Original Article

Barriers to Optimal Pain Management in Aged Care Facilities: An Australian Qualitative Study

Felicity Veal, PhD,[*] *Mackenzie Williams, PhD,*[*] *Luke Bereznicki, PhD,*[*] *Elizabeth Cummings, PhD,*[†] *Angus Thompson, MSc,*[*] *Gregory Peterson, PhD,*[*] *and Tania Winzenberg, PhD*[‡]

Abstract:

Up to 80% of residents in aged care facilities (ACFs) experience pain, which is often suboptimally managed. To characterize pain management in ACFs and identify the barriers to optimal pain management. An exploratory descriptive qualitative study using semistructured interviews. Five Southern Tasmania, Australian ACFs. 23 staff members (18 nurses and 5 facility managers). Interviews were conducted from September to November 2015. Interviews included questions about how pain was measured or assessed, what happened if pain was identified, barriers to pain management, and potential ways to overcome these barriers. Interviewees noted that there were no formal requirements regarding pain assessment at the ACFs reviewed; however, pain was often informally assessed. Staff noted the importance of adequate pain management for the residents' quality of life and employed both nonpharmacologic and pharmacologic techniques to reduce pain when identified. The barriers to optimal pain management included difficulty identifying and assessing pain, residents' resistance to reporting pain and/or taking medications, and communication barriers between the nursing staff and GPs. Staff interviewed were dedicated to managing residents' pain effectively; however, actions in a number of areas could improve resident outcomes. These include a more consistent approach to documenting pain in residents' progress notes and improving nurse-GP communications to ensure that new or escalating pain is identified and expedient changes can be made to the resident's management. Additionally, resident, family, nurse, and carer education, conducted within the facilities on a regular basis, could help improve the pain management of residents.

© 2017 Published by Elsevier Inc. on behalf of the American Society for Pain Management Nursing

*From the *Unit for Medication Outcomes Research & Education (UMORE), Pharmacy, School of Medicine, University of Tasmania, Hobart, Australia; †Nursing and Midwifery Department, School of Health Sciences, University of Tasmania, Hobart, Australia; ‡Menzies Institute for Medical Research, University of Tasmania, Hobart, Australia.*

Address correspondence to Felicity C. Veal, PhD, Lecturer in Pharmacy Practice, Private Bag 26, Hobart, Tasmania, Australia, 7001. E-mail: Felicity.Veal@utas.edu.au

Received January 6, 2017; Revised August 22, 2017; Accepted October 2, 2017.

1524-9042/$36.00
© 2017 Published by Elsevier Inc. on behalf of the American Society for Pain Management Nursing
https://doi.org/10.1016/j.pmn.2017.10.002

ARTICLE IN PRESS

INTRODUCTION

Up to 80% of residents of aged care facilities (ACFs) experience pain (Gibson, 2007). Pain management in the elderly, both those with and without dementia, is complicated by minimal trial evidence supporting medication efficacy and safety (Achterberg et al., 2013; van Ojik, Jansen, Brouwers, & van Roon, 2012). ACF residents have a high number of comorbidities and coprescribed therapies (Abdulla et al., 2013; van Ojik et al., 2012), which increase the risk of adverse events and drug or disease interactions. Additionally, in this population, dementia, dysphasia, and hearing impairment are common comorbidities, which further complicate the ability of residents to adequately communicate their pain (Gouke et al. 2005; Herr & Garand, 2001; Sengstaken & King, 1993).

Assessment of pain in patients without cognitive impairment is largely reliant on self-reporting. However, older patients have been previously identified as being reluctant to take analgesics for numerous reasons, including not wanting to be a nuisance or wanting to be a "good patient," fear of addiction, fear that pain is a sign of something sinister, and a belief that pain is a normal part of aging (Cogan et al., 2014; Ferrell, 2004; Herr & Garand, 2001; Jones et al., 2005; Lewis, Combs, & Trafton, 2010; Weiner & Rudy, 2002). These factors reduce the likelihood of patients reporting pain (Hess, 2004). For those patients with cognitive impairment, the assessment tools for identifying pain are lacking evidence to support their reliability and effectiveness at identifying pain (Lichtner et al., 2014). Additionally, behavioral problems in patients with dementia, caused by unrelieved pain, are sometimes mismanaged with the use of antipsychotics rather than pain relief medication (Achterberg et al., 2013; Gilmore-Bykovskyi & Bowers, 2013). All these factors make the management of pain in this population group challenging.

Pain is often undermanaged in elderly residents in ACFs (Chai & Horton, 2010; Lukas et al., 2013). A number of international studies have evaluated the knowledge and attitudes of those working with ACF residents regarding pain (Barry, Parsons, Peter Passmore, & Hughes, 2012; Jones et al., 2004a; Tse & Ho, 2014). Numerous factors have been identified as detrimentally affecting pain management in this setting, including staff workload; difficulty identifying pain; knowledge deficits; nursing and physician attitudes and misconceptions; patient barriers, including stoicism and communication difficulties; and general practitioner (GP)–ACF communication (Barry et al., 2012; Gouke et al. 2005; Herr & Garand, 2001; Hofland, 1992; Jones et al., 2004b; Sengstaken & King, 1993; Tjia et al., 2009; Tse & Ho, 2014). However, minimal research has been undertaken evaluating these barriers in the Australian context. This research therefore aimed to characterize pain management in ACFs in southern Tasmania and identify the barriers to optimal pain management from the perspective of those working in ACFs.

METHODS

An exploratory descriptive qualitative study was undertaken using semistructured interviews (Table 1) with nurses and facility managers at the participating ACFs from September to November 2015. In semistructured interviewing, the interviewer uses a list of interview questions as a guide; the questions are used flexibly within in each interview, and points raised by the interviewee are followed up as they occur (Hansen, 2006). The process attempts to have conversation flow fairly naturally and not to impose a point of view. We used semistructured interviews because they are well suited for an exploratory study such as this, which focuses on elucidating participants' experiences and points of view. All southern Tasmanian (Australia) ACFs, with both dementia-specific and non–dementia-specific beds, were contacted via mail regarding participation in the study, with follow-up phone calls to the facility managers. Of the 16 ACFs contacted, 5 agreed to participate within the research time frame. These ACFs had a median of 99 beds (85-171), mainly consisting of high-dependency (nursing homes) beds. Participating ACFs were asked to provide the details of five or six nurses who would be willing to undertake 15- to 20-minute semistructured interviews to discuss pain management at the facility. Specific guidance regarding demographics or experience of nurses was not provided to the ACF when suggesting potential interviewees. The facility manager at each ACF was also interviewed.

The semistructured interview guide was developed by identifying the key research objectives and devising open-ended questions to answer these objectives. This interview guide was then reviewed by all members of the research team to ensure clarity and breadth of the questions. This interview guide included both questions relating to residents who had dementia specifically and residents who did not have dementia to identify if the barriers to pain management were similar or different in these population groups.

After data collection and subsequent verbatim transcribing, the data were segmented into themes through the process of coding by one member of the research team. Deductive coding was initially

دریافت فوری ← متن کامل مقاله

ISIArticles
مرجع مقالات تخصصی ایران

✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
✓ امکان دانلود نسخه ترجمه شده مقالات
✓ پذیرش سفارش ترجمه تخصصی
✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
✓ دانلود فوری مقاله پس از پرداخت آنلاین
✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات