

# Nurses’ Knowledge and Attitude Regarding Pain Assessment and Interventions in Nursing Home Residents: Evaluation of a Pain Management Program.

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## Introduction

Chronic pain is a major medical issue among elderly nursing home residents and is often underdiagnosed and inadequately treated. When nurses have inadequate knowledge, pain will be assessed inaccurately. Nurses’ knowledge and efficiency to accurately assess pain & provide appropriate interventions on time is critical to achieve effective pain management.



## Background & Significance

- ❖ The incidence of pain doubles once individuals surpass the age of 60 (American Geriatric Society, 2002)
- ❖ 25-50% of the older adults living in community-based settings suffer from pain
- ❖ Pain among the elderly it is often ignored and under treated by health care providers
- ❖ Negative attitude among nurses can lead to poor pain management in the elderly.( McLafferty & Farley, 2008)
- ❖ People living in long-term care facilities are shown to have rates of untreated pain ranging from 45% to 83% (Ferrel, Ferrel & Osterweil, 1990)



## Research Question

**Will a structured education program increase nurses’ knowledge, attitude and documentation skills in pain management for nursing home residents?**



## Objectives

- Objectives:**
- ❖ Educate nurses about pain management and measure nurses’ knowledge; and attitude pre- and post-educational training to determine knowledge retention.
  - ❖ Educate nurses about documentation of pain assessment and treatment and measure nurses’ chart documentation pre and post educational training to determine if there was a change in practice.
  - ❖ To investigate the relationship between demographics, experience descriptors and education of registered nurses and licensed practical nurses, and their knowledge and attitude about pain management



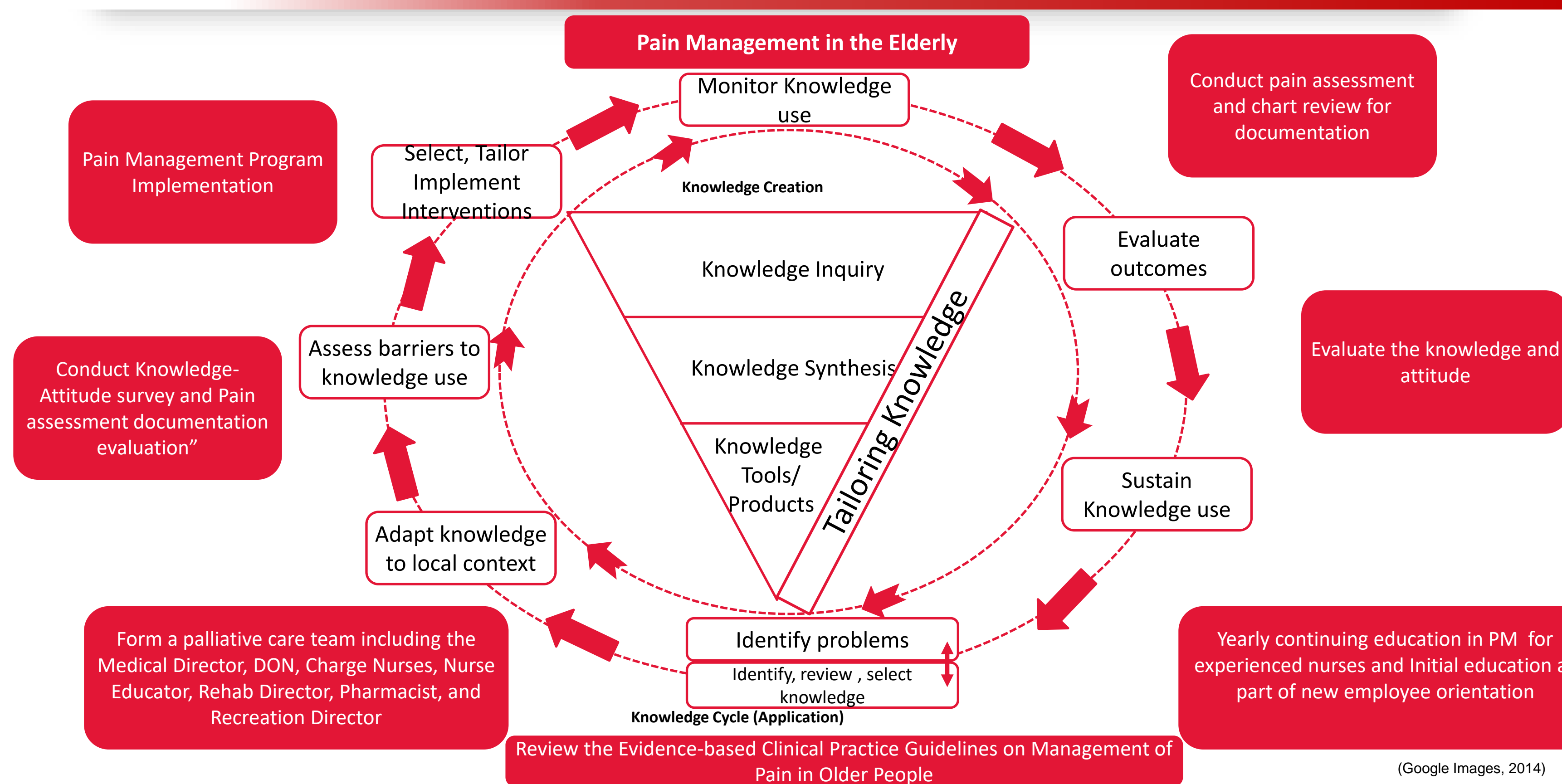
## Literature review

- ❖ Pain is one of the most reported symptoms among older people (Monroe et al., 2013)
- ❖ Pain scores were inaccurately documented and follow up assessments were missing (Monroe et al.,2013)
- ❖ Inadequate pain management will lead to persistent pain and it in turn will affect the quality of life among the elderly (Herr et al., 2010).
- ❖ Though pain assessments were shown in 85% of the medical records, weekly pain assessment documentation was only 32% (Jablonski & Ersek, 2009).
- ❖ Pain management continued to be a nursing challenge due to the lack of knowledge in pain management (Voshall, Dunn, & Shelestak., 2013)
- ❖ There is a positive relation between nurses’ knowledge of pain assessment and the intention to implement pain assessment (Natan, Ataneli,Admenko,& Noy ,2013)
- ❖ There was a 40% decrease in the inconsistency between nurse documentation and patient report of pain (Shreiber et al, 2014)
- ❖ A brief educational session on pain management is an efficient way to improve nurses’ knowledge and attitude toward pain assessment and treatment (Keen et al.2017)

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## Theoretical framework



## Methodology

Project Design	Data Collection Tool
<ul style="list-style-type: none"><li>❖ Qualitative study</li><li>❖ pre education chart audit of 60 charts</li><li>❖ Pre education test</li><li>❖ Education module</li><li>❖ Post education test 1</li><li>❖ Post education test 2</li><li>❖ Post education chart audit of 60 charts</li></ul>	<ul style="list-style-type: none"><li>❖ The Knowledge and Attitudes Survey Regarding Pain (KASRP)</li><li>❖ A survey developed to collect demographic data</li><li>❖ A chart audit checklist</li></ul>
Setting	Data Analysis
<ul style="list-style-type: none"><li>❖ Long-term care center in Morris County</li></ul>	<ul style="list-style-type: none"><li>❖ IBM SPSS (Version 25.0)</li><li>❖ Descriptive statistics: using non-parametric Friedman test and</li><li>❖ Shapiro-Wilk’s tests of normality</li></ul>
Sample/Population	
<ul style="list-style-type: none"><li>❖ Convenience sample of 30 nurses working in the nursing home</li></ul>	

**Theoretical framework**

- ❖ Initial chart audit of 60 charts, pre education test, Implementation of education module, Immediate post education test 1, post education test 2 after 4 weeks & post education 60 chart audit



## Results

28 nurses volunteered to participate; 7 dropped out

### Preliminary chart audit results

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| <ul style="list-style-type: none"><li>• 37 charts (61.66%) did not show any pain assessment prior to the administration of analgesics.</li><li>• Of the 23 charts, only 7 charts (30%) had documentation of pain assessment after the administration of analgesics.</li><li>• There was no pain assessment on residents who were on routine analgesics.</li><li>• Only numeric pain rating scale was used for the pain assessment.</li></ul> | <ul style="list-style-type: none"><li>• Pain assessment was not completed within 24 hours of admission.</li><li>• Health care provider was not informed about three residents with ineffective pain management.</li><li>• There was no policy for comprehensive assessment for pain.</li><li>• No reflection of pain in the nurses’ notes.</li></ul> |
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References : Please see the attached sheet

### Post chart audit results

- A Post-Test chart audit was done on December 19, 2019 to December 24, 2019 to evaluate the effectiveness of pain education in the documentation.
- Of the 60 charts selected for the initial chart audit, only 58 could be audited after the education session, since one resident died and another resident was transferred to a different facility.
- There was a significant improvement in the pain assessment and documentation.

### Pre and Post Knowledge Scores

	N	Min	Max	M	SD
Know_pre	21	11	25	18.00	3.69
Know_post1	21	30	37	34.86	1.93
Know_post2	21	21	35	30.05	3.48

- Pre-knowledge scores ranged from 11 to 25 (M = 18.00, SD = 3.69).
- Post 1 knowledge scores ranged from 30 to 37 (M = 34.86, SD = 1.93)
- Post 2 scores ranged from 21 to 35 (M = 30.05, SD = 3.48)
- Post 1 and 2 scores were greater than pre-scores
- Post 2 scores were less than Post 1

Sample1-Sample2	Test Statistic	Std. Error	Std. Test Statistic	Sig.	Adj. Sig.
Know_pre-Know_post2	-1.024	.309	-3.318	.001	.003
Know_pre-Know_post	-1.976	.309	-6.404	.000	.000
Know_post2-Know_post	.952	.309	3.086	.002	.006



## Implications

<b>Clinical practice</b>	Nurses play a vital role in the accurate assessment of pain and its effective treatment. Nurses should be knowledgeable regarding the up-to-date best practices in pain management and so an annual mandatory online pain module needs to be implemented
<b>Health Policy</b>	Considering the increasing aging population, the percentage of elderly with unrelieved pain and its overall impact on the quality of life of older people, it is imperative to have a unified state policy regarding pain management in the elderly.
<b>Quality and Safety</b>	Inadequate pain management will lead to persistent pain and it in turn will affect the quality of life among the elderly (Herr et al., 2010).
<b>Education</b>	It is crucial to consider incorporating pain management education to the nursing school curriculum so that nurses will be adequately prepared to practice evidence based pain management.
<b>Economic Implications</b>	Untreated and undertreated pain can increase healthcare costs in taking care of the elderly as it can lead to complications. The economic burden due to inadequate pain treatment can be lessened by investing capital in appropriate nursing academic preparation on pain management.
<b>Institution Policy</b>	Possible development of pain documentation policy.



Further researches:

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| <ul style="list-style-type: none"><li>❖ Role of a well-structured pain education curriculum to improve nurses’ skills in pain assessment and documentation.</li></ul> | <ul style="list-style-type: none"><li>• The impact of geographical setting in the nurses’ knowledge and attitude regarding pain.</li></ul> |
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## Conclusion

- ❖ Nurses’ knowledge and attitude are critical to achieving effective pain management.
- ❖ A well-structured pain education program helps to increase nurses’ knowledge and attitude.