

Free research paper on pain management decision-making for nurses

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Pain management is the essential aspect of the nursing practice because pain is one of the most common experiences in hospitalized patients. Pain is one of the highest concerns in healthcare delivery because it progressively lowers the quality of life by affecting the patients' physical, emotional, and spiritual well-being. However, pain is often overlooked because clinicians mainly focus on curing disease, and while all clinicians are responsible for prescribing analgesia to patients, most of the responsibility for the patients' care, recovery, and well-being during hospitalization is assigned to nurses. All nurses must be familiar with both legal and ethical regulations that govern effective pain management. However, even with that knowledge, nurses must avoid prejudices, stereotypes, and cultural influences that could interfere with proper pain management administration. That is a growing concern in healthcare because nurses must be able to make objective and fair decisions that will reflect on the patients' well-being and improve the quality of healthcare delivery.

Pain is relevant to all patients. It is not possible to strictly relate pain to one group of patients because it is evident that pain occurs among all hospital care units. Disease is the main cause of pain, and it accounts for approximately 50 percent of cases that require pain management while surgery accounts for less than 40 percent pain prevalence rates (as cited in Lui, So, & Fong, 2008). Pain is unevenly distributed among different wards, so patients with digestive problems or musculoskeletal diseases displayed the highest incidence of pain because more than 80 percent of them reported the necessity for pain management (as cited in Lui et al., 2008). All patients are entitled to pain management and there should be no

discrimination between terminally ill patients and other patients when administering analgesics.

However, the knowledge and attitudes of nurses towards pain management is concerning in healthcare because there are no methods to measure pain directly, so decision-making in alleviating pain for patients is based strictly on subjective judgments. According to common definitions, pain is an unpleasant sensation that is completely subjective and cannot be assessed in quality or intensity by anybody other than the sufferer. One of the first clinical guidelines regarding pain management ethically obligated healthcare professionals to alleviate and manage pain in compliance with the patients' requests (Zalon, Constantino, & Andrews, 2008). Despite existing regulations, several studies identified the lack of knowledge, patient education, and proper attitudes related to pain management. For example, a study in Hong Kong indicated that nurses often confuse their roles in pain management because different medical specialists use different approaches that alleviate pain, so nurses often fail to adequately implement (Lui et al., 2008). Another possible reason for the lack of knowledge is the lack of information about pain management provided in the nursing curriculum (Lui et al., 2008).

Research by Lin, H. Chiang, T. Chiang, and Chen (2008) confirms that nurses who attend continuing education on pain management show significantly higher scores in knowledge and practical applications of pain management than nurses who do not study pain management after receiving education. Also, Lin et al. (2008) found that several nurses considered relaxation

therapies ineffective, but their attitudes and behaviors changed after attending continuing education on pain management, and the results showed a lower amount of statements about the ineffectiveness of relaxation therapy. The concerns about improper pain management practices and lack of knowledge about pain management exist because there is evidence that regulations cannot interfere with personal judgments in all situations.

Finally, because decisions in pain management are subjective, healthcare professionals could fail in delivering proper care because of different cultural backgrounds. Zalon et al. (2008) provide an example of a doctor who forbids the nurse to administer drugs to her patient because she needs them only because she was a drug addict. Another reason why the doctor did not allow the administration of analgesic medicine is because of cultural stereotypes that label Americans as intolerant to pain and suffering, so they are not allowed to complain because patients from other countries suffer more and do not complain. That is a clear example of prejudice against people with substance addiction issues and against an entire culture's concept of pain. Those arguments are against ethical and legal regulations related to pain management, so it is not completely possible to influence personal prejudice through ethical regulations.

The literature review on pain management indicates that several important issues in delivering healthcare still exist, and that the nursing practice will benefit from better education on pain management, better policies, and better research models pain management. In the attempts to improve legal regulations in healthcare, several organizations have proposed that patient

education and multidisciplinary collaboration should be the highest priorities in pain management (Zalon et al., 2008). A similar approach that would consider multiple perspectives simultaneously is currently proposed in pain management research. Pain management practices are difficult to measure, and incorporating qualitative methods into quantitative research is not yet sufficiently developed and tested to be considered adequate for making conclusions (Carr, 2008). However, mixed methods offer the only possible solution to understand and apply pain management better in practice to improve the quality of care delivery (Carr, 2008). If more than 50 percent of hospitalized patients have to deal with pain daily, it is necessary to combine multiple perspectives in alleviating pain to increase positive outcomes in healthcare delivery.

Effective pain management is an essential factor in successful patient recovery and defines the quality of life for patients after discharge. However, contemporary research indicates that nurses require a higher degree of awareness and education about pain management to avoid breaches of duty or subjective interferences in decision-making. Healthcare institutions are responsible for implementing policies that lower the risk of malpractices or negligent behavior towards the patients and increase trainings for cultural sensitivity and improve patient education for pain management. Because research is not able to clearly define or regulate pain management, it is considered a complex topic in most cases, so all approaches for individual decision-making and multidisciplinary teams must be multifaceted to improve pain management practices and healthcare delivery.

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