Pain Management

Appraised by Michelle Kraft SN & Alison Hinkel SN

Clinical Question:

How does the nurse's perception of pain affect patient's pain management?

Articles:

Al-Shaer, D., Anderson, M.A., & Hill, P.D. (2011). Nurses' knowledge and attitudes regarding pain assessment and intervention. *MEDSURG Nursing, 20 (1),* 7-11. Retrieved from PubMed.

Ene, K.W., Nordberg, G., Bergh, I, Johansson, F. G., & Sjostrom, B. (2008) Postoperative pain management- the influence of surgical ward nurses. *Journal of Clinical Nursing, 17,* 2042-2050. Retreived from PubMed. doi: 10.1111/j.1365-2702.2008.02278.x

Cantril, J.A., Noyce, P.R., & Schafheutle, E.I. (2011). Why is pain managemnt suboptimal on surgical wards? *Journal of Advanced Nursing, 33(6),* 728-737. Retieved by PubMed.

Synthesis of Conclusion

The study by Al-Shaer, Anderson, and Hill (2011) is a nonexperimental, descriptive design; a level VI heiarchy of evidence. The purpose of the study "was to determine nurses' knowledge regarding pain assessment and manangement and to identify relationships that exist between selected demographic information and nurse's knowledge" (p.7). A convenience sample of 129 registered nurses from 10 separate nursing units in a midwestern metropolitan hospital were surveyed. This included nurses with various levels of nursing education, ages 18-65 with up to 16 or more years of experience. Items concerning cancer were omitted from the study. Data was collected from the Nurses' Knowledge and Attitude Survey Regarding Pain (NKAS). Baccalaureate-prepared nurses scored significantly higher on the assessment items compared to nurses with less education. Al-Shaer et al. (2011) recommended education regarding pain assessment and particularly pain management needs to be high priority. Critical education should incorporate basic principles of pain assessment and management into daily practice, education

about pharmacologic and non-pharmacologic methods of relieving pain, and training to develop sensitivity and empathy. However continued investigation in this area is needed.

Ene, Nordberg, Bergh, Johansson,and Sjostrom (2008) is a cross-sectional, descriptive, two-part study; a level VI heiarchy of evidence. The purpose of this study " was to compare pain levels reported by patients with those documented by nurses and to find out to what extent the amount of opioids given correlated with the pain levels. Secondly, to study pain management in nurses' approaches to this task had improved during a two year period, including an educational pain treatment program for staff" (p.2042). Part I consisted of 77 patients and 19 nurses and Part II had 141 patients and 22 nurses. This study was conducted on two urology surgical wards at a University Hospital in Sweden. A categorical questionaire was given to nurses and patients were asked their pain scores. Ene et al. (2008) shows a need for more accurate pain assessment, since the patient experiences pain and the nurse determines their treatment. It also shows a discrepency in pain scoring between nurses and patients, where active treatment was related to nurses' documentation rather than to patients' scoring. Obviously, the lack of agreement between patients' and nurses' pain scores most likely will be reflected in a lack of agreement also on actual pain treatment. In fact, documented pain scores were more influential than patients' pain reports and largely determined whether or not the patients would receive opioids (Ene, 2008, p. 2047). Continued investigation is necessary.

The last study by Cantril, Noyce, Schafheutle (2001) is cross-sectional descriptive study; a level VI hierarchy of evidence. The purpose of the study "was to identify perceived barriers to effective pain managemnet in nursing practice" (p.728). Fourteen United Kingdom hospitals conducted six nurse interviews and 180 nurse questionaires. Cantril et al. (2001) showed barriers to suboptimal pain management included workload, lack of staff, and legal or institutional

constraints. Nurses further stated that analgesic prescribing was sometimes inadequate, or that doctors or the pain team were unavailable to review medication. Reasons why nurses' didn't ask pain related question during drug rounds included patients were asleep, on epidural or patient controlled analgesic, or recently had an analgesic. Nurses' replies also revealed that they relied considerably on patients' nonverbal behavior and used this to assess analgesia requirements (Schafheutle, 2001, p.728). Assessment could be achieved through greater involvment of patient's pain and introducing systems aimed at improving pain management.

Clinical Bottom Line

The overall quality of these studies was acceptable, with consistent information regarding pain management. Inadequate pain assessment and management remain significant problems in healthcare. In all three articles there is a recommendation of further investigation in this area.

Implications for Nursing Practice

Education regarding pain assessment and particularly pain management needs to be high priority. Employees need to know the importance of accurate communication between staff and patients when doing pain assessments, reporting, and charting. Teaching about pharmacological and non-pharmacological methods of relieving pain is also needed. Another important factor would be training to develop sensitivity and empathy towards a patient experiencing pain.