

Pain, Perceptions, and Perceived Conflicts: Improving the Patient's Experience

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KEYWORDS

• Pain • Perceptions • Patient • Experience • Clinical outcomes • Management

KEY POINTS

- Provider attitudes about pain management may influence the patient's feelings about their care in the emergency department.
- There is support that patients' perceptions of their care, and specifically management of their pain, impacts their clinical outcomes.
- Pain education and innovative approaches to nurse-driven protocols are essential to ensure the most optimal provision of care and clinical outcomes.

INTRODUCTION

Pain is the number 1 reason patients 15 years of age and older seek care in an emergency department (ED).¹ ED visits for nontraumatic abdominal pain increased 31% from 1999 to 2008.¹ Patients' experiences with pain management in the ED may be impacted most by delays in crowded emergency departments. Provider attitudes about pain management may influence patients' feelings about their care in the ED. Innovative strategies for pain management need to be considered to meet patients' expectations about their pain.

BACKGROUND

A review of the literature provides substantive evidence that pain management in the ED does not meet patients' expectations of care related to their pain.² In a multicenter

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study, the researchers illustrated that pain management did not meet patients' expectations for pain relief. These investigators identified a lack of ED research related to pain.²

Optimal clinical outcomes are facilitated by adequate pain control. There is support that patients' perceptions of their care, and specifically management of their pain, impacts their clinical outcomes.³ Patients' perceptions of their illness and functional abilities improved when their pain was reduced. These investigators also suggested that further study may be warranted to examine the relationship between the patient's pain and mental well-being.

Emergency care is episodic, and pain management in the ED may be complicated by long waits, health care professionals' concerns for misuse/abuse, and, more recently, regulatory limitations in some states.^{2,4} In 2012, regulations were promulgated in Kentucky that limit the amount of narcotics prescribed in an episodic care setting to a 48-hour supply. This legislation was directed at prescription abuse and "pill mills," yet may have some unintended negative consequences for patients who have limited access to care.⁵

Poor patient satisfaction has been associated with ineffective pain management.⁶ A review of qualitative data from patient satisfaction surveys highlighted a poor likelihood to recommend when the patient scored pain control as poor. The voice of the patient showcases how important helpful pain strategies are to perceptions of care.

A limiting factor for effective pain management may be clinical staff attitudes about pain and pain management. An innovative approach to address this was developed from less than desirable patient satisfaction scores directly attributable to pain control. A team of interprofessional stakeholders (ED nursing leadership, ED attending physicians, ED pharmacists, ED registered nurses, pain nurse, ED nursing staff development) was assembled to develop strategies for improvement. It was determined that a multifaceted approach would be used to improve pain management and, indirectly, patient satisfaction scores. The stakeholders' overarching goals were to increase awareness and importance of treating pain by all those who care for ED patients, and reeducate all staff on pain management with an end goal of a comprehensive holistic approach to ED pain management. Pain champions were appointed and included nursing, physician, and pharmacy representation. These interprofessional champions were charged with engaging and educating the staff to improve pain care. Nursing champions attended the "Pain Resource Nurse" (PRN)⁷ course to increase their personal knowledge to better educate their peers. Pain champions were critical to the success of the initiative.

An investigation into pain, perceptions, and perceived conflicts of ED staff was developed to gain an understanding about staff-managed pain in an academic medical center. Approval from the medical institutional review board was received for this study; the study objectives can be found in [Box 1](#). The study design used a prospective pretest/posttest with a 5-point Likert-type scale that was adapted from the attitudes survey from the PRN course.⁷ Letters were sent to emergency nurses and emergency medicine residents requesting voluntary participation in this study. A link to the confidential Internet-based survey was included in the study letter sent via department e-mail ([Table 1](#)). A review of the baseline survey results revealed areas of knowledge deficit and misperceptions about pain management techniques. Pain champions from the stakeholder team developed "Operation Pain." This project was developed to promote effective pain measures for every patient every time. There were several educational aspects of Operation Pain: brief themed pain management techniques during the preshift huddles for a week ([Box 2](#)), a banner in the ED, and language on the white board in each patient room "tell us if you have pain." The pain

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