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

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B.N. (Hons) B.App.Sc (Cons Tech)

A thesis presented in fulfilment of the requirements for the degree of Doctor of Philosophy, Nursing.

The University of Newcastle

Australia

August 2015
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
Acknowledgements

Undertaking this PhD has involved a lot of people and I wish to take this opportunity to thank you all for your support and encouragement. To begin with I wish to thank my family, and in particular my mum with your endless encouragement to ‘Just go for it Jo’. Without the support of my family, I would not have ever taken the first step and made it to where I am today. So thank you very much. Isabel Higgins who I have worked with not only with this PhD but also with my honours thesis, I cannot thank you enough for crafting me into an independent critical thinking researcher. I am grateful for your tireless input, continued interest and I am still in awe of your intellectualism. A big thank you Peter Summons for not only being there from the beginning with my honours thesis and into the PhD, but also for your input and calm logical advice. Many thanks to Sian Maslin-Prothero for all those skype meetings, and encouraging me to be realistic while keeping me on track. Also heaps of thanks to Erica Southgate for providing much needed advice and input about ethnography. I wish to acknowledge the older persons in this study; I thank you for the honour and privilege in sharing with me your experiences during your period/s of admission into acute care. I also wish to acknowledge and thank the registered nurses within the study sites. I fully appreciated the time and effort that you all set aside to participate in this study. Finally I would also like to thank my many friends and colleagues, who have tolerated many a debrief, whinge, and meltdown over cups of tea or coffee (plus cake). Thanks heaps guys for just being there and keeping me going. I acknowledge Jane Todd for professional copy editing and proofreading advice as covered in the Australian Standards for Editing Practice, Standards D and E.

Cheers and big pats to Leo and Teddie for the many walks together.
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


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


Oral conference presentations and refereed conference papers

2015 14th 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 (6th 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.

*Italicised text*
Participant quotes given within text paragraphs. Theme and sub theme headings when referred to in text are also italicised.

*“Double quotation marks italicised text”*
Participant use of slang or use of invented or coined expressions common within their group. To enclose quotations by participants in transcript excerpts.

*Indented italicised text*
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

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>2/52</td>
<td>Shorthand for the number of weeks in the year</td>
</tr>
<tr>
<td>1-8 RN/EEN</td>
<td>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.</td>
</tr>
<tr>
<td>+++</td>
<td>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)</td>
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### A

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<tr>
<th>Abbreviation</th>
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<tbody>
<tr>
<td>ADL</td>
<td>Activities of daily living</td>
</tr>
<tr>
<td>APO</td>
<td>Acute pulmonary oedema</td>
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<tr>
<td>APS</td>
<td>Acute Pain Service</td>
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### B

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<tbody>
<tr>
<td>BD</td>
<td>Twice daily</td>
</tr>
<tr>
<td>BIBA</td>
<td>Brought in by Ambulance</td>
</tr>
<tr>
<td>Bi-lat</td>
<td>Bi laterally</td>
</tr>
<tr>
<td>B/G</td>
<td>Background of</td>
</tr>
<tr>
<td>BP</td>
<td>Blood pressure</td>
</tr>
<tr>
<td>BNO</td>
<td>Bowels not open</td>
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### C

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<tbody>
<tr>
<td>CAP</td>
<td>Community acquired pneumonia</td>
</tr>
<tr>
<td>CCF</td>
<td>Congestive cardiac failure</td>
</tr>
<tr>
<td>CCU</td>
<td>Coronary care unit</td>
</tr>
<tr>
<td>CiAP</td>
<td>Clinical information Access Portal</td>
</tr>
<tr>
<td>C/O</td>
<td>Complains of</td>
</tr>
<tr>
<td>CNE</td>
<td>Clinical Nurse Educator</td>
</tr>
<tr>
<td>CNC</td>
<td>Clinical Nurse Consultant</td>
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<tr>
<td>CNS</td>
<td>Clinical Nurse Specialist</td>
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### D

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<tbody>
<tr>
<td>D/C</td>
<td>Discharge charge from hospital</td>
</tr>
<tr>
<td>DVT’s</td>
<td>Deep vein thrombosis</td>
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### E

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<tr>
<td>EBP</td>
<td>Evidence Based Practice</td>
</tr>
<tr>
<td>ED</td>
<td>Emergency department</td>
</tr>
<tr>
<td>EEN</td>
<td>Endorsed enrolled nurse</td>
</tr>
<tr>
<td>Endone</td>
<td>Instant release Oxycodone hydrochloride tablet</td>
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<tr>
<td>ECG</td>
<td>Echocardiography</td>
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### F

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<tbody>
<tr>
<td>FASF</td>
<td>Forearm support frame for mobilisation</td>
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### G

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<tbody>
<tr>
<td>GCS</td>
<td>Glasgow coma scale</td>
</tr>
<tr>
<td>GP</td>
<td>General Practitioner</td>
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### H

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<tbody>
<tr>
<td>HR</td>
<td>Heart rate</td>
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<tr>
<td>HTN</td>
<td>Hypertension</td>
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<tr>
<td>Hx</td>
<td>History of</td>
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### I

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<tbody>
<tr>
<td>IADLs</td>
<td>Independent with activities of daily living</td>
</tr>
<tr>
<td>I/C</td>
<td>In-Charge nurse</td>
</tr>
<tr>
<td>ICC</td>
<td>Intra-costal catheter</td>
</tr>
<tr>
<td>ICU</td>
<td>Intensive care unit</td>
</tr>
<tr>
<td>IIMS</td>
<td>Incident Information Management System</td>
</tr>
<tr>
<td>IR</td>
<td>Instant release</td>
</tr>
<tr>
<td>IM</td>
<td>Intra muscular injection</td>
</tr>
<tr>
<td>IV</td>
<td>Intra venous route</td>
</tr>
<tr>
<td>IVC</td>
<td>Intra venous cannula</td>
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<tr>
<td>IVAB</td>
<td>Intra venous antibiotic infusion</td>
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### J

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