The nursing staff view about barriers of using pain relief methods

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Abstract

Introduction: Lack of pain relief in patients, particularly in patients undergoing artery transplant surgery, cause higher mortality and complications. This study aimed to identify the opinions of the nurses about barriers of using of pain relief methods.

Methods: In this descriptive study was done with 211 samples by census method in Kerman hospitals in 2008. For collecting the data, a researcher made questionnaire was used which had two parts (the first part was about demographic characteristics and the second part included 31 questions about barriers in four domains: patient, nurse, institution and physician). Analyzing the data was done by non-parametric tests (Mann-Whitney and Kruskal Wallis).

Results: In nurses’ view, most barriers mentioned in patient’s area were not considered as barrier. Among the barriers to nurses, the most effective barrier was nurse inadequate knowledge about methods of nonpharmacologic pain relief (91.7 percent). The most effective barrier in the organizational area was hard prevent regulations in the use of opium drugs (52.2 percent) and in the physician’s area, lack of physician willingness to use of pain relief methods were charged the highest barrier (65.9 percent).

Conclusion: Identifying pain relief barriers would help in overcoming these barriers and besides revising the difficult regulations on the use of narcotic drugs, seems necessary.

Keywords: Nursing staff, Barriers, Pain relief methods.

Introduction

Pain is an unpleasant feeling and an emotional experience resulted from actual or potential tissue damage [1]. It is a phenomenon which involves physical, psychological and emotional processes and also is a very unique experience that makes people refer to the clinics and treatment centers [2]. Pain is among the most common clinical symptoms which nurses are confronting with [3]. Clinical and comprehensive observations indicated that pain is usually followed by surgery; and lack of pain relief in patients, particularly in patients undergoing artery graft surgery, cause higher mortality and complications. Therefore, appropriate pain controlling method is the most important and most common topics in today’s community, particularly health community and medical and health jobs [4]. Clinically, the role of the nursing is unique in painful patient care, because they spend more time with the patients with pain [5]. Many studies have shown that although pain is placed at the first priority for the patients, it is at the last degree of importance for the nurses.
Because nurse does not understand the pain as a palpable and fathomable issue [6]. Therefore, nurses have a crucial role in pain chain, assessment and pain relief [7]. Therapeutic techniques to relieve pain are divided into invasive and non-invasive methods. The nurses must use both methods in order to determine the best pain relief method. Provided that nurses use different methods of pain relief in its best way, they can apply the most effective methods according to the each patient’s physical, psychological and cultural circumstances [8]. Until the patient is in the surgery unit, pain relief, providing comfort and preventing from malaise is of important duties of nursing. Since pain relief is done using different types of analgesics, decision-making about the type and the time interval of them is the nurses’ responsibility [9]. Although pharmacological method is the strongest tool for pain relief medication which is accessible to the nurses, it is not the only means. Non-pharmacological nursing activities in addition to lower risk for pain relief of the patients can be helpful. Although this criterion cannot be replaced with medication, it may be necessary and appropriate for relieving pain attacks which only take a few seconds or minutes. For intense pains which take several hours or even days, using non-pharmacological methods combined with medications may be the most effective way to relieve pain [10]. The employed nurses in the surgical wards who are in charge of frequent pain assessment and implementing the prescribed analgesics and decision-making about the time of the prescribed analgesics, have higher responsibility in comparison with other health care team members and in fact they are the connectors between the patients and physicians.

Methods
This was a descriptive study aimed to determine comments of nursing staff of surgical wards about barriers of using pain relief methods after the surgery in Kerman Hospitals. Study population included all the nursing staff in surgical ward. Two hundred and three subjects answered to the questionnaire among 211 employed staff in these hospitals. For collecting the data, a researcher-made questionnaire was used which had two parts; the first part was about demographic characteristics and the second part included 31 questions about barriers which was designed based on five point Likert scale from very effective to effect-less in four domains (institution, physician, nurse, patient). There was also an open question about comment of nursing staff about analgesics if necessary. Validity of the questionnaire obtained through content validity index (CVI), which coefficient of each case was from 0.8 to 1. To determine the reliability of the questionnaire, internal stability was obtained by Cronbach’s alpha coefficient. The reliability coefficient for the institutional barriers was $\alpha = 0.76$, for nursing barriers was $\alpha = 0.86$ and for physician barriers was $\alpha = 0.64$. In case of patient’s barriers, reliability coefficient was not determined in this domain due to too many choices. Analyzing the data was done by non-parametric tests (Mann-Whitney and Kruskal-Wallis). It should be noted that before using the normal distribution of the data, they have been controlled and confirmed.

Results
The highest percentage of the study subjects were females (92.1%), nurses (71.4%) and married (72.9%). Most of the subjects were at the age group of 35 years (26.6%). Mean surgical ward
experience was 73.27 months with standard deviation of 72.70 and with the minimum and maximum rates of 1 and 460 months, respectively. In nursing staff view, institutional barriers with difficult rules and regulations about using narcotic drugs was 52.2%, the most effective barrier from moderate effective to very effective range. Among patient’s barriers, the most effective barrier was in receiving narcotics due to prevalence of other diseases (16.6%). Among physician barriers, the most effective barrier was lack of physician’s tendency to use non-pharmacological methods in pain relieving (65.9%) and among nurses’ barriers, the most effective barrier was inadequate knowledge of the nurses in using non-pharmacological methods in pain relieving (91.7%). The results of comparing the comments of nursing staff about barriers of pain relief methods after the surgery indicated that no significant difference observed between experience of surgery and the comments. In addition, the results showed that there was only significant difference in educational level (p < 0.001), in comparison with the nurses’ comments about barriers of the pain relief methods after the surgery in four domains (institution, physician, nurse and patient) in terms of some of the demographic characteristics (age, education, work experience in surgical ward and marital status).

Discussion
The study results showed that nursing staff prefer prescribing pain relief medication if necessary. In the study of Titler (2003), the results showed that 33.7% of the study samples believed that analgesics must be used if necessary; 57.1% of the subjects believed that pain relief method can help the nurses assist the patients [11]. But, Berg (2004) believed that prescribing analgesics by the nurses should be done when the patient compliant form the pain [12]. Results of the study showed that 22.7% of the staff preferred regular use of analgesics because of difficult rules about narcotics. Schafheutle (2000) in this regard believed that an institutional restriction is one of the pain relief barriers [8]. In this study, in patient barrier domain about belief in pain for reducing the sins, 92.6% of the staff selected the “no problem” choice. Most of the nursing staff had no problem with this barrier. In this regard Bosch (2002) wrote: one of the patients’ believes is that pain might be accepted as a way for repentance [13]; 65.9% of the subjects commented that unwillingness of the physicians in non-pharmacological methods of pain relief is the other barrier in pain relieving. These results indicated that physicians do not have tendency to use non-pharmacological methods of pain relief either and this belief which is more among nurses is that pharmacological methods can relieve the pain better. Pedrstone (1996) and Kenny (1995) also wrote: non-pharmacologic pain relief methods cause pain to be more tolerable and the individual has more control over his/her situation. The results also indicated that patients had low fear about side-effects of the pain relief medications and dependency to narcotics. Mac Lellan (2004) believed that many hospitalized patients in the hospitals exaggeratedly have fear from addiction to painkillers which resulted from the attitude reflection of the nurses [14]. The results of barriers of using pain relief methods showed that the most effective barrier was inadequate knowledge of the nurses about non-pharmacologic pain relief methods. In study of Woodgate et al. (1996), the findings showed that nurses...
rarely use non-pharmacologic pain relief methods and instead, they use pharmacological methods frequently [15]. The results also showed that training has not given to the patients before the surgery. In a study by Berg et al. (2004) titled as “effect of training on pain management of the patients” showed that the trained patients had a lower pain intensity and used fewer drugs in comparison with the control group [12]. The results of the study of Sjoling et al. (2003) showed that there was a significant difference between trained group and the control group in terms of pain intensity after the surgery. The trained patients were more satisfied from the pain relief following the surgery [16]. In the study of Schafheutle (2000), Twy Cross (1998), Manias (2002) and Niekerk (2003), the main barriers of the nurses considered as shortage of time, so much activity and low number of the staff [8, 17-19].

Conclusion
According to the obtained results by nurses’ comments, if overcoming the barriers was better, the pain relieving would be easier; besides, non-pharmacologic pain relief methods and having the appropriate prescribing patterns of the analgesic drugs can help in this regard. Moreover, revising the difficult regulations on the use of narcotic drugs can be an effective help in this regard.

References