



PERCEIVED BARRIERS REGARDING PAIN MANAGEMENT AMONG HEALTHCARE PROFESSIONALS

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Abstract

Background: A key element of healthcare is effective pain management because it immediately improves patients' comfort and general well-being.

Objective: This study identifies perceived barriers to pain management among healthcare professionals.

Methodology: A cross-sectional survey involving 120 healthcare professionals was carried out at the tertiary care hospital in Karachi, Pakistan. This investigation used a convenient sampling strategy. A valid and reliable instrument was employed to gather the data.

Result: The survey data reveals significant barriers healthcare professionals face in pain management. These include patient hemodynamic instability (10.8%), patient communication issues (18.3%), high workload (15.8%), sedation interference (26.7%), lack of familiarity with assessment tools (27.5%), absence of protocols (19.2%), and unavailability of pain assessment tools (37.5%).

Conclusion: In summary, there are numerous important obstacles that healthcare providers must overcome in order to effectively treat pain. Patient hemodynamic instability, difficulty communicating, a severe workload, interference from sedation, unfamiliarity with assessment tools, unclear protocols and guidelines, and a lack of pain assessment tools are all examples of these hurdles. In order to guarantee the best possible patient care, these issues must be resolved. A crucial suggestion to address these obstacles is the execution of all-encompassing pain management instruction and training initiatives for medical practitioners.

Keywords: Perceived Barriers, Pain Management, Health care Professionals

Introduction

According to one definition, pain is an unpleasant subjective experience connected to actual or potential tissue injury. There are two types of pain traditionally: acute and chronic. While chronic pain can be ongoing or recurrent, persists longer than three months, and does not improve with medical treatment, acute pain begins suddenly and lasts no longer than three months (1). Acute and chronic pain is widespread, particularly in hospitalized surgery patients and general medical inpatients. Over half of hospitalized patients report having severe pain (2). The most prevalent complaint that has been reported in both developed and developing nations is pain (3). Two reported approaches to treating pain are pharmacological and nonpharmacological (4). According to national and international studies findings, significant gaps exist in nurses' pharmacological understanding of pain management (1). Pain is one of the most prevalent and uncomfortable symptoms reported by cancer patients and has become increasingly important in advanced disease. Pain causes suffering, resulting in significant psychological and social impact on the patient and his/her family and loved ones(5). Ineffective pain management lowers functional capacity, worsens depression symptoms, and lowers quality of life, increasing the need for care (6). Pain-related emotional reactions in patients can include insomnia, anxiety, and despondency. The patient may exhibit odd behaviors in response to the upsetting life event after these reactions. Other dangers associated with untreated pain include extended hospital stays, sluggish healing, and the emergence of chronic and persistent pain (3) An identified number of barriers to the proper management of pain, including patients' resistance to using opioids, doctors' negative attitudes towards prescribing them, inadequate understanding among health professionals, and inadequate assessments of pain and treatment outcomes. Interestingly, frequent obstacles to effective pain management were not mentioned, including nurses' resistance to using opioids and their worries about too restrictive regulations (7). In every healthcare setting—a hospital, an outpatient clinic, or a long-term care facility—appropriate pain assessment and management are critical markers of the quality of pain treatment and patient satisfaction (5).

Many barriers to pain management have been pointed out by earlier research. Ineffective pain management can be hampered at the organizational level by a deficiency of pain management policy and a large percentage of unqualified care providers (8). Additionally, another study found that healthcare providers, patients and their families, and the healthcare system may all be factors in the failure of effective pain management (9). Unfortunately, doctors' and nurses' perceptions of ignorance and mistrust were shown to be the main obstacles to pain management (10). Furthermore, the problems are further compounded by medical professionals' unfavorable attitudes and lack of understanding about managing pain (10).

Moreover, the main obstacles were a lack of education in pain treatment, understanding, and poor pain assessment. According to this study, doctors' knowledge and attitudes need to be improved through ongoing education to give cancer patients appropriate pain treatment (11). Insufficient understanding and unfavorable attitudes of nurses remain significant obstacles to effectively managing children's pain, even with recent medical breakthroughs (12).

Nurses are essential in determining the pain level in patients and treating it with pharmaceutical and nonpharmacological methods. When doctors are unwilling to provide the proper analgesia, nurses stand up for their patient's right to pain management. Besides evaluating pain, doctors play a crucial role in starting pain management and recommending the right amount of analgesic medication. A multidisciplinary team comprising medical professionals with appropriate attitudes and a solid foundation of expertise in pain treatment, such as nurses, is required. If not, ignorance and unfavorable attitudes will remain obstacles in managing pain (13). Understanding the barriers healthcare professionals face in pain management is essential for optimizing patient care. The study addresses critical barriers that hinder healthcare professionals from providing optimal pain

management. Identifying and addressing these barriers can significantly improve patient care, enhancing comfort and better health outcomes.

Methodology

This cross-sectional study was carried out at a tertiary care hospital in Karachi, Pakistan, to investigate the perceived limitations around pain management among healthcare personnel. A convenient sampling technique was used to choose willing and able volunteers for the study among 120 healthcare professionals. Google Forms was used to create an online survey to collect data for this investigation. This study included a valid and reliable questionnaire to evaluate healthcare workers' perceived barriers to pain management. The questionnaire aimed to evaluate different facets of the perceived obstacles to pain treatment. It asked about the age, Gender, occupation (e.g., physicians, nurses, chemists), and years of healthcare experience of the participants. The primary goal of the questionnaire was to investigate the obstacles that medical professionals thought stood in the way of their day-to-day work managing patients' pain. These questions were adopted from the previous study with a reliability (14) of 0.75. Following data collection, Google Form responses were converted to version 26 of a data analysis software program for quantitative analysis. The participant's demographic details were compiled using descriptive data, such as percentages and frequencies.

Additionally, the perceived barriers to pain management were analyzed quantitatively to determine the extent to which healthcare professionals identified each barrier. The study adhered to ethical principles, and all participants provided informed consent before participating. Confidentiality and anonymity of the participants were maintained throughout the research process. The study received institutional review board approval, ensuring it met the ethical standards and regulations governing research involving human participants.

Results

This table presents data on a sample group's demographic and professional characteristics. It is divided into four categories: Gender, Age, Experience, and Profession.

Regarding Gender, the sample consists of 70 (58.3%) males and 50 (41.7%) females. This information helps to understand the gender distribution within the group.

With 56 participants (46.7%), the majority of participants are between the ages of 21 and 23. Also, 26 (21.7%) people are 24–25 years old, and 22 (18.3%) are in the 18–20 age range. 31 people (25.8%) have more than three years of experience, compared to 89 (74.2%) with less than three years of experience in the Experience category. This data illuminates the different levels of professional experience within the sample. The bulk, 62 (51.7%), work as nurses, with 29 (24.2%) doctors, 18 (15.0%) as DPTs (Doctor of Physical Therapy), and 11 (9.2%) in other professions following. This information demonstrates how the sample's various vocations are distributed.

Demographic Data of the Participants n=120

Variables	Frequency	Percent
Gender		
Male	70	58.3
Female	50	41.7
Age		
18-20	22	18.3
21-23	56	46.7
24-25	26	21.7
Experience		
Less than three years	89	74.2
More than three years	31	25.8

Profession		
Nursing	62	51.7
Doctors	29	24.2
DPT	18	15.0
others	11	9.2

With responses to each barrier statement classified as "Yes," "No," or "No idea," Table 2 provides a concise summary of the obstacles related to pain treatment in healthcare. According to the research, many healthcare personnel face these difficulties. Interestingly, 10.8% of respondents said that patient hemodynamic instability was a barrier, and 18.3% said that the patient's incapacity to communicate was another major hindrance. Moreover, 15.8% of participants reported a significant workload, underscoring the difficulties in efficiently relieving pain. It was also noted by 26.7% of participants that sedation interfered with assessment. Other obstacles included respondents' lack of experience with evaluation instruments and protocols and recommendations, which were mentioned by 19.2% and 27.5% of respondents, respectively. Moreover, methods for measuring pain were not available, according to 37.5% of participants.

Table 2 Barriers Regarding Pain Management

So no	Statement	Yes	No	No idea
1.	Patient hemodynamic instability	13(10.8)	73(60.8)	34(28.3)
2.	Patient's inability to communicate	22(18.3)	80(66.7)	18(15.0)
3.	workload	19(15.8)	88(73.3)	13(10.8)
4.	Sedation interfering with assessment	32 (26.7)	71(59.2)	17(14.2)
5.	Lack of familiarity with assessment tools	33(27.5)	62(51.7)	25(20.8)
6.	Lack of protocols and guidelines	23(19.2)	81(67.5)	16(13.3)
7.	Pain assessment tools are unavailable	45(37.5)	65(54.2)	10(8.3)

Discussion

Effective pain management is crucial for improving patient comfort and overall well-being (15). Unaddressed or inadequately managed pain can lead to patient suffering, increased morbidity, and decreased quality of life (16). Understanding the barriers healthcare professionals face in pain management is essential for optimizing patient care.

Present findings show that 37.5 said yes that pain assessment tools are unavailable. In the same way, another study found a similar result that 37.5% are facing barriers in pain management due to the unavailability of pain assessment tools (17). Inadequate pain assessment can severely affect patient care and healthcare outcomes (18). The identified barrier of inadequate pain assessment tools contributes to the broader issue of barriers in pain management. Inadequate assessment tools can hinder healthcare providers from making informed decisions about pain management strategies, potentially resulting in the overuse or underusing of pain medications.

The present findings show that 15.8% agreed that workload is a barrier in pain management. Another study found that 5.0% agreed that workload is a barrier in pain management (14). workload and the failure to provide necessary nursing care have been identified as significant factors contributing to poor patient outcomes (19). Healthcare facilities should prioritize workload management strategies. This may involve optimizing staffing levels, implementing shift scheduling that considers workload, and ensuring healthcare providers have manageable caseloads.

Present findings show that 26.7% said that sedation interfered with assessment. Similarly, another study found that 49% agreed that sedation is a barrier in pain management (17). Sedation can indeed pose challenges in pain management (20). It can be challenging to accurately assess patients' pain levels when sedating them, as they may have impaired communication abilities. This can result in underestimating or inadequately addressing their pain.

Present findings show that 18.3% said patients' inability to communicate is a barrier to pain management. Another study found that 7.1% faced barriers in pain management due to the patient's inability to communicate (14). Healthcare professionals may have varying experiences and perspectives when managing pain in patients who cannot communicate. This discrepancy could be influenced by factors such as the patient population, clinical setting, and healthcare providers' experience. Healthcare providers should be trained in using alternative pain assessment methods for patients who cannot communicate verbally.

Conclusion

In summary, there are numerous obstacles that healthcare providers must overcome to treat pain effectively. These include hemodynamic instability in patients, difficulties in communicating, a high workload, interference from sedation, unfamiliarity with assessment tools, unclear protocols and recommendations, and a lack of methods for measuring pain. Sustaining the best possible patient care requires addressing these obstacles. Developing thorough education and training programs for healthcare workers on pain management is a crucial suggestion to help reduce these obstacles.

References

1. Alsalman A, Mansour M, Almobarak F. Nurses' knowledge and attitudes regarding pain management: Cross-sectional survey in the Eastern Province of Saudi Arabia. *Nursing Open*. 2023.
2. Salim NA, Tuffaha MG, Brant JM. Impact of a pain management program on nurses' knowledge and attitude toward pain in United Arab Emirates: Experimental-four Solomon group design. *Applied Nursing Research*. 2020;54:151314.
3. Kahsay DT, Pitkääjärvi M. Emergency nurses' knowledge, attitude and perceived barriers regarding pain Management in Resource-Limited Settings: cross-sectional study. *BMC Nursing*. 2019;18(1):56.
4. Wichman CL. Managing Your Own Mood Lability: Use of Mood Stabilizers and Antipsychotics in Pregnancy. *Current psychiatry reports*. 2016;18(1):1.
5. Dharsee N, Haule M, Mlawa G, Lwanga T. Identifying Training Needs in Pain Management—A Survey of Staff at a Tertiary Cancer Care Centre. *Pain Studies and Treatment*. 2022;10(2):9-20.
6. Smith TO, Purdy R, Latham SK, Kingsbury SR, Mulley G, Conaghan PG. The prevalence, impact and management of musculoskeletal disorders in older people living in care homes: a systematic review. *Rheumatology international*. 2016;36(1):55-64.
7. Toba HA, Samara AM, Zyoud SeH. Nurses' knowledge, perceived barriers, and practices regarding cancer pain management: a cross-sectional study from Palestine. *BMC Medical Education*. 2019;19(1):167.
8. Brunkert T, Simon M, Ruppen W, Zuniga F. A contextual analysis to explore barriers and facilitators of pain management in Swiss nursing homes. *Journal of Nursing Scholarship*. 2020;52(1):14-22.
9. Darawad M, Alnajjar MK, Abdalrahim MS, El-Aqoul AM. Cancer Pain Management at Oncology Units: Comparing Knowledge, Attitudes and Perceived Barriers Between Physicians and Nurses. *Journal of Cancer Education*. 2019;34(2):366-74.
10. Kweh T-Y, Yeoh C-H, Chan H-K, Ahmad F. Knowledge, Perception and Barriers to Cancer Pain Management among Doctors in Malaysia. *The Malaysian journal of medical sciences: MJMS*. 2023;30(3):184.
11. Thearachote T. Knowledge, Attitude and Barriers toward Cancer Pain Management with Opioids among Resident and Intern Physicians in Chonburi Hospital. *Chonburi Hospital Journal-วารสารโรงพยาบาล ชลบุรี*. 2020;45(2):115-24.
12. Tagele TD, Berhe YW, Lema GF. Knowledge and attitude towards pediatric pain management among nurses at Ethiopian tertiary hospitals; a multi-center study. *BMC Nursing*. 2023;22(1):84.

13. Alkhatib GS, Al Qadire M, Alshraideh JA. Pain Management Knowledge and Attitudes of Healthcare Professionals in Primary Medical Centers. *Pain Management Nursing*. 2020;21(3):265-70.
14. Rose L, Haslam L, Dale C, Knechtel L, Fraser M, Pinto R, et al. Survey of assessment and management of pain for critically ill adults. *Intensive & critical care nursing*. 2011;27(3):121-8.
15. Jonsdottir T, Gunnarsson EC. Understanding nurses' knowledge and attitudes toward pain assessment in dementia: a literature review. *Pain Management Nursing*. 2021;22(3):281-92.
16. Lokapur MA, Vasani PP, Page ND. Evaluation of knowledge, attitude, and practices of nurses regarding pain management in tertiary care hospitals of Pune, India. *Indian Journal of Pain*. 2018;32(1):30-5.
17. Wang HL, Tsai YF. Nurses' knowledge and barriers regarding pain management in intensive care units. *Journal of clinical nursing*. 2010;19(21-22):3188-96.
18. Bullock L, Bedson J, Jordan JL, Bartlam B, Chew-Graham CA, Campbell P. Pain assessment and pain treatment for community-dwelling people with dementia: A systematic review and narrative synthesis. *International journal of geriatric psychiatry*. 2019;34(6):807-21.
19. Griffiths P, Saville C, Ball J, Jones J, Pattison N, Monks T. Nursing workload, nurse staffing methodologies and tools: A systematic scoping review and discussion. *International Journal of Nursing Studies*. 2020;103:103487.
20. Herr K, Coyne PJ, Ely E, Gélinas C, Manworren RC. Pain assessment in the patient unable to self-report: clinical practice recommendations in support of the ASPMN 2019 position statement. *Pain Management Nursing*. 2019;20(5):404-17.