

# Predictors of Nurses' Knowledge and Attitudes Toward Postoperative Pain in Greece

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## ■ ABSTRACT:

Undertreatment of postoperative pain can aggravate patient outcomes and is associated with attending nurses' knowledge deficits or negative attitudes toward pain. The aim of this study was to investigate knowledge and attitudes toward postoperative pain of surgical department nurses and to identify predictors of their knowledge and attitudes. This was a descriptive, cross-sectional survey that took place in the departments of general surgery, orthopedics, neurosurgery, ear-nose-throat surgery, and obstetrics/gynecology at five Greek hospitals. Participants were a convenience sample of registered and assistant nurses. Nurses were asked to complete a three-section questionnaire, which included demographics, a Knowledge and Attitudes Survey Regarding Pain (KASRP) tool modified for postoperative pain, and seven questions capturing personal characteristics, working conditions, and feelings about work. One hundred eighty-two questionnaires were completed. Average scores were 45.35% for modified KASRP tool; 28.57% for pain assessment; 55.44% for general pain management; and 47.13% for use of analgesics. Four of the five most commonly missed items referred to use of analgesics. More previous personal experience of postoperative pain ( $p = .002$ ) and being a registered nurse ( $p = .015$ ) predicted higher modified KASRP tool score. Participation in continuing education programs and department of employment were also associated with differences in the modified tool score. The knowledge deficits and negative attitudes of the nurses toward postoperative pain highlight the role of pregraduate and continuing education, appropriately specialized for each surgical department, in the development of empathy toward patients in pain

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## and of clinical competency regarding pain assessment and administration of analgesics.

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## BACKGROUND

### Incidence and Consequences of Postoperative Pain

In recent years, the incidence of moderate to severe postoperative pain remains high among hospitalized patients, ranging between 80% and 90% (Popping et al., 2008; Tocher, Rodgers, Smith, Watt, & Dickson, 2012). Despite advances in available clinical options, such as patient-controlled analgesia, inadequate pain treatment is a pervasive problem with profound implications for patients (Lin, Chiang, Chiang, & Chen, 2008). Physiologic consequences of postoperative pain include increased heart or respiratory rate, arterial blood pressure and oxygen consumption, compromised immune response, and decreased gastrointestinal motility, which may complicate recovery (Burns et al., 2010). Unrelieved postoperative pain can further be followed by anxiety, sleep disorders, increased hospitalization and health care costs, and the risk for developing chronic pain (Bell & Duffy, 2009; Kehlet, Jensen, & Woolf, 2006; Zhang et al., 2008).

### Nurses' Knowledge and Attitudes Toward Pain Affect Its Treatment

One of the main reasons why patients continue to suffer from postoperative pain is the misconception that nursing personnel, and not the patients, are in control of the existence of patients' pain (Abdallah, Majali, Stomberg, & Bergbom, 2011). As has been reported, nurses' personal beliefs are more influential to pain management decisions than recorded patient self-assessments (McCaffery, Ferrell, & Pasero, 2000). At the same time, patients and their relatives generally avoid requesting pain treatment; this can be attributed to commonly held beliefs that postoperative pain is inevitable or concerns about possible side effects of analgesics, as well as to patients' unawareness of their right to receive sufficient pain relief (Lin et al., 2008).

Because pain management is strongly determined by attending nurses, inadequate pain treatment can occur as a result of their knowledge deficits about pain (Zhang et al., 2008). Lack of knowledge about pain physiology and treatment options has been attributed to inadequate educational preparation (Holley, McMillan, Hagan, Palacios, & Rosenberg, 2005; Lin

et al., 2008). Identified areas of incomplete postoperative pain knowledge mainly include the action of analgesics and true addiction risks, which contribute to the reluctance for prescribing opioids and to their administration only when patients actively ask for them (Abdallah et al., 2011; Layzell, 2005; Wilson, 2007). It is worth noting that reported low scores of hospital nurses in knowledge-evaluating surveys toward pain management have not considerably improved over time (Lewthwaite et al., 2011; MacLellan, 2004).

In addition to knowledge deficits, negative attitudes toward patients' complaints about pain and analgesic administration further affect pain management decisions. Attitude has been defined as individually attributed emotions, beliefs, and behavioral tendencies (Fabrigar, MacDonald, & Wegener, 2005; Narli, 2010). Nurses tend to underestimate the postoperative pain intensity reported by patients and prefer to rely on personal judgments, based on operation type or patient appearance, rather than on patients' statements about pain (Abdallah et al., 2011; Bell & Duffy, 2009). Often they believe that patients should expect pain without complete relief (Manias, Botti, & Bucknall, 2002; Manias, Bucknall, & Botti, 2005). Additionally, nurses generally do not administer sufficient analgesics because they overestimate their risk for side effects or addiction, and feel fear or anxiety when administering these drugs (Rognstad et al., 2012; Stevenson, Berry, Beck, & Griffie, 2006; Wilson, 2007).

### Predictors of Nurses' Knowledge and Attitudes Toward Pain

Considering that pain management decisions by nurses are often determined by their knowledge and attitudes toward pain, identifying predictors of this knowledge and attitudes is considered of primary importance. Nurses with university educations scored higher in self-reported knowledge and attitudes toward pain, especially if they attended pain education sessions during the last year of their studies (Brunier et al., 1995). Regarding postoperative pain, longer clinical experience with this pain may increase nurses' sensitivity toward its treatment, leading them to believe what patients report (Lui, So, & Fong, 2008). Department of employment also may be important because recovery unit nurses have expressed more positive attitudes toward postoperative pain management than surgical ward nurses, possibly due to better training and close cooperation with experts on multimodal pain therapy (Moss, Tavener, Norton, Lesser, & Cole, 2005).

Recent studies have investigated the effectiveness of pain management programs on improving nurses'

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