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Examining Knowledge of Pain Management

Sunita D. S. Dutt

EXAMINING THE KNOWLEDGE AND ATTITUDES OF NURSES REGARDING PAIN MANAGEMENT

by

Sunita D.S. Dutt

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Background/Statement of the Problem

The prevalence of pain is rising among the adult American population and remains a major public issue throughout the world socially, economically and clinically. It affects approximately 100 million people, costing society $560-635 billion per year (Chidgey & Murphy, 2017). Imani & Safari (2011), state that pain places a significant burden on the society and individuals through health care costs, loss of productivity, and loss of income. The International Association for the Study of Pain defines pain as an "unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of tissue damage," (International Association for the Study of Pain, (2018).

Recent research studies have seen a widening gap between the increasing knowledge about pain and the application of nursing knowledge to treat pain (Imani & Safari, 2011). Critically ill patients are particularly prone to pain, indicating a need for collective thinking and decision-making process among the healthcare professionals to genuinely manage their care. Fifty percent of Intensive Care Unit (ICU) patients experience moderate to severe pain, and ineffective pain management causes stress, anxiety, and suffering, which increases recovery times and decreases quality of life (Imani & Safari, 2011). The prolonged length of stay in the ICU takes away patients' independence and places a huge financial burden on the health care system. In addition, ineffective pain management is believed to be linked to different cultural beliefs, politics, attitudes, educational levels and other logistic reasons held by the health care providers (Mossey, 2011).

A collaborative effort among the healthcare providers, the institution of care and the patient is required to achieve optimum pain relief with appropriate professional interventions. However, a study by Salameh (2018) indicated that inadequate knowledge about pain management among critical care nurses exists and there are inconsistencies in their attitudes of practice. To meet this ethical responsibility of providing better pain management among critically ill patients, an advanced practice nurse should take up the leadership role of supporting nurses. Examples include, providing multi-modular pain management education and advocating for policies that help nurses to provide best patient care. Effective pain management through collaborative and inter-professional efforts with evidenced based guidelines will improve the quality of lives of patients experiencing pain as well as reduce the financial burdens for both the hospitals and patients. The Joint Commission (TJC) (2017), has published guidelines for use in acute care hospitals that can be used as a tool to better care of patients suffering from pain which should be part of the quality improvement programs. A nursing team, including advanced practice nurses should be part of this initiate, to implement and enforce the TJC guidelines through educational programs in their facilities and units. Implementing the TJC guidelines and setting standards of care using evidence based guidelines will increase knowledge of pain management among nurses and change their attitudes and prepare them to be strong advocates for their patients.

Nursing Care and the Management of Pain

A continued pattern of lack of knowledge and attitudes of nurses and other healthcare professionals when caring for patients with pain is apparent. Studies suggest that there is a need for continued education and support for nurses and staff to better assess and provide high quality care for patients with pain, (Nuseir, Kassab, & Almomani, 2016). The literature demonstrates the nursing staff use informal pain screening techniques and do not follow established screening techniques to assess pain using Numeric Rating Scale, NRS (0-10), (Shugarman, Asch, Rubenstein, & Lorenz, 2010). Seventy-five percent of nurses reported knowing that the patient's own statement of pain is the most reliable indicator of pain assessment, but 50% reported believing that patients should endure pain before resorting to pain relief methods (Ucuzal & Dogan, 2015). Nurse and healthcare provider misinformation about pain assessment techniques directly impacts patient recovery times (Al-Shaer, Hill and Anderson, 2011). Nursing education programs and continuing education training for nurses have not been kept up to date with the rapid expansion in scientific knowledge relating to pain management in pharmacology, technology, and complimentary therapy (Nuseir, Kassab, & Almomani, 2016). Patients with opioid addiction have been found to not receive enough pain relief administered to them when they were experiencing severe pain (Duenas, Ojeda, Salazar, Mico, & Failda, 2016).

The Joint Commission Guidelines

The Joint Commission published guidance for hospitals for the assessment and management standards of pain in August of 2017 which has been in effect since January of 2018. The program is designed to strengthen organizational practices through a multi-level approach by strengthening the organizations' practices for pain assessment, treatment, education and monitoring which help healthcare professionals and clinicians to deliver safe and individualized care. The R3 or Requirement, Rationale and Reference report contains four areas for intervention which includes the leadership, medical staff, and performance improvement, provision of care, treatment and services (The Joint Commission, 2017). The new revised standards require hospitals to take up a leadership role in pain assessment and pain management, including safe opioid prescribing which should be an organizational priority for the hospital. Medical staff has a leadership role in organization performance improvement activities to improve quality of care, treatment, and services and patient safety. Through the provision of care, treatment, and services the hospitals are required to assess and manage the patient's pain and minimize the risks associated with treatment. The hospitals should also collect data to monitor their performance for performance improvement. Nurses, as providers of care and treatment, are also part of this intervention. Table 1 below shows evidence-based literature that comprises TJC Guidelines for pain management and how it could be implemented into the nursing practice.

Table 1. Implementing the guidelines

Provision of Care, Treatment, and Services

Elements of Practice Requirements	**Evidence-Based Literature**	**Implementation into Nursing Care**
EP 1: The hospital has defined criteria to screen, assess, and reassess pain that are consistent with the patient's age, condition, and ability to understand.	• Gelinas C, et al. Patients and ICU Nurses' Perspective of Non-Pharmacological Interventions for Pain Management. Nursing in Critical Care, 2013; 18(6):307-18. • Vael A and Whitted K. An Educational Intervention to Improve Pain Assessment in Preverbal Children. Pediatric Nursing, 2014; 40(6):301-06.	The organization should provide clinicians and staff with policies and guidelines to use appropriate tools (e.g. CPOT scale, numeric scale) to assess and pain treat both acute and chronic pain appropriate to condition, age and ability to understand. The nursing staff should use the appropriate tools and physical evidence to assess and medicate patients, followed by an effectiveness assessment of the treatment. Data should be recorded in and electronic flow record which must show trends in pain management and evaluation of the treatment plan. Collected data must be analyzed by the interdisciplinary team quarterly which can be used to coordinate education and training for staff.
EP 2: The hospital screens patients for pain during	McFarland DC, et al. Predictors of Patient	The Emergency room (ER) initial assessment template

emergency department visits and at the time of admission.	Satisfaction with Inpatient Hospital Pain Management across the United States: A National Study. Journal of Hospital Medicine, 2016; 11(7):498-501. • Pierik JGJ, et al. Painful Discrimination in the Emergency Department: Risk Factors for Underassessment of Patient's Pain by Nurses. Journal of Emergency Nursing, 2017; 43(3):228-238.	should prompt clinicians to assess and document pain on every patient. Organizational support, annual educational training and follow up with quality assurance data should be monitored by the pain committee. Strategies should be developed that focuses on awareness among nurses, of which patients are at high risk for underassessment of pain which includes women, patients with low education level, pre-hospitalized patients on analgesics, smokers and anxious patients; this involves providing nurses and clinicians in the ER with better education and understanding about pain, use of appropriate tools and drawing attention to patients reported pain instead of making assumptions. Pain assessment outcomes should be monitored through feedback and audits by pain experts, and clinicians should be held accountable for the noted deficits.
EP 3: The hospital treats the patient's pain or refers the patient for treatment. Note: Treatment strategies for pain may include	Glowacki D. (2015). Effective Pain Management and Improvements in Patients' Outcomes and	Organizations need to develop interdisciplinary pain teams can lead to improvements in patients' pain management, pain

Nonpharmacological, Pharmacologic, or a combination of approaches.	Satisfaction. Critical Care Nurse, 2015; 35(3):33-43.	education, outcomes, and satisfaction. Policies should be developed that guide pain management with the use of both pharmacological interventions and non-pharmacological interventions. If pain is not adequately managed by the treatment team, they should refer the patient to other pain management specialists or services. Patients who continue to have some pain at discharge should be provided with out-patient referrals and resources in the community to follow for complete healing.
EP 4: The hospital develops a pain treatment plan based on evidence-based practices and the patient's clinical condition, past medical history, and pain management goals.	• Moseley, G.L. & Butler, D.S. (2015) Fifteen Years of Explaining Pain: The Past, Present, and Future. The Journal of Pain;16(9):807-13 • Paschkis Z & Potter ML. (2015) Acute Pain Management for Inpatients with Opioid Use Disorder, American Journal of Nursing, 115(9):24-32; quiz 33, 46. • Oliver J, et al. American Society for Pain Management Nursing Position Statement: Pain Management in Patients with Substance Use	A comprehensive treatment plan needs to be developed by the multidisciplinary team that is based on the best evidence practice specific for the patient's condition, past medical history and treatment goals. Clinical expertise should be integrated with the best research available to treat the patient's reported type of pain and not ignored based on self-assumption. Physical assessment and interventions should be documented in the patients EHR and bedside nurses should follow up with

	Disorders. Journal of Addictions Nursing, 2012; 23(3):210-22. • Schiavenato M and Craig KD. Pain Assessment as a Social Transaction: Beyond the 'Gold Standard.' The Clinical Journal of Pain, 2010; 26(8):667-76.	the effectiveness of the treatment plan to provide safe and quality pain relief. Clinical nurse leaders and APRNs need to take up the leadership role to educate and provide skills to manage patients with different types of pain. New policies need to be developed and enforced. The progress of the treatment should be evaluated through trends in historic data stored in the easily assessable electronic health record under pain management tab. The multimodular biopsychological approach should be used for pain rehab with educational interventions that decreases the catastrophizing effect of pain.
EP 5: The hospital involves patients in the pain management treatment planning process through the following: - Developing realistic expectations and measurable goals that are understood by the patient for the degree, duration, and reduction of pain - Discussing the objectives used to evaluate treatment	• Moseley GL and Butler DS. Fifteen Years of Explaining Pain: The Past, Present, and Future. The Journal of Pain, 2015;16(9):807-13 • Paschkis Z and Potter ML. Acute Pain Management for Inpatients with Opioid Use Disorder, American Journal of Nursing, 2015; 115(9):24-32; quiz 33, 46. • Oliver J, et al. American Society for Pain Management	The treatment team should always include patient in the planning and treatment process to establish goals that are realistic and measurable; the plan should be well explained to the patient by the providers in terms they understand and accept. Clinicians should meet together as a team to educate the patient about the type of pain they experiencing and the treatment options and side effects; assessment of pain

progress (for example, relief of pain and improved physical and psychosocial function) - Providing education on pain management, treatment options, and safe use of opioid and non-opioid medications when prescribed.	Nursing Position Statement: Pain Management in Patients with Substance Use Disorders. Journal of Addictions Nursing, 2012; 23(3):210-22. • Schiavenato M and Craig KD. Pain Assessment as a Social Transaction: Beyond the 'Gold Standard.' The Clinical Journal of Pain, 2010; 26(8):667-76.	should be done daily by the treating clinician at the bedside and reassessed during rounding to monitor the effectiveness of the treatment plan. They should be told that their progress of recovery will be evaluated through their physical activity and their psychosocial factors; and that adjustments will be made as needed to the treatment plan for the best possible recovery. Patients should be encouraged to verbalize their pain needs and clinicians should provide adequate relief using both the pharmacological and the non-pharmacological therapies through services provided by the interdisciplinary team e.g. physical therapy and mediation apps on patients personnel phones. Clinicians should encourage patients to use other pharmacological and non-pharmacological interventions (music therapy, massage) to participate in rehab activities like physical therapy. Nurses and other clinicians should educate the patients about the pain management plan, their options, safe use of non-opioids, opioids & their side effects of opioids, and what to do in case of overdose.

EP 6: The hospital monitors patients identified as being high risk for adverse outcomes related to opioid treatment.	TJC. Safe use of opioids in hospitals. Sentinel Event Alert; 2012; 49. • Frederickson TW, et al. Reducing Adverse Drug Events Related to Opioids Implementation Guide. Philadelphia: Society of Hospital Medicine, 2015. • Jarzyna D, et al. American Society for Pain Management Nursing Guidelines on Monitoring for Opioid-Induced Sedation and Respiratory Depression. Pain Management Nursing: Official Journal of the American Society of Pain Management Nurses, American Society for Pain Management Nursing, 2011; 12(3):118-45.	The close monitoring of patients who are at greatest risk for misuse of their prescribed medication should contain a treatment protocol which is embedded in the EHR that includes an opioid agreement, regular urine toxicology screens, compliance checklists, labs, pill counts, and, if indicated, motivational counseling. (Jamison, Serraillier, & Michna, 2011).
EP 7: The hospital reassesses and responds to the patient's pain through the following: - Evaluation and documentation of response(s) to pain intervention(s) - Progress toward pain management goals including functional ability (for example, ability to take a deep breath, turn in bed, and	Ballantyne JC and Sullivan MD. Intensity of Chronic Pain — The Wrong Metric? The New England Journal of Medicine, 2015; 373 (22):2098-99.	Written hospital policies and protocols should elaborate the traditional numeric rating scale to include functional goal. All interventions should be frequently evaluated and patient's progress towards recovery monitored. It should be a team effort to monitor the patient's progress through constant physical observation and reviewing the

walk with improved pain control) - Side effects of treatment - Risk factors for adverse events caused by the treatment.		effects of the therapies provided. Continued education and support for nurses and other clinicians should be provided to decrease suffering and faster healing. Data analysis should be collected quarterly and evaluated by the members of the pain committee for effectiveness as well as the side effects of the treatment by tracking adverse events by running end of shift pain effectiveness report; pain effectiveness report should include both the pre-assessment of pain and post assessment after treatment. Plan should be revised to provide safe and quality care.
EP 8: The hospital educates the patient and family on discharge plans related to pain management including the following: - Pain management plan of care - Side effects of pain management treatment - Activities of daily living, including the home environment, that might exacerbate pain or reduce effectiveness of the pain management plan of care, as	Glowacki D. (2015). Effective Pain Management and Improvements in Patients' Outcomes and Satisfaction. *Critical Care Nurse*;35(3):33-43. • Jack BW, et al. A Reengineered Hospital Discharge Program to Decrease Re-hospitalization: A Randomized Trial. *Annals of Internal Medicine*, 2009; 150(3):178-87.	The treating team must educate the patients and their families about the diagnosis, the pain treatment plan of care and side effects of medications throughout the hospitalization and at discharge. Interdisciplinary team involvement from the admission to discharge helps patient focus on goals of care and recovery. Clinicians must coordinate and provide their patients with details of their follow up appointments. Patient should be given information about the

well as strategies to address these issues - Safe use, storage, and disposal of opioids when prescribed.		appointment location, transport and when and how to get their pending test and study results. Medication reconciliation should be completed following the national guidelines by clinicians. Any changes to medications should be reviewed with patient, which should consist of the purpose of the medication, appropriately route administration and its side effects. Safe use, storage and disposal of opioids when prescribed should be discussed. Discharging clinician should be provide the patient with contact information for the primary care clinician with their phone numbers for weekends, evenings, and holidays. Education to patients should constitute an emergency situation and what they should do in case of emergency or side effects of medications.

Summary and Conclusions

TJC guidelines are utilized for best practice identification using current evidence to provide guidance for acute care facility policy and nursing education. Dissemination of best practice for the provision of care, treatment, and services to nursing and other healthcare providers is critical to promoting positive patient outcomes. Evidence exists to identify pain and to offer appropriate treatment. Acute care facilities must make improving pain management a priority and assign resources to achieve this outcome. A collaborative effort among the healthcare providers and the patient is required to achieve optimum pain relief with appropriate professional interventions.

Recommendations and Implications for Advanced Nursing Practice

Every patient has a right to appropriate pain relief, including those with the history of opioid use disorder. The Joint Commission provides guidelines to provide effective and individualized care for patients experiencing pain. It is apparent that the field of nursing lags behind in pain management education and as a result nurses either do not adequately treat their patients or have attitudes towards some high risk patients e.g. women, patients with low education, pre-hospitalized patients with analgesia use, smokers and anxious patients. To grow and advance our professional with new technology and medicine in pain management Advanced Practice should take up leadership roles in their institutions to educate nurses and develop policies and procedures so that nurses could provide effective pain management with confidence. Nurses should not rely on their own assessments and have their cultural biases towards patients suffering from pain but use appropriate tools e.g. numeric rating scale and functional scales to better understand the patients' pain. Another very important intervention is using the biopsychological means to explain pain to patient so that patient focuses on the biological aspect of healing rather than the psychological view point. Active listening, empathizing, showing respect have shown positive outcomes from patients participating in the treatment plan. Treatment plan should always is realistic and measurable and nurses should be advocates for their patients in the healing process. No stigma or misconceptions should be held against any patient as we focus to provide compassionate and holistic care involving both the pharmacological and nonpharmacological methods. Pre and post pain rating scale documentation in the electronic medical record and analysis of data regarding the treatment plan. Pain

management involves team collaboration and interdisciplinary team effort to assist the patient back to their highest level of functioning from admission to discharge and outpatient follow up.

Implications for Advanced Practice Nursing

Advanced practice nurses have a critical role in education, policy, and research to transform pain management practices and to evaluate the effectiveness of the programs that comply with TJC guidelines. They have the potential to be a significant resource and support for nurse and healthcare professional colleagues. APRN's can collaborate with other members of the multidisciplinary team and provide strategies that promote positive patient outcomes, using knowledge sharing, respectful negotiation, and promoting inter-professional nurse driven care. APRN's can promote pain management which will result in cost effective, patient centered care for their patients, meeting the behavioral, psychosocial, cultural, and spiritual needs of their patients. As a result the role of the APRN can transform the healthcare system to be more accessible to patients with pain for quality, safe, and value driven care.

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