

Knowledge, Attitudes, and Perceived Barriers Regarding Pain Assessment and Management Among Thai Critical Care Nurses: A Cross-Sectional Study

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Introduction

Pain is a common problem experienced by critically ill patients, insufficient pain management has been reported even though pharmacological and/or non-pharmacological pain management have been applied. It has been shown that knowledge and attitudes of intensive care unit (ICU) nurses can influence pain assessment and management. Moreover, barriers to pain assessment and pain management in ICU, which have been classified as either nurse-related, patient-related, physician-related, or system-related, can affect ICU nurses' behavior towards pain assessment and management. Hence, understanding ICU nurses' knowledge, attitudes, and perceived barriers regarding pain assessment and management is an important inception of improving ICU nurses' pain assessment and management, especially within a Thai context that still require more studies about pain within ICU settings.

Aims and Objectives

This study aimed to explore the current level of knowledge, attitudes, and perceived barriers to pain assessment and management among Thai ICU nurses. Its key objectives were to address the following questions:

1. What knowledge, attitudes, and perceived barriers Thai ICU nurses' hold regarding pain assessment and management in the ICUs?
2. Is there a relationship between Thai ICU nurse demographics and their knowledge of, attitudes, and perceived barriers to pain assessment and management in the ICUs?

Methods

A sample size of 158 participants was calculated. A convenience sample of adult ICU nurses directly taking care of critically ill patients in one of eight adult ICUs in a Thai tertiary Hospital were recruited. A modified questionnaire, such as the Knowledge and Attitudes Survey Regarding Pain – Modified Thai version for Critical Care and the Perceived Barriers to Pain Assessment & Management Scales – Modified Thai Version for Critical Care, was used to collect data.

Results

A total of 158 ICU nurses returned the completed questionnaire. The result showed that ICU nurses possessed inadequate knowledge, the majority of them understood that vital signs should be used to assess pain and less than half of them could identify the sign of physical dependence after discontinuing opioid administration in critically ill patients. Similarly, negative attitudes regarding pain assessment and management were showed. However, almost 96.9% of them thought that patients are best suited to accurately assess their pain intensity. Regarding barriers to pain assessment and management, ICU nurses concerned about patients' ability to communicate their pain, side effects of painkillers, and patients' refusal to take a pain medication.

Discussion

The minority of ICU nurses correctly answered the questions regarding pain assessment and management. This may be a reflection of the issues regarding how ICU nurses assess and manage when the patient is experiencing pain. The report has showed that ICU nurses do not update their knowledge regarding pain because practice dominates that critically ill patients use infusion therapy, especially those sedated or ventilated, which may affect the need to assess pain. Moreover, different types of assessment tools used in ICU for assessing pain are reported, for example, behavioral pain scale, numeric pain scale, and/or vital sign, or pain intensity was assumed within normal reporting measures. This does not show that these pain scales are ineffective, but each scale may have their limitation when using in different patient groups.

This study showed some interesting culture dimension. While Thai ICU nurses believed that communicable patients would let nurses know when they were experiencing pain, some ICU patients also believed that patients would not report pain so as not to disturb the nurses or they would like to be perceived as good patients, which are the problems and complicate the pain assessment.

Implications for Clinical Practice

1. Continued quality assurance procedures should be implemented and maintained to evaluate the effectiveness of current pain assessment practices to ensure consistency in providing appropriate pain management;
2. Perceived barriers to effective pain assessment and management should be considered and managed not only through continued education and training but could include using nursing case review.

Conclusions

ICU nurses possess inadequate levels of knowledge and negative attitudes regarding pain assessment and management. Although the need to tolerate the discomfort of procedural care such as suctioning or turning is often accompanied by sedation and analgesia, the need for pain management is often overlooked. It is evident that ongoing education is perhaps warranted, which is important in improving not only knowledge but clinical assessment skills so that critically ill patients are not unduly suffering and negative attitudes. As ICU nurses provide 24-hour care so is the need to provide effective pain assessment and management in the ICU settings.

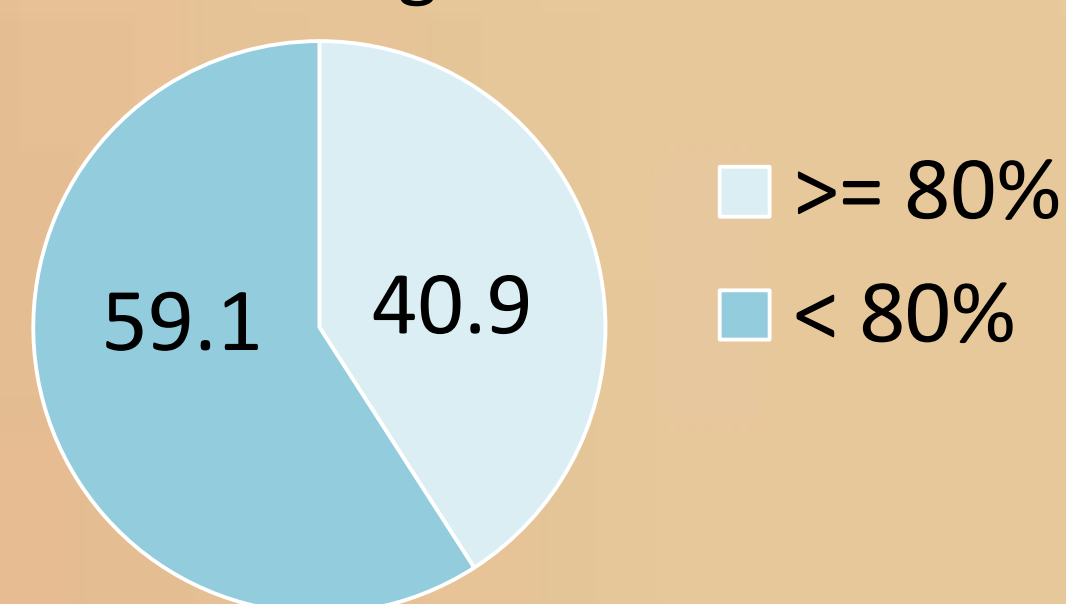
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Knowledge of pain assessment and management



Attitude towards pain assessment and management

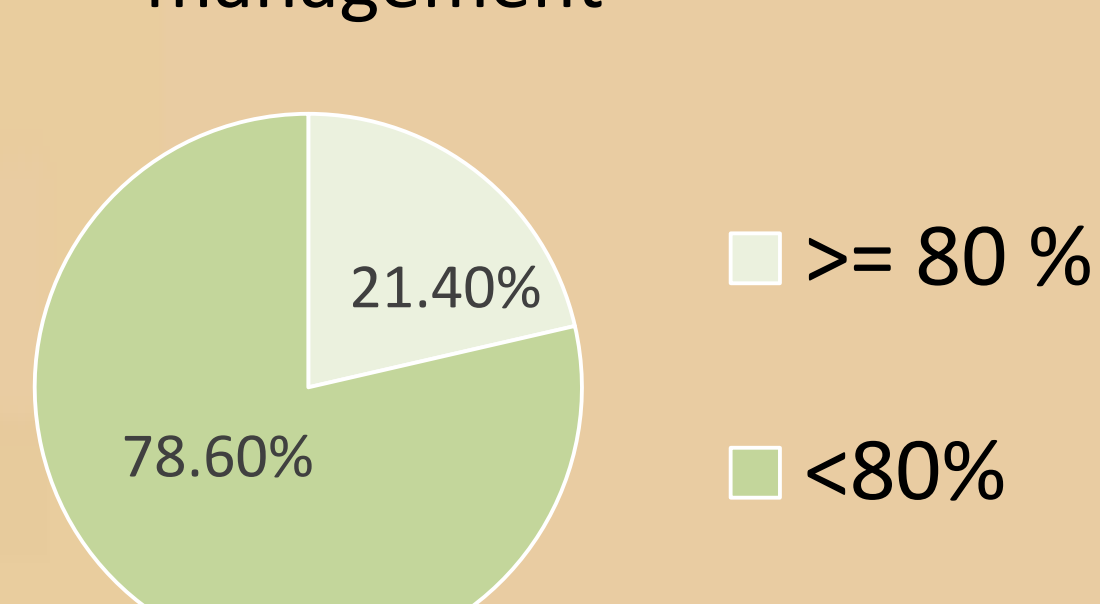


Figure 1. The percents of correct answers regarding knowledge of pain assessment and management

Figure 2. The percents of correct answers regarding Attitudes regarding pain assessment and management

Barriers	Mean (SD)
Patient-related	
(1) Patients refuse to take painkiller	3.1 (1.0)
(2) Patients are considerate and they do not want to bother nurses	3.1 (1.0)
(3) Patients are unable to communicate their pain. For example, patients who receive sedative drug, are unconscious, or are intubated	3.8 (1.0)
ICU nurses-related	
(4) I have limited knowledge regarding use of pain assessment tools	2.6 (1.1)
(5) I have limited knowledge regarding pain management	2.5 (1.0)
(6) I worry about drug resistance	2.4 (1.0)
(7) I worry about drug abuse	2.4 (1.0)
(8) I am worried about the side effects of pain medication, e.g., respiratory depression	3.3 (1.0)
(9) ICU nurses' workload	2.5 (1.2)
Physician-related	
(10) Physicians' prescription of analgesic is not adequate	3.0 (1.0)
(11) Physicians take a long time to consider and order treatments for pain management	2.6 (1.0)
System-related	
(12) My unit lacks regulation for the pain management	2.3 (1.0)
(13) Pharmacists' delay regarding evaluation of physicians' prescription	2.5 (1.0)
(14) Delay in drug delivery system	2.9 (1.0)
(15) Lack of training course on pain assessment and management	2.6 (1.0)

Figure 3. The table of ICU nurses' perceived barriers to pain assessment and management (n = 158)