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Nurses Knowledge and Attitudes Regarding Pain

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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 givers 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.

Research Questions:

- ▶ What are the knowledge and attitudes of the professional nurses working in a community hospital setting regarding pain and pain management?
- ▶ What is the influence of selected professional nurse characteristics (age, highest nursing degree held, professional certification status, and tenure in years at the study site) on their knowledge and attitudes regarding pain and pain management?

Sample

All registered nurses employed at the time of the study at Doctors Hospital were invited to participate. A total of 64 nurses began the survey; however, 51 nurses continued the survey beyond the informed consent and demographic portion. At the time of the study, a total of 310 nurses were employed. The participation rate was 17%.



Doctors Hospital

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Methods

- ▶ Two weeks prior to data collection, study flyers were distributed throughout the hospital to announce the study. In addition, emails were sent to every nurse employed at the hospital to announce the survey and the four week data 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.

KASRP Scores by Demographic Characteristics

| Group | N | Mean | Range |
|-----------------------------|----|-------|-------------|
| Total Sample | 51 | 64.7% | 10.0%-82.5% |
| Age Category | | | |
| 18-34 Years | 4 | 65.0% | 62.5%-67.5% |
| 35-50 Years | 27 | 64.7% | 10.0%-82.5% |
| 50+ Years | 20 | 64.6% | 47.5%-82.5% |
| Educational Level | | | |
| Single Degree | 43 | 64.4% | 10.0%-82.5% |
| Multiple Degrees | 8 | 66.3% | 35.0%-80.0% |
| Tenure at Study Site | | | |
| 0-5 Years | 10 | 63.2% | 45.0%-72.5% |
| 6-10 Years | 18 | 68.2% | 35.0%-82.5% |
| 10+ Years | 23 | 62.6% | 10.0%-77.5% |
| Certification | | | |
| Certified | 30 | 64.3% | 10.0%-82.5% |
| Not Certified | 21 | 65.2% | 47.5%-82.5% |

Three Highest Scoring Questions on Survey

| No. | Question | Number Correct | Percent Correct |
|-----|--|----------------|-----------------|
| 13 | Patients should be encouraged to endure as much pain as possible before using an opioid. | 50/50 | 100% |
| 14 | Children less than 11 years old cannot reliably report pain so nurses should rely solely on the parent's assessment of the child's pain intensity. | 50/50 | 100% |
| 15 | Patients' spiritual beliefs may lead them to think pain and suffering are necessary. | 50/50 | 100% |

Three Lowest Scoring Questions on Survey

| No. | Question | Number Correct | Percent Correct |
|-----|---|----------------|-----------------|
| 28 | A patient with persistent cancer pain has been receiving daily opioid analgesics for 2 months. Yesterday the patient was receiving 200 mg/hour intravenously. Today he has been receiving 250 mg/hour intravenously. The likelihood of the patient developing clinically significant respiratory depression in the absence of a new comorbidity is: | 6/47 | 13% |
| 36 | Following abrupt discontinuation of an opioid, physical dependence is manifested by the following: | 9/48 | 19% |
| 9 | Research shows that promethazine (Phenergan) and hydroxyzine (Vistaril) are reliable potentiators of opioid analgesics. | 10/50 | 20% |

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 ($p \geq .05$).
- ▶ 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%-82.5%. The mean and median fell significantly below the recommended score 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 and 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 with the goal of relieving patients' suffering when it is achievable therapeutically.

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