

Pain and Analgesia Knowledge, Attitudes, and Practices among Texas Nurses

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Abstract

Introduction: The purpose of this study was to assess beliefs about pain and analgesia held by Texas nurses as part of a statewide effort to improve pain management in this state.

Methods: In 2006, nurses who subscribed to the Nurse Oncology Education Program (NOEP) electronic newsletter were invited to take part in a 28-item survey containing questions about demographics, pain assessment practices, attitudes about prescribing opioids to persons with a history of substance abuse, and barriers to effective pain control.

Results: Of the 286 nurses who took part in this study, 90% reported that patients' pain was assessed routinely in their practice setting. The most commonly used assessment tool, the 0-10 numeric rating scale, was used by 79% of study participants, but 25% of these nurses reported believing that the assessment scale they use is not useful, is inaccurate, or that they did not know if the scale they use is useful or accurate. The five most commonly reported barriers to providing pain management were patient and family attitudes (52%), physician attitude and practice (40%), cultural differences (35%), language or communication barriers (33%), and time limitations (32%). Fifty-one percent of participants reported that they knew first hand of a physician who refused to prescribe adequate pain medication to a patient, and 12% reported believing that the use of opioids to treat pain causes addiction. In caring for persons with pain who have a history of drug abuse, 18% would limit opioid doses, 17% would limit dose frequency, 4% would refuse to prescribe opioids, and 1% would refuse to treat the individual.

Conclusions: These data help identify patterns and gaps in Texas nurses' knowledge, attitudes, and practices related to pain management, and indicate opportunities to help improve patient care for persons with pain.

Background & Objective

Ensuring outstanding pain management is an important goal in healthcare. For many people in the United States (US), however, optimal pain relief remains a goal, rather than a reality. In 2007, the Wisconsin Pain and Policy Studies Group progress report card rated Texas's state pain policy as a C, unchanged from 2000. The purpose of this study was to describe the knowledge, experience, and beliefs about pain among a sample of Texas nurses as part of a statewide effort to improve pain management.

Methods

- In this cross-sectional cohort study conducted in 2006, nurses who subscribed to the Nurse Oncology Education Program (NOEP) electronic newsletter were invited to take part in a 28-item survey containing questions about:
 - Demographics
 - Pain assessment practices
 - Attitudes about prescribing opioids to persons with a history of substance abuse
 - Barriers to effective pain control.
- The survey was emailed to these nurses, and two additional emails were sent as a follow-up to encourage participation.

Results

Table 1. Nurse demographics (n = 286, %)

Practice area	%
Office or private practice	18
Hospital	47
Home health	3
Nursing home	2
Hospice	5
Other	26
Patients who present with pain (median)	75
Patients who present with uncontrolled pain (median)	15
Patients' primary cause of pain	
Cancer	63
Neuropathy	53
Arthritis	45
Back	39
Musculoskeletal	29
Headache or migraine	25
Other	14
Heart disease	13
Don't know	6
Pain is routinely assessed in practice setting	90
Frequency of pain assessment in your practice setting	
On admission or first visit only	5
On discharge only	0
On admission and discharge only	4
Every day	6
Every shift	40
Every visit	45
Training in pain assessment and management	
Nursing school	78
Continuing education outside facility	67
Continuing education within facility	65
Employee orientation	44
Postgraduate training	18

- Of those who assess for pain, 79% use the 0-10 Numeric Rating Scale
 - 83% find the tool they use useful or accurate
 - 7% do not assess for pain

Table 2. Barriers to Pain Management

Barrier	% responding yes
Patient & family attitudes	52
Physician attitudes & practices	40
Cultural differences	35
Language barriers	33
Communication barriers	33
Time limitations	32
Nursing attitudes & practices	29
Lack of knowledge, education, or training	27
Insurance coverage	17
Availability of resources	13
Reimbursement for care	8
Fear of practice scrutiny by regulatory agencies	6
Institutional policies	4

Table 3. Attitudes & Beliefs (% Agreeing)

Payer source adversely affects pain management options	24
Use of opioids to treat pain will cause addiction	
Yes	12
No	75
Don't know	13
In treating persons with pain and a history of substance abuse, I would:	
Refuse to treat person	1
Refuse to prescribe opioids	4
Limit opioid dose frequency	17
Limit opioid dose	18
Refer patient to a pain specialist	35
Refer patient to an addiction specialist	11
Monitor patient more closely	65
Pain is a normal part of life	26
Pain is inevitable with aging	35
Pain management is a problem in:	
Texas	75
My community	71

Conclusions

These data help identify gaps in Texas nurses' knowledge, attitudes, and practices related to pain management, and indicate opportunities to help improve patient care for persons with pain