

Knowledge of Nurses Regarding Pain Management at Public Tertiary Care Hospital Lahore

Muqadas Niaz^{1*}, Ms. Farzana Begum², Afsar Ali², Tamseela Kousar¹

¹Post RN BSN Student, National College of Nursing, Lahore, The University of Lahore, Pakistan

²Sr. Nursing instructor, National College of Nursing Lahore, The University of Lahore, Pakistan

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*Corresponding author

Muqadas Niaz

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Abstract: The main purpose of this study was, to assess the knowledge of nurses regarding pain management at Jinnah Hospital Lahore. A cross sectional descriptive survey was performed to assess the knowledge of pain management among nurses. A convenient sample of n=170 was used to collect the information. The main instrument for Information was a structured questionnaire. A structured questionnaire with demographic variables and causes variables was applied. The data was analyzed on SPSS version 21. The results showed that there is positive response of the respondent mean that nurses know about pain management. The result shows that if there is enough knowledge of the nurses about pain management they will increase patient comfort ability and decrease stress which is due to pain. And suggest that nurses administration must be develop the different strategies to create good strategies to enhance nurses' knowledge about pain management.

Keywords: pain management, demographic variables, stress.

INTRODUCTION

A leading challenge in healthcare nowadays is the establishment of proper pain management in patients who has familiarity of acute or chronic pain. As in the population ages and longevity is seen between people, feature of life issues arise. Inappropriately, most of the patients cannot self-report pain verbally. Pain assessment is vital in the management of pain and should be priority in the care and treatment.

Pain is a subjective experience, and no objective can define it only the patients describe who experience of this acute or chronic pain [1].

Pain is one of the common causes that patients need medical treatment as well as being one of the most stress and uncomfortable condition for patients. Pain is only experience by the patients that affects the standard of life and increases susceptibility in an already exposed population, and encourages requirement on health care providers for contact to satisfactory pain management [2].

To preserve a greatest possible level of comfort and relax for the patients is a worldwide goal for health care professionals including nurses. Pain is the maximum alarming symptoms which experienced by the patients [3]. Reliving from pain and providing of comfort are the vital objectives for the health care professionals [3].

The most important factor that reduces patient's comfort is pain. Pain is an disagreeable sensation that have many degree and can vary from mild, generalized discomfort to agony. It is bodily

reaction and caused by diseased injury or something that discomforts the body. It is extremely subjective in nature and personally only experienced by that clients. When reveal the quality of life domain that are four, than it is observed that pain has extraordinary influence on physical, mental, social and economic well-being [4]. Thus, pain is very profound issue that needs to be discuss in depth by the health care providers [4] quoted that "if all the health care provider have supremacy to decrease the misery and distress of the patients but in unkindness of this we do nothing for patients then they should consider as a slayer". However, pain management is very dynamic need of all the patients [5].

Wray and Hunter proposed that actual pain management is essential for the client's recovery but even with of development in knowledge related to pain, patients still experiencing compulsory pain in many surgical suites [6].

Pain effect on the patients can be long term or short term and they are huge. There are two types of pain which is experienced by the patients are acute and chronic an indication establish that acute pain can lead

to chronic pain if it will not be managed by the health care providers on time [7].

It is commonly understood that nurses have an important role in health care facility. So, it's the responsibility of the nurses to provide excellent services in managing pain of the patients. Every individual who came after the surgery has pain which is crucially having effects on his mental and physical status. If the pain is not treated by efficiently, then it effects on quality care of the patient [8].

Concluded in a study that unrelieved pain has negative effects on all aspects of life and decrease the quality of life respectively. More instance that effective post-operative pain management has majority of advantages [9]. This leads towards the faster post-operative recovery, improve sleep pattern, increased mobility and shorter the stay in hospital [9].

Pain management is a medical approach that draws on regulation. In this modern age pain management become a central issue of every health care sector, for this purpose the role of health care personnel especially nurses is very significant because they are closed to the patients [10].

Nurse's knowledge is necessary for effective pain management through the knowledge they can identify the appropriate interventions to control the acute and chronic pain and they can meet the actual need of the patients [11]. Study found that nurse's attitude is another factor for ineffective control of pain. Sensation of pain is subjective; therefore the possibility exists that pain is incorrectly interpreted by the care giver due to their personal morals and biases [11].

The study conducted by [12] to check the relationship, between the nurse's knowledge and pain management. The study revealed that there is a close association between the nurse's knowledge and pain management because if the nurses have proper pain management knowledge than they can managed it appropriately through the knowledge The nurses can judge the actual level of pain on pain scale [12]. An observational study by [13] found that 60% of participants were passive recipients of pain relief, i.e. they waited to be asked about their pain before requesting analgesia. Continuous pain leads to increased levels of fear and anxiety and results in overall poorer pain management. These authors further suggested that *pro re nata* (PRN) or 'as needed' prescriptions encouraged passivity as the patients did not wish to 'bother' the nurse. Moreover, found that following the implementation of evidence-based drug orders, pain scores fell but patients' fears concerning addiction and side-effects remained [13].

Stated that pain is inappropriately managed by the nurses due to improper assessment and administration of analgesics especially opioids [14]. Additionally other researchers found that nurses did not preferred the patient's physical responses (e.g.; discomfort and stress) related to pain, they thought that patient reported himself if he/she had a any kind of trouble or discomfort [8]. That's why the researcher claimed to the nurses for this inadequate pain control due to inappropriate assessment and evaluation of pain [14].

Stated that nurse should have knowledge about the various pain measuring and assessment tools. As sometimes it happened that patient looks comfortable and actively participating in their activities. The client had coping mechanism to bear the pain and she (nurses) misinterpreted that he is stable. In that situation the nurses can only judge and manage the pain by knowledge and skills regarding pain management [11].

Wells *et al.*, [15] reported in the Agency for Health Care Policy and Research guide for acute pain management, the single most reliable indicator of the existence and intensity of pain is patient self-reports. The authors responded this question "To comply with the pain treatment standard of the JCAHO, my hospital's health care providers are required to use the 0 to 10 pain rating scale to assess patient's pain. We have been told to believe what the patient says, but sometimes I don't. Do I have to provide pain relief when I don't believe the patient's report?" Pasero and McCaffery [16] responded by stating that personal opinions do not determine clinical practice [15].

AIMS OF THE STUDY

The purpose of the study will be to explore the current knowledge of nurses regarding pain management and their attitude towards pain management in Jinnah hospital Lahore, Pakistan.

SIGNIFICANCE OF THE STUDY

Pain management is a significant health care issue. Unfortunately, Pakistan public sector overlooked the pain management techniques and due to their ignorance patients suffered a lot. In addition, nurses also have lack the knowledge and practices about management of pain among the patients. This illness is considerable severe in the public hospitals. Therefore, the present study findings will be helpful management among the admitted patients for the public hospitals to bring positive change regarding pain. The study outcomes will be helpful to enhance their awareness regarding the pain management and the management of the public hospitals and staff as well. This study will guide the public hospital's policy makers about the level of knowledge of nurses regarding the pain

management and underline on the further development of the skills required for management of pain among the nurses of public hospitals.

METHODS

SETTING

The setting for this research was surgical units, ICU, emergency department and burn unit of Jinnah hospital, Lahore, Pakistan.

RESEARCH DESIGN

A cross-sectional descriptive study design was used to assess the level of nurses' knowledge and their attitude regarding pain management in Jinnah hospital Lahore, Pakistan.

POPULATION

All nurses surgical units, ICU, emergency department and burn unit of Jinnah hospital, Lahore, Pakistan.

SAMPLING

For recruiting the study participants, a convenient non probability sampling methods was applied.

RESEARCH INSTRUMENT

The main instrument for Information was a structured questionnaire. The questionnaires were divided into 2 sections. Section 1 comprised of demographic information of respondents; Section two consisted of variables. It consists of three point True, False and don't know options.

DATA GATHERING PROCEDURE

- Data was collected according to the variables of the questionnaire which are as follows.
- Demographics data was taken from the participants
- Questions were asked from the people regarding knowledge about pain at surgical site.

METHODS USED TO ANALYZE DATA

Data was analyzed by using SPSS version 21.0 statistical software for data analysis. This study was descriptive and all the descriptive study was obtained through SPSS.

STUDY TIMELINE

The data was collected from February, 2018 to April, 2018.

ETHICAL CONSIDERATION

First of all permission was carried out from the prior authority of the nursing School of national hospital A consent form was made signed from the participants, so that they are willing to be a part of the study. The participants have right to choose whether to fill the questionnaire or not. Confidentiality was considered by informing participants. Beneficence of the participants must be maintained. The study had no harm to the participants, All the participants participating in the study were treated equal.

RESULTS

PROFILE OF THE RESPONDENTS

Table-1: Demographic frequency

| Variables | Number (n0) | percent |
|-------------------------------|-------------|---------|
| Gender | | |
| Female | 158 | 100% |
| Male | 0 | 0% |
| Age in years | | |
| 18-25 years | 93 | 58.9 |
| 26-35 years | 57 | 36.1 |
| 36-50 years | 8 | 5.1 |
| Experience in years | | |
| 1-5 years | 109 | 69.0 |
| 6-10 years | 37 | 23.4 |
| 11-15 years | 12 | 7.6 |
| Qualification of participants | | |
| General Nursing | 130 | 82.3 |
| BSN/Post RN BSN | 28 | 17.7 |

The above table-1 show frequency of the gender in which 100% participants were female and 0% participants were male, This table show the status of the participant's age 18-25 years participants were 58.9%, 26-35 were 36.1, and 36-50 years were 5.1% also show experience of the participants in which 69.0

% participants were 1-5 years' experience, 23.4 % participants were 6-10 years' experience and 7.6% participants were 11-15 years experience. This table also show the frequency of qualifications which show that 82.3% have general nursing, and 17.7% were Bsn and post RN.

Table-2: variables of Awareness about Hospital Waste Management

| Variables | Yes | | No | | Don't know | |
|---|-----|------|-----|------|------------|------|
| | n | % | n | % | n | % |
| Vital signs are always reliable indicators of the intensity of a patient's pain. | 121 | 76.6 | 34 | 21.5 | 3 | 1.9 |
| Patients who can be distracted from pain usually do not have severe pain. | 64 | 40.5 | 87 | 55.1 | 7 | 4.4 |
| Patients may sleep in spite of severe pain. | 35 | 22.2 | 116 | 73.4 | 7 | 4.4 |
| ANSAIDS are NOT effective Analgesics for painful bone metastases. | 63 | 39.9 | 82 | 51.9 | 13 | 8.2 |
| Respiratory depression rarely occurs in patients who have been receiving Stable doses of opioids over a period of months. | 84 | 53.2 | 63 | 39.9 | 11 | 7.0 |
| Combining analgesics that work by different mechanisms (may result in better pain control. | 79 | 50.0 | 42 | 26.6 | 37 | 23.4 |
| .The usual duration of analgesia of 1-2 mg morphine IV is 4-5 hours | 68 | 43.0 | 57 | 36.1 | 33 | 20.9 |
| Children less than 11 years old cannot reliably report pain. | 65 | 41.1 | 83 | 52.5 | 10 | 6.3 |
| Promethazine and hydroxyzine are reliable potentiates of opioid analgesics. | 70 | 44.3 | 50 | 31.6 | 38 | 24.1 |
| Opioids should not be used in patients with a history of substance abuse. | 62 | 39.2 | 79 | 50.0 | 17 | 10.8 |
| Morphine has a dose ceiling (i.e., a dose above which no greater pain relief can be obtained). | 84 | 53.2 | 51 | 32.3 | 23 | 14.6 |
| Elderly patients cannot tolerate opioids for pain relief. | 64 | 40.5 | 83 | 52.5 | 11 | 7.0 |
| Patients should be encouraged to endure as much pain as possible before using an opioid. | 66 | 41.8 | 78 | 49.4 | 14 | 8.9 |
| Patients' spiritual beliefs may lead them to think pain and suffering are necessary. | 52 | 32.9 | 86 | 54.4 | 20 | 12.7 |
| After an initial dose of opioid analgesic is given, subsequent doses should be | 98 | 62.0 | 38 | 24.1 | 22 | 13.9 |
| Giving patients sterile water by injection (placebo) is a useful test to determine if the pain is real. | 62 | 39.2 | 84 | 53.2 | 12 | 7.6 |
| Vicodin (hydrocodone 5 mg + acetaminophen 500 mg) PO is approximately equal to 5-10 mg of morphine PO. | 51 | 32.3 | 52 | 32.9 | 55 | 34.8 |
| If the source of the patient's pain is unknown, opioids should not be used during the pain evaluation period | 77 | 48.7 | 55 | 34.8 | 26 | 16.5 |
| Anticonvulsant drugs such as gabapentin (Neurontin) produce optimal pain relief after a single dose. | 66 | 41.8 | 61 | 38.6 | 31 | 19.6 |
| Benzodiazepines are not effective pain relievers unless the pain is due to muscle spasm. | 50 | 31.6 | 77 | 48.7 | 31 | 19.6 |

The above table number 2 show the score of the participants about variables statements such as In the above table show the participant's response about 'Patients who can be distracted from pain usually do not have severe pain'. In which 40.5 % participant's response were true and 55.1% participants response were false and 4.4 participants' response were Don't Know, the response of the participant about 'Patients may sleep in spite of severe pain.' In which 22.2% response to true, 73.4 % participants' response to false and 4.45% score were not know. In another question the respondent response are given about 'Patients who can be distracted from pain usually do not have severe pain.' In which 40.5% response to true, 55.1% participants' response to false and 4.4% score were not know. In another variables the score of the respondents are about 'Research shows that promethazine (Phenergan) and hydroxyzine (Vistaril) are reliable potentiates of opioid analgesics.' In which 44.3% response to true, 31.6% participants' response to false and 24.1% score were not know, the result of the respondent show about The above table number 4

show the participants score about 'Combining analgesics that work by different mechanisms (e.g., combining an opioid with an NSAID) may result in better pain control with fewer side effects.' In which 50.0% response to true, 26.6% participants' response to false and 23.4% score were not know. Another participant's score about 'Benzodiazepines are not effective pain reliever unless the pain is due to muscle spasm.' In which 31.65% % participants response to true, 48.7% % participants' response to false and 19.62% score were not know, the participants score about 'if the source of the patients pain is unknown, opioids should not be used during the pain evaluation period as this could mistake the ability to correctly diagnose the cause of the pain.' In which 48.73 % % participants response to true, 34.81 % % participants' response to false and 16.46 % score were not know. The participants score about 'patients spiritual belief may lead them to think pain suffering are necessary' In which 32.91% % participants response to true, 54.43% % participants' response to false and 12.66 % score were not know. Another variable show the participants

score about 'Giving patients sterile water by injection is a useful test to determine if the pain is real' In which 39.24 % % participants response to true, 53.16 % participants' response to false and 7.59 % score were not know.

DISCUSSION

The aim of this study is to assess the knowledge of nurses regarding pain management at public tertiary care hospital Lahore. This study is conducted among 170 nurses in Jinnah hospital in which male 0% and female were 100%. In this study data was collected from general nurses which were 82% and BSN, post RN were 18%. Through questionnaire the study was conducted and ask some question through questionnaire from the participants such as 'Patients who can be distracted from pain usually do not have severe pain'. In which 40.5 % participant's response were true and 55.1% participants response were false and 4.4 participants' response were Don't Know, the response of the participant about 'Patients may sleep in spite of severe pain.' In which 22.2% response to true, 73.4 % participants' response to false and 4.45% score were not know. In another question the respondent response are given about 'Patients who can be distracted from pain usually do not have severe pain.' In which 40.5% response to true, 55.1% participants' response to false and 4.4% score were not know. According to another study which found that nurse's attitude is another factor for ineffective control of pain. Sensation of pain is subjective; therefore the possibility exists that pain is incorrectly interpreted by the care giver due to their personal morals and biases [11]. the participants score about 'Giving patients sterile water by injection is a useful test to determine if the pain is real' In which 39.24 % % participants response to true, 53.16 % participants' response to false and 7.59 % score were not know. The study conducted in Nigeria which indicated that 87 % nurses are good knowledge about pain management and good practice but some nurses not know better care during pain and cannot satisfied the patient during treatment because of lack of knowledge [17]. In another variables the score of the respondents are about 'Research shows that promethazine (Phenergan) and hydroxyzine (Vistaril) are reliable potentiates of opioid analgesics.' In which 44.3% response to true, 31.6% participants' response to false and 24.1% score were not know, the result of the respondent show about The above table number 4 show the participants score about 'Combining analgesics that work by different mechanisms (e.g., combining an opioid with an NSAID) may result in better pain control with fewer side effects.' In which 50.0% response to true, 26.6% participants' response to false and 23.4% score were not know. Another participant's score about 'Benzodiazepines are not effective pain reliever unless the pain is due to muscle

spasm.' In which 31.65% % participants response to true, 48.7% % participants' response to false and 19.62% score were not know. This study show that mostly nurses were good knowledge how to control pain and provide better care to the patients, mostly nurses have good knowledge about pain management but very rare nurses have no knowledge about pain management which can affect the patient health so it is compulsory for an organization to increase or enhance the knowledge of the nurses about pain management.

LIMITATIONS

- Less sample size 170 due to which, the findings cannot be generalized.
- Time was too short, to see any prospective events or detailed associations of awareness and practices
- Convenient sampling technique was used which may have some biasness

CONCLUSION

The conclusion of this study was to assess the knowledge of the nurses about pain management in tertiary hospital Lahore the results showed that there is positive response of the respondent mean that nurses know about pain management. The result shows that if there is enough knowledge of the nurses about pain management they will increase patient comfort ability and decrease stress which is due to pain. And suggest that nurses administration must be develop the different strategies to create good strategies to enhance nurses' knowledge about pain management.

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