

## Nurses' Pain Management Challenges

Justin Oluwasegun Rojaye<sup>1</sup>

<sup>1</sup>Department of Health Sciences, University of South Africa, South Africa; justinroe2020@yahoo.com (Corresponding Author)

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### ABSTRACT

Pain is the most common medical issue that older people face in a long-term care facility. Nurses have a critical role in helping residents manage their pain. This research looked at nurses' pain management challenges in long-term care facilities. The site for this research was a chosen long-term care facility in Ontario, Canada, a 160-bed nursing home for the elderly that provides various nursing and medical care services. Semi-structured focus group interviews lasting about an hour were done. This study's population consisted of 45 nurses. The researcher chose a sample of 25 nurses using a purposive sampling strategy. The data was reviewed using qualitative data analysis to detect recurring concerns. This research revealed the necessity of identifying and overcoming obstacles to effective pain management and reinforcing good practices in long-term care homes; better pain management practices are necessary to manage pain in a long-term care home. This study demonstrated the importance of recognizing and overcoming barriers to the effective management of pain and reinforcing good practices in long-term care homes. Therefore, improved pain management practices are required to manage pain in a long-term care home effectively. The overall benefits of pain management practices in long-term care homes expand nurses' clinical knowledge in the care of residents living in nursing homes.

Keywords: challenges; long-term care home; nurses; pain management; pain

### INTRODUCTION

Pain is a feeling created by an injury or damage to any area of the human body. It is caused by four processes: transduction, transmission, perception, and modulation (Urden, Stacy, & Lough, 2013). Pain management minimizes the afflicted person's pain experience or reduces pain to a bearable degree. Effective pain treatment comprises both pharmaceutical and non-pharmacologic nursing methods. Multidisciplinary efforts are required; nonetheless, nurses play a significant and complex role in pain treatment in long-term care homes and hospitals (Registered Nurses Association of Ontario (RNAO), 2013). To deal with pain, multidisciplinary efforts are required by nurses and other healthcare professionals (RNAO, 2013). Nursing interventions such as continuous assessment of the effect of pain treatment, standardized pain assessment, and the proper use of pharmacological and non-pharmacological pain relief strategies are the foundations of effective pain management (Saslansky et al., 2014). Long-term care residents need access to adequate pain treatment. Nurses must have the correct attitude, beliefs, and abilities to deliver excellent pain treatment. The innovation the researcher planned to bring with this study is aimed at determining the effect of nurses' pain management challenges on the effectiveness of pain management in long-term care homes. Pain management in residents of long-term care homes has been gaining research attention for over 25 years. However, pain is still a serious health problem around the world and is still untreated or undertreated among residents of long-term care homes (Kocasli, Oner Karaveli & Bal, 2023). Unfortunately, pain management of residents of long-term care homes remains widely underrecognized and undertreated due to various challenges. Furthermore, there remains a wide gap between the findings of previous research and clinical practice. Moreover, there is no evidence in the nursing literature regarding the challenges and facilitators of pain management in residents of long-term care homes (Kocasli, Oner Karaveli & Bal, 2023). Therefore, summarizing and synthesizing the existing research on pain management challenges among nurses working in long-term care homes is needed to guide clinical practice and future research.

### Background of the Study

Pain is defined by the International Association for the Study of Pain as an unpleasant sensory and emotional result of tissue damage (Fleckenstein, 2013). As a result, building efficient pain management pathways is crucial to improving

pain management and providing proper nursing care. This may be performed by determining the nurses' perception of the older person's pain expression and pain treatment components in a long-term care facility. There is strong and incontrovertible evidence that the Canadian population is ageing at an unsustainable pace compared to present social and healthcare services (Busby & Robson, 2013). According to Statistics Canada (2013), the fastest-growing age group is senior citizens (65 and above). In 2011, five million Canadians were 65 years old or older Statistics Canada (2013), this number of elderly Canadians is predicted to quadruple over the next 20 years. By 2051, about one out of every four Canadians would be older than 65 (Statistics Canada, 2013). Nurses are the primary healthcare professionals in Ontario's long-term care home facilities (Almost et al., 2013). Adequate pain management knowledge and comprehension and clinical decision-making based on research data are therefore required to improve nursing practice and promote good health outcomes in Ontario's long-term care home settings (Almost et al., 2013). Furthermore, the complex health needs of older people in long-term care homes necessitate nurses with specific pain management competence, as well as reliable assessment and clinical decision-making skills, to care for older people who may require healthcare but are unsure how to meet their health needs (Almost, et al., 2013). Furthermore, although healthcare delivery is vital, there may be a persistent obstacle to pain treatment among the elderly's health demands (Almost et al., 2013).

Many seniors in long-term care homes have several diseases, such as drug misuse, physical problems, and mental health issues. These people usually originate from areas with inadequate health promotion and illness-preventive practices due to a lack of knowledge and low finances (Baybutt & Chemlal, 2016). Furthermore, a broad collection of people, including a multi-professional group, are directly or indirectly involved in pain management in long-term care facilities. Nurses take the lead in pain treatment in long-term care homes compared to other multidisciplinary team members. This is due to nurses being close to residents. They are in a position to reduce pain and increase comfort by evaluating and creating pain-relieving care methods, recording, and monitoring (Birchenall & Adams, 2014). Nurses also provide emotional and personalized care to elderly residents in long-term care institutions. In high-stress circumstances, nurses coordinate care by sending older individuals to pain management specialists or doctors (Birchenall & Adams, 2014).

### **Purpose of the Study**

This research aimed to look at nurses' pain management challenges in long-term care facilities.

## **METHOD**

In this study, a qualitative research technique was applied. The research methodology outlines the study's design, sampling, and sample characteristics. Additionally, the tools, data-collecting procedures, and analytic methods utilized to meet the research goals of this study are presented. The research used a qualitative approach, including non-experimental, exploratory, and descriptive methodologies. The research methodology is a scientific strategy for addressing a problem that comprises a method for designing the study and acquiring and evaluating data (Polit, Beck, & Polit, 2016). According to Brink, Van der Walt and Van Rensburg (2014), the research methodology educates the reader on how the study was performed; in other words, what the researcher did to discover answers to the research issue or answer the research question. The qualitative research approach was suited for this study since it sought to comprehend nurses' pain management challenges for older people in long-term care homes.

### **Research Design**

A research design is a collection of plans or recommendations for carrying out research or the basics of carrying out a study (Babbie & Mouton, 2012). A non-experimental, qualitative, exploratory, and descriptive design was used in this investigation. The experimental design is a method of comprehending and being aware of a situation, community, person, or phenomenon under study (Silverman, 2015). To convey a picture of a particular circumstance, social location, or connection, the descriptive design focused on 'how' and 'why' inquiries (Silverman, 2015). The study used a qualitative, exploratory, descriptive research approach.

### **Research Setting**

The selected long-term care facility has 160 beds and offers 24-hour nursing and personal care and access to the family doctor and other health specialists. Since its inception in 2004, the chosen long-term care facility has given nursing services to the elderly. In addition, it provides a versatile and pleasant living setting.

**Sampling and Sample**

Sampling refers to the selection of certain participants in studies from the overall population and the process used to generate a sample (Cottrell, 2014). Because of the qualitative character of this study and the necessity to acquire detailed information related to the research questions and goals, the researcher picked study participants using a non-probability sampling method. The sampling technique utilized was non-probability sampling, defined as any sort of sampling in which the items or participants chosen are not decided by the statistical concept of randomness (Saldana, 2014). A vital element of the non-probability sampling approach is that samples are carefully picked depending on the researcher's subjective judgement. Therefore, participants for this research were chosen using non-random approaches using purposeful sampling.

**Data Collection**

According to Saldana (2014), data are gathered to understand the participants' experiences better and document the interpretations that participants have created of their experiences. The researcher utilized a semi-structured data collecting technique, such as focus groups, to lead the data collection method, implying that only broad recommendations were used to steer the data collection method. This strategy is justified because it allows for more in-depth, substantial, and deliberate replies. Experiences are no longer primarily dependent on predetermined responses, and they are appropriate for descriptive investigations due to the abundance of different information they present (Saldana, 2014). The data was acquired with the assistance of a scribe who made notes on all replies so that the researcher could conduct the focus group discussion. Participants provide meaningful self-disclosure in an ideal focus group interview and effectively analyze their experiences (Tracy, 2013). According to Babbie and Mouton (2012), group interviews establish meaning when participants participate in conversations and a substantial amount of engagement on a topic in a short period. They also argue that the focus group interviews are high quality since participants can voice their opinions. The conversations highlight parallels and variations in the members' viewpoints on a particular subject.

**Ethical Considerations**

Research ethics comprises concepts, norms, and values that guide proper behaviour in research choices (Cottrell, 2014). It may also relate to applied ethics, which attempts to preserve study participants' well-being (Terre Blanche, Durrheim, & Painter, 2014). Furthermore, Grove, Gray, and Burns (2015) assert that ethics include self-determination, privacy, anonymity, secrecy, correct choosing, fair treatment, and protection from pain and injury.

**RESULTS AND DISCUSSION**

A theme is a ticket representing a method of reporting large amounts of data in a simple condensed format (LoBiondo-Wood & Haber, 2016). The data revealed the following themes, developed within the sub-categories and categories of the data. Participants expressed some challenges to effective pain management in long-term care settings, and these could be described in the framework of the residents, nurses, and the facility. Three subthemes emerged from the data: resident-related barriers, organizational barriers to pain management, and nurse-related challenges. The categories are presented in Table 1.

Table 1. Pain Management Challenges

Theme	Subthemes	Categories
Pain Management Challenges	1. Resident-related barriers	1.1 Anxiety about medication side effects
		1.2 Language barrier
		1.3 Cognitive challenges
	2. Organizational barriers to pain management	2.1 Lack of culturally congruent pain guidelines
		2.2 Lack of physician retention
	3. Nurse-related challenges	3.1 Work overload
		3.2 Lack of communication among nurses
		3.3 Pain misconception

**Subtheme 1: Resident-related barrier**

Participants mentioned the resident-related barrier to pain expression as one of the challenges they faced in dealing with pain in a long-term care home. These also include cultural differences between residents and nurses. Three categories emerged from the data, namely anxiety about medication side effects, language barriers, and cognitive challenges.

**Category 1.1: Anxiety about medication side effects**

Participants stated that some residents are reluctant to report pain because of the fear of side effects from medications. All the participants agreed that anxiety about pain complications prevents the residents from notifying nurses about their painful experiences and numerous strategies might be needed for nurses to collect accurate information about the older person's current pain. The participants explained:

*"I have seen many of my residents are not willing to express pain because they have anxiety about the side effects of pain medication; hence, they would not verbalize pain early enough. Some of my residents would tell me that they do not want to take medication because it would add more problems, so they prefer to do without medication in the hope that their body would work it out"* (FG3, 36 years, Female).

*"During pain assessment, residents would tell me that the pain started some days ago when I asked why they did not inform me, they would tell me they were afraid of medication side-effects"* (FG2, 38 years, Female).

Flaherty (2012) agrees that residents themselves normally present barriers to pain assessment. Residents may also be unwilling to tell the nurse that they have pain because of their fear that pain is suggestive of severe pathology or even impending death Anon (2014), the stress of trying to cope with the medical world and cope with physical changes. Even when diagnosed with pain, the daily demands of living with pain can generate anxiety. Therefore, nurses must not interpret failure to report pain as the absence of pain (Flaherty, 2012).

**Category 1.2: Language barrier**

All the participants agreed that understanding the role language plays is important for nurses in long-term care homes due to an increasing range of linguistically diverse populations. Participants said that many of their residents were unable to speak English; they speak different languages and express pain differently. These quotes confirm the findings:

*"Some of my residents do not speak English; they fall back to their mother tongue language, which is difficult for us to understand when assessing their pain"* (FG2, 34 years, Female).

*"It was a challenge because we do not have enough nurses who understand the residents' language; hence, we tend to wait on the family"* (FG1, 38 years, Female).

Residents may have language problems, without being cognitively impaired, or they may be cognitively impaired with no language problem (Flaherty, 2012). According to Attal (2013), Canada has become an increasingly multicultural society; nurses see residents from different cultural backgrounds daily, and during nurses' consultations, misunderstandings and confusion can still occur due to differences in language. Residents from minority groups, particularly those who do not speak the predominant English language fluently, participate less in nursing care and are often given inadequate information (Attal, 2013).

**Category 1.3: Cognitive challenges**

Participants stated that another barrier to effective pain management is cognitive challenges because some residents are not able to report pain to nurses due to loss of memory. They said that when they ask the same question at different times, the answers are always different, which makes it very difficult to know which one to accept. The following statements support the findings:

*"On many occasions, I have seen my residents in pain through their facial expression, but when I ask them about their pain, they tell me they have no pain, but when I returned after few minutes, they would confirm they have pain and show me the location"* (FG1, 38 years, Female).

*"I found it very difficult to conclude after I have assessed residents who are cognitively impaired because sometimes, they did not understand my questions"* (FG2, 36 years, Male).

*"Due to cognitive impairment, some of my residents cannot say where exactly is hurting, but they would only respond that they are hurting"* (FG3, 37 years, Female).

The findings are supported by Oosterman et al. (2014), who claim pain can be hard to assess in cognitively impaired residents because their self-reports of pain can be wrong or difficult to obtain. Nurses often ignore complaints of pain in persons with cognitive impairment because of inconsistent pain reports or an inability to assess pain (Flaherty, 2012).

**Subtheme 2: Organisational barriers to pain management**

Participants mentioned insufficient pain guidelines and physician retention as the primary organizational barriers. Two categories emerged from the data: need for culturally congruent pain guidelines and lack of physician retention.

**Category 2.1: Lack of culturally congruent pain guidelines**

The participants highlighted the absence of culture-based clinical guidelines for managing pain. Nurses indicated that diversity in Canada and the long-term care homes require them to be culturally competent. They need the confidence to manage chronic pain, especially where there are cultural differences between nurses and residents. Below are the verbatim quotes that support this finding:

*"It is important to me to effectively respond to pain in residents who are from different cultures, but our organization has never introduced a standardized culturally-based pain guideline to us"* (FG1, 38 years, Male).

*"I remember one time when I asked the director of care about the guidelines on pain management for residents from Greece, she told me to go and check the policy folder under H-drive in the unit computer. I did check, but nothing was available in that folder, and none of my colleagues knew where to locate them"* (FG3, 40 years, Female).

*"To manage the pain of residents from a different culture, I need something like a manual and intervention guideline that would help me to be more familiar with actions to take especially when dealing with chronic pain so that I may feel confident to act upon it"* (FG2, 42 years, Female).

Corbett et al. (2016) similarly related that relevant culture-based pain guidelines play a key role in addressing areas where nurses were lacking, particularly in reporting pain and seeking treatment for residents in long-term care homes. Pain management policies can also improve the consistency of care among doctors, nurses, and across geographical regions (Woolf, Grol, Hutchinson, Eccles, & Grimshaw, 2014).

**Category 2.2: Lack of physician retention**

All the participants commented that the shortage of physicians affects pharmacological measures for pain control because, on many occasions, they needed to confirm prescribed medications. All participants expressed that when the physicians left their positions, management could not find replacements. Participants indicated that they could not manage pain effectively using only non-pharmacological interventions. The participants said:

*"Sometimes limited access to physicians led to a late response to pain because when you paged the physician for a medical order, it takes hours before you would get access to them simply because of shortage"* (FG3, 40 years, Female).

*"Many physicians are leaving; this high turnover for us means a struggle with referrals for further management"* (FG1, 42 years, Female).

According to Booker and Haedtke (2016), the physician is an important stakeholder in a patient's health and well-being. Lack of physician retention is thus a problem for the healthcare system in Canada (Mehta, Cohen, Ezer, Carnevale, & Ducharme, 2013).

**Subtheme 3: Nurse-related challenges**

Participants stated that the mismatch between staff numbers, resident numbers, and workload affects effective pain management and the care they render to their residents. Three categories emerged from the data: work overload, lack of communication among nurses, and pain misconception.

**Category 3.1: Work overload**

Many participants acknowledged that the number of residents assigned to them was too high to manage the residents' pain holistically. They commented that they have very heavy workloads, which has impacted their ability to offer high-quality, effective care to residents. The nurses argued that an imbalance in the nurse-resident ratio is something that management could address. Participants explained:

*"Due to the work overload and shortage of nurses, the quality of pain management is affected because nurses are burned out, in our unit hardly there is a week that I do not work overtime because we have a shortage of nurses, sometimes you do not even have time for yourself"* (FG1, 38 years, Female).



*"I have told our management several times that there are too many residents assigned to one nurse, and nurses cannot cope because we have to attend to all the residents' needs, not only pain, and it can be very stressful" (FG2, 40 years, Female).*

Nurses' overload is a major factor in the early diagnosis of pain in long-term care homes, such as excessive workloads; emotional and psychological exhaustion, which also contribute to physical strain (Shahrokhi, Ebrahimpour, & Ghodousi, 2013). Consequently, this overload contributes to nurses' lack of ability to provide pain medication to the affected person, both at the scheduled time or immediately when asked by residents (Shahrokhi, Ebrahimpour, & Ghodousi, 2013).

### **Category 3.2: Lack of communication among nurses**

The majority of the participants acknowledged that communication is an important component in managing pain, especially in situations where patients might have special communication needs. The quotes below confirm the findings:

*"It has been discussed in so many meetings that our management should develop a way for us to improve communication among nurses because we need to communicate with each other more frequently, especially about the pain management issues" (FG2, 44 years, Female).*

*"Communicating through documentation is a challenge because the number of residents assigned to one nurse does not give enough room for verbal communication and documentation to occur at the same time" (FG1, 45 years, Female).*

According to Miu and Chan (2014), nurses with poor communication skills cannot assess pain and be aware that residents who are cognitively impaired have pain. Communication by nurses at some stage in pain evaluation is an essential component in managing pain in those residents (Miu & Chan, 2014).

### **Category 3.3: Pain misconception**

Participants indicated some level of pain misconceptions. They said some of the nurses have the perception that if the resident does not complain or show any sign of pain they are not in pain. They said that this is not always the case because a resident could often not show they are in pain for many reasons. Participants said some nurses have misconceptions about opioids being used due to the risk of addiction, concerns about side effects, and opioids causing respiratory depression; nurses were thus reluctant to give opioids despite high pain scores. Participants stated that some nurses continue giving the same simple pain medication for many days, even though the medications are not working because of the misconception that pain is part of the ageing process. The participants explained:

*"I have seen many times that nurses will report a pain scale of 8-10 on a resident medical file and yet the resident gets Tylenol for more than two days because many of us believe that strong pain medication may cause another complication even though the resident has a PRN prescription on an opioid, which we should have administered" (FG1, 42 years, Female).*

*"Many of my colleagues have told me that due to fear of opioid addiction, they would rather not give any opioid medication, but something like relaxation techniques, exercise, physical therapy and over-the-counter medications such as Tylenol" (FG2, 40 years, Female).*

*"Some nurses have also expressed to me that they know that pain is part of the ageing process and that no one can do anything about it and it is better to manage it with simple pain medication like Tylenol rather than take opioid medication that will cause another complication" (FG3, 38 years, Female).*

One major misunderstanding is the belief that pain is an expected and natural consequence of aging (Flaherty, 2012). Similar misunderstandings occur regarding pain perception in older adults (Anon, 2014). Clinicians believe that older individuals are more prone to pain than young people. While this is not entirely true, it can result in the elderly receiving fewer pain medications than they need (Reid, O'Neil, Dancy, Berry, & Stowell, 2014).

## **CONCLUSION**

The study found that nurses faced some difficulties in effectively managing the pain of residents. Some of the barriers mentioned included resident-related, organizational, and nursing-related issues. The findings of this study, on the other hand, supported the notion that verbal communication between residents and nurses is an important component of

pain assessment. This is problematic for residents who do not speak English, as a lack of proficiency in the language of communication makes identifying pain location and intensity difficult. The language barrier also appeared to have influenced the conversation on pain between English-speaking nurses who did not originate in Canada. The absence of effective verbal exchange strategies with residents and nurses can, as a result, prevent effective pain management (Pasero & McCaffery, 2014).

Cultural differences between nurses and residents were also mentioned as a source of the difficulty. Cognitive barriers are a major impediment to effective pain management. Changes in mental status have an impact on self-report ability and have a direct positive correlation with pain severity ratings. Nurses must learn about individuals' unique pain responses, underlying causes of pain, treatment responses, and the best pain management strategies to implement to achieve pain control outcomes (Veal et al., 2018). Low nurse-to-resident ratios were identified as the primary cause of nurses' work overload, and this factor was mentioned by all participants as one of the most frequently mentioned barriers.

All participants identified nurses' lack of pain management training as a barrier to pain management. Nurses were hampered by their failure to use pain rating scales to assess the intensity of residents' pain. Misconceptions among nurses, as well as the lack of cultural pain guidelines, hampered effective pain management practices. Furthermore, residents were concerned about analgesic side effects. According to Veal et al. (2018), many people would prefer not to use drugs because they are concerned about developing dependence or experiencing other side effects. Some residents and family members believe that pain medications are fraught with complications and side effects and that it is therefore preferable to recover without them. The study's findings also revealed that a lack of physician retention posed a challenge to continuity of care. Previous research has consistently produced comparable results as the current study in terms of the negative effects of insufficient physician collaboration and insufficient pain relief medication prescription (Kaasalainen et al., 2013).

The findings of this study could help long-term care home managers in developing continuous education and staff development training programs on assessing and managing pain for residents of long-term care homes. Establishing continuous education, workshops, and professional developmental lectures focusing on pain management could help alleviate the challenges the nurses face in managing pain in long-term care homes. Also, the study findings could be used to develop an evidence-based standard pain management protocol tailored to effectively assess and promptly treat the pain of residents and emphasize the importance of alternative and complementary medicine for pain (Sri Wahyuningsih, Hayati, & Adi Safitri, 2021).

### **Limitation**

According to the study's results, enhancing referrals to other health providers and upgrading an existing multidisciplinary team might help improve pain treatment. However, this research focused on nurses' pain management procedures at a single long-term care home facility in Ontario, Canada. Consequently, the results cannot be generalized to the other institutions. A more extensive study of a representative sample of long-term care home facilities in the province would be necessary for generalization. Another disadvantage of this research was that it needed to incorporate comments on pain management from residents.

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### **Competing Interest**

The authors state that they have no financial or personal affiliations that might have affected their decision to write this paper.

### **Authors' Contributions**

J.O.R. was in charge of the whole study process, including conceptualization, methodology design, research conduct and project management, data analysis, visualization, validation, report writing, and article drafting. J.O.R. was the overall study supervisor and contributed to the paper's idea, method design, validation, and critical review.

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The writers did not get any money for their master's studies or research.

## Data Availability

The researcher saves data in a database.

## Disclaimer

This research summarises the work done as part of the evaluation of a Master of Nursing research study to understand nurses' pain management practices in Ontario Long-term care homes. All thoughts and opinions expressed remain the writers' exclusive responsibility. It is an original work that has not been submitted to any other journal for publication.

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