Original Article

Overcoming Barriers to Effective Pain Management: The Use of Professionally Directed Small Group Discussions

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Abstract:

Inadequate assessment and management of pain among critical care patients can lead to ineffective care delivery and an increased length of stay. Nurses' lack of knowledge regarding appropriate assessment and treatment, as well as negative biases toward specific patient populations, can lead to poor pain control. Our aim was to evaluate the effectiveness of professionally directed small group discussions on critical care nurses' knowledge and biases related to pain management. A quasi-experiment was conducted at a 383-bed Magnet® redesignated hospital in the southeastern United States. Critical care nurses (N = 32) participated in the study. A modified Brockopp and Warden Pain Knowledge Questionnaire was administered before and after the small group sessions. These sessions were 45 minutes in length, consisted of two to six nurses per group, and focused on effective pain management strategies. Results indicated that mean knowledge scores differed significantly and in a positive direction after intervention [preintervention mean = 18.28, standard deviation = 2.33; postintervention mean = 22.16, standard deviation = 1.70; $t(31) = -8.87$, $p < .001$]. Post-bias scores (amount of time and energy nurses would spend attending to patients' pain) were significantly higher for 6 of 15 patient populations. The strongest bias against treating patients' pain was toward unconscious and mechanically ventilated individuals. After the implementation of professionally directed small group discussions with critical care nurses, knowledge levels related to pain management increased and biases toward specific patient populations decreased.

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Ineffective pain management during hospitalization continues to be an unnecessary and difficult experience for millions of patients in the acute care setting (Institute of Medicine, 2010; Mayday Fund, 2009; Polomano, Dunwoody, Krenzischek, & Rathmell, 2008; van den Beuken-van Everdingen et al., 2007). The ineffective assessment and management of pain can lead to an increase in morbidity and mortality (Cox, 2010; Dunwoody, Krenzischek, Pasero, Rathmell, & Polomano, 2008; Gillaspie, 2010; Gupta, Daigle, Mojica, & Hurley, 2009), an increase in length of stay (LOS) (Gillaspie, 2010; Lehmann, 2005), and a decrease in patient satisfaction (Gupta et al., 2009). In addition, federal funding may be reduced based on poor pain management satisfaction scores (Center of Medicare and Medicaid Services, 2012).

Approximately 68% (N = 1,898) of discharged patients from acute care facilities reported on the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey that their pain was either "usually" or "never" well controlled during hospitalization (Gupta et al., 2009). The assessment and management of pain is particularly challenging for health care providers in intensive care units (ICU). Patients in ICUs are often unconscious and therefore unable to self-report, making the assessment of pain extremely difficult (Li, Puntillo, & Miaskowski, 2008; Passero & McCaffery, 2011). In addition, given the serious nature of their condition, many patients in the ICU may experience low to moderate levels of pain during daily nursing interventions (e.g., repositioning, endotracheal suctioning, wound care, invasive catheter placement, drain removal, etc.; Puntillo et al., 2001). Nurses may lack exposure to evidence-based assessment tools and awareness of national standards regarding pain management, leading to underassessment and inadequate pain management (Rose et al., 2012).

Nurses' lack of knowledge and their biases toward specific patient populations regarding the management of pain are thought to contribute to inadequate pain control (Al-Shaer, Hill, & Anderson, 2011; Brockopp et al., 2004; Brockopp, Ryan, & Warden, 2003; Clarke et al., 1996; Coulling, 2005; Erkes, Parker, Carr, & Mayo, 2001; Mathews & Malcolm, 2007; Schreiber et al., 2014; Wang & Tsai, 2010). In addition, managing the pain of patients in the cardiothoracic (CT) ICU presents a particular challenge because many patients on these units cannot self-report their pain. These patients may be unconscious, cognitively impaired, mechanically ventilated, recovering from cardiothoracic surgery, or receiving neuromuscular blocking agents intravenously.

Clearly, when individuals are unable to report their pain, the task of assessing and managing their pain is more difficult. Nurses may lack the understanding that patients who cannot self-report may still experience moderate to severe levels of pain. Another issue is related to the treatment of pain among critically ill patients who also have a diagnosis of substance dependence. These patients may not experience adequate pain control because of nurses' negative biases toward patients who abuse substances.

THEORETICAL FRAMEWORK

The theoretical foundation for practice and research at the study hospital is Watson's theory of human caring (Birk, 2007). Within this theory, the practice of nursing consists of a relationship among caring, holism, spirituality, and the scientific method. Factors underlying Watson's work include human kindness, empathy, compassion, and the importance of subjectivity when caring for patients. Nurses are encouraged to emphasize authenticity, trust, presence, and healing in their practice (Watson, 2008, 2009). In regard to managing pain, this theory supports acceptance of patients' assessment of pain, the meaning of comfort in their lives, and the importance of an individualized response to each patient.

Purpose

Strategies designed to address knowledge deficits regarding pain management and biases toward specific patient populations include providing information and modifying attitudes. The purpose of this study was to examine the effect of a professionally directed small group intervention on nurses' (a) knowledge of pain management and (b) biases toward specific patient populations regarding pain control.

METHODS

A quasi-experiment was conducted to examine the effect of professionally directed small group discussions on critical care nurses' knowledge and biases related to pain management. After approval by the hospital Institutional Review Board, the study was initiated.

Sample and Setting

The study was conducted at a 383-bed Magnet® redesignated community hospital. The CT ICU has 12 beds and is staffed by 34 registered nurses (RNs). This ICU provides direct patient care for adult open-heart surgery and general surgical procedures. Many patients on this unit are either unconscious or unable to self-report pain. As the incidence of patients with substance dependence increases on the unit, the