



Barriers to Nurse-Led Pain Management in ICU



Approximately 58% of patients in the ICU experience pain. Pain can lead to additional consequences, including delirium, decreased healing and adverse physiological and psychological outcomes. Hence, effective pain management is an integral component of a critical care nurse's role.

Commonly used pain assessment tools depend on a patient's ability to communicate. ICU nurses must be capable of assessing pain using behavioural pain assessment methods while considering the patient's impaired communication capabilities.

An integrative review was conducted to identify and synthesise quantitative and qualitative evidence on barriers to pain management in ICUs. Study researchers used Whittlemore and Knafel's approach. Peer-reviewed research articles were selected, and barriers to pain management in ICUs were mapped.

A total of 991 papers were initially identified, but only 19 met the inclusion criteria. Seventeen papers focused on pain management from the perspective of nurses, while the other two focused on the perspectives of patients and nurses.

The identified barriers include lack of knowledge and skills, nurse dependency on following doctor's orders, poor staffing levels, lack of pain assessment skills, and lack of education. The studies included in the analysis revealed that most nurses had low levels of knowledge of effective techniques and processes for pain assessment. In addition, they had low levels of knowledge about assessing facial expressions during painful procedures and the need to reassess pain following pain relief. Nurses also lacked adequate knowledge on the use of nonpharmacological pain management strategies.

The authors identified three barriers as areas of opportunity. These included inadequate documentation of pain, a shortage of nurses and poor communication. In addition, they mapped nurses' beliefs towards pain assessment to reflect motivation.

Overall, the findings from this review suggest that knowledge, nursing beliefs, shortage of nursing staff, lack of documentation, and lack of communication are important barriers that affect pain management in ICUs. These barriers highlight the need for education and training to improve ICU nurses' knowledge of pain management. This would be the most effective way to enhance their knowledge of pain assessment and medication. In addition, training could also help correct negative attitudes, educate nurses about documentation, and help improve communication between nurses and patients.

Source: [Australian Critical Care](#)

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