



Quantitative study of oncology nurses' knowledge and attitudes towards pain management in Saudi Arabian hospitals



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A B S T R A C T

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Pain is an unpleasant human experience, often associated with underlying medical conditions, and a key reason for individuals experiencing pain to seek medical advice. However, the pain experience is unique and subjective, and affects people's quality of life, as well as impacting on their concerned family members. Optimal pain management requires adequate knowledge, a positive attitude, and competent pain assessment measures. It has been reported that oncology nurses in the Kingdom of Saudi Arabia (KSA) have inadequate knowledge, assessment skills and management of pain.

Objective: This paper aims to examine nurses' knowledge and attitudes regarding pain management in Saudi Arabian hospitals (SA).

Method: A cross-sectional survey was administered to 320 nurses exhibiting considerable racial, cultural, religious and professional diversity, working in oncology units at five hospitals in the KSA. Self-completed survey questionnaires were distributed using the 'Knowledge and Attitudes Survey Regarding Pain' (KASRP) tool.

Results: The nurses exhibited a relatively poor overall knowledge of pain management (mean score = 45.1%; 95% CI = 43.9%, 46.2%). The mean KASRP scores varied significantly at $\alpha = 0.05$ with respect to the nurses' nationality, whether they had attended pain-related courses, and whether they had participated in research.

Conclusion: The results indicate the urgency needed to reform pain management education for oncology nurses in the KSA.

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Introduction

Although it is the moral and ethical responsibility of all nurses to ensure the fundamental right of patients to live free of pain (Brennan et al., 2007), over 20 years of research has indicated that in general, nurses have insufficient knowledge and ability to evaluate and manage pain (McCaffery and Ferrell, 1997; Polomano et al., 2008). In particular, the mismanagement and undertreatment of cancer pain remains a widespread problem (Cohen et al., 2008; Espinosa et al., 2008; Rustøen et al., 2009; Rustøen et al., 2013). Significant deficiencies among oncology nurses in Europe and Asia have been revealed by the relatively low mean scores (percentage of correct answers) that they achieved on the 'Knowledge and Attitudes Survey Regarding Pain' (KASRP) tool (Ferrell and McCaffery, 2012)—for example, 48.6% in Spain (Salvadó-Hernández et al.,

2009); 55.0% in Italy (Bernardi et al., 2007); 50.5% in Taiwan (Lai et al., 2003); and 35.4% in Turkey (Yildirim et al., 2008). The KASRP has not previously been administered in the Kingdom of Saudi Arabia (KSA), and there is no previous research on the knowledge and attitudes of oncology nurses towards pain management in Saudi Arabian hospitals. The only previous study of nurses' knowledge concerning pharmacological measures of acute pain management, conducted among 300 nurses in Jeddah in 2007, suggested that 'Nurses' knowledge of acute pain management is deficient in many aspects' (Kaki et al., 2009).

In the light of this, the overall aim of the current mixed methods study was to explore the knowledge and attitudes of oncology nurses towards the management of pain in the KSA healthcare sector. This paper presents the findings from the quantitative phase. Oncology nurses were selected because relieving pain in the presence of identified and diagnosed concerns is one of the central goals of many oncology nursing interventions (Espinosa et al., 2008). However, it is argued that many of the frameworks, intervention protocols and assessment tools have not been used

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effectively by oncology nurses to improve the care of patients experiencing pain (Cohen et al., 2008).

The main objectives were (a) to measure the nurses' knowledge and attitudes towards pain management in oncology units at five KSA hospitals using the KASRP; and (b) to determine the extent to which the KASRP scores varied with respect to the nurses' demographic characteristics (gender, age, religion and nationality) and contextual characteristics (education, years of experience, participation in research, conference attendance and attendance at pain management courses). The latter objective was important because the nurse population in the KSA is a multinational assemblage, exhibiting considerable racial, cultural, religious and professional diversity (Van Rooyen et al., 2010). This situation has arisen because the KSA is faced with a chronic shortage of Saudi nurses, accompanied by high rates of turnover. Consequently, expatriate nurses currently form a large proportion of the nursing workforce in Saudi healthcare facilities (Almalki et al., 2011). The final objective of this study was to apply the findings to provide managerial and practical recommendations for health-service providers in the KSA that may help to promote improvements in the nursing healthcare of cancer patients.

Methods

The inclusion criteria for the sample were registered nurses aged 21–60 years with at least three months' work experience in adult oncology units at Five large (>500 bed) hospitals in the KSA. Nurses working in paediatric oncology units were excluded because children have unique and special needs. Directors of nursing services, associate degree nurses and patient care assistants were also excluded because their knowledge would not be equivalent to nurses who cared for adult patients in oncology units.

Recruiting began after ethical approval was obtained from the Human Research Ethics Committee at RMIT University (BSEHAPP 37–11 ALQAHTANI). The researcher contacted the director of nursing of each hospital to seek permission to access the oncology unit managers. The researcher then met with the oncology unit managers of each hospital and explained the purpose of the study, the data collection tool, and the time required for nurses to complete the questionnaire. Subsequently, the oncology unit managers facilitated the recruitment of nurses within their unit. The nurses were then screened for their eligibility to participate.

Nurses who met the inclusion criteria were provided with a package through the unit manager including a cover letter and copy of the questionnaire. Participants were asked to return the questionnaire to the researcher through a box in the office of the unit manager. A total of 400 packages were distributed, of which 340 were returned, but 20 were incomplete. Three hundred and twenty nurses provided valid responses with no missing values, representing a response rate of 80%.

The KASRP was modified by the use of Arabic names in the case studies. A KASRP score for each participant was computed, with the proportion of correct answers being expressed as a percentage. Internal consistency reliability was estimated using the Kuder–Richardson (KR-20) coefficient, which is equivalent to Cronbach's alpha for tests with dichotomous (correct or incorrect) responses. Pearson's *r* coefficients were computed to determine whether there were any correlations between the KASRP scores and the age (years), work experience (years) and hospital experience (months) of the nurses. Multifactorial analysis of variance (ANOVA) was conducted to compare the mean KASRP scores between groups of nurses, classified by their demographic and

contextual characteristics, assuming homogeneity of variance, confirmed by Levene's test.

Results

The demographic characteristics of the 320 participants are summarised in Table 1. The sample was dominated by females. Their ages ranged from 24 to 65 years ($M = 34.2$ years, $SD = 8.6$). The majority of the nurses were between the ages of 24 and 39 years. Approximately three-quarters were expatriates, mainly Filipino and Indian, and most were Christian. Less than 25% were Muslims from Saudi Arabia or other Middle Eastern nations.

The contextual characteristics of the participants are summarised in Table 2. Less than half of the nurses had previously worked in the KSA. Their experience in nursing ranged widely, from 1 to 38 years ($M = 10.8$, $SD = 7.5$). Approximately three-quarters had more than two years hospital experience. Most had attended specialist courses for nurses; however, relatively few had participated in research or attended conferences concerned with pain management. Virtually all the nurses had used a pain-assessment scale and/or a pain-grading tool.

The frequency distribution of the percentage scores for the KASRP was approximately normal, indicated by a bell-shaped histogram (Fig. 1). On average, the mean scores indicated that the nurses exhibited a relatively poor overall knowledge of pain management ($M = 45.1\%$; 95% CI = 43.9%, 46.2%). Only 26% of the nurses scored >50%. Four nurses (1.2%) with a KASRP score >85% represented extreme outliers.

The frequencies of the participants who obtained correct answers for more than 50% of the 37 items are presented in Table 3. The majority of the nurses (>70%) were able to answer questions requiring factual answers about the administration of analgesics and addiction, specifically (in order from highest percentage correct): Item 14, the adjustment of the dose in accordance with the individual patient's response; Item 20, the definition of narcotic/opioid addiction; Item 23, when analgesic medication is considered

Table 1
Nurses' demographic characteristics.

Characteristic	Group	Frequency	Per cent
Gender	Female	284	88.8%
	Male	36	11.2%
Age (years)	21–29	124	38.8%
	30–39	123	38.4%
	40–49	46	14.4%
	50–59	19	5.9%
	60+	8	2.5%
Religion	Christian	236	73.8%
	Islam	70	21.9%
	Hindu	7	2.2%
	Other religions	7	2.2%
Nationality	Philippines	176	55.0%
	India	90	28.1%
	KSA	23	7.2%
	Middle East	16	5.0%
	Other nationality	9	2.8%
	South Africa	6	1.9%
Race	Pacific Islander	176	55.0%
	Asian	96	30.0%
	Arabic	39	12.2%
	Caucasian	4	1.2%
	American Indian	3	0.9%
	African	2	0.6%
	Other	2	0.6%
Marital status	Single	102	31.9%
	Married	201	66.2%
	Separated	11	3.4%
	Divorced	1	0.3%
	Widowed	5	1.6%

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