Examining Nurses' Knowledge and Attitudes About Pain Management Using an Online Survey

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Past studies suggest that healthcare providers’ decisions about pain management are influenced more by their own attitudes and beliefs about pain than by a thorough assessment of their patients’ current status. Acknowledging the well-established notion that knowledge and attitudes guide behaviors, the project team sought to examine the pain management knowledge and attitudes of nurses working in the Lehigh Valley Health Network and use the results to improve implementation of evidence-based medicine (EBM) initiatives to improve pain management for Network patients.

Methods:

The project was reviewed by the Network’s IRB and deemed to be IRB exempt.

Population and Settings:
The study population for the survey project was all registered and licensed practical nurses working on inpatient units in the Network’s three hospitals.

Designing the web-based survey:
The survey was comprised of the 40-item Knowledge and Attitudes Survey regarding Pain Management Questionnaire (Alley, 2001), and 10 demographic items. SelectSurvey version 4.01, an online software tool (ClassApps.com, Overland Park, Kansas), was used to design the web-based survey.

Survey pilot testing: The survey was pilot tested with a separate group of nurses at UMH who were not part of the final sample. The survey was revised based on pilot subjects’ feedback, resulting in the final survey. Average expected time to complete the final survey was 15 minutes.

Procedures: To maximize the visibility of and interest in the online nurse survey, the project team partnered with Network Nursing leadership to raise awareness of the study and encourage participation. The Nurse leaders e-mailed their nursing staff members, explaining the survey’s purpose and how results would be used; they also assured staff that participants’ responses would be held in strict confidence and not be shared among any members of the care team. Nurses were invited to participate through a link to the online survey.

During the survey collection period, the project coordinator sent updates to Nursing leadership, reporting response rates of the units and answering survey-related questions. Nurses’ survey responses were captured in an Excel database. Data were analyzed in SPSS.

Results:
The survey was conducted during June through August, 2012.

The survey was distributed to 1763 Network nurses, of whom 675 (38%) completed the entire survey (response rate = 38%).

Conclusions:

Given nurses’ 24-hours a day presence in hospitals, nurses can be the most influential force in improving pain care and developing relevant policies to guide and improve healthcare providers’ clinical pain practices. Thus, we believe that learning about network nurses’ pain management knowledge and attitudes is a key step toward identifying nurses’ educational needs, designing relevant, focused pain management programs, and determining how to make Network pain policy and clinical guidelines useful.

Overall, Network nurses’ survey responses indicate a fair level of baseline knowledge about general pain management topics. Pain education programs will be developed to reinforce general concepts and address in depth the pain content areas in which improvements are most needed, e.g. knowledge about the use of analgesics and about pharmacology concepts, understanding state-of-the-art principles related to addiction and drug tolerance.

Our experience has demonstrated that obtaining current information about pain management-related knowledge and attitudes of in-duty nurses working in busy healthcare settings can be done efficiently and effectively using an online survey. After improving our survey processes, we plan to conduct similar surveys with other Network healthcare provider groups (e.g., pharmacists, physicians, etc.). Educational programs can then be tailored to the needs of the various provider groups.

The response rate of 38% is lower than we had expected, yet the online methodology was advantageous for several reasons, including: quick, easy access to 1700 Network nurses, many of whom would have been challenging to reach using more traditional survey formats; and the financial savings of using an electronic survey format.

There are many ways to improve the response rates for future surveys: Allow project team members to directly contact nurses in order to monitor and facilitate completion of the surveys in “real time.” Include more interaction between the project team and staff “RBIs,” management, and nurses in the field in the pre-survey and post-survey surveys and questionnaires directed by the project team to the survey recipients; and

Sources most often listed by respondents used to inform their clinical practice in managing patients’ pain

- Pain management resources, on-line guides, and professional guidelines
- Pain management guidelines from pain management specialists
- Other (inc. posters, patients, media, personal, pain management specialists)
- The financial savings of using an electronic survey format.