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Assessment and management of acute pain in the older person with cognitive impairment: A qualitative study

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ABSTRACT

Introduction: Older Australians experience health disparities in pain management compared to other groups. This article is focused on understanding the emergency nurses' perceptions of pain and pain management for older persons with cognitive impairment and presenting with a long bone fracture. This article is part of a larger study focusing on emergency nurses' pain management practices for older Australians with cognitive impairment.
Aim: The aim of the study was to understand emergency nurses' perceptions of the management of pain for older persons with cognitive impairment and presenting with a long bone fracture.
Method: This is part of a larger multicentre programme of research exploring pain management in older persons with cognitive impairment and who are experiencing pain from a long bone fracture. This study had a qualitative research design, with data collected through focus group interviews and a thematic method of analysis. The study is framed by a constructivist's paradigm, which enabled multiple realities to surface and be interpreted.
Results: Eighty emergency nurses participated, with 67 (84%) females and 13 (16%) males, in 16 focus groups across four emergency departments. Nurses had an average of 12.5 years as a Registered Nurse (SD ± 10.06) and 8.6 years (SD ± 8.64) emergency experience. Five themes emerged from data analysis and included: 1) Belief in championing pain management; 2) Pain management and the ageing processes; 3) Lack of pain assessment tools for the cognitively impaired older person; 4) Delivering analgesia – a balancing act; and 5) Policy barriers to nurse initiated pain management.
Conclusion: This study makes clear the challenges clinicians' face in managing pain in older patients presenting to emergency departments. More specifically, older persons with cognitive impairment face substantially greater obstacles in receiving effective pain relief given the lack of any standardised pain assessment screening tool within emergency departments. To improve pain management practices emergency clinicians need to test the utility of behavioural pain assessment tools for cognitively impaired older persons within the emergency context.

1. Introduction

Changing global demographics has seen the presentation rate of older people to emergency departments (EDs) increase in contrast to other patient groups (Lowthian et al., 2011). International research has also shown that between 50% and 80% of ED presentations are associated with acute pain (Holdcroft and Power, 2003; Tcherny-Lessenot et al., 2003). Therefore, effective and timely provision of analgesia should be a quality indicator of ED service delivery.

Studies have demonstrated that older people with cognitive impairment experience analgesic delay in EDs (Arendts and Fry, 2006; Fry et al., 2011, 2014). There is also evidence that cognitive impairment is a significant risk factor for analgesic delay (Fry et al., 2014). The delivery of appropriate pain management for older people with cognitive impairment and acute pain present specific challenges for emergency clinicians. Yet nurses are well positioned to contribute towards compassionate care through timely delivery of analgesia.

Managing acute pain in people with cognitive impairment can be challenging for emergency nurses operating within an often

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chaotic and time poor setting. For emergency nurses time is a critical factor, specifically when using pain assessment tools within practice. To date across Australasia there are no nationally accepted pain assessment tool for persons with cognitive impairment. However, a literature review identified validated dementia pain assessment tools which included: Pain Assessment Checklists for Seniors (PACSLAC), Pain Assessment in the Elderly (Doloplus2), and the Pain Assessment in Advanced Cognitive Impairment (PAINAD) (Ersek et al., 2010, 2011; Herr et al., 2006, 2010; Kaasalainen, 2007; Lukas et al., 2012; Smith, 2005; Zwakhalen et al., 2006). While the Abbey Pain Scale has been well validated many other tools take less time to complete (Takai et al., 2014; Zwakhalen et al., 2006, 2012). To date there is no evidence of usage and/or utility of these tools in Australasian EDs. Alternatively, within the critical care literature there were a number of validated observational pain assessment tools developed and widely used (Aissaoui et al., 2005; Gelinas et al., 2013; Kabes et al., 2009; Payen and Gelinas, 2014; Pinto et al., 2015; Stites, 2013; Topolovec-Vranic et al., 2013).

Across Australasia emergency nurses are the first health clinician to undertake a pain assessment. Further, emergency nurses have a scope of practice that enables the initiation of a range of analgesics (Fry et al., 2011). However, visual or verbal analogue scales are the standard acute pain assessment tools used by emergency nurses (Holdgate et al., 2003). But for the cognitively impaired older person, visual or verbal analogue scales are of questionable use, and in fact may decrease recognition and assessment of pain intensity (Lukas et al., 2012). It remains unclear how emergency nurses perceive pain and undertake an acute pain assessment to support the timely and appropriate delivery of analgesia for older persons with cognitive impairment.

2. Aim

The aim of the study was to understand emergency nurses' perceptions of the management of acute pain for older persons with cognitive impairment and presenting with a long bone fracture.

2.1. Method

The study design was descriptive exploratory and forms part of a larger programme of research exploring the pain management of older person with cognitive impairment and experiencing acute pain from a long bone fracture within emergency departments. Emergency nursing is grounded in beliefs, values and attitudes that create systems of meaning and give shape to everyday nursing practice (Fry, 2007). It is in this way meanings are shared and contribute towards social stability and the construction of reality (Fontana, 2001; Geertz, 2001; Snow, 2001). By undertaking this descriptive exploratory research new knowledge can be generated that provides insight into everyday practice.

2.2. Ethical approval

The Local Health District Human Research Ethics Committees (HREC 1212-430M) approved the research study. Prior to the focus group commencing written consent was obtained from each participant.

2.3. Study sites

The study was undertaken across two district and two tertiary referral hospital emergency departments in metropolitan Sydney, Australia.

2.4. Sample and recruitment

Purposive sampling was used and inclusion criteria included at least one year's emergency experience. Emergency nurses were invited to participate in one focus group and all participants were registered nurses with a minimum of a Bachelor's degree or equivalent. The clinical nurse consultant and/or clinical nurse educator(s) assisted to coordinate the focus group interviews and provided opportunity to discuss the study at nursing education meetings.

2.5. Focus group interviews

A semi-structured interview tool (15 items) was developed from the literature and assisted to focus nurses' thoughts on pain management for the cognitively impaired older person with a long bone fracture.

The focus groups lasted between 35 and 60 minutes and were audio recorded to reduce potential distractions and enhance the flow of thought. All data were de-identified and transcription codes were stored in a separate password protected file.

2.6. Data analysis

Data were coded and organised thematically and managed using NVivo 10.1 software (QSR International, 2014). Gibbs's (2007) framework was used and included: 1) transcribing and familiarisation with data; 2) code and pattern building; 3) theme development; and 4) data consolidation and interpretation. The investigators discussed and reviewed all emerging coding and interpretation.

3. Results

Four focus groups were conducted at each of the hospital sites ($n = 16$) over a 12 week period (3rd March–31st June 2013). Eighty emergency nurses participated with the majority ($n = 67$; 84%) of participants female. Nurses had a mean of 12.5 years as a Registered Nurse (SD ± 10.06) and 8.6 years (SD ± 8.64) emergency experience. Five themes emerged from data analysis and included: 1) Belief in championing pain management; 2) Pain management and the ageing processes; 3) Lack of pain assessment tools for the cognitively impaired older person; 4) Delivering analgesia – a balancing act; and 5) Policy barriers to nurse initiated pain management.

3.1. Belief in championing pain management

All nurses believed they had an ethical obligation to champion pain management, and reduce unnecessary pain and human suffering. Yet many recognised that pain was often under treated in older patients and particularly for those with cognitive impairment. Nonetheless, pain management was perceived by emergency nurses to be a fundamental belief and ethical right for patients.

> We are mandated to relieve pain, well to identify it and hopefully relieve it. It is like a code of conduct. FG11 ($n = 3$)

For all nurses while keeping people pain free was perceived as an ethical obligation it also enabled other nursing activities to occur.

> If they are comfortable, you can do everything else you need to do. . .catheters and observations, everything. FG9 ($n = 2$)

Indeed nurses explained that pain management assisted with the nurse's ability to provide care. By reducing pain, nurses were more able to undertake additional nursing tasks, activities and ED procedures.