



A cross-sectional study of the role of Canadian nurses with a specialty practice in pain management

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Summary

Purpose: To explore and describe the role of nurses working in a specialty practice of pain management in Canada.

Methods: A convenience sample of 60 nurses from across Canada with a specialty practice in pain management completed a self-administered questionnaire, which covered a broad range of topics including demographic data, sources of pain education, role responsibilities, positive outcomes and challenges of the role.

Results: Forty-six nurses responded with the majority of respondents from Ontario. Most of nurses worked at a University affiliated teaching hospital, and were baccalaureate or masters prepared, with 28% completing nurse practitioner preparation. The main clinical responsibility of the role involved daily patient visits, with 78% of nurses performing daily patient visits independently. Nurses were also engaged in pain management education for: health care professionals in the hospital setting, students in educational institutions and presentations at conferences. Other role components included administrative, research and leadership responsibilities. Identified benefits of the role include increased accessibility and continuity of care, the ability to act as a liaison between members of the health care team, and increased patient satisfaction. Identified challenges of the role fell into four broad categories including role implementation, clinical tools and support, health care provider education, and administrative support.

Conclusion: This study builds on previous work examining the role of nurses in pain management. Respondents to the survey reported several benefits and challenges to the role of nurses with a specialty practice in pain management.

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1. Introduction

In 1988, Ready et al. provided one of the first detailed accounts of the introduction and implementation of an anaesthesia based, clinical nurse specialist (CNS) supported acute pain service (APS) [1]. In the mid-1990's, and early 2000's, several authors published articles describing the prevalence and makeup of acute pain services in various countries, including Canada, Australia, New Zealand, the USA, Europe and Germany [2–6]. Each study reported an increase in the number of institutions with an APS team; however, a common problem noted was the variance in the amount of time and resources institutions invest in their respective APS.

The role of registered nurses as a member of the APS team (and to a lesser degree chronic and palliative pain management services) and their potential effect on patient outcomes has also been studied intermittently over the last 10 years. Despite limited data articulating specific advantages of a dedicated pain nurse, the role is gaining popularity. In fact, Hong Kong has recommended that all hospitals either develop or transit to an anaesthesiologist led, nurse based model APS [7]. The primary aim of this study was to explore and describe the role of nurses working in a specialty practice of pain management in Canada.

2. Materials and methods

2.1. Subject recruitment

A convenience sample of nurses ($n = 60$) was identified predominantly via an Internet based list serve for nurses in Canada with an interest in pain management (painnursing_cps_sig@yahoo.com). Other potential participants were reached through the Canadian Pain Society (CPS), and word of mouth. Inclusion criteria included nurses working in a pain management specialty within a hospital or community setting, and located in Canada. Ethics approval to conduct this cross-sectional exploratory study was obtained at Sunnybrook Health Sciences Center in Toronto.

2.2. Instrument

Participants completed a self-administered 3-page questionnaire including 30 fixed-choice and 9 open-ended questions. The questionnaire included a broad range of topics including demographic data, sources of pain education, role characteristics and

responsibilities, positive outcomes of the role, and current role challenges. By design, the questionnaire was similar to one distributed by Musclow and colleagues in 2002 [9].

2.3. Procedure

The potential participants were e-mailed an electronic questionnaire, information regarding the purpose of the study and contact information of the researchers in August 2004. Reminder e-mails were sent in October 2004 and December 2004.

2.4. Data analysis

Data were entered into a Microsoft Excel® database. Descriptive statistics were calculated and response distributions were used to represent individual answers to the questionnaire items. Responses to open ended questions were collated into broad common themes.

3. Results

3.1. Demographics

Forty-six nurses (response rate 77%) responded from across Canada, with the majority of respondents from Ontario. Table 1 outlines the number of respondents per province.

Forty-two of the respondents were female and 25 of the respondents were under the age of 40. The mean number of years since graduation from their initial nursing program was 16 ± 9 , with 3.5 ± 1.9 years' experience in their current role. Most of the respondents worked in a university teaching hospital (28/46) (Table 2). Twenty-four nurses were masters prepared, 13 of whom had also completed nurse practitioner preparation, and

Table 1 Number of respondents/province.

Province	N (%)
British Columbia	4 (8.7)
Alberta	3 (6.5)
Saskatchewan	0 (0)
Manitoba	1 (2.2)
Ontario	32 (69.6)
Quebec	3 (6.5)
New Brunswick	1 (2.2)
Prince Edward Island	0 (0)
Nova Scotia	2 (4.3)
Newfoundland	0 (0)
Territories (North West and Nunavut)/Yukon	0 (0)

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