Nurses' Knowledge and Attitudes about Pain in Hospitalized Patient

Catherine Morrow BSN, RN  
Lehigh Valley Health Network

Jennifer M. Lanter BSN, RN  
Lehigh Valley Health Network, jennifer_m.lanter@lvhn.org

Kimberlee Hunsicker BSN, RN  
Lehigh Valley Health Network

Julie Caracio BSN, RN  
Lehigh Valley Health Network

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Significance of the Problem

Inadequacy of Treatment
World Healthcare Organization [WHO], Joint Commission, Lehigh Valley Health Network

Focus of Healthcare Delivery
Hospital Consumer Assessment of Healthcare Providers and Systems [HCAHPS], Center for Medicare & Medicaid Services [CMS]
TRIGGER

Knowledge vs. Problem

Knowledge Focused Triggers

CMS
HCAHPS
PICO QUESTION

Will targeted pain management education improve nurses’ knowledge of pain and pain management on 4 in-patient units?

P – RNs on units: 4KS, 5K, OHU & TOHU
I – Knowledge level of RNs
C – Knowledge scores pre- and post-educational intervention
O – Enhanced nurses’ knowledge of pain
EVIDENCE

EBSCOhost, CINAHL, Ovid
Pain, Pain Management, Nurse Attitudes
Peer-Reviewed, Nursing Journals, <2yrs
EVIDENCE

The Joint Commission created new pain management standards in 2000, but 2011 research demonstrates that inclusion of the fifth vital sign did not improve pain management. (1)

HCAHPS pain management scores support the need for education and sensitization about assessment and management of pain. (2)

RNs demonstrate a lack of current education on pain management. RNs’ perceptions about pain and patients affects their management of pain. (1)
By identifying strengths and limitations, nurses can improve their knowledge and performance. Educators in pain management should focus not only on theoretical but also on personal and ethical knowledge. (3)

KASRP scores not significantly different by gender or education level, but strongly affected by exposure to previous pain education (4)

A didactic education session can significantly increase scores on the KASRP (2) (5)

The efficacy of an educational intervention will remain, even after months (2) (5)
Current Practice at LVHN

Patient Care Manual: Definition of Pain

Whatever the patient says it is, whenever s/he says it is

Patient Care Manual: Key Points (excerpts)

1: ↑ knowledge of pain & pain management is associated w/ a ↓ pain experienced by patients

6: Pain is assessed & reassessed w/ interventions based on patients’ response & perception, and ≤ every 8 hours
IMPLEMENTATION

Choose study design: quasi-experimental
Gain permission for survey and tool
Launch study components on TLC: 11/9
Encourage participation (use stakeholders)
End data collection: 12/22
Code data and analyze using SPSS
Interpret results and prepare for presentation
Practice Change

The scope of this study did not include a practice change.
RESULTS

Main effect for time; all scored ↑ on post-RN’s at 3-5 yrs experience scored lowest
No difference by education level or age
No difference by self-assessed experience
What do we consider to be education?
Pain is what the patient says it is
Only 47% - 69% correctly dosed analgesia
Implications for LVHN

Educational intervention can be effective
Consider mandatory education on pain for RNs and LPNs
Expand in-house research on pain, pain management, and pain education
Strategic Dissemination of Results

NRP Graduation Day
Dr. Anna Jarrett, University of Arkansas
LVHCC- 4KS, 5K, OHU, TOHU
Lessons Learned

Challenges
   Time
   Coordination

Resources
   Carolyn Davidson, Pat Karo, Michaelene Panzarella
   Kris Pietre
   Tim McCann
   Dr. Jason Lanter
   Unit Leadership and Nurses
References


Make It Happen

Questions/Comments?

Contact Information:
Catherine_B.Morrow@LVHN.org
Jennifer_M.Lanter@LVHN.org