



## Editorial comment

## Education and support strategies improve assessment and management of pain by nurses

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## 1. Introduction

In this issue of the *Scandinavian Journal of Pain*, Peterson and colleagues report on a quality improvement study aimed to improve pain assessment in three hospitals in Sweden [1]. Nurses and nurse assistants received education on new assessment routines, consisting of standardized methods of assessment and documentation of pain. The authors did identify barriers to optimal practice before embarking on the project and care was taken to adjust the intervention to local context. Pain resource nurses (PRNs) in each participating ward provided both education and support to staff, in addition to the research team. The intervention was successful in changing practices. The documentation of pain severity with the numeric scale increased from 7% to 36% and the proportion of patients who were reassessed after receiving analgesics increased from 73% to 86%.

## 2. Pain assessment

Pain assessment is an important part of quality pain management [2]. It is the first step in pain management and is essential for pain treatment decisions [3]. Still pain is not adequately assessed in many health care settings [4–6], so projects aimed at improving pain assessment are of importance. Use of standardized scales for measuring pain severity and evaluating patient's response to treatment is recommended in clinical guidelines [7–9]. Furthermore, results of the assessment need to be clearly documented so health care professionals can evaluate and adjust the treatment plan accordingly [8]. But, assessment alone may not lead to improved outcomes, such as less pain or less time spent in severe pain [10–12]. Health care professionals need to respond to the results of the assessment when appropriate. Purser and colleagues [4] undertook a three-stage audit of pain assessment in a large teaching hospital in England. Their study showed that the assessment tool was not visible to clinical staff at the start of the

project but, after changes were made to the patient observations charts, assessment rates increased significantly and 88% of patients with moderate to severe pain received analgesics. The importance of using standardized scales to assess pain was also observed in an Icelandic study [6]. There, patients who were assessed with a standardized scale were more likely to receive adequate analgesia than patients who were not assessed with such scales. This suggests that when nurses are aware of the patients' pain severity they are likely to respond accordingly.

## 3. Changing clinical practice

Changing clinical practice is not an easy task and improving patient outcomes in pain management may be hard to achieve [13,14]. Guidelines from NICE [15] state that in order to change practice health care professionals need to understand potential barriers to change, these barriers need to be identified, and finally interventions developed to overcome the barriers need to be developed. Education, opinion leaders, skill training, and feedback are among interventions that may improve practice.

Gunnarsdottir and Gretarsdottir [16] conducted a systematic review on interventions aimed at nurses to improve pain management. Their results showed that multifaceted interventions using role models and pain algorithms, brief interventions with individual feedback, and extensive programmes with over 30 h of education were all successful in improving patient outcomes. Several interventions were also successful in improving knowledge and attitudes of staff, but patient outcomes were not always reported in those studies. Therefore, it is difficult to draw conclusions on whether increased knowledge leads to better patient outcomes. Similarly, Ista, van Dijk and van Achterberg [17] did a systematic review on implementation strategies used to improve adherence to pain assessment in hospitals. Their results showed that various implementation strategies, both single and multidimensional, were effective in improving adherence to pain assessment. Education and feedback were frequently used and were usually effective. Multifaceted strategies, aimed at both health care professionals and the organization seemed to be more effective than interventions aimed only at health care professionals. However, the authors concluded that because of the variety in

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implementation strategies and lack of rigorous studies, it was impossible to recommend one strategy over another.

#### 4. Conclusion and implications

Patients do not always voluntarily report their pain. They may be reluctant to disturb the staff or believe that pain is inevitable [18]. Health care professionals therefore need to assess pain and while doing so should use standardized scales to measure pain severity. The study of Peterson and co-workers [1] has shown that pain management practices can be improved, but that it takes time and effort to change clinical practice. It should be noted though, that the study did not have a control group which limits the conclusions that can be drawn from the study. Their results are however in line with studies that have shown that education and support can lead to better pain assessment practices [17]. Future studies need to address if improvements in pain assessment result in improved patient outcomes.

#### Conflict of interest

None declared.

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