Perception of Effective Pain Management in Relation to Nurse Roles at Hospital

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Abstract

Background: Pain is the most common symptom that prompts people to seek medical attention, and many health-related disciplines are involved in pain management. Nurses play an important role in pain assessment and evaluation, as well as pain management interventions in medical settings. As a result, their roles and perceptions (related to pain management) can influence their actions when dealing with this patient's primary complaint, resulting in effective or ineffective pain management.

Objective: The purpose of this study was to help nurses recognize their roles and effective practices in managing patients' pain through assessment, intervention, and advocacy.

Methods: This cross-sectional survey was conducted in 2016 among Registered Nurses (RNs) at Khmer-Soviet Friendship Hospital (KSFH). A total of 100 registered nurses were conveniently selected from the hospital's various medical and surgical units. We used a 20-item questionnaire (Agree/Disagree) to assess several characteristics (demographics, patient behaviors, and nurses' perceptions of pain management). For continuous and categorical variables, we reported means and numbers/percentages. SPSS version 21.0 (IBM® SPSS® Statistics) was used for all analysis.

Results: Female nurses made up 75% (n = 75) of the study population. The vast majority of nurses (> 96%) agreed that patients informed their nurses when they were in pain. Furthermore, more than 80% of them acknowledged their roles in assessing and managing pain in patients. However, only 60% of nurses agreed on using standardized procedures to assist patients with pain management.

Conclusion: We conclude that pain management is linked to the nurse role because the majority of patients in pain reported that they always complain to nurses when they are in pain and/or exhibit some behavior to nurses. More research is needed to demonstrate a causal relationship between pain management and nurse role, as well as to comprehend the process of using pain management standard guidelines.

Keywords: Nurse's Role; Pain; Pain Management

Introduction

Pain management is one of the most important aspects of patient care, and nurses play an important role in effective pain management. Accurate assessment, intervention, and adequate evaluation of pain relief measures are required for better clinical outcomes [1]. Pain has

always been thought of as a defensive strategy, with the specific role of signaling an immediate, active danger [2]. Registered Nurse (RN) responsibilities vary depending on their area of expertise. They play an important role in promoting wellness by providing a wide range of services. According to the Ministry of Health of the Republic of Trinidad and Tobago, registered nurses primarily focus on caring for and educating patients and their family members about early recovery and disease prevention. As a result, nurses assess patients' health problems and needs, develop and implement nursing care plans and maintain medical records.

Furthermore, we conducted this study because acute and chronic pain are common issues in elderly care. Pain is frequently misdiagnosed and undertreated, according to research. Pain problems are estimated to affect between 25% and 50% of community-dwelling older people [8,9]. Nursing home residents have a higher prevalence, ranging from 45 to 80 percent [8,10]. The effects of pain are also common. Pain has been linked to depression, decreased socialization, sleep disruption, impaired ambulation, slow rehabilitation, and adverse effects from multiple drug prescriptions as well as to assist nursing leaders and other health professionals in understanding the critical role of nurses in pain management and how to improve pain assessment and management practices.

Otherwise, nurses play an important role in several aspects of pain care, including pain assessment/reassessment, development of a patient-centered treatment plan, implementation of those plans, observing and reporting, and providing and reinforcing patient education. As a result, those are all critical aspects of the nursing process that support best practices in pain management [3]. Furthermore, we are interested in conducting research on this topic because pain is the most common symptom that prompts people to seek medical attention and pain management involves many disciplines. Furthermore, effective pain management was influenced by the unique roles and perceptions of nurses regarding pain management. In this study, we will describe nurses' perceptions of patients' expressions of pain, identify professional nurses' unique roles in assessing and managing pain and finally, we will describe nurses' perceptions of their ability to use standardized procedures to assist patients in pain management.

Materials and Methods

Study design

This study used a cross-sectional design to collect nurses' perceptions of their roles in the pain management process, which included pain assessment, intervention and evaluation. It was based on primary data collected through questionnaires from all selected registered nurses working in various units at Khmer-Soviet Friendship Hospital in Phnom Penh, Cambodia.

Sample

This study's study population was convenience selected 100 Registered Nurses who fully volunteered to participate in the study from some units that potentially meet patients who are frequently in pain condition such as: Emergency Room and Intensive Care Unit (ER/ICU), Surgical Unit A (SU-A), Cancer Unit (CU), Chest-Abdomen Surgical Unit (CASU), Nephrology Surgical Unit (NSU), Child Surgical Unit (CSU), Neurology Unit (NU), Gynecology Unit (GU), Infectious Unit (IU). Otherwise, other registered nurses working in units not mentioned above are excluded and will not be accepted to participate in this study. However, the sample that had already been recruited had some exceptions: people who refused to participate in answering the survey questionnaires, and those who moved to other units not mentioned above or transferred to work at other hospitals/places.

Instrument

The twenty-item questionnaire was piloted with two groups of senior nursing students and two groups of staff nurses for validation before being used to collect data from selected registered nurses in various categories such as socio-demographic information, information related to pain management training experience, information about patient behavior related to their pain, information on the unique role of professional nurses, and information about nurses' perceptions. The questionnaires were then cross-translated (English-Khmer and Khmer to English) by our other independent research colleagues' team and a pilot study was conducted with groups of bridging

program student nurses who have clinical practice in selected units at Khmer-Soviet Friendship Hospital to maintain the validity of the questionnaires after translation.

Data collection

Following receipt of approval and support letter number 1379 from the University of Health Sciences, as well as authorization letter number 301 to investigate with all selected units from Khmer-Soviet Friendship Hospital. Three small teams of research assistants went to collect data according to the schedule suggested by each chief of unit based on their available time in order to avoid disturbing their duty. Each of the three small research assistant teams consists of two people. Furthermore, nine units were chosen for data collection. Then, for three units of data collection, a small team responded. Each team collected data on a regular basis from 9 a.m. to 12 p.m., and then again from 2 p.m. to 5 p.m. after a lunch break.

Data analysis

For data analysis, SPSS version 21 was used. For data analysis, frequency and percentage were used to describe demographics, patient behaviors, unique roles, and nurses' perspectives on pain management.

Ethical approval

The University of Health Sciences approved and supported this study with letter number 1379, as well as authorization letter number 301 to investigate with all selected units from Khmer-Soviet Friendship Hospital. Then, all chiefs of each selected unit were approved on data collection activities and provided support for an announcement to their registered nurses working in each selected unit, encouraging participation. Furthermore, a consent form in Khmer language was obtained and signed for agreement by fully volunteering participants; all data were kept confidential and anonymous. As a result, this study was conducted in accordance with the National Ethics Committee for Health Research principles.

Results

The findings revealed that among the 100 registered nurses who participated in the study, (63 = 63%) were females and (37 = 37%) were males (Table 1). They were drawn from various departments at Khmer Soviet Friendship Hospital, including: Emergency and ICU 25 (25%), Gynecology Unit 15 (15%), Infectious Unit 12 (12%), Nephrology Surgical Unit 11 (11%), Chest-Abdomen Surgical Unit 10 (10%), Cancer Unit 10 (10%), Surgical Unit A 6 (6%), Child surgical Unit 6 (6%), Neurology Unit 5 (5%) (Table 1). Furthermore, 75 (75%) of the 100 registered nurses at Khmer Soviet Friendship Hospital who participated in this study had received formal pain management training, while the remaining 25 (25%) had never received formal pain management training (Figure 1). Furthermore, result also showed about patient's behaviors express to nurses when they are in pain and nurses always get the report from patients complain about pain, ranking from (96% to 99%). In addition, this result also showed about unique role of professional nurse who has responsible in pain management. The result showed the high percentages about 89% to 98% were selected agree answer.

Abbreviations	Variable		Frequency (N = 100)	Percent (%)
Units	Male	Female		
ER/ICU	11	14	25	25
SU-A	4	2	6	6
CU	4	6	10	10
CASU	3	7	10	10
NSU	3	8	11	11
CSU	4	2	6	6
NU	3	2	5	5
GU	0	15	15	15
IU	5	7	12	12
Total	37	63	100	100

Table 1: *Social demographic detail of participants.*
ER/ICU: Emergency Room/Intensive Care Unit; SU-A: Surgical Unit A; CU: Cancer Unit;
CASU: Chest Abdomen Surgical Unit; NSU: Nephrology Surgical Unit; CSU: Child Surgical Unit;
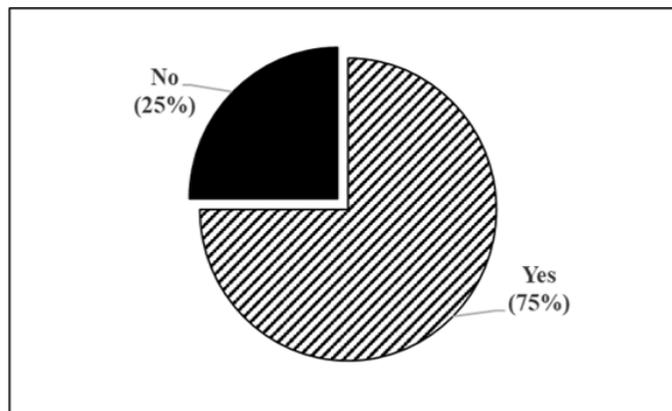*NU: Neurology Unit; GU: Gynecology Unit; IU: Infection Unit.*

Figure 1: *Formal training in pain management.*

Otherwise, the high percentage of correct answers (Agree) related to nurses' perception revealed that their perception of their role relates to their ability to use standardized procedures to assist patients in pain management. Among the 11 items surveyed, two (2, 3, 5, 6, 7, 8, 9, 12, 13, 14) had more than 60% correct answer response rates ranging from (62% to100%) and a lower percentage of (Disagree) answer response rates ranging from (62% to 100%) (1% to 38%). Then, only three items were surveyed (3, 10, 11), with a high percentage of answers (Disagree) ranging from (72% to 76%) (Table 2).

Variables	Agree N (%)	Disagree N (%)
1. Too much pain medication too frequently constitutes substance abuse, causes addition, will result in respiratory	98 (98%)	2 (2%)
2. Nurses are essential members of the pain management team	89 (89%)	11 (11%)
3. Newborn infants do not have pain and it is expected that the elderly, especially the frail elderly, always have some pain	24 (24%)	76 (76%)
4. Pain must be assessed in a comprehensive and consistent manner using valid and reliable assessment tool	77 (77%)	23 (23%)
5. There are three different types of pain: Acute Pain, Chronic Pain, Breakthrough Pain	94 (94%)	6 (6%)
6. The standard of care is effective on pain assessment and pain management	99 (99%)	1 (1%)
7. Some pain is good so that the patient's symptoms are not masked	97 (97%)	3 (3%)
8. Acute pain associated with trauma, surgery, or acute medical conditions	97 (97%)	3 (3%)
9. Barriers to effective pain management, which may include personal, cultural and institutional barriers	74 (74%)	26 (26%)
10. Types of opioid analgesics have used in Chronic pain	28 (28%)	72 (%)
11. The patient should request additional pain medication before pain	26 (26%)	74 (74%)
12. Nurses should continuously pain assessment after giving pain medicines	97 (97%)	3 (3%)
13. The patient's level of pain has been identified by using pain assessment tool	62 (62%)	38 (38%)
14. Pain assessment and management should be recorded in a clear and readily accessible manner	100 (100%)	0%

Table 2: *Perception of nurse related to pain management.*

Discussion

Our study provided critical information about Registered Nurses' perceptions of pain management. All nurses (n = 100) report that 96 - 99 percent of patients in pain report their pain to nurses. This study supported the findings of the International Journal of Caring Sciences, which discovered that the agreeable answer was 50.5 percent, and we can also see that our result was quite high when compared to the study of Taiwanese nurses [4]. Because, according to our research, when patients are in pain or ill, they always show some behavior or complain to nurses, such as a grimace or frown, clenched jaw, quivering chin or acting disinterested [5]. This is to emphasize the importance of nurses in providing comfort to patients and alleviating or reducing their pain.

In our study, the unique role of professional nurses in assessing and managing pain to patients was 89-98 percent (agree). We also provided support to a study conducted by the International Journal of Caring Sciences, which discovered that nurses who were given pain management training used pain assessments tools to assess patient's pain at a rate of 93 percent [6] and this result was similar to ours.

Furthermore, the majority of the nurses who took part in our study stated that they had completed a pain management course (Figure 1). This finding strongly suggests that all nurses have a unique role in relieving pain in patients. Then, pain management must be a relevant training course for all nurses because they are a vital healthcare professional who spends the most time with patients compared to other health professions. Otherwise, the perception of a nurse's role relates to their ability to use standardized procedures to assist patients in pain management, with more than 60% agreeing and less than 40% disagreeing. The pain knowledge response agreement was 66.6 percent, according to Global Advanced Research Journal of Nursing and Midwifery. In comparison, consider our research. The study used a similar instrument for nurses (35.41%) agreed answer in Turkey's west [7].

Our study had a higher correct answer percentage than other studies because a high percentage of nurses who had been trained in pain management courses used their knowledge, attitude, and clinical decision-making skill in pain management by following guideline standard procedure. This result emphasized the importance of using pain management standardized procedures as a foundation tool for patient pain management implementation by all nurses in order to ensure that all patients receive the same standard of pain management from all nurses. Nonetheless, based on the high percentages of all selected participants who responded with all perception questionnaires, this study presents the relationship between a nurse's role and effective pain management, demonstrating the important role of nurses in providing effective pain assessment and management to patients during their clinical duties that hospitals and all other related health professions must recognize.

Nurses, in particular, in order to provide high-quality holistic care. Our research, on the other hand, has several limitations. For starters, the study sample consisted of only 100 RNs from Khmer Soviet Friendship Hospital, limiting the generalizability of the results to the Cambodian nursing population. Furthermore, the depth of questioning was limited in this study due to a set of structured questions, and nurses who completed the questionnaire may not have fully understood. Last but not least, another limitation of this study was that the frequency with which nurses provided care to the patient was not observed, so we were unable to determine the effectiveness of pain management in relation to nurses' role.

Conclusion

Pain, whether mild, moderate, or severe, is always the patient's first complaint at the hospital. According to our research, nurses will be the first healthcare providers to learn about this. Furthermore, we discovered that the majority of patients reported their pain to nurses in a variety of ways, including showing some expression of pain behavior or/and directly complaining. According to the participants' reports, the unique role of a professional nurse in assessing and managing pain in patients was performed in the hospital. Then, we can see that effective pain management has a strong relationship with the nurse's role and their knowledge, skills, and abilities in pain assessment and management. Because all nurses are frontline and vital health professionals who spend the most time with patients.

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