

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)

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 ↑ 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?

Contact Information:

Catherine_B.Morrow@LVHN.org

Jennifer_M.Lanter@LVHN.org



Cedar Crest



17th Street



Muhlenberg



Health Centers