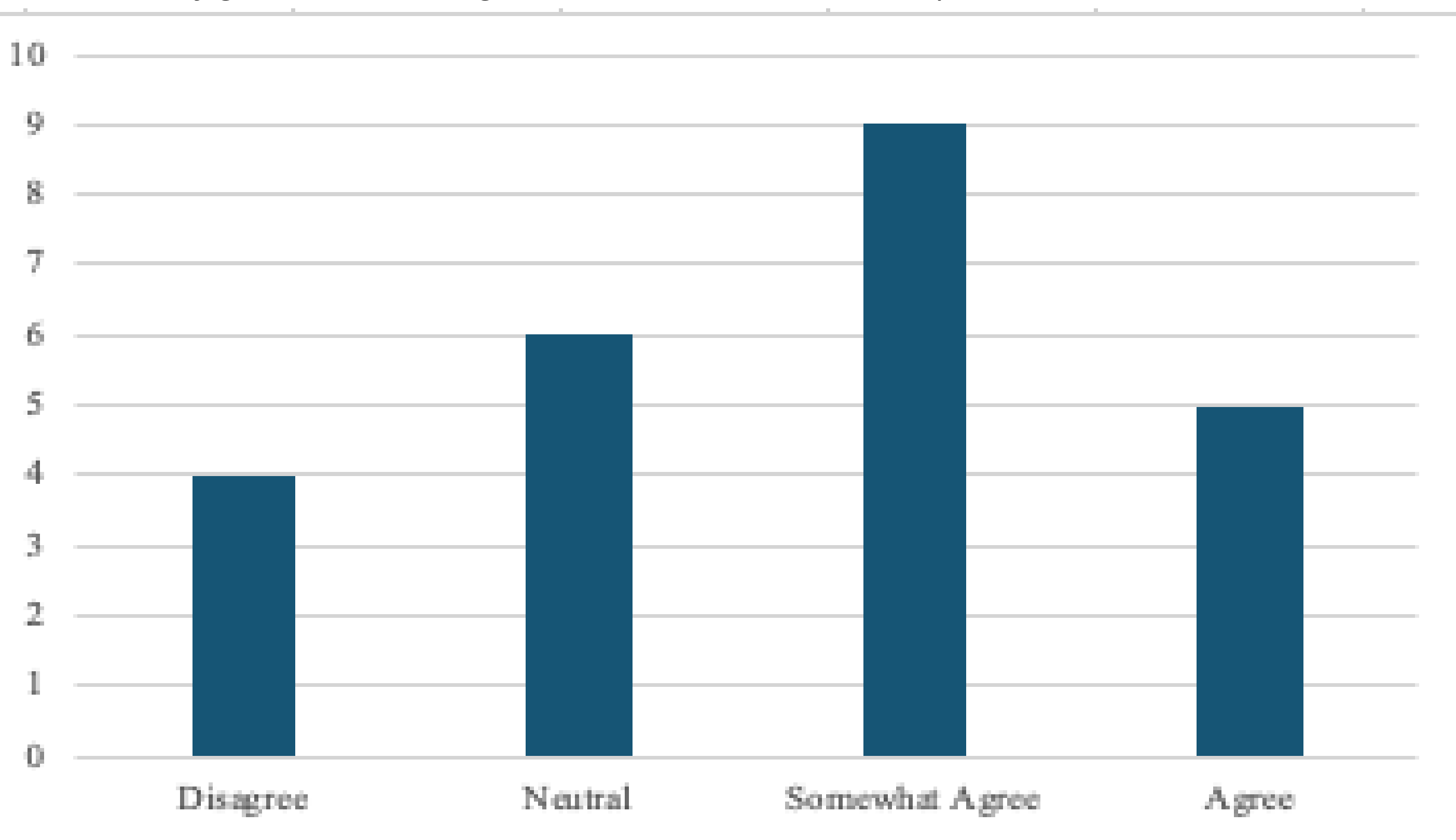


Figure 3
Possession of general knowledge to assess and document a patient’s medical cannabis use



Results

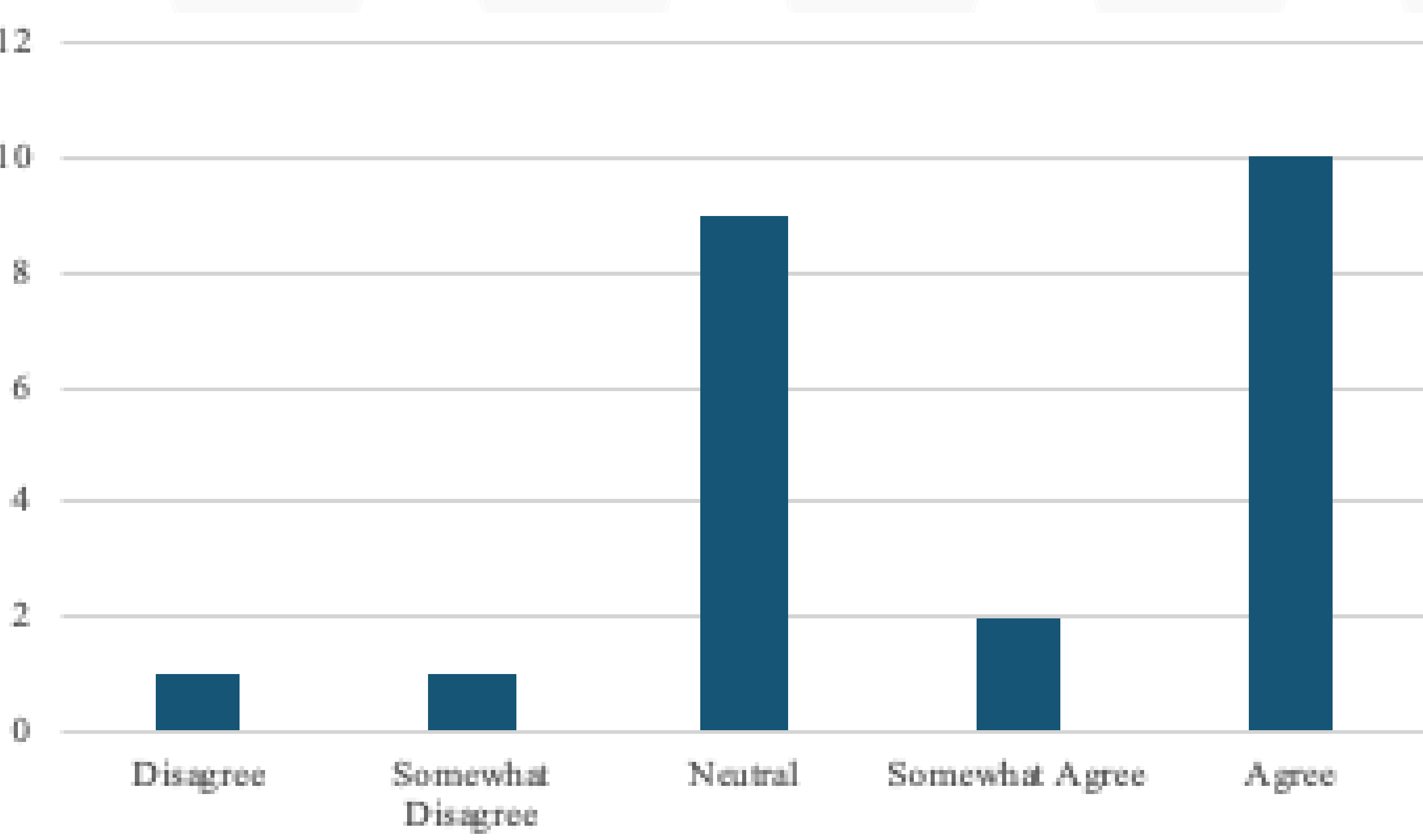
Using Braun and Clarke’s (2006) Thematic Analysis⁴, the following themes were generated and determined:

1. **Would provide and/or improve education** – Participants emphasized the educational value a CNN could offer to both patients and staff
2. **Would improve and/or assist with patient care** – The role was viewed as a potential enhancer of care coordination
3. **Lack of knowledge** – Staff acknowledged limited knowledge around cannabis therapeutics
4. **Too few patients** – Some felt patient volume may not justify the role, highlighting institutional hesitation
5. **Lack of staff, acceptance, and money** – Concerns around resource allocation and stigma were noted as barriers

Conclusion

- Findings highlight gaps in staff knowledge and concerns around resources; however, results also suggest potential value in integrating a Cannabis Nurse Navigator. Further assessment of staff perspectives is warranted to guide future implementation.
- Following this successful pilot study with an initial cohort of 25 participants, the Institutional Review Board (IRB) at Hartford HealthCare has approved a replication of this study, expanding to a sample size of 250 participants across the nursing department throughout Hartford HealthCare to further evaluate the impact of the Cannabis Nurse Navigator.

Figure 4
Willingness to refer patient to Cannabis Nurse Navigator



References

1. Alexander, R., et al. (2018). NCSBN’s National Nursing Guidelines for Medical Marijuana. Journal of Nursing Regulation Supplement. 9(2)
2. American Nurses Association. (2015). Nursing: Scope and standards of practice (3rd ed.).
3. ANA Ethics Advisory Board, (January 20, 2022) "ANA Position Statement: Therapeutic Use of Marijuana and Related Cannabinoids" OJIN: The Online Journal of Issues in Nursing Vol. 27, No. 1.
4. Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. Qualitative Research in Psychology, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp0630a>