

# Improving pain assessment and management in care home residents.

Dr Nick Allcock The University of Nottingham, England.

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## Introduction

Although a relatively small percentage of the older population reside in residential care homes, pain in this population is common. 39% of UK care home residents are experiencing chronic pain (Allcock et al 2002) while studies from North America have produced estimates that between 49% and 83% of residents experience pain (Ferrell et al 1995, Fox et al 1999). A recent qualitative study (Cairncross 2007) in the UK identified that most residents experienced constant or frequent, moderate to severe pain, usually as a result of long-term conditions such as arthritis, osteoporosis and stroke. The effects of pain were wide-ranging, limiting mobility, increasing reluctance to take part in communal activities and depressing mood. Despite these findings very few residents envisaged an alternative to this situation. Pain was generally accepted as an inevitable consequence of ageing. Unrelieved pain in older people can result in many disabling conditions and may contribute to falls, slow rehabilitation, over-medication and cognitive dysfunction (APS Panel on Chronic Pain in Older Adults 1998, Ferrell 1991). Pain is associated not only with increased dependency, but also increased health care utilization and cost (Lavsky-Shulan et al 1985).

## Methods:

### Aim of Investigation

1. Identify factors that nursing home staff consider affect pain assessment and management
2. Develop a resource pack to support pain assessment in Nursing Homes
3. Evaluate the impact of or the resource pack

An action research framework was used to study the effect of working with nursing home staff to identify barriers to effective pain assessment and management and develop practice. The study consisted of three stages:

1. An exploration of the factors that influence staffs' ability to assess and manage pain through focus groups and interviews.
2. The information gathered from the focus groups and interviews was used to develop a resource pack to support nursing home staff to assess and manage pain more effectively.
3. An evaluation including, focus groups, interviews with key stakeholders in the homes, reflections on the impact of the study on the policies and procedures of the nursing homes and an assessment of the impact of the resource pack using a before and after design. Nurses and care staff knowledge was assessed using an adapted Nurses Knowledge and Attitudes Scale Regarding Pain (NKAS) (McCaffrey 2008) and an audit of patient documentation was carried out.

## Results:

Ethical approval was obtained. 7 care homes were recruited to the study. The care homes varied in size and ownership. A facilitator was identified in each home who was responsible for data collection and working with the PI to develop and implement the resource pack.

The interviews and focus groups identified difficulties associated with pain assessment and management in care homes including:

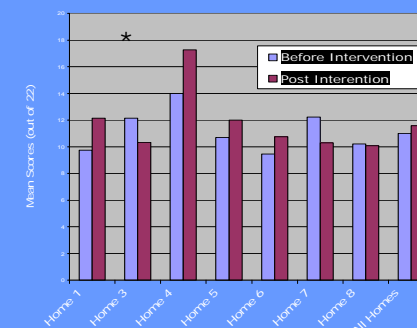
- a lack of knowledge and education
- a lack of routine pain assessment
- minimal use of appropriate pain assessment tools
- a lack of any policies or procedures for identifying and assessing the pain of nursing home residents.

Residents with cognitive impairment were identified as particularly difficult to assess. The audit of residents' documentation identified a lack of documented pain assessment. Of the 55% of residents potentially experiencing pain (receiving analgesics or suffering from painful conditions), only 12% of residents' documentation mentioned pain and only 5% of residents' documentation contained mention pain more than once in a two week period. Despite this the majority of staff (63%) felt that the standard of pain assessment was very good or good while 53% felt that the management of pain was good or very good.

Nurses' and care assistants' knowledge as measured by an adapted version of the NKAS was limited (Table 1). Nurses and care assistants also showed attitudinal barriers to good pain management. Working with the care homes a resource pack was developed and implemented in the care homes by facilitators. The resource pack included teaching materials for care assistants and qualified staff. Additional resources included pain assessment charts, appropriate guidelines and an information leaflet for residents and relatives developed with the Relatives and Residents Association. The mode of introduction of the resource pack varied between the homes.

Only one home showed a significant increase in knowledge scores ( $*t = -2.777, p0.012$ ) of nurses and care staff, the mean scores for all homes showed no significant improvement (Figure 1). The audit of documentation showed some improvement in documentation of pain. The number of residents whose nursing documentation mentioned pain rose to 28% of the 114 (61%) of residents with pain identified at the end of the project ( $\chi^2=9.389, p<0.01$ ). There was also an increased use of pain assessment tools for residents able to verbally report as well as those with cognitive impairment in two of the homes, however this was not the case in the other 5 homes. Assessment tools included the Residents Brief Pain Inventory, the Abbey scale and the Behavioural Scale for Cognitively Impaired Adults.

Figure 1 Mean Knowledge Scores



Interviews with facilitators and staff however did suggest that the project had raised awareness of pain in the care homes. Care staff were reported to be recognising and reporting pain more consistently and staff described residents whose pain had been recognised and treated due to increased awareness of pain.

## Conclusions:

Pain assessment in many nursing care homes is limited. Staff identified a range of barriers to pain assessment and management although the majority felt that pain assessment and management was good or very good. An evaluation of the impact of a resource pack and facilitated implementation identified that this approach can have an impact on pain assessment and nurses' and care assistants' knowledge but the impact varied depending on the characteristics of the care home. The resource pack did raise awareness of pain as an issue amongst care home staff. There is a need to develop effective ways of improving pain assessment and management in care homes that is generalisable across the care home sector. This needs to be supported by an increased emphasis on pain as an issue in the care of older people and the inclusion of pain assessment in national standards for the care home sector

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