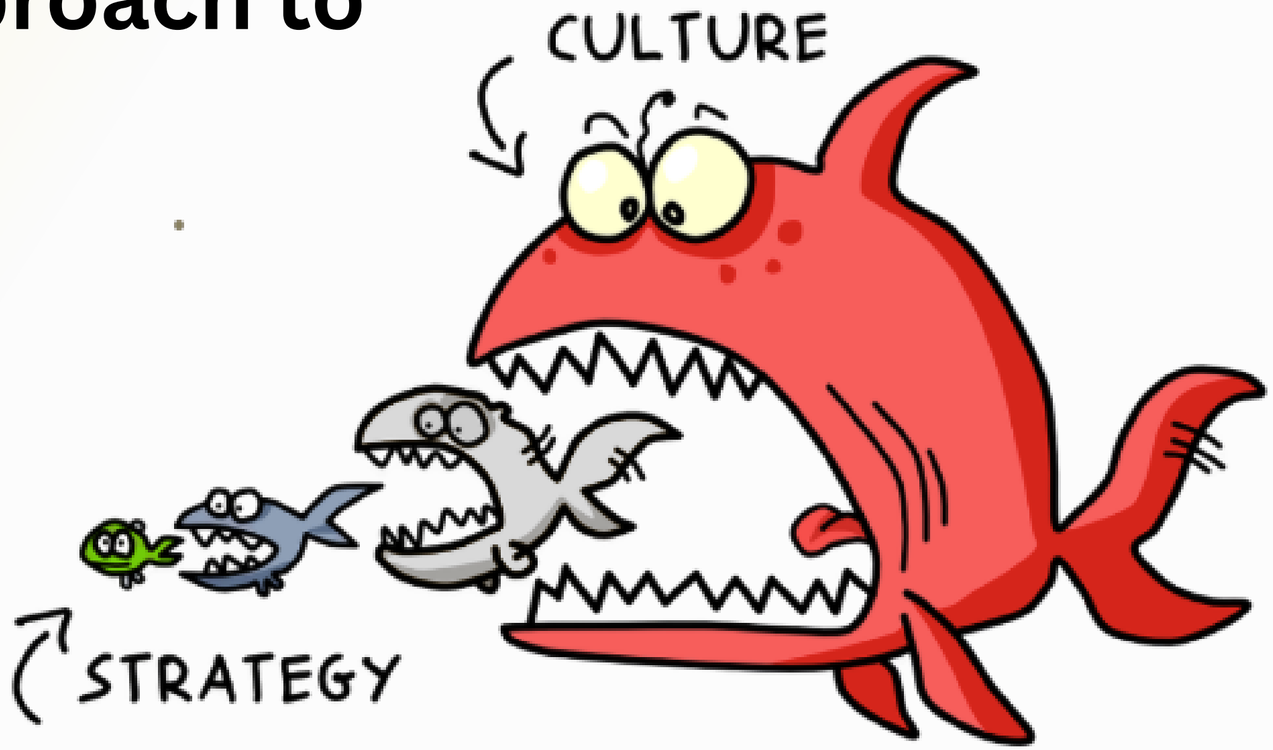
Solution 3:

Improve buy-in via purposeful approach to culture shift



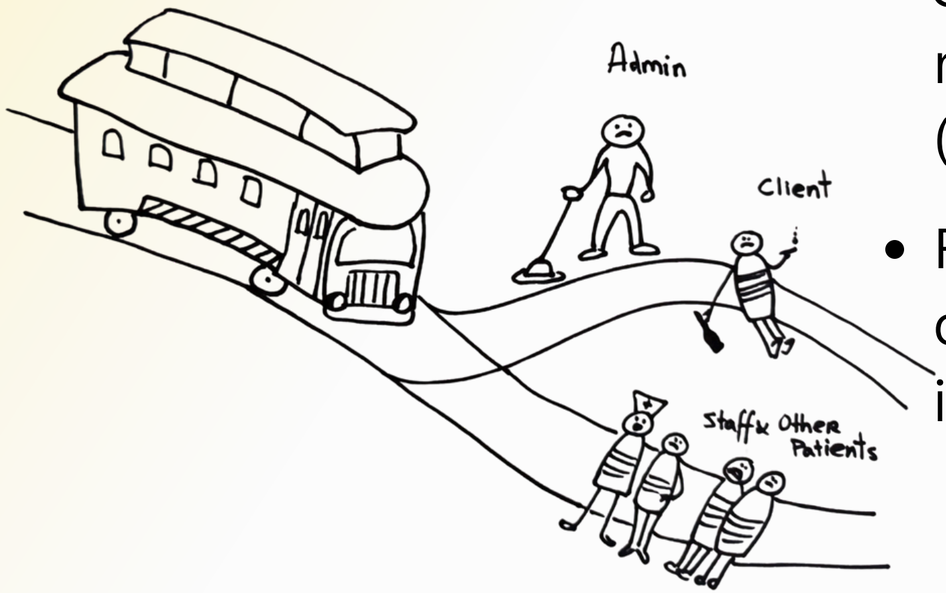
Description

- **Needs Survey:** Anonymous Staff survey on “Comfort with Care for patients with SUD”

- **Intervention Component:** Multidisciplinary Education Sessions led by Mental Health Unit Educators across Medical and Surgical wards. Focus on SUD with **practical guidance for frontline staff**

- **Ethical and Moral Dialogue Sessions:** Facilitated by hospital Spiritual Health staff. Designed to **explore** ethical **dilemmas and moral uncertainty** associated with caring for this patient population.

Rationale & Strengths

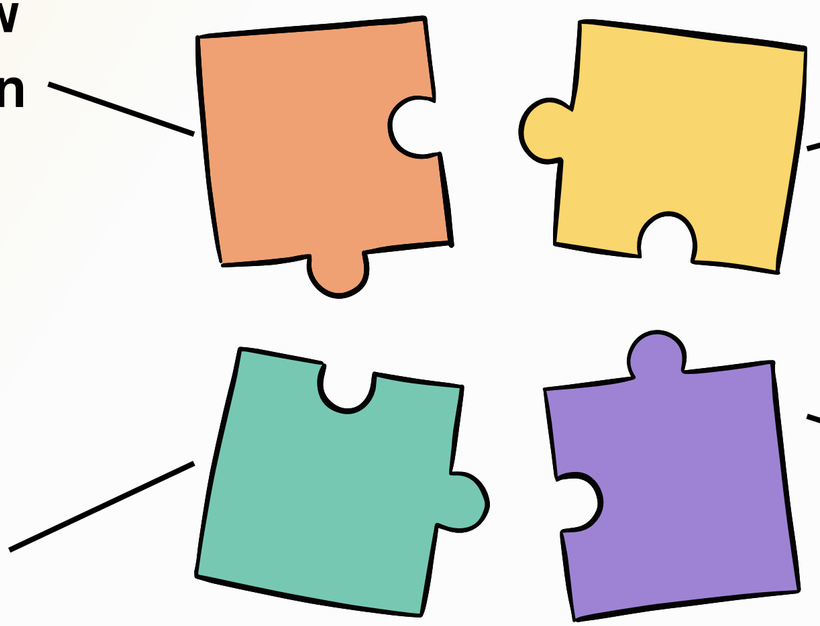


- Peer-to-peer mentorship in acute care settings positively affects organizational culture and group perceptions (Murphy et al., 2024)
- Safety and inclusion for SUD patients in hospital requires upscaling in HR resources and education (Bailey et al., 2025)
- Formalized Peer-to-peer listening circles increase commitment to care and protect staff from moral injury. (Crane & Nuzum, 2025)

Implementation & Challenges

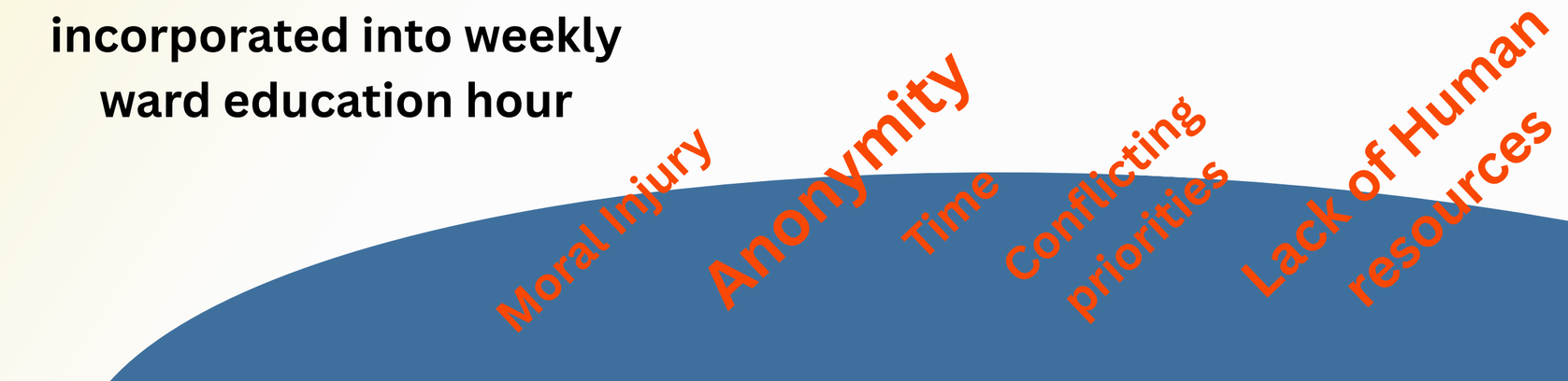
Site-wide anonymous staff survey on view on decriminalization administered via internal email platform within 2 weeks

Weekly, optional but encouraged drop-in sessions led by Spiritual Care Staff



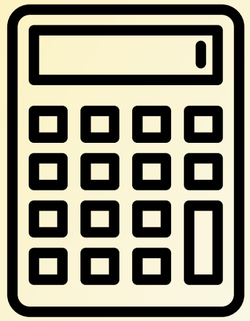
Bite-size, ten minute education sessions incorporated into weekly ward education hour

Quarterly evaluation surveys



(Grace et al., 2024).

Feasibility



- **Limited additional budgetary requirement** - no extra staff hiring, existing physical space, no capital expenditure, minimal variable cost
- **Opportunity Cost analysis:** HR and Education Agenda- what are we giving up?
- **Initial impetus to on-boarding:** optional or mandatory participation? During or after working hours? Compensation?
- **Collaboration with BCNU/WSBC:** complementary mandates/ funding?