

## Advances in Nurses' Pain Management Practices: The Case of Long-Term Care

Justin Oluwasegun Rojaye<sup>1</sup>

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

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### ABSTRACT

The most common medical issue that elderly people face in a long-term care facility is pain. Nurses play an important role in assisting residents with pain management. This study looked at nurses' pain management practices in long-term care facilities. This study took place at a long-term care facility in Ontario, Canada, a 160-bed nursing home for the elderly that offers a variety of nursing and medical care services. A one-hour semi-structured focus group interview was conducted. The population of this study included 45 nurses. Using a purposive sampling strategy, the researcher selected a sample of 25 nurses. To identify recurring issues, the data was reviewed using qualitative data analysis. This study revealed the importance of identifying and overcoming barriers to effective pain management and reinforcing good practices in long-term care homes; better pain management practises are required to manage pain in a long-term care home. This study demonstrated the significance of identifying and overcoming barriers to effective pain management and reinforcing best practices in long-term care homes. As a result, improved pain management practises are required to manage pain in a long-term care home effectively. The overall benefits of pain management practice in long-term care homes increase nurses' clinical knowledge in the care of nursing home residents.

Keywords: long-term care home; nurses; pain management guidelines; pain management practices; pain

### INTRODUCTION

An injury or damage to any part of the human body causes a pain sensation. Transduction, transmission, perception, and modulation are the four processes that cause it (Urden, Stacy & Lough, 2013). Pain management minimizes or reduces a person's pain experience to a bearable level. Effective pain management includes both pharmaceutical and non-pharmacologic nursing interventions. Although multidisciplinary efforts are required, nurses play an important and complex role in pain management in long-term care homes and hospitals (RNAO, 2013). Nurses and other healthcare professionals must work collaboratively to treat pain (RNAO, 2013). Nursing interventions include continuous pain assessment, standardized pain assessment, and the proper use of pharmacological and non-pharmacological pain relief. Resident care is extremely important in the nursing profession in long-term care homes. Planning the residents' care could solve the residents' health goals quickly, and nursing care was systematically provided to the residents (Yucel, 2023).

#### Background of the Study

The International Association for the Study of Pain defines pain as an unpleasant sensory and emotional result of tissue damage (Fleckenstein, 2013). As a result, developing effective pain management pathways is critical to improving pain management and providing appropriate nursing care. This can be accomplished in a long-term care facility by determining the nurses' perceptions of the older person's pain expression and treatment components. There is compelling evidence that the Canadian population is ageing at an unsustainable rate compared to current social and healthcare services (Busby & Robson, 2013). According to Statistics Canada (2013), senior citizens are the fastest-growing age group. (65 and above). (Statistics Canada, 2013) reported that five million Canadians were 65 or older in 2011.

Nurses are the primary healthcare providers in long-term care homes (Almost et al., 2013). To improve nursing practice and promote good health outcomes in long-term care home settings, adequate pain management knowledge and comprehension and clinical decision-making based on research data are required (Almost et al., 2013). Furthermore, nurses with specific pain management competence and reliable assessment and clinical decision-making skills are

required to care for older people who may require healthcare but are unsure how to meet their health needs in long-term care homes (Almost et al., 2013). Furthermore, while healthcare delivery is critical, there may be a persistent barrier to pain treatment among the elderly's healthcare providers.

Many seniors in long-term care facilities have a variety of diseases, including drug abuse, physical problems, and mental health issues. These people are typically from areas with insufficient health promotion and illness prevention practices due to a lack of knowledge and resources (Baybutt & Chemlal, 2016). Furthermore, a diverse group of people, including a multi-professional group, are involved in pain management in long-term care facilities, either directly or indirectly. In comparison to other multidisciplinary team members, nurses take the lead in pain treatment in long-term care homes. This is because nurses are close to the residents. They can alleviate pain and increase comfort by evaluating and developing pain-relieving care methods, recording, and monitoring (Birchenall & Adams, 2014). In addition, nurses provide emotional and personalized care.

These nursing care activities include assessing residents' pain, providing appropriate nurse interventions to relieve pain, and reassessing residents' pain after intervention. Patients', organizational, and healthcare providers' barriers all impact pain management practices in any healthcare system (Jacobsen et al., 2009). Nurses are not the only healthcare providers responsible for relieving patients' pain, they also play an important role in pain management (Lewthwaite et al., 2011). Nurses are in a central position between responsible physicians and their patients (Schafheutle, Cantrill & Noyce, 2001).

Neglecting residents' pain is an unethical and morally repugnant behavior that has numerous consequences and complications for both residents and healthcare organizations. As a result, many international organizations concerned with improving resident safety and healthcare quality focused on this issue, reporting that nurses in all countries provide inadequate pain management (Hutchinson, 2007). According to studies conducted among Jordanian nurses, nurses provide insufficient pain management. According to Daibes (2011), nurses did not provide pain management to their residents. Daibes' findings, in particular, revealed that nurses in Jordan's hospitals provide insufficient intervention to relieve residents' pain and do not take any immediate action to manage the residents' pain (Daibes, 2011).

### **Purpose of the Study**

This study aimed to examine nurses' pain management practices in long-term care facilities. The goal was also to educate older people on proper pain management techniques.

## **RESEARCH METHODOLOGY**

A qualitative research method was used in this study. The research methodology describes the study's design, sampling, and sample characteristics. In addition, the tools, data collection procedures, and analytic methods used to meet the research objectives of this study are described. A qualitative approach was used in the study, which included non-experimental, exploratory, and descriptive methodologies. A research methodology is a scientific approach to addressing a problem that includes a method for designing the study as well as acquiring and analyzing data (Polit & Beck, 2016). According to Brink, Van der Walt, and Van Rensburg (2014), the research methodology educates the reader on how the study was carried out; in other words, what the researcher did to discover answers to the research issue or answer the research question. The qualitative research method was used.

### **Research Design**

A research design is a collection of plans or recommendations for conducting research or the fundamentals of conducting a study (Babbie & Mouton, 2012). This study employed a non-experimental, qualitative, exploratory, and descriptive design. The experimental design is a method of comprehending and comprehending a situation, community, person, or phenomenon under investigation (Silverman, 2015). The descriptive design focused on 'how' and 'why' questions to paint a picture of a specific circumstance, social location, or connection (Silverman, 2015). The research method used in the study was qualitative, exploratory, and descriptive.

### **Research Setting**

The chosen long-term care facility has 160 beds and provides nursing and personal care 24 hours a day, seven days a week, as well as access to the family doctor and other health specialists. The chosen long-term care facility has provided nursing services to the elderly since its inception in 2004. Furthermore, it provides a versatile and pleasant living environment.

**Sampling and Sample**

Sampling refers to selecting specific participants from the general population in studies and generating a sample (Cottrell, 2014). The researcher chose study participants using a non-probability sampling method due to the qualitative nature of this study and the need to obtain detailed information related to the research questions and goals. Non-probability sampling was used, defined as any sampling in which the items or participants chosen are not determined by the statistical concept of randomness (Polit & Beck, 2016). The fact that samples are carefully chosen based on the researcher's subjective judgment is a critical component of the non-probability sampling approach. As a result, participants for this study were selected using non-random approaches and purposeful sampling.

**Data Collection**

According to Saldana (2014), data is collected to understand the participants' experiences better and document the interpretations that the participants have created of their experiences. The researcher led the data collection method with a semi-structured data collection technique, such as focus groups, implying that only broad recommendations were used to steer the data collection method. This strategy is justified because it enables more detailed, substantial, and deliberate responses. Because of the abundance of different information they present, experiences are no longer primarily dependent on predetermined responses, and they are appropriate for descriptive investigations (Saldana, 2014). The data was collected with the help of a scribe who took notes on all responses so that the researcher could lead the focus group discussion.

**Ethical Considerations**

Concepts, norms, and values that guide proper behavior in research decisions are referred to as research ethics (Cottrell, 2014). It may also be related to applied ethics, which seeks to protect the well-being of study participants (Terre Blanche, Durrheim & Painter, 2014). Furthermore, (Grove, Gray, and Burns 2015) assert that self-determination, privacy, anonymity, secrecy, correct choice, fair treatment, and protection from pain and injury are all aspects of ethics. The University of South Africa's (UNISA) College of Human Sciences Research Ethics Review Committee (CREC) approved the study (reference no.: REC-012714-039). The study adhered to the Code of Ethics for Human Subjects Research. The authorities of the long-term care facility and all participants signed a written agreement. Participants were also assured of their anonymity and confidentiality. The researcher obtained approval from all key stakeholders, including UNISA's CREC and the long-term care facility (research setting). Before data collection began, all participants provided written, informed consent. Furthermore, participants were informed that they could withdraw from the study at any time without penalty. Participants were given codes throughout the data collection process to ensure anonymity and confidentiality.

**PARTICIPANTS' BIOGRAPHICAL INFORMATION**

Table 1 provides the participants' biographical data that show their specific characteristics. It describes participants' gender, age, nursing qualifications, years of experience, years at the long-term care home, and employment status.

Table 1. Participants' Biographical Information

		Focus Group 1 (N=8)	Focus Group 2 (N=8)	Focus Group 3 (N=9)
Gender	Males	2	2	2
	Females	7	7	5
Age	30-39 years	4	5	3
	40-49 years	5	4	4
Nursing Qualification	Diploma	5	4	3
	BScN	5	3	5
Year of Experience	6-10 years	2	4	2
	11-15 years	2	3	3
	16-20 years	3	3	3
Year at Long-Term Care Home	1-5 years	4	5	3
	6-10 years	3	4	6
Employment Status	Full Time	5	6	4
	Part Time	3	3	4

A total of 25 nurses, of whom six were male and 19 were female, participated in the focus groups. As Table 1 shows, eight participants had 6-10 years of experience as nurses, eight had 11-15 years of experience, and nine had 16-20 years. Twelve nurses had 1-5 years' experience working at the long-term care home, and 13 nurses had 6-10 years' experience working there. Across the three groups, there were 12 nurses between ages 30-39 years; 13 nurses were between 40-49 years. Twelve nurses had a diploma certificate, while 13 nurses had a Bachelor of Nursing degree. Lastly, 15 nurses were full-time employees, and 10 nurses had part-time employment status. An additional three participants were later recruited and interviewed to validate certain aspects that emerged.

## STUDY FINDINGS

A ticket representing a method of reporting large amounts of data in a simple, condensed format is referred to as a theme (LoBiondo-Wood & Haber, 2016). The following themes emerged from the data: developed within the sub-categories and categories of the data. The researcher identified the following four themes:

### Nurses' Perception of Pain

The way nurses perceive pain may influence how they assess and treat pain (Swakhalen et al., 2017). As a result, to provide proper pain management, nurses must have excellent pain perception. According to (Chatchumni et al., 2016), differences in the interpretation of residents in pain affect the outcome of the pain evaluation. As a result, the participants' reports on their residents' perspectives on pain and pain treatment were divided into two subthemes. These subthemes were: the meaning of pain to nurses and the implications for understanding the pain of residents.

Nurses' perception of residents' pain may aid in detecting information from a person's pain expression. This data is gathered using the five human senses: sight, hearing, taste, smell, and touch (Johnson et al., 2015). Nurses use their expertise, knowledge of pain etiology, and experience to identify pain in residents. Nurses appeared to have relied primarily on their nursing training and abilities to detect resident discomfort. They used visible and non-visual pain signs to diagnose pain, such as a grimace or scowl, clenched jaw, quivering chin, or looking indifferent (Johnson et al., 2015). Data also indicated that nurses-controlled pain through evaluation using various techniques, though one method appeared to be preferred. The interpretation of pain by nurses was critical to the success of pain treatment. According

### Nurses' Responses to Pain

Participants stated that regardless of whether residents are in pain, the long-term care home's policy is to conduct a pain assessment upon admission. According to them, the initial pain evaluation serves as a baseline for the future nursing care plan. As subthemes, pain evaluation and pain management measures were developed. According to this study, nurses used pain assessment to respond to an older person's expression of pain. Residents with cognitive, sensory, or motor issues, according to the participants, were unable to communicate pain verbally. As a result, they relied heavily on pain cues like facial expressions, verbal signals, confusion, and withdrawal. They used a pain assessment instrument in addition to behavioral observations. Pain assessment methods that are standardized, such as numeric rating

Standard nurse assessment methods such as inspection and palpation, as well as a complete physical examination and health history, were used in the pain evaluation. The assessment appeared to be centered on the neuromuscular and musculoskeletal systems. Pain etiology, according to (Hogan, 2014), aids in obtaining information that leads to a nurse diagnosis and an appropriate management strategy. Residents and nurses, on the other hand, should work together to choose pain assessment instruments (Laranjeira & Quintao, 2014). As a result, nurses and other caregivers must regularly use valid, reliable, and feasible pain assessment measures for eligible residents (Booker & Haedtke, 2016). According to Nurul, Taufan, Siska, and Khalifatus (2024), nurse response time could be affected by many factors such as age, the priority of the resident's condition, educational level of nurses, nurses' years of service, nurse skills, knowledge, and workload.

### Pain Management Challenges

Participants suggested several barriers to effective pain management in long-term care settings, which could be highlighted in the framework for residents, nurses, and facilities. The findings revealed three subthemes: resident-related impediments to pain treatment, organizational impediments to pain treatment, and nurse-related issues. According to the study's findings, nurses faced a variety of challenges in effectively treating residents' discomfort. Some of the difficulties mentioned included resident-related, organizational, and nursing-related issues. The findings of this study, on the other hand, supported the hypothesis that verbal communication between residents and nurses is an important component of pain assessment. This is a concern for non-English speakers because communication skills make determining pain

location and severity difficult. The language barrier also had an impact on the pain dialogue between English nurses but not on the patients.

Culture disparity between nurses and residents has also been identified as a source of difficulty. Cognitive barriers are a significant impediment to effective pain management. Changes in mental state have an impact on self-report ability and are closely related to pain severity assessments. Nurses must understand people's pain responses, underlying causes of pain, reactions to therapies, and the best pain management techniques to employ to achieve pain control goals (Veal et al., 2018). The primary source of nurses' job overload was identified as low nurse-to-resident ratios. This was one of the most frequently mentioned challenges by all participants.

### **Measures To Improve Pain Management**

According to participants, effective pain management is a critical component of their nursing operations. They recommended several practices for residents, nurses, and administrators to improve pain management. Two subthemes emerged from the data: organizational efforts and interprofessional cooperation. Pain management aims to improve the functional ability and overall quality of life of residents. Participants suggested implementing organizational and interprofessional activities to improve pain management in long-term care facilities. According to the findings, nurses were eager to improve the residents' quality of life. They suggested several improvements to their procedures, including improved communication, continued nurse training, and increased family involvement in pain management programs. Other recommendations from the participants for improving pain treatment include providing resources for optimal pain assessment.

Pasero & McCaffery (2014) reported on the benefits of pain management practice training and supported the findings regarding the importance of exercise in general and cultural pain evaluation and treatment in particular. Participants suggested that facility managers develop culturally appropriate pain criteria. This demonstrates their appreciation for cultural diversity and the importance of cultural competency. They also acknowledged the impact of heavy workload on them and proposed implementing a self-scheduling system as well as incentives to prevent nurse turnover. According to the study, increasing referrals to other health providers and upgrading an existing multidisciplinary team may help improve pain treatment. According to the study, increasing referrals to other health providers and upgrading an existing multidisciplinary team may help improve pain treatment.

### **CONCLUSION**

Pain management in a long-term care facility necessitates special considerations. Nurses must be specially trained to provide proper pain management to the elderly, who may not always express their distress verbally. According to the study, in such cases, the family becomes critical in conversing with nurses and providing clues about the older individual's pain-related behaviors, particularly upon admission. The environment appears multicultural in terms of nurses and residents; this includes nurses being culturally aware of various pain expressions. This is only possible if pain measurement rules are culturally appropriate. In a long-term care facility, effective pain management methods may be a problem. Nurses are critical in providing continuity of care, and constant evaluation of pain severity is required both on admission and on an ongoing basis. Nurses realized that traditional pain assessment techniques could not be used on dementia patients; instead, pain markers such as changes in mood and behavior must be included to provide an appropriate evaluation.

Uncontrolled pain can interfere with residents' physical, emotional, and social well-being by interfering with daily activities, sleep, and mobility. According to the findings of the study, the nurses' responses demonstrated a broad understanding of pain management procedures. However, the limitations of adequate pain treatment were highlighted, and a nurse shortage and increased workload for nurses continued. The long-term care population requires a better understanding of pain expression, treatment, and improved techniques to establish a thorough nursing diagnosis. Interdisciplinary help is also required, including physiotherapists, psychologists, nurses, doctors, and occupational therapists. In addition, ongoing in-service training would benefit residents and nurses. The findings imply that pharmaceutical therapies may not be sufficient on their own and that non-pharmacological approaches must be improved. As a result, physiotherapists should collaborate with nurses to develop appropriate training programs. Non-pharmacological pain management strategies should also be discussed and implemented as part of a collaborative effort.

### **Limitation**

According to the study's findings, increasing referrals to other health providers and upgrading an existing multidisciplinary team may help improve pain treatment. This study, on the other hand, concentrated on nurses' pain management procedures at a single long-term care home facility. As a result, the findings cannot be applied to other

institutions. A larger study of a representative sample of long-term care home facilities in the province would be required for generalization. Another disadvantage of this study was that it did not include resident comments on pain management.

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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. oversaw 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.

### Funding Information

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 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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