

***Relationship between Knowledge, Attitudes and Self-Efficacy of Nurses
in the Management of Pediatric Pain***

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Introduction

Pain management is a very important aspect of nursing care of the pediatric patient. According to the International Association for the Study of Pain (IASP, 2005), pain relief is a human right, and according to the Joint Commission of Accreditation of Healthcare Organization (JCAHO), pain management standards require that providers be educated in the assessment and management of pain (JCAHO, 1999). Pain is a subjective experience and can only be judged by the patient experiencing it (McCaffrey & Pasero, 1999). Pain has sensory, emotional, cognitive, and behavioral components that are interrelated with environmental, developmental, sociocultural, and contextual factors (Cassell, 1982). The role of the nurse in pain management encompasses the entire nursing process. The nurse assesses for the presence of pain, plans pharmacological and non-pharmacological pain management strategies with the medical team, implements the plan, and evaluates the effectiveness of the interventions.

Research Questions

The specific research questions posed for this quantitative research study are:

1. What is the level of pediatric pain management knowledge in nurses employed in acute care settings in North Carolina?
2. What are the attitudes of nurses in regard to pediatric pain management in acute care settings in North Carolina?
3. What is the level of self-efficacy of nurses in regard to pediatric pain management in acute care settings in North Carolina?

4. What is the relationship between years of experience, knowledge, attitudes, and self-efficacy in regard to pediatric pain management in nurses employed in acute care settings in North Carolina?

Justification/Rationale

Far too often, pediatric pain goes undertreated. Although increased effort has been put into pain management improvement over the last decade, up to 81% of hospitalized children report moderate to severe levels of pain (Pölkki, Pietilä, & Vehviläinen-Julkunen, 2003). However, nurses administer only 23-43% of analgesics ordered (Jacob & Puntillo, 1999; Vincent & Denyes, 2004). Walco, Cassidy, & Schechter, (1994) found that there are six main barriers to treatment of pain in children. The barriers include 1) the myth that children do not feel pain the way adults do; 2) lack of assessment and reassessment for the presence of pain; 3) misunderstanding of how to conceptualize and quantify a subjective experience; 4) lack of knowledge of pain treatment; 5) the notion that addressing pain in children takes too much time and effort; and 6) fears of adverse effects of analgesic medications, including respiratory depression and addictions. The researchers go on to say that personal values and beliefs of the health care team about the meaning and value of pain greatly affect the use of pain treatments. For example, 55-90% of nurses believe that children over report their pain (Manworren, 2000).

Inadequate pain management has been shown to affect patient outcomes by potentially increasing hospital length of stay and delaying recovery (Schechter, Berde, & Yaster, 2003), thus the management of pain has major implications for nursing. A nurses' knowledge and attitudes can affect their ability to adequately provide pediatric pain management. In one study by Rieman and Gordon (2007), although level of knowledge of pediatric pain management did not differ significantly based on education preparation, those nurses with more than 2 years

experience or who participated in continuing education credits had significantly higher knowledge and attitudes regarding pediatric pain management. Schechter (2008) noted that even in nurses with the best intentions, gradual erosion of the level of attention to pain is often inevitable in the face of increasing patient volume, frequent understaffing, and continued resource limitations. Faced with these challenges it is important to identify the knowledge, attitudes and confidence of pediatric staff and address these barriers through planned educational activities.

The purpose of this study is to examine the level of knowledge of pediatric pain management, the attitudes of nurses, and the level of self-efficacy of a group of pediatric nurses in North Carolina.

Methodology

A cross-sectional, correlational design will be used in a convenience, non-probability sample of pediatric nurses in North Carolina. IRB approval will be sought from UNCW, Onslow Memorial Hospital, New Hanover Regional Medical Center, and Charlotte Medical Center. Following IRB approval, nurses meeting the following inclusion criteria will be invited to participate in the study. Inclusion Criteria: registered professional nurse and currently employed on a pediatric acute care unit. Nurses volunteering to participate in the study will be asked to complete two research instruments:

1. *Pediatric' Nurses Knowledge and Attitudes Survey Regarding Pain* (PNKAS-Shriners Revision) (Manworren, 1999). A survey which includes 40 questions measuring knowledge and attitudes in managing pediatric pain. The survey has moderate internal consistency and established content validity.

2. *Nurses' Self-Efficacy in Managing Children's Pain*. A survey which includes six questions addressing self-efficacy and pediatric pain management. The survey has high internal consistency and established content validity.

Description of the Product

This research study is being completed as a UNCW Honors Program project and will result in the following scholarly activities:

1. Manuscript to be submitted for publication.
2. Poster presentation to be submitted to the Nu Omega chapter of Sigma Theta Tau (honor society for nursing).
3. Poster presentation to be submitted to the UNCW Showcase of Undergraduate Research.
4. Podium presentation at the Japanese Teleconference in the School of Nursing.
5. Poster presentation at the NHRMC Poster Fair.
6. Poster presentation at the UNCW Health Sciences Poster Fair.

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