

EMERGENCY NURSES' PERCEIVED BARRIERS TO DEMONSTRATING CARING WHEN MANAGING ADULT PATIENTS' PAIN

Author: Cheryl L. Bergman, PhD, ARNP, CEN, Jacksonville, FL

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Introduction: Pain is the most common presenting complaint in emergency departments and the primary reason patients seek medical care and take prescription medications. Improving inadequate pain control is a critical goal in emergency health care. As patients' primary health care advocates, emergency nurses play a vital role in resolving under-treated pain in their patients. The purpose of this qualitative study was to explore the perceptions of ED nurses regarding the processes used when managing adult patients' pain and to increase understanding of how these perceptions affect patients' pain management.

Methods: Participants were recruited from the membership of the local emergency nurses association and 6 hospital-based emergency departments in Northeast Florida. Fifteen emergency nurses with tenure ranging from 1 to 35 years were individually interviewed. Interviews were transcribed verbatim and analyzed using content analysis methodology.

Results: The central core category that emerged highlighted the ED environment as a barrier to demonstrating caring when managing adult patients' pain. The core category was supported by 3 broad themes, each consisting of 3 subcategories: (a) feeling overwhelmed as a result of constant prioritizing and perceived lack of control and adequate staffing, (b) perceived non-cohesiveness of the health care team, including nurses, administrators, and emergency physicians, and (c) frustration concerning abuse of the emergency department, complexity of pain, and unrealistic patient expectations of the nurses' role.

Discussion: Interventions that improve the ED environment and facilitate the process of pain management are warranted. Implications for accomplishing these interventions clearly exist in nursing education, practice, research, and public policy.

Key words: Emergency nurse; Qualitative study; Pain management

It is estimated that 75% of patients seeking care in emergency departments are experiencing some level of pain, making pain the most common ED complaint.¹ Pain is also the primary reason patients seek medical care and take prescription medications.^{2,3} In general, fewer than half of people who experience acute, chronic, and cancer pain receive adequate pain relief.⁴ It is estimated that approximately 70% of patients who present to emer-

gency departments with acute pain do not have their pain adequately treated.^{3,5} In an attempt to make pain more visible and health care personnel more accountable for its treatment, a written assessment with documentation of pain levels is required for all patients who report having pain when they present for medical treatment in institutions accredited by The Joint Commission.^{6,7} National standards also mandate that patients have a right to adequate assessment of their pain, as well as individualized pain management and treatment.⁸

Many patients waiting in emergency departments have to endure pain for extended periods because emergency departments worldwide are in crisis as a result of overcrowding. Wait times have increasingly lengthened, particularly for patients with non-life-threatening conditions.⁹⁻¹¹ Thompson¹² found the average wait time was 110 minutes or nearly 2 hours from the time a patient in pain was triaged until the first dose of analgesia was delivered. Fosnocht et al¹³ researched patient expectations regarding pain and medication delivery. They found that a mean of 23 minutes was perceived by patients as a reasonable wait time for

Cheryl L. Bergman, *Member, Jacksonville ENA Chapter*, is Undergraduate Director and Assistant Professor, Jacksonville University, Jacksonville, FL.

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For correspondence, write: Cheryl L. Bergman, PhD, ARNP, CEN, PO Box 350643, Jacksonville, FL 32235; E-mail: cbergma@ju.edu.

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analgesia after arrival in the emergency department. Therefore, a vast difference (90 minutes) exists between patient expectations and actual pain medication delivery.

Patients are vocalizing the importance of adequate pain control in patient satisfaction surveys. The item "How well your pain was controlled" was ranked third in overall importance in a national survey reaching more than 1 million patients and 1750 U.S. hospitals.¹⁴ The item that ranked second in importance to these same patients was the degree to which the staff cared about them as a person.¹⁴ These results emphasize the importance that patients place on adequate pain management and the expectation that care be delivered in a respectful and empathetic manner.

Emergency nurses are well aware of the problem of inadequate pain control. In an ENA Delphi study that focused on the identification and prioritization of research questions about emergency nurses and health care consumers, the research question identified as most important among these U.S. nurses dealt with pain management.¹⁵

In the majority of cases, the nurse is the first person to evaluate a patient seeking care in an emergency department. Whether that initial assessment takes place in the triage area or at the bedside, the nurse assesses and determines the severity of the patient's condition and decides how quickly the patient needs to be examined by the medical practitioner. The initial pain assessment is a part of this encounter. Consequently, it is the nurse who establishes the pain rating with the patient and sets the timeline for pain relief.

It is presumed that emergency nurses have specific perceptions and feelings about managing patients who present to emergency departments with pain. Therefore, the purpose of this study was to (1) explore the perceptions of ED nurses regarding the processes used to manage adult patients' pain and (2) increase understanding of how these perceptions affect patients' pain management. The research question for this qualitative study was: What is the process emergency nurses use when managing adult patients' pain?

Methods

Human interaction is the core of this study's inquiry; thus a qualitative method, informed by grounded theory,¹⁶ was a practical choice for this research. Basic goals of grounded theory methodology are to discover the social process that forms and establishes behaviors and actions, particularly in regard to a specified phenomenon, in order to achieve a better understanding of the process.^{17,18} This study was guided by the work of Strauss and Corbin,¹⁶ who stated that researchers may start with a preconceived problem and use grounded theory methods to conceptually describe it. The preconceived problem of inadequate pain management in

the ED setting with exploration of the perceived barriers of ED nurses when managing adult patients' pain was this study's focus. Data analysis involved open coding (breaking down data into basic parts or concepts, eventually creating subcategories) and axial coding (creating broad themes from subcategories and linking to one central core category).^{19,20}

Participant interviews comprised the primary method of data collection. Institutional Review Board approval was obtained prior to commencement of data collection. Nurse participants provided the informed consent, gave permission to be audiotaped, and completed the researcher-designed demographic data sheet. Confidentiality of participants' identities was ensured through the use of pseudonyms chosen by each participant prior to taping. The overarching question that began each participant interview was: "Please describe what it is like to manage adult patients' pain in the emergency department." Follow-up questions were guided by participant responses.

Inclusion criteria were: (1) licensed registered nurses (RNs); (2) English as a first language; (3) currently working full time or part time (a minimum of 24 hours a week) in an emergency department in Northeast Florida; (4) a minimum of 1 year of ED experience; and (5) responsible for direct care of patients 18 years of age or older. Participants were recruited by flyers, direct communication at a local emergency nursing meeting, and word of mouth. The final sample size consisted of 15 emergency nurses from 6 area hospitals in Northeast Florida.

Participants with a wide range of ages, educational and ethnic backgrounds, and experiences, along with both genders, were included in the sample. The importance of this variation cannot be overstated, because these variables may significantly influence perception and management of pain in the adult patient. As themes emerged, theoretical sampling took place. For example, a master's-prepared bedside emergency nurse was purposively recruited to contrast her perspective of pain management with participants who hold a lesser academic degree. Additionally, an emergency nurse with some administrative responsibilities was purposively recruited for comparison of her views with nurses working strictly at the bedside. An overall demographic composite of study participants is contained in the Table.

Results

Three broad themes emerged from data analysis: (1) overwhelmed; (2) perceived non-cohesiveness; and (3) frustration. The central core category linking the themes identified the ED environment as a barrier to the process of helping nurses demonstrate caring when managing adult patients' pain (Figure).²¹

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