Barriers and Enablers to Emergency Department Nurses’ Management of Patients’ Pain

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ABSTRACT:

Pain is the most common reason for presentation to the emergency department (ED). On presentation patients expect rapid pain relief, yet this is often not met. Despite extensive improvements in analgesia medication there are still barriers to nurses’ assessment, management, documentation, and reassessment of pain. The aim of this study is to identify barriers, enablers, and current nursing knowledge regarding pain management. Using an anonymous quantitative web-based survey, members of the College of Emergency Nurses New Zealand were invited to complete a questionnaire on pain assessment and management. The questionnaires were analyzed using descriptive statistics. Enablers to ED nurses’ improved management of pain were the provision of nurse-initiated analgesic protocols and pain management champions. Common barriers perceived by the respondents were the responsibility of caring for acutely ill patients as well as a patient with pain. Similar barriers to previous research were identified and included lack of time, workload, reluctance of clinicians to prescribe analgesia, and the lack of nursing knowledge regarding opioid administration. Raising awareness that oligoanalgesia exists in the ED is essential. This research suggested that nurses would benefit from ongoing education on the usage of opioids. Nurses’ attitude regarding patients’ right to expect total pain relief as a consequence of treatment was also an issue. ED nurses, by virtue of their role, are in a unique position to be leaders in pain assessment and pain management.

BACKGROUND

Pain is the most common reason for presentation to the emergency department (ED), and it has been established that more than 70% of patients present with pain as their main symptom (Ducharme et al., 2008; Lewén, Gardulf, & Nilsson, 2010; Motov, 2012; Pintillo, Neighbor, O’Neil, & Nixon, 2005). Studies have reported that 60%-80% of patients in pain are often undertreated (Curtis & Morrell, 2006; Decoster et al., 2007; Pines & Hollander, 2008; Stalnikowicz, Mahamid, Kaspi, & Berezis, 2005). Pain is the third most common healthcare...
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problem and has reported to be more debilitating than both heart disease and cancer (Downey & Zun, 2010).

Pain assessment and the administration of analgesics and other pain relief methods are the professional responsibility of the nurse. However, they are often not able to independently prescribe analgesia, and their concerns about a patient’s pain may be affected by their relationship with doctors (Blondal & Halldorsdottir, 2009). Failing to control a patient’s pain can lead to deterioration in the patient’s physical, mental, and social health (Modanloo et al., 2010).

Studies have reported that uncontrolled pain can lead to increased analgesic drug requirements, as well as disease and treatment complications. These problems may result in decreased concentration, decreased appetite, decreased physical activity, poor social communication, sleep disorders, and a reduction in quality of life (Modanloo et al., 2010).

Literature Review

Acute pain is one of the most common complaints in the ED. Oligoanalgesia, the undertreatment of pain, is a common phenomenon in the ED, resulting in a serious clinical problem for ED patients (Decosterd et al., 2007; Elcigil, Maltepe, Esrefgil, & Mutafoglu, 2011; Todd et al., 2007). Doctors and nurses are both responsible for patients’ pain control, but nurses play a critical role in the assessment and management of a patient’s pain. Several types of barriers to pain assessment and management have been reported and have been grouped into patient-related barriers, nurse-related barriers, physician-related barriers, and system-related barriers. Previous studies have also revealed that a lack of knowledge, inadequate pain assessment, and reluctance to administer opioids were important barriers for health care professionals providing optimal pain management (Decosterd et al., 2007; Elcigil et al., 2011; Modanloo et al., 2010; Todd et al., 2007). Literature has indicated a lack of knowledge regarding enablers and barriers to pain management by ED nurses (Al-Shaer, Hill, & Anderson, 2011; Tsai, Tsai, Chien, & Lin, 2007).

METHODS

Research Question

Despite the fact that ED nurses are in a frontline position, there are limited data on ED nurses’ perceived barriers and enablers to optimal patient pain management both nationally and internationally (Elcigil et al., 2011). Therefore the research question was “What are the barriers or enablers to the ED nurses’ ability to provide optimal pain management for their patients?” A secondary aim was to identify existing knowledge among ED nurses regarding pain management principles. By identifying gaps in these areas it will be possible to add to the existing nursing knowledge related to enablers, barriers, and knowledge of pain management in the emergency department.

Design

Members of the College of Emergency Nurses New Zealand (CENNZ) were chosen as a purposive convenience sample representing the ED nursing population of New Zealand. To participate in this research, participants had to be CENNZ members and currently working in an ED.

The tool used to collect data was a 43-item questionnaire. The barriers and nursing knowledge questions were developed from several previous studies (Messeri, Scolo Abeti, Guidi, & Simonetti, 2008; Tanabe & Buschmann, 2000; Visentin, Trentin, de Marco, & Zanolin, 2001; Zanolin et al., 2007). Because the researchers were unable to find questions regarding possible enablers for pain management in the ED, a sequence of questions was developed. The questionnaire was piloted by six ED nurses from the researcher’s hospital who were asked to comment on item clarity and comprehensiveness. This resulted in minor wording changes in the enablers and demographics sections.

This questionnaire was made up of four sections. The first two sections were related to enablers (nine questions) and barriers (15 questions). The respondents were asked to indicate (yes/no) if the proposed questions were considered enablers/barriers to pain management in their practice. There was opportunity at the end of these sections for the participant to indicate other possible enablers/barriers not mentioned in the questionnaire. The third section of the questionnaire contained 13 questions about pain management principles. The questions were subdivided into three categories: general knowledge, opiates, and myths and prejudices. These questions were from publically available existing questionnaires by Messeri et al. (2008) and Zanolin et al. (2007). A 5-point Likert scale rating from ‘strongly disagree’ to ‘strongly agree’ was used with these questions and subsequently reported as percentages of correct and incorrect answers. The fourth section requested demographic information (gender, age range, ethnicity, education, years of experience nursing, years of experience in ED) from the respondents.

Procedures

Approval for the project was obtained from the New Zealand Multi-region Ethics Committee (CEN/12/EXP/078), the tertiary institution’s Research Ethics