

## Nurses' Experience of Pain Management in Patients Referred to the Emergency Department

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### ABSTRACT

**BACKGROUND AND OBJECTIVE:** Considering that the experience of nurses in pain management in patients in the emergency department is a reflection of their feelings, thoughts and attitudes in this regard, identification of their experiences can be the basis for dealing with the challenges. The present study was conducted to explain the experiences of nurses regarding pain management in patients referred to the emergency department.

**METHODS:** In this qualitative study, 14 nurses working in emergency departments of hospitals affiliated to the Tehran University of Medical Sciences participated through purposive sampling. The data were collected through individual, in-depth and semi-structured interviews and were simultaneously analyzed by conventional content analysis after transcribing the interviews.

**FINDINGS:** Based on the data analysis, two themes of "challenges and barriers to pain management" and "right to patient-centered pain relief" were extracted. The results indicate the existence of challenges such as limited authority, inefficient supervision, and etc. in organizational-professional areas such as fear about side effects, negligence, and etc. in the domain of human factors. Pain relief was also found as a fundamental right that requires patient-centered care.

**CONCLUSION:** Based on the results of this study, despite the numerous challenges in pain management in the emergency department, patient relief is one of the care priorities and fundamental human rights. Therefore, emphasis on the fundamental values of nursing profession and paying attention to patients' individual needs and rights can be effective in managing the pain properly.

**KEY WORDS:** *Pain Management, Emergency Department, Qualitative Study, Emergency Nursing.*

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## Introduction

Pain is a common experience that sometimes becomes so intolerable that it makes a person seek for the cause and cure (1, 2). Pain management is a complex process that is obtained through teamwork and interdisciplinary partnership (3, 4). This cooperation is very important in special departments such as emergency department (5). According to the available studies, 78% of patients with a complaint of pain, which are often moderate to severe, refer to the emergency department (7). However, lack of proper management of pain in the emergency department is quite common and different reasons such as work pressure, old age, race, misconception of the physician and nurse, and concerns about the high-risk behaviors of patients such as addiction are at work (6 – 8). Failure to manage pain in patients may have negative impact on physical, mental, and spiritual health and in general, quality of life. Ignoring the pain in patients has a direct relationship with their satisfaction with the received services. On the other hand, the importance of satisfaction of patients in emergency departments, which is a symbol of the general condition of the services of health centers, is twofold. However, due to the overcrowding in the emergency department, nurses do not have enough time to assess and follow the patients' pain and are not able to provide comprehensive and high quality care (9, 10). Nurses, as the people who spend the most time with the patient, play a significant role in relieving their pain and this requires knowledge, skill and deep understanding of the multiple dimensions of pain management (12). Sometimes the wrong attitude toward the subject of pain makes nurses reluctant to pharmaceutical and non-pharmaceutical measures. However, controlling the patient's pain is not only intended to relieve pain and comfort, but also has benefits such as quick return to daily life and improving the quality of life (4, 13). Based on the results of the studies, nurses' attitude and misconceptions have been identified as the most important barriers to proper management of pain in patients. Some misconceptions include: expressing pain with the aim of attracting attention, addiction after the administration of opioids, and pain assessment solely on the basis of vital signs. Hence, misconceptions are among major challenges in pain management and require accurate identification and evaluation (14). Considering the experience of

nurses in managing the pain of patients in the emergency department reflects their feelings, thoughts and attitudes in this regard, identifying their experiences and clarifying various aspects of this issue can be a basis for understanding and analyzing the present problems. Accordingly, due to the lack of a similar qualitative study in Iran, the present study was conducted to explain the experience of nurses in the emergency department regarding pain management in patients.

## Methods

After obtaining permission from the Ethics Committee of School of Nursing and Midwifery, Tehran University of Medical Sciences (ethics code 99 – 02 – 93 – 25394), this qualitative study was carried out using conventional content analysis approach. Content analysis is an appropriate method for evaluating the experiences and attitudes of individuals towards a specific topic and summarizing, categorizing and describing the data (14, 15). In this study, 14 nurses (12 women and 2 men) working in emergency departments of hospitals affiliated to the Tehran University of Medical Sciences in the age range of 27 to 48 years old with 2 to 16 years of work experience in emergency department were selected through purposive sampling. For this purpose, considering the purpose of the research and based on the researcher's previous experiences and personal judgment, the researcher selected participants who had the experience of pain management in the emergency departments. Having at least one year of work experience in the emergency department and willingness to share their experiences related to the purpose of the study were considered as inclusion criteria. The data were collected using individual, in-depth and semi-structured interviews. The duration of the interview was between 30 and 40 minutes, based on the time and place offered by the nurse. The questions included: "Please tell your experiences in taking care of a patient who has pain"; "What do you usually do for these patients?"; "Based on what factors do you make decisions?". There were also enlightening questions like "Did you mean that ...?" and an open-ended question at the end of the interview "Is there anything you want to add?". All interviews were recorded with the permission of the participants and immediately transcribed on paper.

To analyze the content of the qualitative data, implementing the entire interview immediately after each interview, reading the text for a comprehensive understanding of its content, defining the primary codes, classifying similar primary codes in more comprehensive categories, and determining the main theme of the categories are suggested (16). In the present study, the researchers first coded the text of the interviews, then the codes that were conceptually similar were classified into one category. With the advancement of the analysis process and the repeated study of the extracted codes and categories, their differences and similarities were identified. In this regard, the main themes and subthemes were extracted through constant comparison of categories with each other. Interviews continued until complete data saturation and richness, and until no new data could be extracted. In this study, the accuracy of the study was evaluated using Guba and Lincoln's gold standard, which presented four scales of acceptability, dependability, confirmability and transferability (17). Regarding the acceptability and credibility of the data, researchers spent enough time collecting and analyzing data through long-term involvement with data (over six months) (18); The review of the manuscripts was done by the participants and discussions were held among the members of the research team. In order to achieve dependability, the study process was audited by experts outside the research team. In order to achieve confirmability, all stages of the research were explicitly explained and follow-up was made possible for the audience. Regarding transferability, the researcher made the use of these findings in other contexts and circumstances possible by providing in-depth descriptions of the background and characteristics of participants.

## Results

The results of data analysis included the two main themes of "challenges and barriers to pain management" and "right to patient-centered pain relief", and the subthemes of each of these two was also evaluated.

**Challenges and barriers to pain management:** The experiences of nurses working in emergency departments regarding pain management were explained under the theme of "challenges and barriers to pain management". This means that in the management of the patient's pain, nurses often face many obstacles and challenges to fulfill their

obligations, which themselves can be the main barrier to poor patient control of pain. In this regard, two subthemes of "inappropriate organizational-professional infrastructure" and "human factors influencing the quality of pain management" were extracted.

**Inappropriate organizational-professional infrastructure:** Regarding this subtheme, three categories of "limited authority", "shortage of time" and "inadequate assessment and monitoring" were extracted, which are mentioned below in detail:

**Limited authority:** The experiences of nurses indicated that paying attention to the level of authority and responsibilities of nurses is one of the important aspects of pain management in patients. One of the obstacles to pain relief is the nurse's lack of authority to administer sedative. One of the nurses with two years of work experience describes lack of authority to administer sedative: if the patient insists on giving him/her another dose of sedative I consult the doctor; if the doctor agrees I would administer the sedative, and if not, I don't administer any sedative. Maybe the patient is really in pain, but I have no other choice (participant no. 4).

Another nurse with eight years of work experience said: I cannot administer drug on my own if the patient is in pain and I have to inform the doctor. If the doctor is out, I cannot administer drug (participant no. 8).

**Shortage of time:** One of the obstacles to correct pain management is shortage of time. Most nurses tend to relieve the patient's pain and mention the shortage of time and work pressure as the main obstacles in this regard. A nurse with 16 years of work experience in the emergency department refers to the shortage of time for relieving the patient's pain: we don't give patients their sedatives on time because we don't have time; it takes a long time to find the doctor and get his/her order, but I try to look at them from this station, and I really don't have time (participant no. 9).

**Ineffective assessment and monitoring:** The experiences of nurses indicated that some important nursing duties such as pain relief are often neglected by nurses. On the other hand, overemphasis of authorities on appearances of health care may target nursing duties and downplay the significance of pain relief in patients. A nurse with nine years of nursing experience, while pointing to the effect of evaluation of nursing care on the management of pain in patients, points out that there are too many concerns about appearances of nursing care: it's as if you've made yourself extra work that no one would see or care about, for example, to see if you have fulfilled your duties, they check the date on the

saline to see whether it's up to date or not; they also check whether the angiocatheter tape is clean or not. You make yourself an extra responsibility by administration of sedatives (participant no. 14).

**Human factors affecting the quality of pain management:** In this subtheme, the categories of "fear of side effects", "holistic view" and "negligence" were extracted, which are explained below in detail.

**Fear of side effects:** According to the nurses' statements, the fear of facing side effects of opioid administration has been reported as an effective factor in preventing the correct management of pain in patients. A 28-year-old nurse considers previous confrontation of nurses with the side effects of opioids as a factor in making them more sensitive to controlled sedative administration: since I was aware of the side effects of opioids, I informed the doctor and he/she immediately came to visit the patient, and this was a good experience. I once administered morphine to another patient, which showed considerable side effects; maybe this is why I am sensitive to sedatives (participant no. 4).

**Holistic view:** Nurses' statements reflected the importance of holistic view and punctiliousness of nurses in providing care. In this sense, pain management requires the full attention of the nurse regarding the objective evidence of pain during other caring activities. A nurse with 12 years of work experience stated: we can notice the pain in the patient from all the struggling and sweating at the moment he/she enters the ward (participant no. 3). A nurse with two years of experience had the same experience: An intubated patient should be monitored regularly for pain symptoms, and you should always be near them, and if you are alert you can evaluate the pain at that very moment (participant no. 4).

**Negligence:** The experiences of participants indicated that some nurses were indifferent to following the patient's pain, or administered sedatives without the doctor's order to get rid of the patient's complaints. The experience of a nurse with nine years of experience was noteworthy: Some nurses neglect the patient to the point that they start to quarrel and curse (participant no. 13). In this regard, one nurse stated: sometimes when there is no order from the doctor, the nurses administer sedative, which is far from professional behavior, and they sometimes administer sedative so that the patient would not refer to them for sedatives (participant no. 5).

**Right to patient-centered pain relief:** Nurses' experiences indicated that respect for patient's human rights is a priority for effective control of pain. In order to comply with the fundamental rights of the people, the

nurses must provide their soothing care in accordance with the patient's individual needs. In this regard, trusting the patient's statements about pain is essential. The main theme of "right to patient-centered pain relief" was introduced through the three subthemes of "right to feel comfortable", "individual differences" and "mutual trust".

**Right to feel comfortable:** According to the experience of nurses, the feeling of comfort and analgesia is considered to be the main needs and fundamental rights of any patient. A nurse with four years of experience believes that feeling comfortable is the fundamental right of any human: the patient does not need to suffer from pain; it is the right of any human to be free of pain and feel comfortable and we should not deprive them of this right (participant no. 10).

**Individual differences:** According to the nurses' statements, the experience of pain is different for people and the nurse should consider the threshold of tolerance in people. In this regard, a nurse with eight years of experience states: a patient's pain may be very insignificant, but the patient cannot tolerate it (participant no. 8). Regarding the difference in the threshold of pain tolerance, novice nurses also had the same experience: one patient may ask for sedative with slightest pain; such patients are among those who take acetaminophen immediately after feeling pain at home; such patients can easily be noticed in the hospital and we ought to do something for them (participant no. 1).

**Mutual trust:** Participants stated that mutual trust was essential for effective control of pain. In this context, the experiences of most nurses suggest that even the patient's addiction should not be a cause for distrust in the patient. A nurse with ten years of experience points out the need to trust the patient's statement: once the patients trust us and put their life in our hands, we have to trust them in return. Even the addicted patients usually tell the truth (participant no. 7). Another participant sees the need of addicts to receive opioids undeniable: 70-80% of them tell the truth; even if they are addicts, that's because of their need for opioids (participant no. 9).

## Discussion

The present study showed that pain management in emergency departments is associated with several challenges, such as inappropriate organizational-professional infrastructure and obstacles related to human factors. Despite the aforementioned challenges, participants acknowledged that pain relief is one of the

fundamental rights of individuals and that patient-centered care is essential to achieve this.

Challenges of patients' pain management such as workload, shortage of time, limited authority, communication weaknesses, lack of awareness and fear of side effects have been addressed in numerous studies (6, 8, 19-21). One of the challenges presented in this study was related to the inappropriate organizational-professional infrastructure, which was also emphasized in other studies (22, 23). Consistent with the results of the present study, Dehnoalian et al. reported one of the organizational barriers to pain management to be limited authority of nurses and referred to the negative impact of monopoly power in the organization (22). In a similar study carried out in Iran on children, limited authority of nurses for administration of sedatives was mentioned (23). Another organizational-professional obstacle in recent studies was the shortage of time to address the pain of patients. While pointing out the aforementioned challenge, researchers believe that compensating for the shortage of manpower and, consequently, solving the problem of shortage of time are the pre-requisites for the timely presence of a nurse at the patient's bedside to control pain (19-24). The results of this study indicated that there was no effective monitoring in pain management of patients. In this regard, Zahedpasha et al. stressed the need to focus on stronger supervisory systems such as Pain Management Committee (21). In relation to the following topic: "human factors influencing the quality of pain management", categories of "fear of side effects", "holistic view" and "negligence" were extracted. In other studies, fear of side effects such as cardiac arrest and drug addiction have been reported along with nurses' lack of knowledge about pain management obstacles (20, 25). Research shows that participation in workshops is effective in increasing nurse's knowledge and proper management of pain (23). It is expected that as a result of increasing the level of knowledge and changing the nurses' attitude toward pain management, his/her precision and sensitivity will increase in this regard (21, 25). Regarding the precision and attention of nurses, Puntillo et al. reported a significant difference between assessing the severity of pain in patients and nurses of the emergency department ( $p < 0.001$ ). They emphasized the importance of trusting patients' statements about pain (26). Among other extracted

results was paying attention to pain relief as a fundamental right of the patient. International organizations such as the World Health Organization have emphasized this. Nowadays, focusing on concepts such as holistic care, patient relief is among the priorities of care and is considered as a moral issue and legal right (27). Consistent with the findings of this study, in order to establish the aforementioned right, the nurse should provide his/her care according to the patient's individual needs in a relationship that is based on mutual trust. In line with the results of this study, Rejeh et al. referred to the importance of considering patient's individuality in pain management (28). Establishing an empathic relationship based on trust and respect are the essential tools for managing pain (24 – 28). Lack of trust in the patient's statements about pain is one of the main challenges of nurses in managing pain in patients. In this regard, asking the patient questions about the level of pain is known as a preferred method (23). On the other hand, some nurses act based on their own mental judgment instead of trusting the patient's statements about the feeling of pain (29). In their study, Ene et al. showed that most of the patient's real pain was neglected in the nurse's assessment (30).

Given that according to the results of this study, pain management in emergency department is accompanied by many challenges such as inappropriate organizational-professional infrastructure and obstacles related to human factors, nursing policymakers can use the results of this study to overcome several obstacles such as shortages of human resources, reviewing the limits of nursing authority, reviewing the monitoring system and empowering the nurses. Furthermore, the results of this study indicated that paying attention to pain relief in patients was one of his/her fundamental rights that required patient-centered care. Accordingly, it can be stated that the institutionalization of humanistic healthcare perspectives and the fundamental values of nursing profession can be effective in improving the quality of nursing care, including pain management.

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