



Assessments of patients' pain, nutrition and skin in clinical practice: Registered and enrolled nurses' perceptions

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KEYWORDS

Registered nurses;
Enrolled nurses;
Perception;
Assessment;
Pain;
Nutrition;
Skin;
Pressure;
Ulcer

Abstract Aim: The aim of the study was to describe registered and enrolled nurses' perceptions of how they assess patients' pain, nutrition and skin.

Introduction: Planning for pain, nutrition and skin care management is an essential part of nursing. In Sweden, it is common that registered and enrolled nurses work together in the care of patients.

Method: Interviews with nine registered and nine enrolled nurses were analyzed using qualitative content analysis.

Results: One theme; blurring boundaries between registered and enrolled nurses regarding pain, nutrition and skin suit assessments was identified. The manifest content of interviews is described in four categories: nurse–patient interaction, using oneself as a tool, collaborating with colleagues and listening to patients' next of kin.

Conclusion: The analysis showed a blurring of boundaries between RNs and ENs regarding pain, nutrition and skin suit assessments. How they perform their assessments conforms to a large extent. However, even if the activities are the same, the education levels of RNs and ENs are different and therefore the assessment of the patients might be different in clinical practice. Taking the results into account it is important that RNs and ENs collaborate regarding assessment of the patients' pain, nutrition and skin suit.

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Editors comment

Pain, nutrition and skin care together make, arguably, the trio of the most important and 'essential' aspects of orthopaedic nursing care – having an impact on all clinical outcomes. It is, however, unusual for a study to bring these three aspects together 'in one place' such as is the case in this study. These three are also interrelated in terms of the way they impact on each other. The use of a qualitative approach here has enabled a comparison to be made between different 'levels' of nurses in relation to their education and role. This helps to highlight the need for continuing professional education as well as leadership of the 'essentials' of practice such as these. Not matter what 'grade' of practitioner cares for the patient.

JS-T

Introduction

Planning for effective pain, nutrition and skin care management is an essential part of nursing care. Therefore it is necessary to assess patients' pain, risk for malnutrition and pressure ulcers (PU) in order to carry out adequate nursing interventions (Yura and Walsh, 1988; Weber and Kelly, 2009). Clinical guidelines are developed to assist health care professionals in the care of patients. There are international guidelines for pain management, (IASP, 1992; McCaffery and Pasero, 1999) nutrition, (EPUAP, 2003; Kondrup et al., 2003) and PU (European Pressure Ulcer Advisory Panel and National Pressure Ulcer Advisory Panel, 2009).

Moreover, there are also national guidelines in Sweden for pain (Vårdhandboken, 2008), nutrition (Larsson et al., 2004; Socialstyrelsen, 2001) and for PU prevention and care (Vårdhandboken, 2009). Pain, nutrition and PU are three nursing care domains for which quality indicators have been developed in Sweden (Christensson et al., 2007; Ek et al., 2007; Idvall et al., 2001). Despite clinical guidelines and quality indicators, pain, malnutrition and PU are common problems among patients with hip fracture (Bååth et al., 2010; Hallström et al., 2000; Hommel et al., 2007; Olofsson et al., 2007) and stroke (Langhorne et al., 2000; Westergren et al., 2001; Widar and Ahlström, 2002).

Studies have shown that registered nurses' (RNs) assessments of the patients are not always adequate regarding pain (Sloman et al., 2001; Wilson, 2007), nutritional status (Mowe et al., 2006, 2008) and skin condition (Sharp and McLaws, 2006). RNs' attitudes and experiences may influence the assessment of patients' pain (Sjöström et al., 1997). Kowanko et al. (1999) showed that most RNs and ENs were aware that they lacked the knowledge and skills needed to assess nutritionally vulnerable patients. Furthermore, RNs considered nutritional care to be important, but many had difficulties in raising its priority above other nursing activities. Buss et al. (2004) found that the knowledge about the patients'

PUs among ENs is based on experience and information from colleagues, including RNs. Moore and Price (2004) showed that positive attitudes towards PU prevention are not enough to ensure that this practice is adequately carried out. For example, the higher PU prevention is valued, the greater the likelihood of preventive practices being carried out (Maylor and Torrance, 1999).

In Sweden, it is common that RNs and ENs work as a team in the care of the patients. RNs and ENs have different educational levels and different responsibilities. RNs have a university degree (Degree of Bachelor of Science in Nursing) and are registered by the National Board of Health and Welfare. ENs have completed an upper secondary school education with emphasis on nursing. RNs have the main responsibility for assessment, planning, intervention, documentation and evaluation of nursing care (Socialstyrelsen, 2005). However, ENs also assesses patients' needs and are responsible for their own nursing actions (SFS, 1998:531, 2010:659). To our knowledge, there are no studies that illuminate both RNs' and ENs' perceptions of their assessments of patients' pain, nutrition and skin. A study of this kind can provide an insight into how RNs and ENs assess the patients in clinical practice. The aim of the study was to describe RNs' and ENs' perceptions of how they assess patients' pain, nutrition and skin, using a qualitative design.

Method

Participants

A strategic sample was recruited from a previous study including 50 RNs (49 women and one man) and 61 ENs (58 women and three men) working at the orthopedic and stroke wards in three hospitals in two county councils in Sweden (Bååth et al., 2008). Altogether, 19 nurses (10 RNs and 9 ENs) were invited (11 nurses from the first county council and 8 nurses from the second county council). Eighteen (9 RNs and 9 ENs), 17 women and one

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