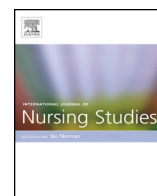




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Seeking empowerment to comfort patients in severe pain: A grounded theory study of the nurse's perspective

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ABSTRACT

Background: Hospital patients experience significant pain, which can delay healing and increase the risk of developing chronic pain. Nurses are affected by patients' ongoing pain and may cope with consequent anxiety and helplessness by distancing themselves from such patients. Understanding nurses' responses to patients in severe pain will inform strategies to support their coping, their patients and, ultimately, their retention in the nursing workforce.

Objectives: The aim of the study was to develop a substantive theory explaining the hospital nurse's perspective of caring for patients in severe pain.

Design: The study used grounded theory method.

Settings: Data were collected on four acute care wards in a 610 bed Australian hospital.

Participants: The sample included 33 nurse participants and 11 patient participants. Selection criteria for nurse participants were those who worked in the four study wards, cared for patients who experienced severe pain, and consented to be included. Selection criteria for patient participants were those who self-reported pain at intensity of seven or more on a scale of 0–10, were aged 18 years or older, could speak and read English, and consented to be included.

Methods: Theoretical sampling directed the collection of data using semi-structured interviews with nurses and participant observation, including structured observations of nurses who cared for patients in pain. Data were analysed using constant comparison method.

Results: Nurse participants encountered a basic psychosocial problem of feelings of disempowerment when their patients experienced persisting severe pain. In response, they used a basic psychosocial process of seeking empowerment to provide comfort in order to resolve distress and exhaustion associated with disempowerment. This coping process comprised three stages: building connections; finding alternative ways to comfort; and quelling emotional turmoil.

Conclusions: The substantive theory proposed a link between the stress of nurses' disempowerment and a coping response that provides direction to support nurses' practice. Strategies indicated include enhanced communication protocols, access to advanced practice nurses, use of nonpharmacological comfort measures, utilization of ward-based pain resource nurses, and unit-specific pain management education. Further research to verify and extend the substantive theory to other settings and nursing populations is warranted.

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What is already known about the topic?

- Hospitalized patients report significant levels of pain despite advances in pain management technique.
- Nurses have a central role in pain management.
- Nurses' well-being can be affected by patients' experience of severe pain.

What this paper adds

- Nurses use a basic psychosocial process to empower themselves to comfort patients in severe pain by building connections, finding alternatives to medication, and quelling their own emotional turmoil.
- Strategies to support nurses' pain management include enhanced communication protocols, access to advanced practice nurses, increased use of nonpharmacological comfort measures, ward-based pain resource nurses, and unit-specific education.

1. Background

Pain in hospitalized patients remains a global problem despite improved pain management over the last 40 years (Sawyer et al., 2010; Wadensten et al., 2011). Unrelieved pain slows recovery and put patients at risk of chronic pain (Macintyre et al., 2010). Nurses are also affected by patients' persisting pain, with implications for pain management practice (Blomberg et al., 2008; Blomqvist, 2003). From a personal perspective, nurses may have feelings of anxiety and helplessness (Blondal and Halldorsdottir, 2009). In order to protect themselves from these feelings, nurses can underestimate the patient's pain experiences or distance themselves from patients whose pain persists (de Schepper et al., 1997; Wilson and McSherry, 2006).

In hospital wards, nurses are the first point of contact for patients who experience pain (Watt-Watson et al., 2001). The nurse's role is central to providing pain management; entailing assessment, selection and titration of analgesic medication, implementation of nonpharmacological comfort measures, and evaluation of treatment (Bucknall et al., 2007). In addition to giving pain relief, nurses interact frequently with patients and colleagues and are well placed to improve pain management through communication, education and, where appropriate, medication (Macintyre et al., 2010). Yet nurses have consistently shown tendencies to underassess (Sloman et al., 2005; Zalon, 1993) and undermedicate pain (Coventry et al., 2006; Manias, 2003; Schafheutle et al., 2001).

Research has explored barriers to nurses' effective pain management practice. Factors include inadequate assessment, nurses' fear of analgesic side effects and deficient knowledge of pharmacological and nonpharmacological measures (Bucknall et al., 2007; Lui et al., 2008; Sloman et al., 2005). Influences in the practice environment comprise problematic communication; lack of access to specialized staff and equipment; and decreased autonomy (Manias et al., 2005; Tapp and Kropp, 2005). Additionally, patients' fears about the side-effects of medication and reluctance to interrupt busy nurses to report pain can

preclude nurses from initiating timely pain relief (Carr, 2002; Manias et al., 2002).

Studies to date have investigated aspects of nurses' pain management practice, such as assessment and analgesic administration, and focused on selected hospital units where patients are expected to experience pain. For example, a program of observational research explored pain management in the practice of nurses working in Australian surgical units (Bucknall et al., 2007; Manias et al., 2002, 2005). However, medical wards have been identified as areas of need where staff can lack awareness of patients' pain and subsequent treatment guidelines (Chang et al., 2010). Such findings suggest the need to broaden the scope of research to identify influences on nurses' pain management across different hospital practice environments.

One investigation conducted on hospital wards in Iceland captured the challenges that nurses encountered when caring for patients in pain (Blondal and Halldorsdottir, 2009). A phenomenological approach was used to understand nurses' ($n = 10$) experiences and the complexities involved in caring for patients in pain. Taking a "more holistic view" (p. 2902), outcomes revealed nurses' enjoyment and satisfaction or "profound distress and frustration" (p. 2902) depending on whether patients' pain was managed or went unrelieved. There may be poor outcomes for patients if hospital nurses seek to protect themselves from these feelings (Macintyre et al., 2010). By extension, there may be implications for the workforce should nurses go on to leave the organization and, perhaps, the profession.

An in-depth understanding of how the phenomenon of caring for patients with significant pain impacts on hospital nurses is therefore needed to inform strategies to support them and their practice. Rather than investigating discrete aspects of practice, this study sought a more complete understanding of nurses' responses and the range of human interactions shaping pain management in this practice environment. Using grounded theory (Glaser and Strauss, 1967) to reveal processes underpinning nurses' behaviours, direction for strategies to support nurses in clinical practice and for future research became evident. Given the prevalence of pain reported in patients globally, a theoretical explanation of the context, causes and consequences of nurses' responses builds understanding that transcends professional settings. A substantive theory explaining the influences on nurses' pain management, which can be verified and extended in further research, is the first step. The focus of this paper is the basic psychosocial process (BPP) of seeking empowerment to provide comfort, used by nurses to cope with the basic psychosocial problem of feelings of disempowerment.

2. Methods

2.1. Aim

The aim of this study was to develop a substantive theory explaining the experience of caring for patients with severe pain from the perspective of nurses working in hospital wards. Severe pain was defined as pain self-

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