Nurses Knowledge and Attitudes Regarding Pain

Gwen Burley
*Doctors Hospital*, gwenb@baptisthealth.net

Carolyn Lindgren
*Doctors Hospital*, CarolynL@baptisthealth.net

Maria Ojeda
*Homestead Hospital*, mariaoj@baptisthealth.net

Carolina Penaranda
*Baptist Health South Florida*, carolinape@baptisthealth.net

Rodney Rosello
*Doctors Hospital*

Follow this and additional works at: [https://scholarlycommons.baptisthealth.net/se-all-publications](https://scholarlycommons.baptisthealth.net/se-all-publications)

Citation
Burley, Gwen; Lindgren, Carolyn; Ojeda, Maria; Penaranda, Carolina; and Rosello, Rodney, "Nurses Knowledge and Attitudes Regarding Pain" (2016). *All Publications*. 866. [https://scholarlycommons.baptisthealth.net/se-all-publications/866](https://scholarlycommons.baptisthealth.net/se-all-publications/866)

This Conference Poster – Open Access is brought to you for free and open access by Scholarly Commons @ Baptist Health South Florida. It has been accepted for inclusion in All Publications by an authorized administrator of Scholarly Commons @ Baptist Health South Florida. For more information, please contact Carrief@baptisthealth.net.
Nurses Knowledge and Attitudes Regarding Pain
Burley G, MS, RN, NE-BC, CPHQ; Lindgren C, PhD, RN; Ojeda M, ARNP, MSN, MPH, DNP, PhD-c, NP-C; Penaranda C, MSN, ARNP, FNP-BC; Rosello R, MSN, ARNP, AGACNP-BC, CEN

Problem and Purpose
Undertreated pain in patients has been a well-documented problem for more than four decades and continues to be a concern today. We know from the evidence that:

- Undertreated pain prolongs patient suffering and has long term physiological, emotional, and spiritual consequences.
- One barrier to effective pain management practices is the care giver’s knowledge and attitudes regarding pain.
- Nurses are uniquely positioned to directly affect the adequacy of a patient’s pain management plan through assessment, planning, interventions, and reassessment practices.
- At entry into practice, nurses are not prepared with the knowledge and competencies required to effectively manage pain in all situations.
- International studies evaluating nurses’ knowledge and attitudes regarding pain published over the past 20 years have consistently found a lack of competencies to effectively manage pain.

At our community hospital, we identified that we were not effectively managing our patient’s pain. In the six month period beginning January 1, 2014, patient responses to the Health Consumer Assessment of Healthcare Providers and Systems (HCAHPS) reported that only 64.1% indicated their pain was always well controlled, ranking in the 55th percentile of the peer group. In the following six months, 62.1% of the responding patients reported that their pain was always well controlled, ranking in the 41st percentile. Our pursuit of the assessment as a research study was intended to encourage open and honest participation of nurses.

Methods

- Two weeks prior to data collection, study flyers were distributed throughout the hospital to announce the study. In addition, emails were sent to the nurses employed at the hospital to announce the survey and four week collection period.
- One week prior to the data collection period, a reminder email announcing the study was sent to all nurses.
- On the initial day of data collection, The Knowledge and Attitudes Survey Regarding Pain (KASRP) developed by BR Ferrell and M McCaffery (2008 rev) and a demographic questionnaire were deployed electronically using Survey Monkey®.
- Nurses were invited to participate in the study through e-mail invitations which included the Survey Monkey link. Throughout this period, investigators also encouraged participation through announcements in multiple nursing meetings and committees.

Results

- Descriptive statistics were used to analyze the results of the KASRP instrument. The study did not have sufficient statistical power to reliably examine the association between scores on the KASRP and demographic variables. In addition, Chi-square and Cramer’s V tests indicated that there were no significant associations between any of the demographic variables (p ≥ .05).
- For the sample as a whole, the mean score for the survey was 64.7% with a median score of 67.5% and a scoring range of 10%-82%. The mean and median fell significantly below the recommended scoring of 80% as reflective of sufficient knowledge and attitudes regarding pain for effective pain management practice.

- In keeping with the recommendations of the KASRP developers, the ten highest scoring questions and the ten lowest scoring questions were analyzed. The respondents in this study correctly responded to questions relating to subjective nature of the patient’s pain experience, the differences in age/developmental stages in the pain experience, and cultural differences in the meaning and response to pain.

Conclusions & Implications for Practice

The results from this study found a clear need for education in this sample of nurses related to pain management. The questions with the lowest scores relate primarily to the pharmacology of the medications most often used to treat pain and indicate a potential concern or anxiety on the part of the nurses related to over-medicating patients. The data indicates that a priority be placed on education in the areas of pharmacology and in the ability to assess the potential risks versus the benefits of adequately treating pain with medications ordered. The reliability and validity of the KASRP instrument suggests that it can be used to measure the success of the educational interventions in addressing the knowledge and attitude deficits.

With the growing expectations that patients have a right to effective pain management and the evidence of the harmful effects of under-treated pain, it is incumbent upon nurses to use evidence-based approaches for the management of pain. The goal being to effectively and relieve patients’ suffering when it is achievable therapeutically.

References


Penaranda C, MSN, ARNP, FNP-BC, Rosello R, MSN, ARNP, AGACNP-BC, CEN

Problem and Purpose

Undertreated pain in patients has been a well-documented problem for more than four decades and continues to be a concern today. We know from the evidence that:

- Undertreated pain prolongs patient suffering and has long term physiological, emotional, and spiritual consequences.
- One barrier to effective pain management practices is the care giver’s knowledge and attitudes regarding pain.
- Nurses are uniquely positioned to directly affect the adequacy of a patient’s pain management plan through assessment, planning, interventions, and reassessment practices.
- At entry into practice, nurses are not prepared with the knowledge and competencies required to effectively manage pain in all situations.
- International studies evaluating nurses’ knowledge and attitudes regarding pain published over the past 20 years have consistently found a lack of competencies to effectively manage pain.

At our community hospital, we identified that we were not effectively managing our patient’s pain. In the six month period beginning January 1, 2014, patient responses to the Health Consumer Assessment of Healthcare Providers and Systems (HCAHPS) reported that only 64.1% indicated their pain was always well controlled, ranking in the 55th percentile of the peer group. In the following six months, 62.1% of the responding patients reported that their pain was always well controlled, ranking in the 41st percentile. Our pursuit of the assessment as a research study was intended to encourage open and honest participation of nurses.

Methods

- Two weeks prior to data collection, study flyers were distributed throughout the hospital to announce the study. In addition, emails were sent to the nurses employed at the hospital to announce the survey and four week collection period.
- One week prior to the data collection period, a reminder email announcing the study was sent to all nurses.
- On the initial day of data collection, The Knowledge and Attitudes Survey Regarding Pain (KASRP) developed by BR Ferrell and M McCaffery (2008 rev) and a demographic questionnaire were deployed electronically using Survey Monkey®.
- Nurses were invited to participate in the study through e-mail invitations which included the Survey Monkey link. Throughout this period, investigators also encouraged participation through announcements in multiple nursing meetings and committees.

Results

- Descriptive statistics were used to analyze the results of the KASRP instrument. The study did not have sufficient statistical power to reliably examine the association between scores on the KASRP and demographic variables. In addition, Chi-square and Cramer’s V tests indicated that there were no significant associations between any of the demographic variables (p ≥ .05).
- For the sample as a whole, the mean score for the survey was 64.7% with a median score of 67.5% and a scoring range of 10%-82%. The mean and median fell significantly below the recommended scoring of 80% as reflective of sufficient knowledge and attitudes regarding pain for effective pain management practice.

- In keeping with the recommendations of the KASRP developers, the ten highest scoring questions and the ten lowest scoring questions were analyzed. The respondents in this study correctly responded to questions relating to subjective nature of the patient’s pain experience, the differences in age/developmental stages in the pain experience, and cultural differences in the meaning and response to pain.

Conclusions & Implications for Practice

The results from this study found a clear need for education in this sample of nurses related to pain management. The questions with the lowest scores relate primarily to the pharmacology of the medications most often used to treat pain and indicate a potential concern or anxiety on the part of the nurses related to over-medicating patients. The data indicates that a priority be placed on education in the areas of pharmacology and in the ability to assess the potential risks versus the benefits of adequately treating pain with medications ordered. The reliability and validity of the KASRP instrument suggests that it can be used to measure the success of the educational interventions in addressing the knowledge and attitude deficits.

With the growing expectations that patients have a right to effective pain management and the evidence of the harmful effects of under-treated pain, it is incumbent upon nurses to use evidence-based approaches for the management of pain. The goal being to effectively and relieve patients’ suffering when it is achievable therapeutically.

References

