Abstract

Despite medical advances, hospitalised patients continue to suffer because of deficits in pain management, such as nurses’ under-medication. The aim of this study was to generate an in-depth understanding of what it is like for nurses to care for patients with pain. The purpose was to improve patients’ pain management.

The research question was ‘what is the essential structure of nurses’ experience of caring for patients with pain?’ The research approach was phenomenology: the Vancouver School of doing phenomenology, and the sampling purposeful. The researcher participated in twenty dialogues (unstructured interviews), with the ten nurses who were co-researchers (participants), and were working on adult medical and surgical wards at three hospitals in Iceland. The data analysis was thematic, resulting in the essential structure of: ‘the challenges of caring for patients with pain’.

Nurses’ experience of caring for patients with pain may be understood by viewing their role within a goal directed mission, where the nurses who have strong moral obligation to relieve pain, assumed the role of the patients’ advocates. Their mission was, however, complicated by several internal and external challenges and barriers. The most prevailing features were the fear of giving too much, strain of caring for addicts and terminal patients with pain, absence of or inadequate prescription, and sometimes lack of access to accountable physicians. A vital factor was to have decision on palliative care and clear rules about pain management, since such directives facilitated successful pain relief. One important turning point on the nurses’ journey was the ‘gate’ where they participated in mutual decision-
making along with the physician. Within these relations, having a voice was vital for the nurses while they generally felt that they were being listened to and respected. Knowing the patient and the physician facilitated all relations. Where physicians are responsible for all drug prescriptions, the nurses considered that in general using their influence or pressure was sufficient for them to be granted what was needed, but sometimes they had to insist and persist to achieve better solutions, or some closure. Many nurses bypassed the gate by altering the medication on their own initiative, or using independent nursing interventions. The outcome of the journey; positive or negative, affected the wellbeing of nurses as well as the patients, but distress also served as a drive for more action. Nurses’ major coping strategy was seeking support from nursing colleagues, and specialists in pain management but other methods also seemed to keep the nurses and their patients satisfied, even if the outcome was otherwise unsatisfactory.

My conclusion is that, so as to be capable of performing in accord with their moral and professional obligations, nurses need various coexisting patterns of knowledge and the optimal organisational environment. Where former studies mainly focus on single dimensions of pain management, this study brings in multiple factors that influence nurses’ possibilities of providing satisfactory pain relief, such as personal, relational and cultural aspects.