

**The assessment and management of pain in older  
people by nurses in acute care: a focused  
ethnography**

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## **Statement of Originality**

*The thesis contains no material which has been accepted for the award of any other degree or diploma in any university or other tertiary institution and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made in the text. I give consent to the final version of my thesis being made available worldwide when deposited in the University's Digital Repository, subject to the provisions of the Copyright Act 1968*

*Signed*

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## **The assessment and management of pain in older people by nurses in acute care: a program of research**

This thesis presents a program of research that I have undertaken that focuses on the assessment and management of pain in older people by acute care nurses. This research program began with the undertaking of a pilot evaluation study of a prototype pain algorithm for the assessment and management of pain in the older person in the acute care setting that was submitted as a nursing honours thesis. This was then followed on the extension of the study into a PhD when I have continued to write papers, publish and present at numerous national and international conferences.

### **Publications, papers developed**

**Harmon, J. R.**, Higgins, I., Summons, P., & Bellchambers, H. (2012). Efficacy of the use of evidence-based algorithmic guidelines in the acute care setting for pain assessment and management in older people: a critical review of the literature. *International Journal of Older People Nursing*, 7(2), 127-140. doi: 10.1111/j.1748-3743.2010.00261.x

**Harmon, J.R.**, Maslin-Prothero, S., Summons, P., Higgins, I., (in development). The methodological challenges of conducting older person research in an acute care setting: reflections from a focused ethnographer. *Nursing and Health Sciences*, Manuscript ID NHS-0391-2014

Day, J. L., **Harmon, J.**, & Higgins, I. (in development). Thinking on your feet: In field decisions made by nursing doctoral students using qualitative research methods. *Nursing and Health Sciences*

**Harmon, J. R.** (2010). Pilot evaluation study of a prototype pain algorithm for the assessment and management of pain in the older person in the acute care setting. Honours Thesis, University of Newcastle, Newcastle.

### **Oral conference presentations and refereed conference papers**

**2015** 14<sup>th</sup> Qualitative methods conference, University of Alberta  
*The challenges of using ethnographic methods in acute care settings*

**2014 3rd Asia Pacific International Conference on Qualitative Research in Nursing, Midwifery and Health**

*An Ethnographic Study of Pain in Older Patients in Acute Care Settings: The Barriers and Facilitators to care by Nurses*

*The methodological challenges of doing research with older person in an acute care setting*

Full paper: *The methodological challenges of conducting older person research in an acute care setting: reflections from a focused ethnographer*

**2013 46th Australian Association of Gerontology (AAG) National Conference**

*Pain management in older people: an ethnographic study*

**AAG and Ageing and Community Services Rural Conference**

*The assessment and management of pain by nurses in older people in acute care: a review of the literature*

**Emerging researchers in Aging National Conference**

*The methodological challenges of research in acute care: undertaking a focused ethnographic approach*

Full paper: *The methodological challenges of research in acute care: undertaking a focused ethnographic approach*

**2012 Emerging researchers in Aging National Conference**

*The assessment and management of pain in older people in acute care*

Full paper: *The assessment and management of pain in older hospitalised people: critical review of the literature*

**2011 9th Asia/Oceania Congress of Geriatrics and Gerontology International Conference**

*A pilot evaluation study of a prototype pain algorithm for the assessment and management of pain in the older person in the acute care setting*

**Emerging researchers in Aging National Conference**

*An evaluation study of a prototype pain algorithm for the assessment and management of pain in the older person in the acute care setting: results of a pilot study”*

Full paper: *Assessment and management of pain in older people within acute care by registered nurses, how close to practice is an algorithmic approach: results of a pilot study*

**2010 Emerging researchers in Aging National Conference**

*A pilot evaluation study of a prototype pain algorithm for the assessment and management of pain in the older person in the acute care setting*

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## Key

The conventions and following abbreviations have been used throughout the presentation of research findings as described in the “Publication Manual of the American Psychological Association (6<sup>th</sup> ed.) (American Psychological Association, 2010) have primarily been adopted in this thesis.

Names	Pseudonyms have been used to refer to participants, as well as people and places referred to.
<i>Italicised text</i>	Participant quotes given within text paragraphs. Theme and sub theme headings when referred to in text are also italicised
<i>“Double quotation marks italicised text”</i>	Participant use of slang or use of invented or coined expressions common within their group. To enclose quotations by participants in transcript excerpts
<i>Indented italicised text</i>	Participant transcript excerpts, medical notes, observation data
[Square brackets]	Researchers’ comments added in square brackets to provide clarity or explanation
[Aligned right text]	Participant name and data source
[Plain type in square brackets]	Comments within participant transcript excerpts to provide clarification or explanation.
...	Material leading into the excerpt or the remainder of the participant’s sentence has been omitted for clarity and concision.
---	Short pause in the participant’s conversation.
(...)	Material has been omitted from within transcript excerpts for clarity and concision that is less than two sentences

# Glossary

## Numbers

2/52

1-8 RN/EEN

+++

## A

ADL

APO

APS

## B

BD

BIBA

Bi-lat

B/G

BP

BNO

## C

CAP

CCF

CCU

CiAP

C/O

CNE

CNC

CNS

## D

D/C

DVT's,

## E

EBP

ED

EEN

Endone

ECG

## F

FASF

## G

GCS

GP

## H

HR

HTN

Hx

## I

IADLs

I/C

ICC

ICU

IIMS

IR

IM

IV

IVC

IVAB

## J

JMO

## K, L

Shorthand for the number of weeks in the year

When nurses are referring to of a numerical value in relation to colleagues qualifications, this is in relation to a pay scale accorded by actual years of clinical experience, (as opposed to years since registration) with the highest pay scale being for a registered nurse eight and thereafter.

This abbreviation has no official international recognition. It is a written Australian piece of jargon used to indicate 'an excessive amount' (e.g.: patient has +++ pain)

Activities of daily living

Acute pulmonary oedema

Acute Pain Service

Twice daily

Brought in by Ambulance

Bi laterally

Background of

Blood pressure

Bowels not open

Community acquired pneumonia

Congestive cardiac failure

Coronary care unit

Clinical information Access Portal

Complains of

Clinical Nurse Educator

Clinical Nurse Consultant

Clinical Nurse Specialist

Discharge charge from hospital

Deep vein thrombosis

Evidence Based Practice

Emergency department

Endorsed enrolled nurse

Instant release Oxycodone hydrochloride tablet

Echocardiography

Forearm support frame for mobilisation

Glasgow coma scale

General Practitioner

Heart rate

Hypertension

History of

Independent with activities of daily living

In-Charge nurse

Intra-costal catheter

Intensive care unit

Incident Information Management System

Instant release

Intra muscular injection

Intra venous route

Intra venous cannula

Intra venous antibiotic infusion

Junior Medical Officer

<b>M</b>	
MIMs	Medication Information Management system
Mane	Morning
MMSE	mini mental score exam
<b>N</b>	
N&V	Nausea and vomiting
NFR	Not for resuscitation
NP	Nasal Prongs for delivery of supplemental oxygen
Nocte	Night
<b>O</b>	
O/A	On Arrival
OA	Osteoarthritis
OBS	Observations for vital sign monitoring
Oxycontin	Slow release oxycodone hydrochloride tablet
Oesteo Panadol	Slow release Acetaminophen
<b>P</b>	
Pt	Patient
Panadol	Acetaminophen
Panamax	Term commonly used for Acetaminophen by Australian older persons
Paracetamol	Acetaminophen
Panadiene Forte	A combination oral drug of Acetaminophen 500 mg and Codeine phosphate 30 mg
PCA	Patient Controlled Analgesia
PICC	Peripherally inserted intra venous
PPM	Permeant pace maker
PRN	Pro re rata (Latin) as needed or when required
PR	Per rectal
<b>Q</b>	
QID	Quarter in die (Latin) four times a day
<b>R</b>	
Resps	Respiratory rate
RN	Registered Nurse
RMO	Registered Medical Officer
R/O	Removal of
ROM	Range of movement
RR	Respiratory rate
RRT	Rapid response team
RV	Review of
<b>S</b>	
S4	Restricted drug of dependence
S8	Restricted drug of addiction
S/C	Subcutaneous route
SCC	Squamous cell carcinoma
SR	Slow release
SAGO	Standard General Adult Observation chart
Sats	Pulse oximetry saturation
SOB	Shortness of Breath
Subcut	Subcutaneous route
<b>T</b>	
Temp	Temperature
TKR	Total Knee replacement
THR	Total Hip replacement
TDS	Three times a day
<b>U</b>	
U/S	Ultra sound
UTI	Urinary tract infection
<b>V, W, X, Y, Z</b>	



# **Abstract**

## **Introduction.**

Pain is one of the main reasons why older people (65 years and over) present to hospital. They have the highest rate of admission to hospital involving a multitude of medical and/or surgical procedures and many are associated with acute pain. Older people also often present with histories of existing and multiple pain sources and types. The most common reason for unrelieved pain in acute care settings is the failure of health care providers to systematically assess and treat pain. Pain affects an older person's health, their ability to function at their optimal capacity both cognitively and physically, and also reduces their quality of life. Older people who are in pain are at risk of sleep disturbances whilst they are an inpatient as well as delayed rehabilitation. Furthermore, it has been shown that an older person who has a higher postoperative pain score, will have a longer stay in hospital and this can lead to chronic functional impairment.

## **Methods.**

The aims of the study were to explore the culturally mediated practices of registered nurses (RN's) in acute care settings when assessing and managing pain in older people and to explore the culturally mediated barriers and facilitators to practice. A Qualitative research design was used underpinned by Focused Ethnography. Methods included 1,040 hours in the field with 73 hours of focused observations of nurses (n=9) who cared for older patients (n=42) conducted over a 6 month period. Semi-structured interviews were also held with nurses (n=23) and older patients (n=12). Documents

including ward policies, procedures, patient histories and medical notes were also reviewed. The settings for the study were eight wards: medical, surgical, sub-acute and oncology, of two large tertiary referral hospitals in New South Wales Australia. Data were analysed in a range of ways beginning with a qualitative descriptive approach directed by the undertaking of taxonomies, typologies guided by the work of Spradley (1980) and the use of Leininger's culture care theory (1988), before a content analysis and thematic analysis.

Analysis of data showed that when caring for older patients with pain, nurses showed leadership by acting as problem solvers around pain issues and concerns, that they mentored new nurses in relation to pain care, they questioned them about the rationales for their approaches and they provided education to staff, albeit within the limitations of their own knowledge. There were tales of success, how they assessed and rated pain, pain that they acknowledged as real and genuine, and stories of how quality improvement audits shaped what they did. Older patients talked of not being heard by nurses when in pain, of enduring pain, of having to retell their pain histories often, of being moved around from ward to ward, and of being a good patient or an unpopular patient. Observations revealed pain assessment mediated by social rules, rituals and routines for pain care and a range of barriers and facilitators to pain care. There was a lack of continuity of pain care provision from shift to shift, ward to ward, and hospital to hospital and the older people in this study spoke about how difficult it was for them to provide one numerical pain score in the light of their multiple pain sites and types. The older people in this study also spoke of not being heard about their pain, that their pain stories were lost and this meant that at times they experienced frustration.

## **Conclusion**

A lack of uptake and use of Evidence Based Practice (EBP) for pain care provision by the acute care Registered Nurses RN's in this study meant that older hospitalised people endured pain. Uptake and use of EBP for pain care provision requires organisational support along with meaningful input from the older people themselves. There is a need for education of RN's that focuses pain assessment and management in older people and the mechanisms for the uptake of EBP. Clinical supervision that includes external professional input should be mandated to support critical reflection on the care that is provided to older people with pain and how this can be improved.