

# KNOWLEDGE AND ATTITUDES OF NURSES RELATED TO MANAGEMENT OF PAIN IN MEDICAL AND SURGICAL WARDS OF A TERTIARY HOSPITAL

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## Introduction

Unrelieved pain can result in physiological and psychological complications that can have economic implications and reduce hospital performance <sup>1</sup>.

Many studies show that pain management in inpatients is not optimal <sup>2</sup>.

Multiple factors can contribute to inappropriate pain management. Barriers to pain relief were classified into three categories, related to 1) patient, 2) system, and 3) caregivers, including nurses' attitudes and knowledge <sup>3</sup>.

## Aims of the study

This descriptive study aimed to identify the level of knowledge and attitudes of nurses related to pain management of patients hospitalised in acute care settings of a tertiary hospital in Western Switzerland.

## Methods

This study obtained ethics' approval. Following standard translation <sup>4</sup>, the Pain Knowledge and Attitudes (PAK) questionnaire <sup>5</sup> was sent electronically to all nurses working on a permanent contract for more than 3 months in four medical and surgical units of a tertiary hospital in Western Switzerland. Reminders were sent automatically to non-respondents 2 and 4 weeks after the first email out.

The PAK includes 10 questions rated on a 5-point Likert-type scale, ranging from 0 "strongly agree" to 4 "strongly disagree". Data have been dichotomised into "correct" and "wrong" answer for analyses <sup>5</sup>. An 80% rate of correct answers was expected <sup>6</sup>.

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## Results

Seventy nurses returned the completed questionnaire (65.4% response rate).

The percentage of correct answers was 68.7.

The highest percentages of correct answers were related to questions about respiratory depressant side effects of opiates (88.6%), waiting time before the next administration of analgesics (87.1%), and usefulness of placebos to ascertain that patient's pain is real (80.0%).

Questions that were rated the lowest were related to knowledge about opiates' euphoric side effects (30%), pain self-assessment (55.7%) and patient's pain assessment by proxy (48.6%).

### Comparisons by demographics

N = 70				
Characteristics	n	total average percentages	95% CI	p
Education				
Hospital-based training	58	66.6	[62.2, 70.9]	0.017
Higher	12	79.2	[69.6, 88.7]	
Pain management continuing education				
No	43	66.0	[60.7, 71.4]	0.095
Yes	27	73.0	[67.0, 79.0]	
Years of nursing practice				
< 5 years	37	69.2	[63.8, 74.5]	0.805
≥ 5 years	33	68.2	[61.8, 74.5]	
Years of nursing practice in the same unit				
< 5 years	54	67.2	[62.7, 71.8]	0.175
≥ 5 years	16	73.8	[64.6, 82.9]	

## Conclusion

These results reflect nurses' attitudes to not believe in self-assessment of pain being the gold standard. Gaps in knowledge related to opiates' pharmacology and their side effects were also highlighted.

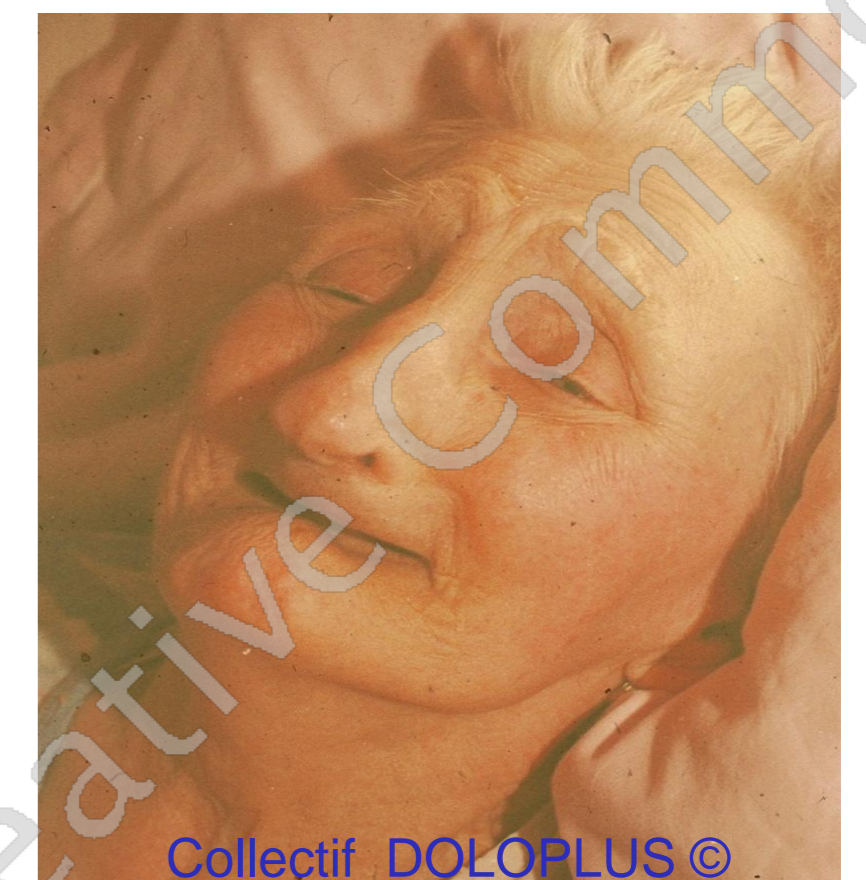
## Discussion

These results show a proportion of knowledge below the expected standard of 80% <sup>6</sup>. Similar figures were reported in other studies conducted in Western countries. However, they are higher scores than those reported in studies from Eastern countries and southern parts of Europe <sup>2,5</sup>.

A significant improvement in the percentage of correct answers is observed in nurses who have completed higher education (79.2%) when compared to nurses who have completed hospital-based training (66.6%,  $p = 0.017$ ).

Recommendations include the promotion of pain management in pre- and post-grade curriculum as well as in continuing education.

Implementation of pain management guidelines is also recommended. Further research on whether nurses' education curriculum meet nurses' needs and evidence-based practice standards is warranted.



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## Acknowledgement

This study was partly funded by Mundipharma Medical Company