

Determinants of Knowledge and Attitudes Regarding Pain among Nurses in a University Hospital: A Cross-sectional Study

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■ ABSTRACT:

The aim of this cross-sectional study was to evaluate the primary determinants of knowledge and attitudes regarding pain among nurses in a hospital setting. All registered nurses employed at participating units at a university hospital were invited to participate. Information on work experience, education, and hospital unit was evaluated using a questionnaire. The Knowledge and Attitude Survey Regarding Pain instrument was used to assess knowledge on pain management. The difference in knowledge between nurses with different levels of education was assessed with analysis of variance. The discriminatory ability of each question was determined with item response theory, and the association between correct answers to individual items and the total score were calculated using linear regression. Participants were 235 nurses, 51% of the 459 invited. The overall pain knowledge score was 26.1 (standard deviation 5.3, range 8-38) out of a total of 40 possible. Those with an advanced degree in nursing scored on average 2.9 points higher than those who did not have an advance degree (95% confidence interval: 0.9-4.7). Responses to clinical vignette questions showed more difference between nurses with different levels of knowledge of pain management than the other questions. Participants with the correct response to the best discriminatory item had 5.35 (95% confidence interval 4.08-6.61) points higher total score than those with an incorrect answer. Higher education is associated with better knowledge on pain management. To assess pain knowledge, the ability to interpret and solve a clinical vignette leads to better results than answering direct questions.
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Given the central role of nursing staff in the management of hospitalized patients and direct communication with patients and other health care providers, nurses' knowledge, awareness, and attitudes regarding pain are of paramount importance for delivering optimal pain management. The knowledge and attitude toward patients in pain among nurses has been the focus of attention in the literature since the early work of McCaffery (McCaffery & Moss, 1967). Multiple studies, in different hospital settings and from various countries, have shown that lack of knowledge among nurses is detrimental to good pain management (Al Qadire & Al Khalailah, 2014; Alqahtani & Jones, 2015; Aziato & Adejumo, 2014; Duke, Haas, Yarbrough, & Northam, 2013; McCaffery & Ferrell, 1997; Moceri & Drevdahl, 2014).

Nurses tend to overestimate their knowledge regarding pain and underestimate patients' pain (Bernardi, Catania, Lambert, Tridello, & Luzzani, 2007; Wang & Tsai, 2010). Therefore, improved knowledge of nurses on pain management is an important target of any attempt to improve pain management. To our knowledge, the main determinants of the level of knowledge on pain management have not been identified. Instruments to assess pain knowledge include a heterogeneous pool of items, such as questions requiring knowledge of pharmacokinetics of analgesic agents as well as questions requiring insight into a clinical scenario of pain management. It is also unknown what type of pain knowledge is of most importance for optimal pain management.

The objectives of this study were to (1) identify the determinants of knowledge of and attitude toward pain among registered nurses working on surgical, gynecological, and medical inpatient units in a university hospital and (2) assess the types of questions on a questionnaire that best discriminate between nurses with different levels of knowledge with respect to pain management.

METHODS

Design and Setting

A descriptive, cross-sectional survey design was used. The study was conducted at selected medical, surgical, and gynecological inpatient units ($n = 23$) at Landspítali, the National University Hospital of Iceland. This is the largest hospital in Iceland with 672 beds. It provides general and specialized health care for patients from the capital area and specialized care for the whole Icelandic population and has close ties to the nursing and medical faculties at the University of Iceland.

Sample and Procedure

A list of employed RNs was obtained from the human resources department, and all registered nurses at the study's participating units were mailed a package containing an introductory letter and the Knowledge and Attitude Survey Regarding Pain (K&A-SRP) questionnaire. Recipients were sent one reminder letter; supplementary motivating actions included advertising on the hospital's webpage and personal e-mails encouraging participation from nurse unit managers and the chief executive of nursing and clinical services.

Measures

The revised version of K&A-SRP (Ferrell & McCaffery, 2008) was used. For the development of the K&A-SRP, pain experts reviewed its content to establish content validity with content being based on guidelines of pain management such as the American Pain Society, the World Health Organization, and the Agency for Health Care Policy and Research (Ferrell & McCaffery, 2008). The K&A-SRP consists of a total of 40 questions, 14 multiple choice questions on theory, 22 true/false questions on theory, and 4 questions pertaining to a clinical scenario. One point was given for each correct answer and, therefore, the maximum score was 40.

A higher score indicates better knowledge/more positive attitude. The Cronbach alpha has been reported as 0.70 and the test-retest reliability as > 0.80 (Ferrell & McCaffery, 2008; Howell, Butler, Vincent, Watt-Watson, & Stearns, 2000; Vallerand, Riley-Doucet, Hasenau, & Templin, 2004). As described in Gretarsdottir et al. (2011), the Icelandic version of the K&A-SRP was pilot tested on 170 nurses and nursing students; its internal consistency was found to be acceptable (Cronbach's alpha = 0.75). The original English K&A-SRP instrument was translated to Icelandic, and the translation has been described in detail as well as the psychometric properties of the Icelandic version of the instrument (Gretarsdottir, Zoëga, Tomasson, & Gunnarsdottir, 2011).

Based on numerous recommendations by the participants in the pilot study, it was decided to add the option to answer "don't know" to each question. Information was gathered on age (in categories of 10 years), current employment (medical, surgical, or gynecological inpatient units), work experience as a registered nurse, and experience at the current hospital unit (both in the categories of < 1 , 1-2, 3-5, 6-10, 11-15, and > 15 years). Information on education was assessed with questions pertaining to advanced degree beyond a bachelor's degree and whether participants had attended a course on pain management provided by the hospital for its employees.

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