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Nurses' perceptions and experiences regarding Morphine usage in burn pain management



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ARTICLE INFO

Article history:

Accepted 30 October 2014

Keywords:

Nurses
Perception
Experiences
Morphine
Burn pain
Addiction

ABSTRACT

Introduction: Morphine, a classical example of opioid has been described as one of the analgesics of choice for burn pain management but there have been reports of under utilization of the medication and subsequent poor pain management. Nurses have a pivotal role in successful burn pain management and should therefore possess positive perception as well as strong knowledge base of pain care.

Aim: In light of this realization, this study sought to investigate the perception and experiences of nurses working in the burns unit possess towards the medication.

Methodology: Purposive sampling approach was used to select twenty (20) nurses. Descriptive and themed content analysis approaches were used to analyze data.

Results: Mean years in general nursing practice and practice in the burns unit were obtained as 7.4 and 3.4 years respectively. Results indicate that nurses have a clear understanding of the intensity of burn pain but perception towards morphine was mixed and some respondents were unsure about some of the pertinent facts of morphine and thus, would prefer other medications such as paracetamol, diclofenac and pethidine. Addiction to the medication and morphine causing death were major themes identified.

Conclusion: The resultant effect of these perception and experiences imply and confirm the under usage of morphine. It is therefore recommended that nurses within the burn unit be taken through training modules on the suitability of morphine in burn pain management.

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1. Introduction

Unrelieved pain in the burn injured client has been described as a significant public health problem [1–7]. Burn pain has also been described as a major clinical problem over two decades ago and several studies have confirmed the under treatment of burns associated pain [1–7]. This is of major concern as poorly managed pain contributes to

long term sensory problems such as chronic pain, paresthesia [8–13] etc. as well as debilitating psychological conditions [14]. Pain in the burned patient has been described as a tormenting consequence of burn and wound healing [15]. Burn pain is thought to have both noniceptive and neuropathic pain components [16]. If pain is not handled well, the physiological perturbations it leads to further contributes to the already established deleterious hypermetabolic status of the patient.

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<http://dx.doi.org/10.1016/j.burns.2014.10.031>

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The primary pain from burn itself is intense in the initial acute post burn phase. In the next few weeks thereafter, until the skin heals, the pain intensity remains high because of treatment induced pain [16]. Wound cleaning, dressing change, physical therapy etc. can all cause intense pain. Discomfort related to tissue healing such as itching, tingling and tightness of contracting skin and joints adds to the duration, if not the intensity [16].

Opioids are among the world's oldest known drugs used chiefly as analgesic. Besides been used in managing pain, opioids have proved competent in managing dyspnoea and will also reduce distressing cough and diarrhea. Morphine sulphate which is a classical example of an opioid has been described as one of the analgesic of choice in managing burn pain. There is evidence that despite the varied physiological changes associated with burn, the kinetics of morphine is not impaired and that systemic clearance may actually be enhanced in larger burns [17,18]. Apart from been useful in managing burn associated pain, morphine has been cited as decreasing cardiac work load. Alternative opioids such as methadone and pethidine have been used but long term use of pethidine is contraindicated because of the accumulation of toxic metabolites and methadone has been cited as been expensive [19,20]. Despite these benefits, usage of morphine in the burns unit appears to be a challenge and paucity of research is available on the actual perception that nurses within the unit possess towards the medication.

Nurses have a pivotal role in burn pain management and must therefore possess a strong foundation and positive attitude towards pain care. A study that investigated nurses' attitudes towards pain management with opioids revealed they possessed negative attitudes towards the usage of the medication and fear of possible addiction [21]. However, although the development of opioid addiction is a potential concern, there is no evidence that it is a problem in patients with burn [19]. In Switzerland, nurses are allowed to prescribe and administer morphine in emergency situations but studies indicate they are often reluctant to do so for pain management in patients [22]. Despite the fact that several evidence-based guidelines have been developed [23], inadequate attitude towards morphine administration for pain relief is still been observed among health professionals [24]. Research suggests that procedural, background and breakthrough pain can be treated with the use of rapid release oral morphine. Similarly, morphine sulphate sustained-release formulations are a good choice in the management of background pain. In the Komfo Anokye Teaching Hospital, pain assessments are routinely performed with pain rating scales prior and after pain medication administration. Furthermore, morphine sulphate is readily available in the oral and parenteral forms. Despite this, there are still complaints of pain from burned patients prior to wound care procedures and pain scores reported represent only a slight reduction in pain.

It is thus in light of this realization that this study was designed to investigate the perception and experiences nurses' within the burns unit possess towards morphine usage.

2. Methodology

2.1. Setting

The Komfo Anokye Teaching Hospital (KATH) in Kumasi is the second-largest hospital in Ghana and the only tertiary health institution in the middle belt of the country. It is the main referral hospital for the Ashanti, Brong Ahafo, the Northern, Upper West and Upper East regions of the country. The hospital was built in 1954 and affiliated to the School of Medical Sciences (SMS) of the Kwame Nkrumah University of Science and Technology (KNUST). The hospital currently has 1000 beds, with an annual hospital attendance of about 679,050 patients made up of both out- and in-patients [25].

2.2. Data collection

A cross-sectional descriptive approach was utilized. Ten (10) nurses were selected each from the two burn units namely Burns Intensive Care Unit (BICU) and Burns Ward-Ward D2C using purposive sampling method within the period March to April 2014. A structured questionnaire was used to collect data using a survey approach. Data analysis took the form of themed content analysis and descriptive statistics. All questionnaires were completed and returned. No missing answers were also identified. Prior to the actual study a pilot project was carried out with five nurses selected at convenience from the surgical units. Amendments were made to the instrument before the actual study took off.

2.3. Data analysis

The data was entered in to excel as well as a graph drawn using excel.

2.4. Ethical clearance

Ethical approval for the study was obtained from the Committee on Human Research, Publications and Ethics of the School of Medical Sciences, Kwame Nkrumah University of Science and Technology and Komfo Anokye Teaching Hospital.

2.5. Limitations

This study used respondents from the burn units and therefore findings are specific to that setting.

3. Results

3.1. Characteristics of respondents

Table 1 shows the professional distribution of the respondents based on their grades, years in general nursing practice, years worked in the burns unit and whether they have attended any pain management workshop.

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