Assessing the Knowledge of Staff Nurses Working in Intensive Care Unit regarding Pain and its Management in Selected Hospitals of Navi Mumbai

Manisha Pawar

“The aim of the wise is not to secure pleasure, but to avoid pain.” - Aristotle

Pain is something which everyone has experienced at one time or the other in their lives, be it physical, emotional or psychological. The International Association for the Study of Pain (IASP) has defined pain as an unpleasant sensory and emotional experience arising from actual and potential tissue damage. In 1906 Charles Scott introduced the concept of nociceptor and the role of nervous system in coordinating the functions of the body.

Pain is one of the most frequent and significant problem encountered by nurses during practice. Pain assessment and pain management are still poorly dealt with by nurses. Inability to manage pain effectively has been attributed to failure to use the principles and tools of scientific inquiry. Very little research has been done in this area of clinical decision-making, and management (Launer 1990).

It was recognised that the function of pain was to act as a warning system for damage to the body tissue. In 1965 Ronald Melzack & Patrick Wall brought about the concept of Gate control. The theory stated that the primaryafferent large and small fibres are activated by noxious stimulation of the skin. The nurse has a wide variety of options to choose for an individual patient. She has a significant role to play in the pain experience of the patient. A patient in pain presents a challenge to the nurse and with her unique role she can successfully meet this challenge.

This study was conducted to assess the knowledge of staff nurses working in intensive care unit of a selected hospital regarding pain and its management.

The study had the following objectives:

i) To assess the knowledge of nurses working in the ICU regarding pain and its management.

ii) To find out the relationship between the selected demographic variables and knowledge of nurses regarding pain and pain management.

Review of Literature

In the demonstration project on “the pain as a fifth vital sign” Dorothy Dale (2001) mentioned that vital signs are monitored to detect changes or trends that signal a need for assessment, diagnosis and treatment. Hence pain should also be recorded as a vital sign like temperature, pulse respiration and blood pressure and should be done on regular basis. Use of pain rating scale allows patients to clearly articulate their pain for proper treatment. In 1915 the American Pain Society challenged all health care systems to make pain the fifth vital sign.

“How do nurses view their role in pain control?” - a study by the staff nurse John Cornwell in 1994 was prompted by the observation that there was a lack of an assessment system for pain in general clinical nursing practice. There was a considerable gap between pain control practices as recommended in the study and relatively poor relief of pain achieved in nursing practices.

Studies related to Pain Relieving Measures

touch was provided when the patients requested for pain relief. This was provided after 24 hours when the patient recovered from anaesthesia and if patient received analgesics then it was provided after 3 hours of analgesic administration. Pain intensity was measured using visual analogues scale and a significant reduction in pain was found.

Studies related to Post-Operative Pain Management by Nurses

Disturbed sleep is one of the major problems caused by pain (Schaefer et al, 1998). The result of the study, using exploratory methods, indicated that more than half of the patients reported sleep disturbance at each measurement time. These studies were well focused on post-operative management of pain by the nurses. It was clear that nurses needed more information about pain management and the nurses needed to emphasise more on their role in pain management. The authors developed a pain assessment tool which they thought would help nurses move away from individual beliefs and give them evidence to support their claims when managing pain.

Methodology

The research approach adopted by this study was descriptive exploratory approach.

Variables: In this study knowledge was independent variable and pain and its management, dependent variable.

Setting of the study: The study was conducted in the Intensive Care Unit of the selected hospitals of Navi Mumbai. Sample was collected from Terna Sahyadri Hospital & Research Centre in Nerul and Navi Mumbai Municipal Corporation of Navi Mumbai.

Population: The study population consisted of nurses working in the Intensive Care Unit of the selected hospitals.

Sample and sample size: Sample had 30 nurses working in the Intensive Care Unit of the selected hospitals.

Inclusion criteria: The study was limited to staff nurses working in ICU in selected hospitals, and to only those who were willing to participate in the study.

Non-probability convenient sampling technique was used. The data about the knowledge regarding pain and its management was collected by self report method by administering a questionnaire to nurses.

Demographic data: It deals with the demographic characteristics of the samples which includes the personal data of the nurses like age, sex, professional education, additional courses pursued and total experience.

The questionnaire had the following objectives:

- To assess the knowledge of the nurses with regard to meaning of pain, assessment and activities precipitating pain; identification of different types of pain
- To identify the knowledge of nurses with regard to nurses’ role in pain management, pharmacological and other measures taken by them for relieving and controlling pain relief.

In a questionnaire each correct answer was given a score of 1 and a wrong answer was given a score of 0. The total number of questions is 20. The tool was validated by five experts from various group of medical and nursing.

Reliability: Formula used was: Cronback $\alpha = n$. The value of ‘r’ obtained for section A was and for B was 7.5 being the mean score. This showed that the tool was reliable and standard deviation was 8.06.

Pilot study: Pilot study in two selected hospitals, two from each hospital as per sampling criteria laid down. Period of data collection was from 7 to 11 April 2012.

The knowledge of the nurses regarding pain management was calculated using frequency percentage. It was planned to find out the relationship between the selected variables and knowledge regarding pain and its management.

Results

Demographic data: Out of the 30 subjects, majority belonged to the age group of 25-30 years (56.66%), majority belonged to the female gender (76.66%) , it is also seen that majority were Diploma nurses i.e. 60 percent, majority had done extra mural courses (40%) and 40 percent had work experience between 2-4 years.

Knowledge scores of the nurses: Out of the 30 subjects, 63.33 percent had knowledge score between 11-15, 23.33 percent had score in between 6-10, 10 percent had score in between 16-20 and 3.33 percent had score in between 1-5.
Association between the variables and scores of the knowledge

The results indicate that:

- 13 individuals in the age group of 25-30 had a score between 11 and 15,
- 15 individuals of female gender had a score in between 11 and 15,
- 11 individuals who have done their Diploma degree in nursing had a score of 11-15,
- 8 individuals who have done extra mural courses had a score between 11-15, and
- 8 individuals who had experience between 2-4 years had a score between 11 and 15.

Nursing Implications

*Nursing practice:* Conducting in-service education programme.

*Nursing education:* The nurse educator should give more importance to this topic in the curriculum and they should be prepared in such a way that they can make constant effort to relieve or control their patients’ pain.

*Nursing administration:* A special pain management nurse can be appointed who will do regular assessment of the patient and also focus on training the nurse deployed for pain management.

References