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FACULTY PERSPECTIVE OF TEACHING PAIN MANAGEMENT TO NURSING STUDENTS

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ABSTRACT

Prelicensure nursing education includes instruction on pain management. The literature does not, however, address the viewpoints of faculty members who are teaching pain evaluation and management in the context of the opioid crisis. The evaluation and treatment of pain is a complicated procedure that calls for clinical judgment and critical thinking. Nurses are concerned about the new issues the opioid crisis has brought to healthcare providers who treat pain. Hospital patients frequently experience pain as a normal part of life. An enormous global issue, pain treatment is particularly prevalent in the US. Adequate pain management is a critical component of patient care that can improve early mobility and reduce complications. To relieve pain and prevent needless suffering, evidence-based strategies must be used in proper pain management. For many years, there has been a significant effort to enhance pain alleviation, as many hospitalized patients have reported feeling unrelieved by their pain. It is easier to provide patients with safe, compassionate care when one has the necessary knowledge, abilities, and good attitudes in pain management. Moreover, inadequate understanding of pain and its management among nursing staff members has been widely mentioned as a primary cause of undertreatment of pain.

Keywords: pain, pain assessment and management, nursing knowledge, attitudes, opiate use disorder, and medical surgical nurses.

1. INTRODUCTION

The advancements in medicine have historically had an impact on the nursing profession. One such advancement that has affected the nursing profession throughout the world in the last ten years is Evidence-Based Practice (EBP). From conventional intuition-based practice to practice based on data, there has been a paradigm shift. Nurses are beginning to adopt EBP as a concept to improve the quality of care. However, the truth is that there is a discrepancy between practice and evidence, which poses a serious problem for all registered nurses. Closing the knowledge gap between nursing practice and the available evidence is critical to improving people's health. Ellen (2005; Straus 2000) define Evidence-Based Practice (EBP) as a clinical care paradigm that integrates the deliberate application of existing clinicians' competence with patients' values and preferences. Figure 1 shows the Cochrane Collaboration's Evidence-Based Medicine model. [1]

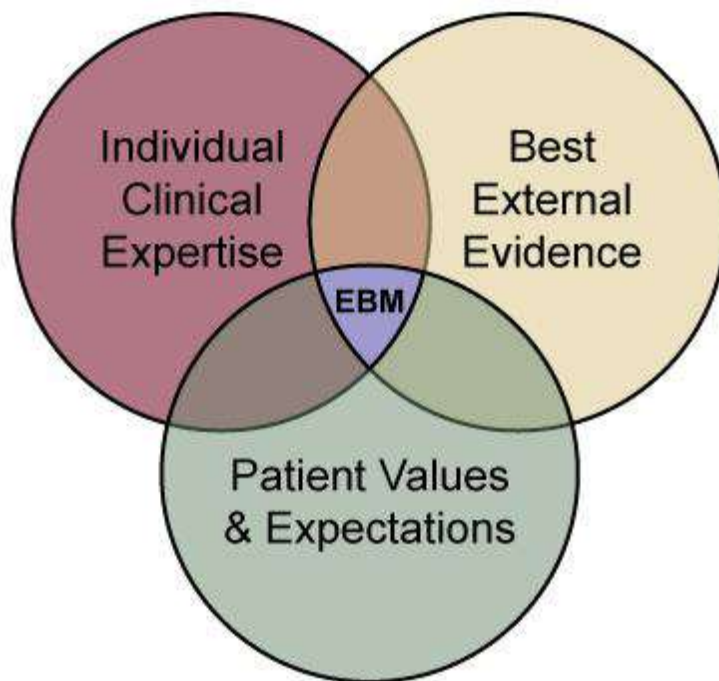


Figure 1. Evidence based medicine model from the Cochrane Collaboration

Pain elimination is one of the main duties of healthcare providers. As members of the medical team, nurses are essential to the efficient treatment of pain. It has been said that nurses need to understand pain and be sensitive to it. The American Pain Society has further declared that nurses are responsible for managing a patient's pain when they communicate it; pain is not the patient's fault. Research indicates that nurses' understanding of pain, including its assessment and management, is insufficient, and that much of their knowledge comes from their university education[2]. The findings of research done on nursing students are consistent with those of research done on nurses. Research indicates that the degree of information had by student nurses

regarding the diagnosis, assessment, and management of pain is either inadequate or at a medium level. It is evident that effective pain management(PM) depends on medical professionals' understanding of pain management, particularly nurses who assess pain. At this stage, it is vital to build a solid basis for the degree education of nurses in order to enhance their understanding of pain as nursing educators. Students should have gained extensive information about pain by the time they finish their university degree, as pain management is typically derived from this source. The findings of research done on nursing students are consistent with those of research done on nurses.[3]

➤ Nurses' Knowledge of Pain Management

In clinical practice, nurses encounter patients who all have experienced pain. Given that pain is an international health concern that necessitates the attention of healthcare professionals, particularly nurses, a more thorough comprehension of pain management is necessary. Adequate knowledge is necessary for nurses to treat pain effectively. In a similar vein, patients' judgments of appropriate pain control are correlated with the extent of nurses' education and their perspectives on pain management[4]. It is imperative to guarantee that nurses possess the necessary expertise to effectively manage pain in order to attain the goal of higher patient satisfaction through pain management. Nurses must have the necessary knowledge to recognize a patient's perception, prior pain experiences, and current understanding of pain in order to assess a patient's pain appropriately.

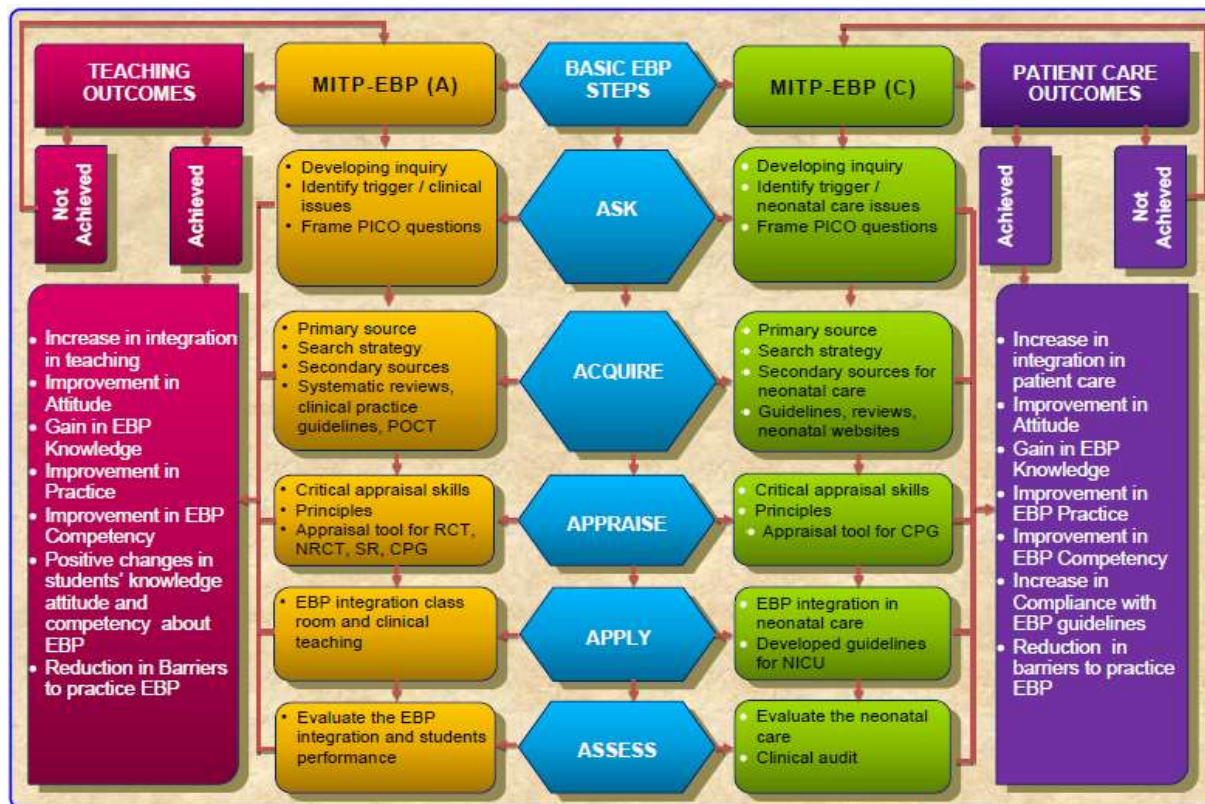


Figure 2. A Framework of Ideas for a Multilevel Integrated Training Program in Evidence-Based Practice (MITP-EBP).

➤ **Barriers to Effective Pain Management**

Research on PM techniques and obstacles to efficient PM are often referenced in the literature. It has been noted that a variety of factors may make assessing and managing pain challenging. The patient, doctors, and organizational issues have all been identified as impediments [7]. Nurses must first identify the obstacles to efficient pain management before they can better treat patients who are in pain.

- **Patient-related barriers.** According to studies, people are reluctant to discuss their pain and the obstacles to receiving pain treatment[5] found that 12.6% of patients had trouble reporting their level of pain, according to the study's nurses. It was mentioned that a few patients experienced side effects and developed a tolerance to the medication's effects. In this study, patients also reported having trouble filling out pain scales and not wanting to bother nurses as barriers.[8]

Nurse-related barriers. Because nurses don't know the proper dosage for opioids or know how to deliver them, patients' pain is still not adequately addressed in hospitals. The most significant obstacles to nurses implementing pain treatment, according to a number of studies [6], include knowledge gaps, insufficient pain assessment, and unwillingness to administer opiates. The staff nurses noted a number of challenges, such as prescriber attitudes and beliefs, dosage selection, errors in prescribing, and limited knowledge of opioid preparation. In order to effectively advocate for their patients' needs in pain management, nurses are in a unique position. Unfortunately, due to time constraints, a lack of education and experience, and challenges with pain assessment, nurses might not be equipped to speak out for patients.



Figure 3. The theory of human caring.

2. LITERATURE REVIEW

SI NO	Author Year of Publication	Objective	Outcome measured	Tools	Results
1	Chou, et al 2013 [9]	To evaluate critical appraisal education program	Knowledge Confidence in critical appraisal	The study team created an evidence-based nursing questionnaire with confirmed validity and reliability.	Significant post intervention improvement in knowledge and critical appraisal (both $p < .001$)
2	Ding, et al 2012 [10]	Assessing the clinical staff's implementation, beliefs, and competencies related to evidence-based practice.	Clinical Practice Attitudes Knowledge and Skills	Upton and Upton (2006) created the Clinical Effectiveness and Evidence-Based Practice Questionnaire (EBPQ) (standardized)	With online education, no statistically significant changes were observed in practice, attitudes, or knowledge/skills.
3	Ruan, et al 2012 [11]	To assess the implementation of evidence-based practice among staff nurses.	Knowledge Attitude Satisfaction	Survey assessing knowledge and attitudes, along with a post-workshop satisfaction survey.	Assessed knowledge and attitude measures both before and after each course. The findings indicated significant positive improvements across all courses. Additionally, course

					evaluations reflected high satisfaction levels, as evidenced by the high scores received for all four satisfaction questions.
4	Zou . 2012 [12]	The purpose of this pilot learning program is to provide undergraduate nursing students with fundamental information and skills and to cultivate a positive attitude toward evidence-based practice (EBP).	Knowledge Attitudes Beliefs Behavior	Researchers' questionnaire on knowledge, attitudes, and opinions concerning EBP, as well as behavior (reliability and validity not disclosed)	There was a noteworthy enhancement in EBP knowledge perceptions . This progress signified the attainment of foundational competencies in EBP.

3. METHODOLOGY

The efficacy of a PM educational intervention for enhancing the attitudes and knowledge of medical surgical nurses from a single teaching hospital was assessed using a pre- and post-evaluation approach. Pretest-posttest(PT) designs are frequently employed to compare and assess the degree of change brought about by a treatment or intervention.

- **Study Population**

Direct patient care nurses from the involved in-patient units make up the target population. Because they provide bedside care, these nurses are in a unique position to regularly influence the pain outcomes of hospitalized patients. Every participant will fulfill the subsequent requirements: thirty nurses from medical surgical units of a teaching hospital participated in a convenience sample. After distributing a pretest survey, there was an instructional intervention. A PT survey

with evaluation and comments regarding the educational session was completed right after the education intervention.

- **Characteristics of Nurse Participants**

The demographic details of the thirty registered nurses who took part in the study. Thirty-one to forty years old (30%) made up the largest single category, with seventy-seven percent (n = 23) being female and three percent (n = 7) being male.

- **Outcomes to be Measured**

The demographic details of the thirty registered nurses who took part in the study. Thirty-one to forty years old (30%) made up the largest single category, with seventy-seven percent (n = 23) being female and three percent (n = 7) being male.

- **Data Maintenance Security**

At all occasions, the secrecy was upheld. The participant's knowledge of all precautions taken to maintain confidentiality during data collection is protected by the informed consent process. All survey data's were gathered by the DNP student, and all data was stored in a safe, locked filing cabinet that was accessible to the project chair and researcher. Every file was kept in a safe place in the project chair's office. Throughout the procedure, there has been no information exchanged or conversation about the participants.

- **Data Analysis**

SPSS Version 23, was used to analyze information. After the study variables were examined, the participant demographics, PT results, and education session evaluation outcomes were summarized using their frequencies and proportions. The Nonparametric Wilcoxon Signed Ranks test was used to evaluate the nurse participants' knowledge and attitudes about pain management between pharmacological and non-pharmacological techniques. The scores from the NKASRP pretest and post test were used to measure these factors. A p-value (i.e < 0.05)was considered significant.

4. RESULTS

The mean standard deviation (SD) was computed and used to summarize the survey's overall score. The NKASRP responses were examined by contrasting the pretest and posttest results. Participants' mean pretest score was 24.77 (SD = 3.901). The PT, however, revealed a mean score of 30.43 (SD=2.254).(z = -4.33, p <.001) between the results of the pretest and the posttest. 40% (n=12) had some prior education on pain, 60% (n=18) reported having no prior knowledge of pain or pain management. The education intervention resulted in a statistically significant difference in knowledge and attitudes toward pain, according to the results. Increases in posttest scores showed that every participant had learned more about managing pain.

	n	Mean	Standard Deviation
Pre test	30	24.77	3.901
Post test	30	30.43	2.254

Table 2: Means and SD for the Test Scores

5. CONCLUSION

The pain assessment scales must be modified to account for linguistic and cultural differences. More study is also required on pain treatment techniques for various cultural contexts, including rural areas. Energy healing and other complementary and alternative medicine techniques should be taught to all nurses since they may have a positive impact on pain management. Given that pain concepts and management are included throughout their nursing program, student nurses may be the leaders in pain management. Ultimately, it is evident how critical pain management education is. This study found that most nursing students had insufficient information about pain and how to handle it. Nonetheless, nurses need to be proficient in assessing pain and utilizing appropriate pharmaceutical and non-pharmacological techniques to keep genuine discomfort inside "livable" bounds. This is due to the fact that pain treatment is recognized to enhance patients' quality of life. It is believed that the current study will aid in deciding the content of degree programs for nursing students in light of all of these findings.

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