

The Influence of an Organizational Pain Management Policy on Nurses' Pain Management Practices

Linda G. Alley, PhD, RN

Purpose/Objectives: To examine the influence of a formal organizational pain management policy on nurses' pain management practices.

Design: Descriptive correlational.

Setting: Tertiary-care medical center.

Sample: 91 nurses providing direct patient care on five study units during a 72-hour study period.

Methods: Off-going nurses completed three self-administered questionnaires one-half hour before the end of each eight-hour work shift. Opioid administration data also were collected. Data were analyzed using correlational, t test, chi-square, and analysis of variance analyses and descriptive statistics.

Main Research Variables: Nurses' knowledge of the healthcare organization's chronic pain management policy; nurses' knowledge of pain and pain management; nurses' perceived accountability for pain management activities; the ratio of actual amounts of opioid analgesics administered compared with maximum amounts ordered.

Findings: Nurses' knowledge of pain management and their perceived accountability for pain management were significantly related to knowledge of the organization's chronic pain management policy. Correlations were lower than expected, based on theoretical relationships proposed in the open system study framework.

Conclusions: Further research is needed to explore the influence of a high-quality pain management policy on nursing practice and clinical pain management.

Implications for Nursing Practice: Better understanding of the influence of organizational policy could lead to much needed improvements in pain management.

In 1974, Strauss, Fagerhaugh, and Glaser first proposed that organizational factors operating within the sociopolitical environment of a hospital affect pain management practices and contribute to inadequate pain management. Later, Fagerhaugh and Strauss (1977) predicted that substantial improvements in pain management would be difficult to achieve unless organizational factors relative to pain management were taken into account. They further stated that unless organizational variables were addressed in clinical research, the use of new technologic developments in pain management—including both pharmacologic and nonpharmacologic therapies—would continue to be “ultimately a set of hit-and-miss techniques” (p. 286). Their comments seem prophetic in view of frequent observations that in acute-care hospitals, uncontrolled pain may be the norm (Desbiens et al., 1996; Lander, 1990a, 1990b; McCaffery, 1999). Despite major advances in pain management technology (i.e., effective measures to treat pain),

Key Points . . .

- ▶ The quality of an organizational pain management policy may significantly affect nurses' pain management practices and patients' pain management outcomes.
- ▶ Although the potential influence of an organizational pain management policy has long been discussed, research to examine the actual influence of an existing policy on nurses' pain management practices has received little attention.
- ▶ Although integration of such pain management research into practice is a daunting challenge, it will nevertheless be essential for ultimately improving pain relief for patients.

healthcare professionals continue to undertreat chronic opioid-responsive pain, resulting in inadequate pain management and unnecessary pain and suffering (Jacox, 1995; Jacox et al., 1994; Joint Commission on the Accreditation of Healthcare Organizations [JCAHO], 2001; Levy, 1996; McCaffery; Montrey, 2000; National Comprehensive Cancer Network and American Cancer Society, 2001; Oncology Nursing Society [ONS], 2001; Savage, 1999; World Health Organization [WHO], 1996, 1998).

Gordon, Dahl, and Stevenson (2000) emphasized that institutional change regarding pain management “is an ongoing process that doesn't happen overnight” (p. 11). However, 24 years after Fagerhaugh and Strauss' predictions were published, clinicians and researchers remain frustrated by the minimal success in translating pain research findings into clinical actions that result in improved pain management (Cleeland, 1987; Hill, 1990; Lander, 1990a, 1990b; McCaffery, 1999; Montrey, 2000; Watt-Watson, 1987). In the three decades since publication of the four original articles describing the importance of viewing the problem of pain management from an organizational perspective (Fagerhaugh, 1974; Fagerhaugh & Strauss, 1977; Strauss, Fagerhaugh, & Glaser, 1974; Wiener, 1975), the work of Fagerhaugh and Strauss continues to be cited in nursing and non-nursing literature (Donovan, 1989a, 1989b; McCaffery; Taylor, 1987). Leading pain experts have emphasized the

Linda G. Alley, PhD, RN, is a post-doctoral fellow in the Nell Hodgson Woodruff School of Nursing at Emory University in Atlanta, GA, and a health research scientist at the VA Rehabilitation Research and Development Center, Atlanta Veterans Affairs Medical Center in Decatur, GA. This research was supported by a grant from the Oncology Nursing Foundation/the Purdue Frederick Company. (Submitted June 2000. Accepted for publication February 7, 2001.)