Developing the context of practice to enable effective evidence-based pain management with older people, following abdominal surgery: An action research approach

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Supervisors

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Older people background

- Pain management practices have improved (CSAG 2000, Barton et al 2004)

- Attitudes of healthcare professionals and the prevailing social care policy has developed a culture 'whereby older people have decisions made on their behalf without consultation with them' (McCormack 2001, p19, Tutton 2005).

- Need to address wider complex of influences (Manias et al 2002).

Ethnographic study findings

Non-participant observation nursing practice (62hrs), patient interviews, NWI-R questionnaire (Aiken & Patrician 2000):

Revealed 3 possible action cycles

- Inflexible analgesic prescriptions.
- Deficient non-pharmacological strategies.
- Family and Physician opinion.
- Fear of addiction.
- Not being believed.
- Decisions made for them.

Action cycle 1: pain assessment & practice.

Action cycle 2: Organisation of care.

Action cycle 3: Knowledge & insight to deal with problematic pain

Brown & McCormack, JCN 2006

Critical social science theory

Aristotle

- Practical reasoning not just validating & applying theory but requires an element of knowing why.

Habermas (1972)

- 3 knowledge constitutive interests generate knowledge (technical, practical, emancipatory).

- Practical knowledge concerned with habits, practical experience & skills.

- Need to understand *what* **(phronesis)** to do, *how* to make judgements & *action* them **(praxis).**

What is the effect of a programme of action research on the practice of evidence-based pain management with older people following surgery?

- Implement and evaluate a programme of development that enables the team to critically analyse practice and put existing research into practice (Evidence).

- Develop effective team-working to enhance pain management practices with older people (Facilitation).

- Develop an understanding of the factors that inhibit or enhance pain management (Context).

Emancipatory Action Research

- Adopts a critical perspective.

- People become aware of how tradition & assumptions distort & inhibit practice.

- Working closely with practitioners can create sustained changes in practice.

Facilitation domain PARIHS Priorities for action

ONE

Effective Communication between nursing staff & the MDT affects all aspects of practice and care.

TWO

Interruptions are a significant problem affecting pain management and other areas of practice.

Three

Improving pain assessment practices - identifying key questions that **all** members of staff could utilise and increasing knowledge for everyone on pain assessment.

Theoretical memos

- Reflective notes with action plans
- Diagrammatic representation of issues

}

5 focus groups

18 reflective sessions

26 ad hoc reflections/meetings

- 3 Workshops

Progression, analysis & outcomes

- Reflective journal

Researcher
27 critical companionship meetings

Compromising pain management practices with older people

Communication   Interruptions   Pain assessment

Power   Threat   Trust

Oppression

Autonomy

Psychological safety

Value

Time

Horizontal violence   Distorted perceptions

Factors comprising pain management practices with older people

Ethno

Context

PARIHS   Evidence   Facilitation

Culture   Evaluation

Leadership

**Action
Cycles**   Communication   Interruptions   Pain assessment

Power   Oppression

**Conceptual
Themes**

Horizontal violence

Psychological
safety

Autonomy

Distorted perceptions

COMMUNICATION ACTION CYCLE

Method

Constant participants:

- 85% (n=48) Nursing staff
- 1 Lead nurse
- 2 Physicians

- 5 focus groups
- 3 workshops
- 18 reflective sessions
- 27 critical companionship
- 26 ad hoc reflections/meetings

Evaluation & affirmation:

46 hours non-participant observation nursing practice (mid-way & end)

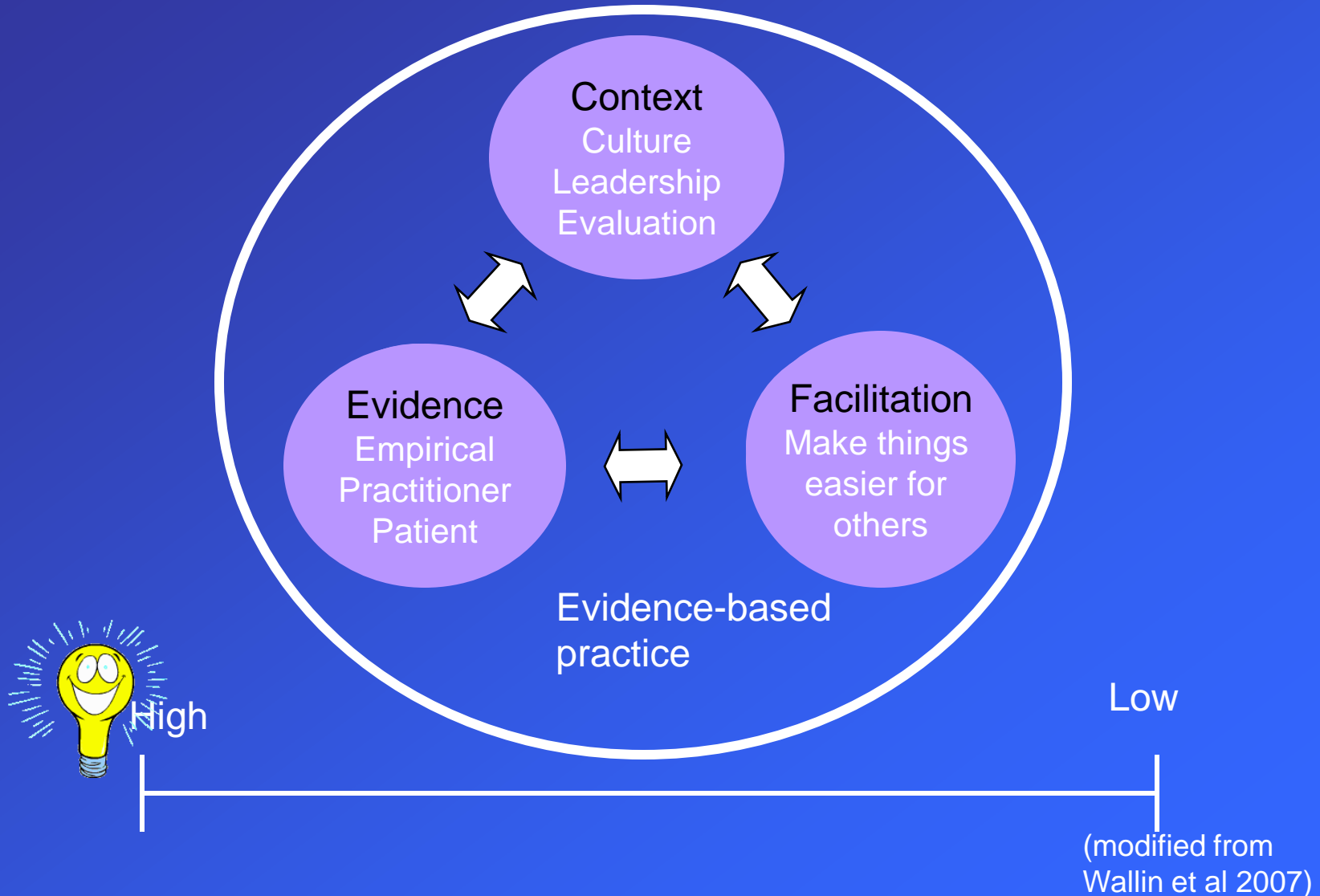6 semi-structured older patient interviews

83%(n=30) registered nurses completed NWI-R questionnaire

(Aiken and Patrician 2000)

NWI-R scores –analysis 1

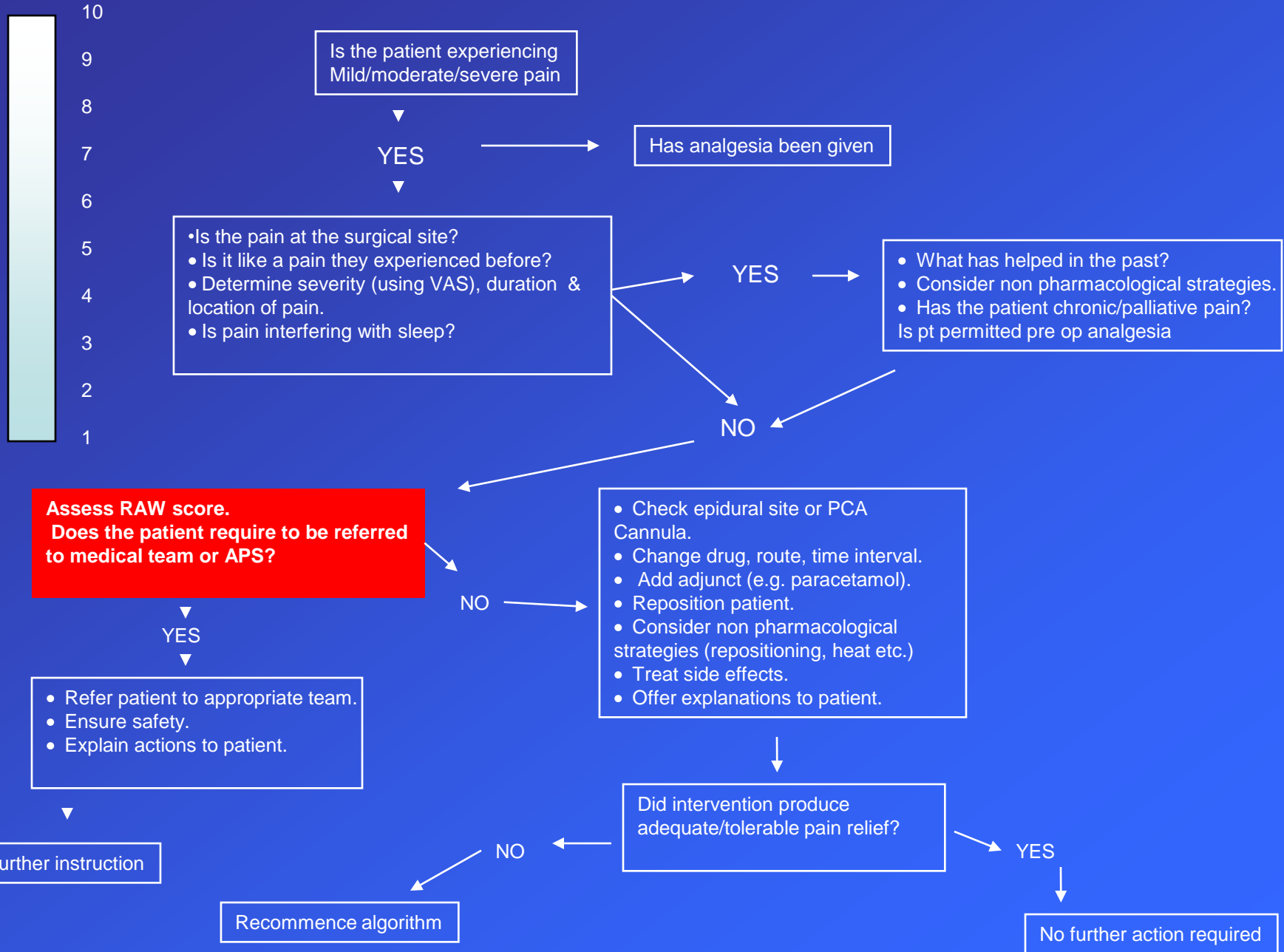| Questions	Scores 2004	Scores 2007
1. Adequate support services allow me to spend time with my patients. (org & con. prac.)	75%	57%
16. Enough staff to get work done. (con. prac.)	58%	23%
24. Not being placed in a position of having to do things that are against my nursing judgement. (Aut)	83%	67%
27. Much teamwork between doctors and nurses. (org)	80%	70%
49. Regular, permanently assigned staff nurses never have to float to another unit	69%	50%
54. Each nursing unit determines its own policies and procedures	89%	67%

PARIHS Framework (Kitson et al 1998)

Context
Culture
Leadership
Evaluation

Evidence
Empirical
Practitioner
Patient

Facilitation
Make things easier for others

Evidence-based practice

High

Low

(modified from Wallin et al 2007)

NWI-R scores- analysis 2

Questions relating to Control over practice, autonomy &/or organisation	Overall	Ward 1	Ward 2
1. Adequate support services allow me to spend time with my patients.	57%	35%	76%
4. Managerial staff that are supportive of nurses.	66%	87% HIGH	43% LOW
6. Nursing practice determined by nurses.	86%	93%	79%
13. A nurse manager who is a good manager and leader.	76%	100% HIGH	50% LOW
17. Freedom to make important patient care and work decisions.	73%	87%	57%
24. Not being placed in a position of having to do things that are against my nursing judgement.	67%	68%	64%
35. A nurse manager backs up the nursing staff in decision-making, even if the conflict is with a doctor	71%	94% HIGH	57% LOW

Algorithm to assist pain assessment & management with older people

10
9
8
7
6
5
4
3
2
1

Is the patient experiencing Mild/moderate/severe pain

▼

YES → **Has analgesia been given**

▼

- Is the pain at the surgical site?
- Is it like a pain they experienced before?
- Determine severity (using VAS), duration & location of pain.
- Is pain interfering with sleep?

YES →
- What has helped in the past?
- Consider non pharmacological strategies.
- Has the patient chronic/palliative pain? Is pt permitted pre op analgesia

NO

Assess RAW score. Does the patient require to be referred to medical team or APS?

NO →
- Check epidural site or PCA Cannula.
- Change drug, route, time interval.
- Add adjunct (e.g. paracetamol).
- Reposition patient.
- Consider non pharmacological strategies (repositioning, heat etc.)
- Treat side effects.
- Offer explanations to patient.

YES

▼

- Refer patient to appropriate team.
- Ensure safety.
- Explain actions to patient.

▼

Did intervention produce adequate/tolerable pain relief?

YES → **No further action required**

NO → **Recommence algorithm**

Await further instruction
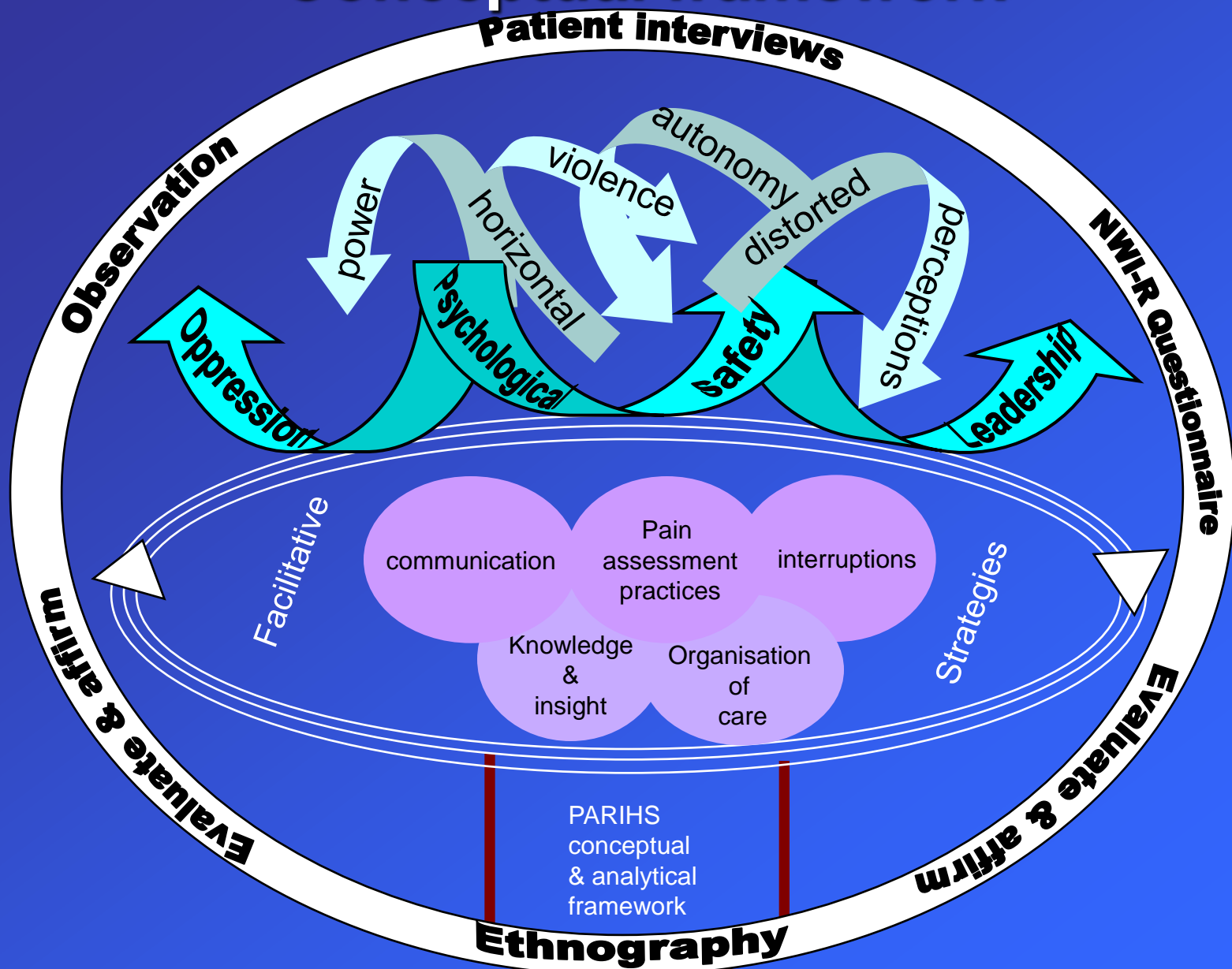
Critical social theory

- Wants to explain social order

- Assumes society is marked by conflict, power, oppression and ignorance which causes suffering

(Fay 1987)

- Personal meanings, beliefs, prejudices & expectations impact on the reality of everyday life

(Dunne 1993)

Conceptual framework

Practice context
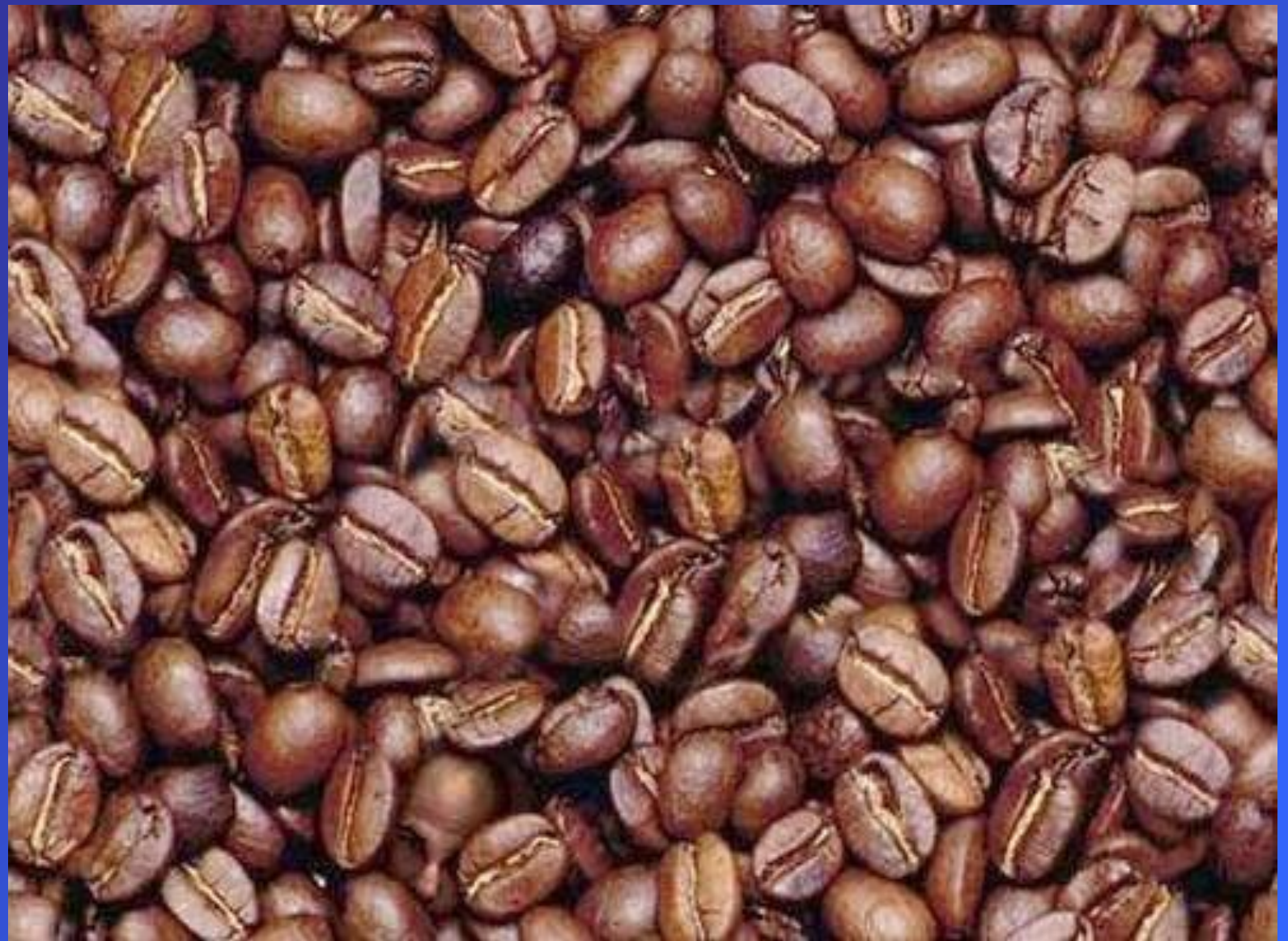
- Highly political & unsettling

Requires:

- Collaborative working.

- Effective leadership & emotional strength.

- Sufficient psychological safety to enable practitioners to solve problems without loss of integrity or anxiety (Schein 2004).
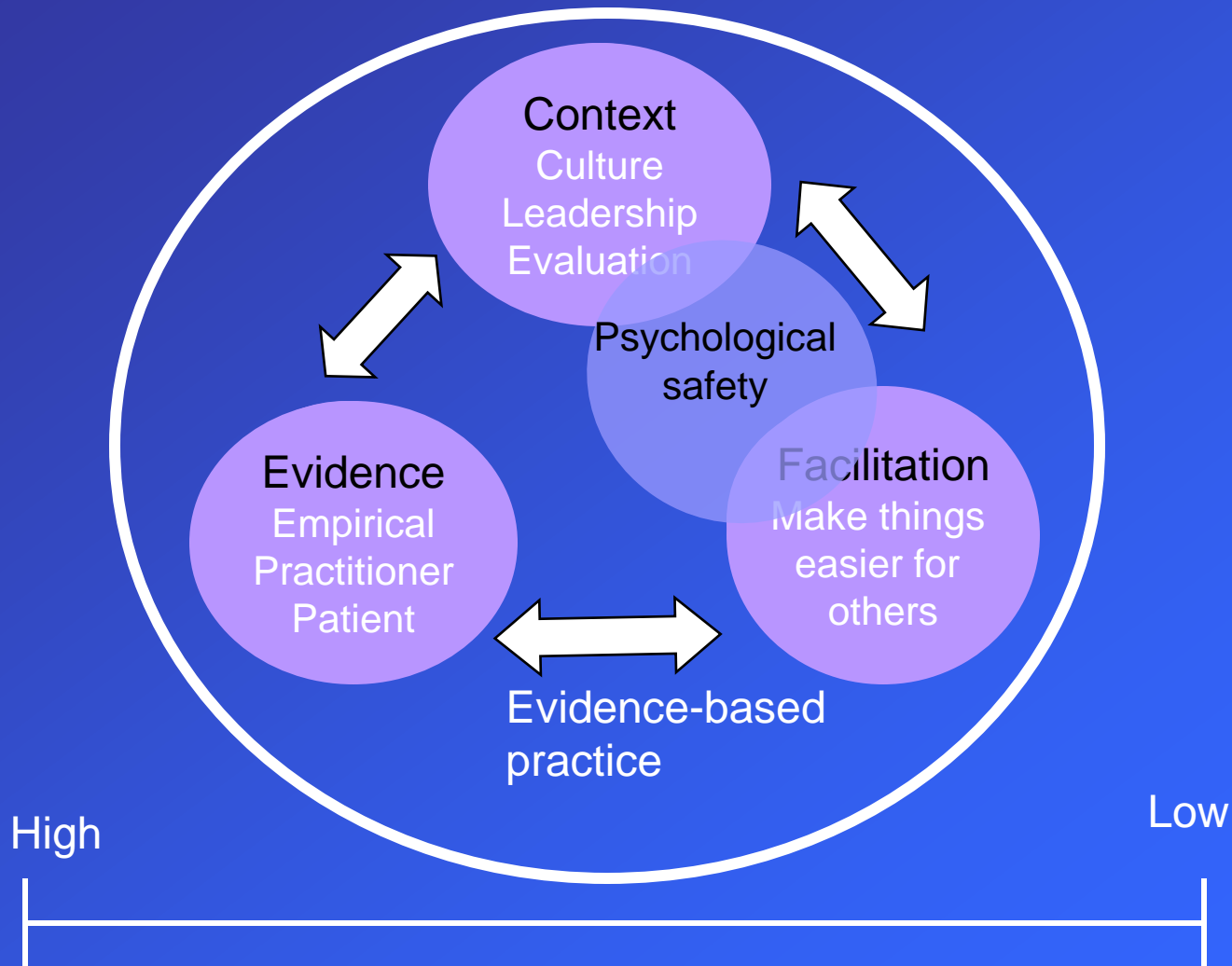
Context, leadership & the creation of a psychologically safe environment are significant to overcome barriers in practice.

Key findings from study

- Research on context concentrates on measurement (Estabrooks 2007, Cummings et al 2007).

- Need to unravel complex relationship between elements of context.

- Emancipatory reflexive processes can create psychologically safe environments.

- Support and contextual factors need addressed to get evidence into practice.

- Leadership is key.

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Thank you

A sincere word of thanks to all the nursing staff in the project wards for their commitment to enhancing the care of older people and the project.

In particular to the ward managers and lead nurse without whom none of this work would have been possible.

To both my supervisors for their support & guidance.