



Emergency nurses' knowledge, attitude and clinical decision making skills about pain



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ARTICLE INFO

Article history:

Received 4 July 2014

Received in revised form 23 November 2014

Accepted 25 November 2014

Keywords:

Pain
Knowledge
Attitude
Skills
Clinical decision-making
Emergency
Nurse

ABSTRACT

Introduction: Pain is the most common reason that patients come to the emergency department. Emergency nurses have an indispensable role in the management of this pain.

Aim: The aim of this study was to examine emergency nurses' knowledge, attitude and clinical decision-making skills about pain.

Methods: This descriptive study was conducted in a state and a university hospital between September and October 2012 in Malatya, Turkey. Of 98 nurses working in the emergency departments of these two hospitals, 57 returned the questionnaires. The response rate was 58%. Data were collected using the Demographic Information Questionnaire, Knowledge and Attitude Questionnaire about Pain and Clinical Decision Making Survey. Frequency, percentage, mean and standard deviation were used to evaluate data.

Results: 75.4% of participant nurses knew that patients' own statement about their pain was the most reliable indicator during pain assessment. Almost half of the nurses believed that patients should be encouraged to endure the pain as much as possible before resorting to a pain relief method. The results also indicate that most of nurses think that a sleeping patient does not have any pain and pain relief should be postponed as it can influence the diagnosis negatively. It is determined that the pain scale was not used frequently. Only 35.1% of nurses reported keeping records of pain.

Conclusion: Despite all the recommendations of substantial past research the results of this study indicate that emergency nurses continue to demonstrate inadequate knowledge, clinical decision-making skills and negative attitudes about pain.

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1. Introduction

Pain is a common symptom in many emergency department cases. However, patients may be discharged either with unchanged or increased levels of pain (Berben et al., 2008; Todd et al., 2007). A previous study conducted in Turkey reported that all adult trauma patients admitted to the emergency department experienced pain, with 51.7% of them describing their pain as very severe and 62.9% indicating that they still had pain despite treatment (Eti Aslan et al., 2008).

Effective pain management requires accurate knowledge, positive attitudes, and clinical decision-making skills about pain (Kuzeyli Yıldırım et al., 2008). Many nurses gain their perceptions about pain from their knowledge. However, knowledge deficits in this area of practice may yield negative attitudes that can interfere with their clinical decision-making skills and add to the complexity of the pain management issue (El-Rahman et al., 2013; Young et al., 2006).

Incorrectly evaluating pain as less severe than it is, believing that the patient exaggerates his/her pain, lack of knowledge regarding pain medications, concerns regarding addiction, beliefs that pain treatment would delay the diagnostic tests, and effects of age and gender result in inadequate pain management in emergency departments (Wheeler et al., 2010). Furthermore, effective pain management in emergency departments is hampered by reasons including concerns that it could mask primary symptoms and cause respiratory depression, not adopting multidisciplinary team work, and a lack of widespread use of new pain control methods (Eren Çevik et al., 2011; Eti Aslan et al., 2008; Karaçay et al., 2006). In previous studies on this subject, emergency nurses stated that a lack of knowledge about pain assessment and relief, lack of time, inadequate pain management until after a diagnosis was obtained, and a patient's use of alcohol or other stimulant substances were important factors that hampered pain management (Duignan and Dunn, 2009; Tanabe and Buschmann, 2000).

Nurses have an indispensable role in providing effective pain management. The important factors that differentiate nurses in pain control from the other team members are that nurses have learned patients' previous pain experiences and methods to deal with pain and use them when necessary, they spend more time with

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patients, they teach patients strategies to cope with pain, they observe the efficiency and results of the planned treatments, and they have an emphatic approach (Çöçelli et al., 2008).

From an ethical standpoint, a patient should not be left to suffer if his/her pain can be relieved. Patients have the right to receive treatment and care for relieving or alleviating their pain (Çöçelli et al., 2008). For correct management of pain, which is a universal, complex, and subjective experience, nurses must use a proper pain scale to assess pain appropriately, believe the level of pain reported by patients is accurate and support them in this regard, use pain relief methods, and evaluate the efficacy of these methods (McGuire, 2006; Smeltzer et al., 2008). Through these techniques, nurses can contribute to decrease morbidity and mortality rates, reduce hospitalisation periods, and increase patient satisfaction (Eren Çevik et al., 2011; Eti Aslan et al., 2008; Karaçay et al., 2006; Özer et al., 2006; Yılmaz and Gürler, 2011). However, in some studies conducted in Turkey, it has been determined that nurses have insufficient knowledge of, attitudes, and clinical decision-making skills about pain (Özer et al., 2006; Yılmaz and Gürler, 2011).

Despite the numerous studies about pain reported in international literature, only a limited number evaluate emergency nurses' knowledge of, attitudes, and clinical decision-making skills about pain. A study has examined triage nurses' clinical decision-making (Gerditz and Bucknall, 2001), but little is known about emergency nurses' attitudes and clinical decision-making skills regarding pain. In Turkey, although these issues have been investigated among nurses working in different clinics, they have not previously been studied with emergency nurses. Therefore, this research will form the basis for future studies with emergency nurses in Turkey. In addition, we believe that the results of the current study will provide useful information to the body of literature regarding what emergency nurses know and their attitudes and clinical decision-making skills about patients' pain.

2. Methods

2.1. Design

This descriptive study was carried out to determine the knowledge, attitudes, and clinical decision-making skills of emergency nurses regarding pain.

2.2. Sample and setting

Almost all hospitals in Turkey offer emergency care, and also most of these hospitals are run by the state, universities or by private hospitals that exist in many cities. The data were collected in emergency departments of a state (Malatya State Hospital) and a university (Turgut Ozal Medical Center of Inonu University) hospital in Malatya between September and October 2012. Ninety-eight nurses were employed in the emergency departments of these two hospitals. The shortage of nurses is an important issue in Turkey. This problem, especially with the rapid increase in the number of private health institutions, began to show itself significantly. The presence of 98 nurses in clinics where the study was applied is a reflection of this situation. In this study, no sampling method was made, and all of the nurses could be reached. However, 31 nurses refused to participate in the study and 10 nurses did not complete the survey; therefore, the study sample consisted of 57 nurses. The response rate was 58%.

2.3. Instruments

The data were collected using the Demographic Information Questionnaire, Knowledge and Attitude Questionnaire about Pain, and Clinical Decision Making Survey. The Demographic Informa-

tion Questionnaire included six questions for determining the descriptive characteristics of the nurses (age, gender, education level, employed institution, total number of years working, and total number of years working in an emergency department). The Knowledge and Attitude Questionnaire about Pain was developed by study authors in the light of previous research in order to determine nurses' knowledge and attitudes about pain (Al-Shaer et al., 2011; Bernardi et al., 2007; Erkes et al., 2001; Kuzeyli Yıldırım et al., 2008; Özer et al., 2006; Tanabe and Buschmann, 2000; Tsai et al., 2007). The questionnaire consisted of 15 items: 10 false and five true. These 15 questions are answered as "true" or "false". In addition, nurses were also asked to evaluate their confidence in the responses they had given to questions in the questionnaire using a 5-point scale. The Clinical Decision Making Survey was used to determine the nurses' clinical decision-making skills about pain. The Clinical Decision Making Survey was developed by Ferrell et al. (2012). Studies of The Clinical Decision Making Survey for Turkish adaptation were performed by Özer et al. (2006). This survey consisted of 14 questions answered with a "yes" or a "no" (Özer et al., 2006).

2.4. Data collection

Investigators managed the data-collection process: there were no managers or supervisors. There were three shifts per day in these clinics: 0800–1600, 1600–2400, and 1600–0800. Data were collected at the end of the 0800–1600 shift. The nurses were given information about the purpose, time, and how the study was going to be conducted. They were also told that their personal information would be protected. Data collection tools were explained and distributed, the participants were asked to fill them in, and then the tools were taken back. No incentives were given to the nurses. The mean time to fill in data collection tools was 15–20 minutes.

2.5. Data analysis

The study data were analysed by Statistical Package of Social Science (SPSS) 15.0 software. For the evaluation of the study data, descriptive statistical methods (frequency, percentage, mean, and standard deviation) were used.

2.6. Ethical considerations

The study was started after obtaining the necessary written permissions from the Malatya Clinical Researches Ethical Committee, the Malatya Health Provincial Directorate, and the head physician of Turgut Ozal Medical Center of Inonu University. Verbal permissions were received after giving information about the research to nurse managers in study hospitals. In addition, participants were informed about the purpose of the study, and their verbal permissions were obtained.

3. Results

3.1. Descriptive characteristics of nurses

According to the descriptive characteristics of nurses, 84.2% were between 18 and 37 years of age, 87.7% were female, 63.2% had Bachelor/Master's degrees, 77.2% were employed in the state hospital, and 29.8% had worked for five years or less. The mean amount of time that the nurses had worked in the emergency departments was 3.28 ± 3.39 years (Table 1).

3.2. Nurses' knowledge and attitudes about pain

The correct answer rates of nurses to knowledge and attitude questions about pain are shown in Table 2. The statement "Patient's

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