Pain management in older people: an ethnographic study

Presenter: Joanne Harmon
Bachelor of Nursing (Honours) PhD student
The University of Newcastle, Australia
Joanne.Harmon@uon.edu.au

Supervisors
Prof. Isabel Higgins, The University of Newcastle, NSW, Australia
Dr. Peter Summons, The University of Newcastle, NSW, Australia
Prof. Sian Maslin-Prothero Edith Cowan University, WA, Australia

Background

• Hospitalised patients suffer from acute pain (Blondal & Halldorsdottir 2009; Australian National Pain Strategy, 2010)
• Nurses find caring for patients in acute pain challenging (Blondal & Halldorsdottir 2009)
• Administer least invasive and safest route – Orders are PRN or pro rata [as needed] (Manias 2012)
• Intravenous (IV) is the route of choice after surgery for acute pain episodes (Herr, Bjoro, Steffensmeier, & Rakel, 2006)
• Holistic approach required for assessment and management of pain in older people (Hadjistavropoulos, Hunter, & Fitzgerald, 2009; Harmon 2010)

Facilitating aspects for uptake of EBP for pain assessment in acute care

• Use of multiple sources to identify solutions for clinical practice problems
• Read 2 or more professional journals regularly
• Certification in a specific area
• Knowledgeable about theoretical, ethical and personal aspects of pain management
• A supportive nurse educator (Blondal & Halldorsdottir, 2009; Carlson, 2006)

Acute care

• Consistent pattern of under assessment and inappropriate management of pain in older people by acute care nurses (Brown & McCormack, 2006; Titler et al 2003, Manias, Buchholl, & Kott, 2007)
• Fear of overmedicating (Coker et al 2010, Manias, 2012)
• Deficiency of written protocols lead to nurse based consensus on ‘rules’ for administration of opioids (Manias et al 2005; Manias, 2012; Willson, 2000)
• Standardised approaches lead to better pain control (Gelinas 2010)

Focused ethnography

• Collect, describe, and explore the ways people use knowledge to interpret an experience and mould their behaviour by understanding the insider’s viewpoint (Kessle, 1981; Brown, 2000)
• Exploration of small group culture when undertaking specific tasks to identify culturally mediated patterns of care delivery (Leininger, 1986; Morse, 1994)
• Focused ethnography describes social processes within a culture are interrelated over a limited period of time (Rogers et al, 2006; Kofouv, 2001)
Methods

- Multi site 2 hospitals, 5 acute care wards
- Recruitment & field work
  - 2 months to gain entry, 6 months field work
- 9 RNs and 24 Observation periods
  - 73 hours of interactions with 42 patients
- Interviews of RN's and older patients
  - 23 interviews with RNs totalling 11.8hr
  - 11 interviews with older patients totalling 6 hours
- Document and policy review

Use of opioids for acute pain management

‘We don’t do IV on the ward. That’s the policy. I got told it’s policy’ [RN Fran interview 1]

‘We don’t give IV morphine. On the ward we don’t. In ED and ICU they do because they’ve got medical back up there, in acute care because there is no doctor on the ward or even one on the floor, it’s considered too much of a risk. We either give it orally or sub-cut’ [RN Hermione interview 1]

Fear of overdose

’When you give IV it goes in the body quicker and you can’t reverse the actions of it - not like if you give it sub cut’ [RN Danielle interview 1]

‘I suppose you can give narcan, but at the end of the day you can’t reverse the actions of it - not like if you give it sub-cut’ [RN Clare interview 1]

‘You can give IV to them but you then need to do obs for 15 minute increments after and you just don’t have time to do that’ [RN Fran interview 3]

Conclusion

- Ineffective pain management for older patients in an acute pain crisis
- Lack of access to guidelines and policies for RN’s in acute care is contributing to a lack of EBP uptake
- Education and more research required
- Focused ethnography can be used within multiple sites for exploration of the basis of beliefs, values and practices behind the actions of care delivery

References


References


