

NURSES' KNOWLEDGE REGARDING PAIN MANAGEMENT IN HAIL REGION HOSPITALS, SAUDI ARABIA.

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Abstract: *Pain is a human experience that affects overall quality of life and one of the most common reasons for people seeking health care. Effective pain management requires precise knowledge, attitude and competent assessment skills. The aims of this study are to determine nurses' knowledge and attitude regarding pain management and seek to identify possible barriers to achieve optimal pain management in Hail Region Hospitals in Saudi Arabia (SA). This explorative descriptive mixed methods study sampled local and expatriate nurses who are working in Hail Region Hospitals. This study include two phases, the first phase involved administration of a questionnaire to nurses (N = 303) which sought to identify the nurses' knowledge and attitudes regarding pain management using the "Knowledge and Attitudes Survey Regarding Pain" (NKASRP). The second phase involved semi-structured interviews (N=28) to further explore their perceived facilitators and barriers to proper pain management. The interviews illicit information on how cultural differences of Saudi national and expatriate nurses might have an impact on the assessment and interpretation of patients' pain and how it will affect the delivery of effective pain management, as well as identifying the barriers to achieve optimal pain management in Hail Region Hospitals. Data were analyzed by using descriptive statistics, Measures of Variability and Inferential Statistics. The average of correct response rate was only 41.75%, with rates ranging from 5% to 87%. The qualitative data analysed using thematic analysis. The finding indicates inadequate knowledge regarding pain, pain assessment, pain management and pain medications. It's also highlighted some barratries that affecting nurses to provide an effective pain management and determined the demographic and cultural factors that impact on the delivery of effective pain management.*

Keywords: *Pain assessment, Pain management, Nurses' Knowledge, Nurses' attitudes, Saudi Arabia.*

1. Introduction

Pain is a part of life that everyone must experience at some point during their lives. It is the main reason people seek health care (Polomano, Dunwoody, Krenzischek&Rathmell, 2008), and is one of the most common reasons that patients seek health care in a hospital setting (McLean et al., 2004). An estimated 20%-40% of the patients treated by general practitioners are found to suffer from different pain conditions (Hasselstrom, Liu-Palmgren&Rasjo-Wraak, 2002). In Australia, it is estimated that one in five people (about 3.2 Million Australians) including children and adolescents, will suffer chronic pain in their lifetime (Walsh et al., 2008). Pain assessment and management is the most fundamental part of the nurse's responsibility when it comes to a patient with pain (Innis, Bikaunieks, Petryshen, Zellermeier&Ciccarelli, 2004). However, this could be highly influenced by the nurses' knowledge, perceptions and attitudes toward pain. Thus, this study will explore the nurses' knowledge and attitude regarding pain management in Hail Region Hospitals in Saudi Arabia as well as seek to identify possible barriers to effective pain management.

2. Literature Review

The primary responsibility of health care professionals, especially nurses, is to relieve the pain and suffering of patients. It is the moral and ethical responsibility of the nurse and a fundamental human right for patients to live free of pain (Cousins et al., 2004). Although pain can be effectively treated and relieved, undertreatment of pain remains a significant clinical problem and it has been recognised as an area of concern among health professionals, patients, and health care organisations. Even in hospital settings where pain should be treated effectively, research evidence shows that pain is managed inadequately and there are a large number of patients who still suffer from unrelieved pain (Dolin, Cashman, & Bland, 2002) very old reference. Despite the development of new techniques in managing pain, many patients continue to suffer from pain (Solman, et al, 2005; Solman, et al., 2006; Pasero&McCaffery, 2007). Pain has often been poorly assessed and inadequately managed and the undertreatment of pain has been reported for many decades as a major and persistent clinical problem (Brown, Bowman, & Eason, 1999; Fosnocht, Swanson, & Barton, 2005; McCaffery& Ferrell, 1997; McCaffery&Pasero, 1999; Schafheutle, Cantrill, &Noyce, 2001). Jones et al. (2004) identified that nurses have knowledge deficits and incorrect beliefs about pain assessment and management that affect the way the patients' pain is managed. Thus, these misconceptions and deficits can leads to inappropriate, incorrect, and inadequate pain management practices (Mezey, 2005; Twycross, 2002). Lack of knowledge about pain and pain treatment, and myths about addiction is considered a significant barrier to effective pain management. Numerous studies indicate that nurses are not managing pain properly due to deficits in their knowledge and beliefs (Jones et al., 2004; Mezey, 2005; Twycross, 2002). These studies have identified notable knowledge deficits and incorrect beliefs among nurses

about pain assessment and its treatment. Furthermore, lack of knowledge about pain and its treatment have been stated as significant obstacles to effective pain management (Jones et al., 2004). A number of researchers have indicated that nurses are worried about the possibility of addiction and consequently they underestimate patients' pain (Schafheutle, Cantrill&Noyce, 2001). Many studies reveal that some nurses are reluctant to administer opioids based on negative attitudes (Drayer, Henderson, &Reidenberg, 1999; Edwards et al, 2001). Other studies found that some nurses aimed to reduce pain rather (Edwards et al., 2001; Twycross, 2002). In spite of numerous studies identifying the deficit in general pain management knowledge the problem remains that patients continue to suffer from unnecessary pain (Solman, et al, 2005; Solman, et al., 2006; Pasero&McCaffery, 2007).

The consequences of pain mismanagement result in both human suffering and economic costs (Brennan et al., 2007; Innis et al., 2004; Maclaren& Cohen 2005). Pain is the third most costly health problem in Australia and it costs the Australian economy over \$34.3 billion per annum, or \$10,847 per person affected (Cousins, Bridenbaugh, Carr, &Horlocker, 2008). In the United States, Chronic pain is affecting more than the third of the American population and the annual cost of it estimated to be \$100 billion (National Institutes of Health, 1998). On the other hand, adequate pain assessment and management may reduce medication cost, improve patient outcomes and satisfaction with care and shorten hospital stays (Innis et al., 2004; Polomano et al., 2008).

3. Method

This study consists of two phases; the first phase utilised a questionnaire which administered to local and expatriate nurses who are working in Hail Region Hospitals. The questionnaires were distributed to the participants (N=303) to determine their knowledge and attitude regarding pain. The second phase utilised a qualitative methodology (semi-structured interviews (N= 28) to explore the barriers to achieve optimal pain management as perceived by nurses. All interviews in this phase were audiotaped. The inclusion criteria for the selection of participants will be: nurses aged from 21-65 years old, who have more than 6 months working experience and are able to read, write and comprehend English.

The research questions are:

- What knowledge and attitudes do nurses hold regarding pain management in Hail Region Hospitals?
- What are the barriers to achieving optimal pain management as perceived by nurses working in Hail Region Hospitals?
- What demographic and cultural factors impact on the delivery of effective pain management?

3.1 Justification of the study

Although many studies investigated the nurses' knowledge and attitudes towards pain management; these studies were conducted generally in western countries. Few studies have investigated knowledge and attitudes towards pain in the Middle East and namely in Saudi Arabia. This study is significant as no other studies have been conducted in Hail Region Hospitals to determine the nurses' knowledge and attitudes regarding pain management. This is most interesting since there are many expatriate nurses working in these hospitals and has left a large gap in the area of research investigating these nurses' knowledge and attitudes. The value of this study is that it provides information about nurses' level of knowledge regarding pain management and attitudes toward pain. This study can help to identify the barriers to effective pain management by these nurses.

4. Conclusions

Nurses have the primary responsibility and accountability to assess the patient's pain, implement intervention, and evaluate the interventions. However, undertreatment of pain has been reported in many studies as a persistent clinical problem. Effective pain management could result in reducing the human suffering and medications cost. The findings in this study support the concern of inadequate knowledge and attitudes regarding pain management. This study explored the pain management practices in one region of Saudi Arabia and has the potential to improve the nursing health care of the patients in these hospitals and will add to the body of knowledge regarding pain management.

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