Nurses - Attitudes to Pain: Two Decades of Data, are we Maintaining Positive Attitudes in Regards to Pain?

Primary Author: Jennifer Anne Wright BSc, MSc, RN
Royal Brompton & Harefield NHS Foundation Trust

Co-Authors: Christina Gullberg, BSc, MSc, RN; Fernando Ferreira, BSc, RN; Michelle Mucasey, Major in Health Science, Graduating 2018; Molly Vora, Seven-Year Accelerated BA/MD, B.A. in Medical Sciences Minors in Psychology and Public Health 2014-2021; Priya Sodi, BSc,

Jennifer Annne Wright1, Michelle Mucasey2, Molly Vora2, Christina Gullberg1, Priya Sodi1 & Fernando Ferreira1

1Pain Management Service Royal Brompton and Harefield NHS Foundation Trust, UK
2Boston University, Boston, Massachusetts, USA

Background

Nurse’s attitude to pain has been documented as a barrier to good pain outcomes in hospital settings1-3. Within our institution, a tertiary cardio-thoracic centre, Davis tool4 (Davis 1988) in a modified version5 exploring attitudes to pain was used for the first time back in 1997 as part of a commissioned report to explore attitudes to pain amongst staff. The aim was to support a service development in pain management to improve the assessment and management of pain across clinical areas as well as the development of an educational programme to educate and expand staff knowledge on pain. Since then, data collection on staff attitudes to pain has been explored at five time points including this most recent over the last two decades (1997/98, 2003, 2014 & 2017) within our institution.

Methods

Institutional approval was sought and granted. Data on nurses’ attitudes to pain was collected via a postal questionnaire using Davis tool4 (Davis 1988) in a modified version5. The postal questionnaire with a cover letter explaining the survey and its purpose was distributed to nursing staff across multiple clinical areas across the two hospitals sites within our institution. A returned questionnaire was considered consent to participate. Posters advertising the project were displayed in clinical areas to promote participation and increase response rate.

Both quantitative and qualitative methodology will be applied the data to explore findings. In addition, we further expanded on data collection on this occasion and conducted semi structured focus group interviews of smaller cohorts of nurses across the two sites.

Results
The questionnaire was distributed amongst 612 nurses across our two hospital sites. Of those 254 were returned within the 3 week period given to reply. There was an improvement in response rate from 35.6% (2013) to 41.3% (2017).

The last cohort investigated (2013) revealed positive findings amongst nurses in their general attitudes to pain, consistent with previous findings within our institution.

The results of this most recent postal survey are currently undergoing statistical analyses for individual outcomes and correlations between groups in order to compare the results with previous findings. In addition further qualitative analysis of the outcomes of the semi structured focus group interviews are to be undertaken. All results will be ready for presentation at congress.

Conclusion

There has been an increased focus on pain management in clinical practice over the last two decades and attempts has been made to incorporate more focus on pain management as part of the core curriculum in nursing education6 and daily clinical practice7. Despite this, there is a need for always awareness and continuing education amongst the nursing population within our trust if we want to maintain a positive attitude to pain amongst our nursing population.

Although the questionnaire4,5 has provided us two decades of data and the ability to track changes and consistency over time, feedback from the latest cohort of nurses has also raised the question whether we need to adapt, select or develop a new data collection tool, which is more relevant to current practice. However our intention remains to continue to monitor what are very important factors maintaining best patient outcomes and effective pain management.

References


5) Burrows D; Chapter 5 Action on Pain, in Nurse teachers as Reserachers; A reflective approach; Sally Thompson edt. Arnold, London 1997
