Original Article

# The Impact of Experience on Undergraduate Preregistration Student Nurses' Responses to Patients in Pain: A 2-Year Qualitative Longitudinal Study

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## Abstract:

**The management of pain is consistently reported as a problematic area of practice, with limited evidence of improvements in the past 30 years. This study explores the impact of experience on student nurses' responses to patients in pain. Sixteen volunteers from a cohort of undergraduate student nurses in the U.K. participated in a qualitative longitudinal study that used two semistructured interviews 18 months apart. Interview transcripts were analyzed with the use of thematic content analysis for each individual interview stage and then additionally to identify relationships between each stage. Participants revealed an initial lack of interest in nearly all aspects of pain. At the second stage of interviews, some participants expressed increasing discernment and empathy toward patients in pain, although some continued to have minimal interest. Findings suggest that an active interest in pain is essential so that individuals can react critically to assumptions of the clinical culture they are exposed to. Further research is needed to identify how an active interest can by developed among those students for whom experience has little positive impact. Without active interest, apathy, aversion to change, and continued poor pain management practices are likely to continue.**
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The assessment and management of patients experiencing pain, has consistently been regarded as a problematic area of health care practice. Marks and Sachar (1973) first identified poor-quality pain management practices in medical inpatients, and subsequent studies have identified a number of factors that may

contribute to these poor standards. These include: lack of appropriate education during both pre- and postregistration professional training programs (Carr, 1997; Dalton, Blau, Carlson, Mann, Bernard, Tooney, Pierce, & Germino, 1996; Twycross, 2002), inadequate pain assessment practices (Clabo 2008; Dihle, Bjolseth, & Helseth 2006; McCaffery, Ferrell, & Pasero, 2000; Sjostrom, Jakobosson, & Hljamae, 2000), inappropriate staff attitudes and beliefs (Brockopp, Downey, Powers, Vanderveer, Warden, Ryan, & Salch, 2004; Harper, Errsser, & Gobbi, 2007; Lofmark, Gustavsson, & Wikblad, 2003; Young, Horton, & Kavidhiza, 2006), and a range of organizational barriers which prevent more effective practices from being implemented (Dalton, Carlson, Mann, Blau, Bernard, & Youngblood, 1998; Manias, Bucknall, & Botti, 2005; Schfheuttle, Cantrill, & Noyce, 2001).

Identification of these factors has led to the implementation of a number of practice changes designed to improve patient care and raise staff awareness, primarily through the implementation of increased and improved education programs and the use of new technology, e.g., patient-controlled analgesia and epidurals (Dahl, Gordon, Ward, Skemp, Wochos, & Schurr, 2003; Mackintosh, 2007a; Mackintosh & Bowles, 2000; Twycross, 2002). However, despite the intensive effort directed at improving pain assessment and management, pain remains a problematic area of practice (McCaffery et al., 2000; Schoenwald & Clark, 2006; Twycross, 2002; Urquhart & Roschkov, 2004).

This persistence indicates that earlier solutions have been ineffective and that not all factors indicative of poor practice have been identified.

## LITERATURE REVIEW

The minimal impact of remedial measures to improve pain assessment and management practices strongly indicates that these factors alone are insufficient to account for the persistence of consistent reports of poor practice and patient disbelief (Clabo, 2008; Harper et al., 2007; Schoenwald & Clark, 2006). Instead, other, more complex, issues may be involved, and the present literature review considers some of the slowly evolving body of research that suggests other possible causes, including nurses' own levels of experience, individual nurses' personality characteristics, and the culture within which nurse's practice, as factors that influence pain assessment and management.

Fagerhaugh (1974) first reported experiential differences in the recognition of pain among qualified nurses working on a burns unit. Experienced nurses were identified as using smaller doses of analgesic drugs, whereas less experienced nurses gave more analgesics more frequently. New nurses were reported as becoming gradually less concerned by patients' pain and becoming inured to the pain. Similar findings have been reported by Iafrati (1986) and Choiniere, Melzack, Girard, Rondeau, and Paquin (1990), who identified that length of total qualification as well as the length of time working in the specialist area affected responses, with both studies indicating a trend toward underestimation of pain that also increased as nurses aged and less experienced burns nurses more frequently overestimating pain.

Hall-Lord and Larsson (2006) demonstrated that patient's age and type of illness also contributed to variability in both student and qualified nurses' responses to pain, with less intense pain ascribed to those patients with no pathologic signs. This is supported by Campbell, Perri, Knowles, Jordan, and Keefe (2005), who found that qualified nurses scored lower empathy responses toward patients experiencing pain than student nurses, although reasons for this difference were not explored.

Focusing on student nurses, Allcock and Standen (1999, 2001) investigated student nurses' inferences of pain and psychologic distress at the start of training and 18 months later. These two papers reported on quantitative and qualitative aspects of the same study of a sample of 217 student nurses undertaking a common foundation program at a Higher Education Institute (HEI) in the U.K. Quantitative findings suggested that no change in students' inferences of pain occurred during the 18 months of data collection, although inferences of psychologic distress increased. Qualitative findings from a subset of 15 students suggested that the effect of experience on pain perception are far from straightforward, with respondents indicating some strong emotional elements to their response, including feelings of helplessness and vulnerability, detailing limitations of their role as students, their role as a go-between, their increased ability to rationalize patients' pain, and changes in attitudes toward causing patients pain and discomfort.

Allcock and Standen (2001) concluded by suggesting that inferences of pain perception may also be strongly influenced by issues such as socialization and emotional labor. They hypothesized that this could potentially result in the creation of cognitive dissonance with subsequent desensitization of students from the emotional labor of nursing (Festinger, 1957; Greenwood, 1993; Mackintosh, 2007b; Smith, 1992).

The potential for student nurses to develop a lack of competence and sensitivity to patients in pain is further evidenced by the work of subsequent researchers. Chuk (2002), in a study of senior student nurses, found that serious misconceptions about indicators of pain

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