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#### Nurses' Knowledge and Attitudes about Pain in Hospitalized **Patient**

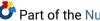
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# Nurses' Knowledge & Attitudes About Pain in Hospitalized Patients

Catherine Morrow, RN, BSN, MA Jennifer Lanter, RN, BSN, MGS Julie Caracio, RN, BSN Kimberlee Hunsicker, RN, BSN

A PASSION FOR BETTER MEDICINE."



# 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 posteducational 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)

## EVIDENCE

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  $\uparrow$  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

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# Make It Happen

Questions/Comments?

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