**Inadequate Pain Management in Hospitalized Patients**

**Introduction**

At a point in life, one is bound to experience some pain. The latter is classified as either acute or chronic. Acute pain constitutes those from illness and postoperative which often subsides as healing occurs. Chronic pain, on the other hand, includes pain from cancer-related illnesses, non-malignant pain, surgery, amputation, and migraine. Evidently, pain is one of the primary reasons that prompt people to seek medical attention (Carr, 2009). It is a major public health problem that afflicts more adults in American when compared to cancer, heart diseases, and diabetes. Pain affect close to 116 million adults in America. Notably, the federal government spends approximately $635 billion in pain care annually (Fishman et al., 2013). In so far, the psychological, physiological and social adverse impacts of pain have necessitated various approaches to curb the same. Different specialties have been brought forth to relieve pain. Despite the advances, various gaps still exist in the quality as well as safety in the pain management.

Notably, every health care practitioner encounters pain as one of the symptoms of illness. Even though various disciplines within hospitals are involved with pain management, nurses play integral roles in its assessment, monitoring, interpretation, intervention and evaluation (Barr et al., 2013). Conversely, studies point to the inadequate and inappropriate care process for patients undergoing intense pain.

**Background and Significance of the Problem**

Pain imposes suffering with the potential to dehumanize individuals and thus necessitates dependence on a nursing caregiver. The latter undertakes objective assessment and ensures that the interventions are effective and timely. As such, health care team is required to have adequate knowledge concerning effective as well as compassionate pain relief. Besides, they need to assure clients and their families that the relief will be provided to patients in pain. Apparently, collaboration is essential among the healthcare professionals, the patient and members of the family to realize adequate pain management (Fishman et al., 2013). However, it is the sole role of the patient to state pain levels and thus direct plans of care that they expect to achieve by the end of treatment.

**Purpose of the Study**

Pain as a vital sign is a nursing diagnosis, and thus nurses are responsible for its assessment as well as management. Besides, nursing as a healthcare profession implements the prescribed pain management plan and evaluates the patient response based on the care plan administered. Moreover, nurses play the primary roles of adjusting the medication levels administered to patients experiencing pain as per their response (Wells, Pasero & McCaffery, 2008). However, it is uncertain on the effectiveness of pain management by nurses in care facilities. As such, the study aims to find out if the nurses are assessing and managing the pain of hospital patients appropriately.

**Statement of the Problem**

Various approaches have been brought forth in pain management. Despite the increased focus, pain control and management have remained suboptimal. Besides, proper treatment of both acute and chronic pain in hospitalized patient is often inadequate and ineffective.

**Research Question**

* What is the description of pain and how do patients demonstrate their pain levels?
* How is pain assessed as well as managed in care facilities?
* What is the role of the nurse in pain assessment and management?
* What challenges are encountered by nurses in pain management?
* What are the remedies to these challenges in order to improve the quality of care for patients undergoing pain?

**Hypothesis: Research and Null**

**H1**: Pain is not an objective and measurable entity hence its intensity varies with patients.

**H2**: Professional nurse as guided by Code of Ethics are expected to hold the responsibility to right knowledge and care for patients experiencing pain.

**H3**: Lack of broader understanding and lack of willingness to hear the expression of pain from patients contributes to inadequate pain management by the nurses.

**Identifying and Defining Study Variables**

The study will be guided by both the dependent and independent variables. The dependent variables will constitute the nursing willingness, attitude and knowledge barriers on pain assessment as well as management (Wells, Pasero & McCaffery, 2008). The independent variables will be based on the intensity of pain as expressed by the patients. Moreover, the available tools for pain assessment as well as analgesic regimens for pain management will also constitute the independent variables.

**Operationalize Variables**

The dependent variables will be based on the willingness and attitude of the nurse to assess the level of pain for the patient. The nurse is expected to identify the pain history as well as the attitudes, beliefs, and level of knowledge of patient concerning the perceived pain (Wells, Pasero & McCaffery, 2008). Nonetheless, the nurse needs to take the initiative to consult with the patient as well as the member of the family on their expectation in pain control and willingly to uncover the realistic expectations that can be achieved in the care plan (Carr, 2009). With respect to independent variables, the nurses select the appropriate pain assessment tools defined by the Code of Ethics of practice for acute and chronic pain assessment (Barr et al., 2013). As such, the policies and procedures put in place by the regulatory bodies influence the adequacy and quality of pain management undertaken by the professional nurses.

**References**

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