University of the Western Cape

Mental health nurses' knowledge, attitudes, and practices in the management of pain in mental health care users in a selected psychiatric hospital in the Western Cape

Course: MNursing (Structured)

(Advanced Psychiatric Nursing)

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ABSTRACT

Background: Pain management is central to patient care, including for mental health care users (MHCUs). Pain management has been identified as a concern for MHCUs admitted to a psychiatric hospital as the accurate assessment of pain may be influenced by cognition due to acute mental illness or lack of reporting. Poor pain management may impact on the wellbeing of patients and is an essential aspect of care.

Aim: The aim of this study was to investigate pain management knowledge, attitudes and practices among registered and staff nurses working at a selected psychiatric hospital in the Western Cape.

Method: A quantitative descriptive study using survey study was conducted. The population was 226 registered and enrolled nurses working in direct care in a selected psychiatric hospital. All-inclusive sampling was done. Data were collected using a self-administered questionnaire with a validated critical care scale with established reliability (α= .71). Data collection was done in the wards of the psychiatric hospital during nurse's tea times on weekends. Data were captured, cleaned, and analysed using SPSSv28. Descriptive statistics was used to describe the data. Permission was obtained from the Western Cape Department of Health and all ethical principles were adhered to. Anonymity was maintained, participation in the study was voluntary, and informed consent was obtained.

Findings: The overall response rate was 75.4% (117). Of the respondents, 102 (87.2%) respondents reported that they assess pain in MHCUs, with 48 (41.0%) reporting that they used a pain assessment tool. Of concern, only 45 (38.5%) indicated that they agreed with the MHCUs when they report pain. However, factors such as workload affected respondents' the ability to assess pain (88, 75.2%).

Conclusion: The area of pain management in mental health care needs attention with a focus of incorporating this into the management of mental illnesses.

Recommendation: Educational programmes on pain management, pain management protocols and guidelines with pain assessment tools could be routine implemented in mental health care.

KEYWORDS

Knowledge

Attitude

Practice

Pain management

Mental health nurses

ABBREVIATIONS

BMREC: Biomedical Research Ethics Committee

CI: cognitive impaired

WDOH: Wester Cape Department of Health and Wellbeing

FLACC: Face, Leg, Activity, Cry, Consolability scale

MHCU: Mental Health Care User

NCCPC-PV: Non-Communicating Children Pain Checklist Postoperative Version

PBC: Pain Behavior Checklist

SPSS: Statistics Package for Social Sciences

DECLARATION

I declare that the study, Mental Health Nurses' knowledge, attitudes, and practices in the management of pain in mental health care users in a selected psychiatric hospital in the Western Cape, is my original work; that it has not been submitted for any degree or examination at any other university, and that all the sources I have used, or quoted, have been indicated and acknowledged by complete references.

Full name: Siziphiwe Patricia Dyasi

Date: 11 December 2023

Signed………………………………………………………

ACKNOWLEDGEMENTS

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CHAPTER 1

ORIENTATION TO STUDY

1.1 Introduction

Pain can trigger mental health problems such as anxiety, fear, feeling helpless, depression, insomnia, and delirium (Nuseir, Kassab, & Almomani, 2016). Pain has been classified as the fifth vital sign (Woldehaimanot, Saketa, Zeleke, Gesesew & Woldeyohanes, 2014). Managing pain is central to patient care, including for mental health care users (MHCUs), with pain assessment is the first step towards quality pain management (Kizza, 2012).

Pain management includes assessment and screening (using pain assessment tools) to identify the level of pain (Quinlan & Cox, 2017). Studies having indicated that mental health care nurses lack knowledge of pain management which is a concern as pain management is a nurse sensitive indicator, central to patient care (Tsiouris, Kim, Brow & Cohen, 2011). The lack of knowledge of nurses, together with challenge with assessment of pain due to the mental state of MHCUs or diagnoses such as severe intellectual disability or impaired cognition (Tsiouris, Kim, Brow & Cohen, 2011) may result in poor pain management. In addition, the prevalence of addictive pain relief substance abuse (Quinlan & Cox, 2017), such as opioids used to relieve physical pain (Quinlan & Cox, 2017), may result negative attitudes toward pain management in mental health (Onwumere, Stubbs, Stirling, Shiers, Gaughran, Rice & Scott, 2022). However, there is limited research on mental health nurses' pain management of patients (Quinlan & Cox, 2017).

1.2 Background

Pain is a global health problem. The International Association of the Study of Pain (IASP) defines pain as 'the unpleasant sensory and emotional experiences which triggered by damaged tissue with symptoms being experienced in a course of disease, trauma, or post operation' (Woldehaiimanot et al., 2014). Studies show that poor treatment of pain can further illness, result in poor quality of life (Nuseiret al., 2016), and can result in increased hospitalization and costs (Jonsdottir & Gunnarsso, 2021).

It is important for nurses to be knowledgeable in pain management as pain is most often the reason that leads people to seek health care assistance (Ekim and Ocakci, 2012). Studies have shown that patients with severe mental health problems may believe that pain is normal, and some may not be able to communicate that they are in pain (Andrew et al., 2022). In some cases, mental health nurses may not believe patients when they report pain, especially in MHCUs with a history of opioid addiction or where nurses do not have the knowledge to assess and treat pain (Coll & Jones, 2023).

Lack of knowledge of pain assessment and management among mental health nurses that work in psychiatric hospitals is a major issue of concern (Coll & Jones, 2023). This may be due to poor resources for pain management and insufficient training for nurses regarding pain assessment and its management (Kassa & Kassa, 2014). This was confirmed by a study which identified the is a gap in managing pain and using pain management tools which requires more attention in health worker training (Nuseir et al., 2016).

1.3 Problem Statement

MHCUs often do receive appropriate pain management, and this constitutes a violation of the patient's right to access appropriate pain treatment (Aranha, Dsouza, Umarani, Shilpa, & Shetty, 2015). Some of the key factors that contribute to this has been identified as negative attitudes towards pain management and a lack of knowledge of mental health nurses about pain management (Alzghoul & Abdullah, 2016). A study in Jordan in 2016 found that 4.3% of nurses only had adequate pain management skills; had poor attitudes towards pain management and lacked knowledge of pain management (Alzghoul & Abdullah, 2016).

Very few papers have been published about the pain management practices, pain management knowledge and attitudes in mental health nurses and no papers were found in South Africa. This study aims to address this gap.

1.4 The study

1.4.1 Aim of study

The aim of this study was to investigate the knowledge, attitudes, and practices in pain management of MHCUs among registered and staff nurses working at a selected psychiatric hospital in the Western Cape.

1.4.2   Objectives

1. Determine the level of pain management knowledge of nurses working at a selected psychiatric hospital in the Western Cape.

2. Determine the attitudes of the nurses, working at a selected psychiatric hospital, towards pain management.

3. Determine the pain management practices of nurses working at selected psychiatric hospital in the Western Cape.

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4. Describe the barriers that may affect pain management practices in the selected psychiatric hospital in the Western Cape.

1.4.3 Operational definition of terms

Table 1: Key Terms

Term	Definition
Knowledge	Is the information or skill acquired through experience or education; the practical understanding of a subject (Martin, & McFerrin, 2014).
	Operational Definition: Knowledge of mental health nurses on pain management, including assessment in MHCUs (Q20–39)
Nurse	*An individual person who does a job of taking care of ill and injured people.*
	Operational Definition: A nurse in this study includes all nurse categories involved in direct care of MHCUs at the selected hospital
Attitude	Is the settled way of thinking or feeling about a topic. (Martin, & McFerrin, 2014).
	Operational definition: Mental health nurses' feelings and belief towards pain management in MHCUs (Q40–54)
Practice	The way of doing something or expected procedure (Hornby, 2010)
	Operational definition: Mental Health nurses' practices in assessing and managing the pain of MCHUs (Q10–19)

1.5 Significance of the study

This study will add to existing research on the knowledge, attitude, and practice on pain management among the nurses working in mental health in the Western Cape province of South Africa. The research could raise awareness on the need for pain management training and the use of pain assessment tools for screening.

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1.6 Summary of Research Methodology

A quantitative research approach with a descriptive survey design was selected in this study. Data was collected using a self-administered questionnaire. In Chapter 3, the research methodology is described in depth by including research approach, research design, research setting, population, and sample data collection method, the instrument that was used, analysis process and ethical considerations.

1.7 Chapter outline

A summary of the content in the following chapters are outlined below.

Chapter 1: The chapter includes the background, introduction, the aim and the objective, significance of the study, and a brief description of methodology of the study. In this chapter the study is introduced with some background.

Chapter 2: This chapter briefly reviews the literature on knowledge, attitudes, practice, and barriers towards pain management.

Chapter 3: Research methodology: in this chapter the research design and the methodology used in this study are explained in detail.

Chapter 4: Research findings: in this chapter the results from the data collection are presented.

Chapter 5: Discussion of the findings: all the findings and results are discussed and interpreted in this chapter.

Chapter 6: Conclusion, limitations, recommendations. This is the last chapter with a summary of the study and reflections on the aim and objectives of the study. Limitations and recommendations are included in this chapter.

1.8 Summary of Chapter

This chapter is the orientation to the study which includes: the introduction, background, a description of the study, which includes the aim and objectives, the significance of the study, a reference to the methodology and a chapter outline. The next chapter, Chapter 2, is a review of the literature on knowledge, attitude, and practice of pain management in mental health nurses.

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

Pain management is a global problem, including in mental health care, mostly due insufficient knowledge of pain management (Nuseir, 2016). Pain not managed can result in chronic pain with increased stress and risk of suicide (Onwumere et al., 2022) and inadequate pain management can have severe effect on MHCUs (Kizza, 2012).

This literature review focused on publications between 2013 and 2023, however, additional relevant information from 2010 and 2012 is included due to the scarcity of information published in the last 10 years. To ensure the information was relevant to study the following search terms were used: knowledge, attitude, pain, assessment, practice, mental health or psychiatric, barriers and nurses. The following database was used to access literature: Google Scholar, MEDLINE, PubMed, Wiley online library, Science Direct, Elsevier and EBSCOhost. The literature review covers the following: pain and pain management, knowledge, and attitude of pain management among psychiatric nurses in MHCUs, knowledge of pain assessment among psychiatric nurses in MHCUs and critical appraisal of literature.

2.2 Pain

Pain is defined as an unpleasant sensation in the body from mild to severe and agonized distress, associated with real damage in body tissues (Martin 2014). Pain can be a complication of illness, trauma, or surgery, but is not only the physical condition, but it can also be a psychological condition that causes disturbed sleep, fear, depression, emotional,

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feeling of helpless and anxiety (Martin, 2014). It has been noted that pain has been under-researched, and this highlights diagnostically specific problems for managing pain across disorders (Onwumere et al., 2022).

2.2.1 Assessment of pain

Pain assessment starts when the patient reports pain (Al-ShaerHill, & Anderson, 2011). The assessment of the patient is described as a method of hypothetico-deductive to collect data to determine if there is pain, how much pain there is, where the pain is, what causes the pain or when the patient felt pain (Lichtner, Dowding, & Closs, 2015). Accurate pain assessment can lead to a better treatment of pain, and this maximizes the chance of improving patient outcomes (Atkinson & Almahdi, 2014).

Poor assessment of patients with mental health illnesses could be another factor that causes long hospital stays and contributes to complications such as insomnia, delirium, and a negative quality of life (Jonsdottir & Gunnarsso; 2021). Some behavior such as confusion, agitation, restlessness, and aggressiveness may not be caused by mental illness but could be caused by pain (Sampson, White, Lord, Leurent, Vickerstaff, Scott & Jones, 2015).Obstacles to the assessment of pain include lack of detection of pain, misdiagnoses, and the difficulty to differentiate patients' behaviour when they are in pain (Jonsdottir & Gunnarsson, 2021).

Pain assessment should include the use of pain assessment tools, though report by patient will always be most accurate pain assessment (Pizzinato, Liguoro, Pusiol, Cogo, Palese & Vidal, 2022). Where patients are unable to report pain, the Nursing Assessment of Pain Intensity Scale (NAPI) should be used (Pizzinato et al., 2022). A study was conducted with children with cognitive impairment due to traumatic brain injury, or cerebral impairment (Pizzinato et al., 2022) and the Non-Communicating Children Pain Checklist Postoperative

Version (NCCPC-PV) was recommended. Some other tools to be used to assess pain namely Face, leg, Activity, Cry, Consolability scale (FLACC) and Pain Behavior Checklist (PBC)(Pizzinato et al 2022).

2.2.2 Assessment of pain by nurses

It is reported that mental health nurses have a lack of knowledge on pain assessment which leads to poor management of pain (Kizza, 2012). Pain assessment is one of the major or vital observations of patient wellbeing, however mental health nurses focus more on mental assessment (Rantala, Kankkunen, Kvist & Hartikainen; 2014).

A challenge is that often pain assessment tools are not available or the nurses are not familiar with how to use the tools (Kizza, Muliira, Kohi & Nabirye, 2016), even in general health care (Manwere, Chipfuwa, Mukwamba, &Chironda, 2015). Research conducted in Uganda in critical care supported this, with only 43.5% of the nurses knowing that patients are the best tool to assess for intensity of the pain (Kizza, 2012). A further study in Bindura provincial hospital in Zimbabwe showed that the respondents had failed to do a formal pain assessment (Manwere et al., 2015) and most nurses did not know that pain can be assessed during the sedation of patients (Kizza, 2012).

2.3 Pain management

Pain management is the vital process where the health worker should treat the patient's pain, after full assessment, according to the intensity of pain. Pain management includes pain assessment but also includes the subsequent pharmaceutical and non-pharmaceutical management (Pimentel, 2015). The usage of pain tools could also provide a guide as to what should be done to relieve pain (Jonsdottir & Gunnarsson, 2021).

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2.3.1 Pain management strategies

Management of pain can be both non-pharmacological and pharmacological.

Pharmaceutical pain management with pain relievers depends on the severity of the pain (Coll & Jones; 2023) and it is recommended that patients first get a low-strength analgesia such as Panado. The dose of pain relief could be increased to a low dose of an opioid like codeine phosphate and then increased to a stronger opioid such as morphine, as required depending on the specific cause of pain (Coll and Jones, 2023). When it comes to pharmacological treatment nurses should be aware of contraindications of certain medication, and mindful of balancing pain relief and side effects (Brorson et.al. 2014). Non-pharmacological management such as listening to music, playing therapeutic activities, and taking a walk can be used by nurses by nurses as additional pain management strategies (Tsai, Browne & Inder, 2021).

2.3.2 Pain management by nurses

Inadequate pain management can have a severe effect on MHCUs (Krokmyrdal & Andenæs, 2015). There is lack of understanding of pain in **MHCUs** which **has been reported to have** led **poor pain management** (Onwumere et al., 2022). A study by Miller (2012) found that nurses who treat pain in different settings had a serious lack of knowledge on pain management with, for example, only 50% of nurses knowing when to give opioids (Manwere et al., 2015).

Nurses' level of nursing experience may influence knowledge, with nurses who had more than 16 years' experience in the field of nursing being reported as having more knowledge of pain assessment and management compared to the new nurses (Al-Shaer et al., 2011). Similarly, studies have found that nurses with higher degrees and those who have had in-service training had more knowledge of pain management (Al-Shaer et al., 2011**).**

Studies have supported this, showing that nurses are reluctant in administering an analgesic even if it is prescribed (Peisah, Weaver, Wong & Strukovski, 2014). This may be due to poor communication, nurses' decision-making skills and the lack of a working relationship with other multidisciplinary teams (Peisah et al., 2014). A theory to examine nurse's decision-making skills in the pain management of patients with dementia using the Response to Certainly of Pain model (Gilmore-Bykoyskyi & Bowers, 2013). The main aim was to help nurse's knowledge on factors that causes ineffective pain treatment and help them to improve interventions that promote and improve pain management (Gilmore-Bykoyskyi & Bowers, 2013). The model highlights two trajectories of management: one trajectory is when the nurse is certain that pain is felt by the patient and other one is when the nurse is uncertain (Gilmore-Bykoyskyi & Bowers, 2013).

In mental health, there are specific concerns that people with severe mental disorders have poor physical health and increased mortality (Onwumere et al., 2022), compounded by MHCUs thinking or believing that pain is normal, and the poor reporting of pain delays the investigation of cause of pain (Onwumere et al., 2022). A second problem in mental health, is the management of pain in patients with opioids addiction (Watt-Watson, 2001). A specific problem is the management of pain in patients with opioids addiction (Watt-Watson, 2001) due to concerns of addiction and medication interaction (Quinlan & Felicia, 2017). Nurses can have a lack of confidence and be unsure as to the safe use of opioid analgesics and the risk of side effects (Brorson et al., 2014). A study by Miller (2012) found that nurses who treat pain in different settings had a serious lack of knowledge on pain management with, for example, only 50% of nurses knowing when to give opioids (Manwere et al., 2015).

Nurses can have a lack of confidence and be unsure as to the safe use of opioid analgesics and the risk of side effects (Brorson et al., 2014) and concerns of addiction and medication interaction (Quinlan & Felicia, 2017). A study by Miller (2012) found that nurses who treat pain in different settings had a serious lack of knowledge on pain management with, for example, only 50% of nurses knowing when to give opioids (Manwere et al., 2015). There is an assumption that MHCUS with opioid addiction are seen as gaming when they report pain, though the pain in patients who suffer from opioid addiction is described as more than in normal patients (Krokmyrdal & Andenæs, 2015).

2.4 Attitudes of the nurses towards pain assessment and management

A study on the knowledge, and attitudes of nurses towards the assessment of pain in dementia patients, showed that their lack of knowledge and their attitude is a barrier among nurses (Jonsdottir & Gunnarsson, 2021). Though knowledge is important and can improve attitudes towards pain management, nurses' attitudes towards pain management is a major factor in appropriate pain management (Enskär, Ljusegren, Berglund, Eaton Harding, Mokoena, & Moleki, 2007; Kizza, 2012). Studies have reported that nurses have varying attitudes towards pain management, ranging from the need for pain to be severe to medicate with analgesics, to beliefs that pain should just be experienced before medicating pain relief (Manwere, et al., 2015).

A study by Prem, Kavrvannan, Chakravarthy, Binukumar, Jaykumar & Kumar (2011) investigating attitudes and beliefs about chronic pain among nurses, found that female nurses had higher behavioral belief scores than males who had higher biomedical belief scores of pain causation. A study on the attitudes of mental health nurses towards the

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physical care of patients with mental disorders, found 58.9% with poor attitudes (Geaffrey, Dickens, Robin, Waters, Atlantis & Everett, 2019).

2.5 Barriers to pain assessment and management among nurses on psychiatric hospital

There are many factors or barriers that prevent nurses from practicing adequate pain management (Kassa & Kassa, 2014). A study conducted with 82 nurses in Ethiopia, found a lack of motivation, because of poor pay, lack of knowledge, lack of courses related to pain in their colleges or in undergraduate classes, lack of in-service training, patient and work overload, poor attitude pain and opioid analgesics could all contribute to poor pain management (Kassa & Kassa, 2014). Lack of in-service is another barrier with studies finding that nurses often were not fully equipped with information on pain management as part of continuing education (Manwere et al., 2015).

A further barrier could be patient elated issues due to inabilities to communicate (Munkombwe, Petersson & Elgan, 2020), or where patients' cognition is affected. In emergency units, patients with mental illness were disadvantaged because of their impaired cognitive status and the lack of pain assessment tool, nurses could not do appropriate pain assessments which lead the patients to be undertreated (Fry, Chenowoth & Arendts, 2016). Though few studies were found in mental health, a study on pain in older people found that the nurses had difficulties in addressing the needs of dementia patients due to the patients' inability to communicate (Brorson et al., 2014) and that pain assessment was difficult for dementia patients due to their cognitive impairment and inability to talk (Achterberg, Pieper, Van Dalen-Kok, De Waal, Husebo, Lautenbacher & Corbett, 2013). Another study showed that in different healthcare settings experience challenges in treating pain in patients with dementia and that these patients are at the risk as a consequence of nurses

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not being adequately trained and not having sufficient resources to meet the challenges (Brorson et al., 2014).

2.6 Summary

The literature reviews reviewed covered pain, pain assessment and management and the nurses role in pain management, focusing on knowledge on pain assessment and pain management; attitude of nurses and barriers that led MHCUs to receive inappropriate pain relief from nurses.

CHAPTER 3

METHODOLOGY

The methodology describes the research strategies the researcher chose to conduct the study to address the research objectives (Creswell, 2014), addressing the aim to investigate the knowledge, attitude, practice, and barriers on pain management within the MHCUs in selected psychiatric hospital.

This chapter will present the methodology, including research approach, research design, research setting, population, and sample data collection method, the instrument that was used, analysis process and ethical considerations.

3.1 Research approach

A research approach is a particular way of conducting research, which a researcher follows step-by-step from broad assumptions to detailed methods of data collection and analysis (Creswell, 2014). A quantitative research approach was used in this study. A quantitative research approach uses tools to describe phenomena, assess variances and find explanations for cause-and-effect relationships between variables (LoBiondo-Wood and Haber, 2018).

3.2 Research design

Research design is the entire plan for acquiring the answers to the questions being asked in the study and for handling different inferences to the worth of the study evidence (Pollit & Beck, 2010). In this study a quantitative descriptive survey was used with a self-administered questionnaire. A descriptive survey study design describes a method to collect

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quantitative data (Grove, Burns & Gray 2012). As the researcher's aim was to investigate the knowledge, attitude, and practice about pain management in mental health care users among nurses, a descriptive survey design was chosen as the most effective method (LoBiondo-Wood & Haber, 2018).

3.3 Setting

The research setting refers to the location of the study and the situation where the study data was collected (Brink, Van der Walt & Van Rensburg, 2012). The researcher conducted this study in a psychiatric hospital in Cape Town, Western Cape. The selected psychiatric hospital is one of the four psychiatric hospitals in the Western Cape and is the largest psychiatric hospital in the Western Cape. The selected psychiatric hospital has a capacity of 722 beds with different areas of psychiatry, namely, adult psychiatry, child and adolescent psychiatry, forensic psychiatry, and intellectual disability services.

3.4 Population and Sample

In this section the population, sampling techniques, inclusion and exclusion criteria will be discussed.

3.4.1 Study population

The study population is the group of people or subjects that has common characteristics of interest to the researcher (Brink, Van der Walt & Van Rensburg, 2012). In this study the population were the nurses working in the selected psychiatric hospital in the Western Cape (n=448). The target population is the total population that the researcher has interest in

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studying (Grove et al., 2012). In this study the target population was the nurses who directly work with MHCUs, namely, advanced psychiatric nurses, registered nursed and enrolled nurses, which totaled 226.

3.4.2 Sampling

Brink et al., (2012) defines a sample as a subset of people or objects that are selected to represent the total population. There were 226 nurses in the core, all-inclusive sampling, used for this study. However, to determine what a representative sample would be, a sample size of 157 was calculated (CI=95%, error=5% and population proportion =50% and population size of N=226 (Creative research systems, 2012).

Inclusion and exclusion criteria: The inclusion criterion was all registered professional nurses regardless of their categories or level, including speciality, general and community service nurses, professional nurses, and enrolled nurses. The goal was to investigate their knowledge on pain management in pharmacological and non-pharmacological practice.

3.5 Data collection

3.5.1 Data collection Instrument

Data were collected using a self-administered questionnaire which was based on an instrument designed by Rose et al., (2011). This instrument was used to assess nurse's knowledge and practice related to pain assessment in critically ill patients at Mulago Hospital, Uganda (Kizza, 2012). Though this instrument has not been used in mental health, it has been adapted to the South African mental health setting by changing the common

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procedures and medications relevant to the South African setting (see the original and amended questionnaire in the appendices).

The questionnaire had five (5) sections: Section 1:Demographic data (questions 1–9); Section 2:practice questions related to what nurses do to manage and assess pain (questions 10–19); Section 3:knowledge questions (True/False questions) related to what the nurses know about pain assessment and management (questions 20–39); Section 4: question related to nurses' attitude (questions 40–54).; and Section 5: questions about the barriers to knowledge and practice of pain management and assessment (questions 55–56).

3.5.2 Validity

Validity refers to how accurately a tool measures what it is intended to measure (Brink, Van der Walt & Van Rensburg, 2018). According to Creswell (2014), an existing instrument should describe the established validity from the previous use of the tool. Rose, Haslam, Dale, Knechtel, Fraser, Pinto, & Watt-Watson, 2011) piloted the instrument in five (5) ICUs in Canada and it was re-evaluated by ten experts in critical pain care (Rose et al., 2011).

Face validity refers to the fact that the tool should measure what it is meant to measure at face value (Brink, Van der Walt & Van Rensburg, 2012), this was established by Rose et al., (2011) and checked by the psychiatric researcher (supervisor)of this study. Content validity refers to whether all the relevant content is covered (Brink et al., 2012). The content validity is presented in Table 2.

Table 2: Content validity and reliability

Objectives	Content	Questions
1. Determine the practice pain assessment and management among professional nurses and staff nurses working at a selected psychiatric hospital in the Western Cape.	Practice	Question 10–19
2. Determine knowledge on pain management and pain assessment among registered nurses and staff nurses working at a selected psychiatric hospital in the Western Cape.	Knowledge	Question 20–39
3. Determine the attitude of the psychiatric nurses regarding the pain assessment and management on the selected psychiatric hospital in the Western Cape	Attitudes	Question 40–54
4. Determine the psychiatric nurse's barriers regarding the knowledge of pain assessment and management on the selected psychiatric hospital in the Western Cape.	Barriers	Question 55–56

3.5.3 Reliability – internal consistency

Reliability refers to the consistency of the tool (Brink et al., 2012), and includes internal consistency and the pretest.

Internal consistency: The term reliability refers to the consistency of the instrument to yield results if the tool has been used over and over time by the same researcher or by two researchers (Brink et al., 2012). This instrument has established reliability with a Cronbach's alpha of .71(Brink et al., 2012).

Pretest: The pre-test is normally done by gathering individuals that meet all the inclusion criteria to test if the tool is well written and relevant for the type of data and devoid of major biases (Brink et al., 2012). There was no pre-test done in this study as no negative feedback on the questionnaire was received on first administration.

3.6 Data collection process

The researcher first got the permission letter to conduct the study from the University of the Western Cape's Biomedical Research Ethics Committee (BMREC), the Western Cape's DOH and the Hospital Review Board. The researcher sent emails to the nursing management of the hospital asking for permission to conduct the study in their wards, and then phone calls were made to those unit managers who did not reply to the email. Permission was granted by the unit managers and the researcher called each ward on the weekend before conducting the study to notify them of the forthcoming research. Each shift was notified by the managers and by the researcher. All the information on the study was presented to each shift and an opportunity was given for questions to be asked and then those willing to participate were given the questionnaires, however not all participants answered all chapters in the questionnaire.

The study was collected during weekend days and holidays as per permission given by the Hospital Review Board, it was collected between June and July 2023. The information sheet, consent forms and questionnaire were handed to participants. The questionnaire took 15-20 minutes to be completed. The questionnaire was written in English language as nurses have been trained in English. The questionnaires were collected in the room used for ward rounds and educational examination room in each unit. The Covid-19 protocols were adhered to as per facility requirements, which include wearing of protecting clothes; use of sanitizer and social distance was applied. All the data was given back to the researcher on the same day and kept in a safe box.

3.7 Data analysis

The questionnaires were inspected for completeness prior to analysing the data. The questionnaires were numerically coded. The data collected were properly entered and cleaning was done prior to data analysis. The data analysis was done using SPSS software version 28. Descriptive statistics were used to present the data. The socio-demographic variables of the respondents were presented using simple frequencies and percentages and mean and standard deviation. The other section of the questions was presented mainly using frequency tables, mean and standard deviation. Section C was re-coded making the correct answers 1 while incorrect answers were presented as 0. The correct responses were presented as 'Correct' and the arrangement was done from highest to lowest.

3.8 Ethical considerations

The ethics clearance to conduct this study was obtained from the Biomedical Research Ethics Committee of UWC. The letter for permission to conduct the study was sent to the Western Cape's Department of Health and to the selected hospital review board in the Western Cape. Permission was grant by both DOH and Hospital review board.

3.8.1 Informed consent

According to Brink et al., (2012) the respondents were fully informed of the type of information that will be needed from her/him and the respondents were given clear information about the study. The respondents were told that their participation is voluntary and that they can withdraw from the study without explanation (Brink et al., 2012). There was no one who withdraws from the study.

3.8.2 Confidentiality and Anonymity

The respondents were reassured that none of their personal information would be linked to the university, hospital or to the study. They were told that all information would be kept confidential, that the study would be anonymous, that the data would be kept safe, and that the entire questionnaire would not be attached to the consent form and finally that no one had the right to access the data beside the researcher and supervisor.

3.8.3 Principle of respect for persons

The respondents were given an information sheet about the study and a consent form that outlined their informed consent, their right of autonomy and their voluntary participation. The participants were treated fairly, equally, with respect, with no discrimination as to race, age, and gender of the participants. The researcher explained to the participants that they had the right to withdraw without providing reasons or suffering any penalty (Brink et al., 2012).

3.8.4 Principle of beneficence

The right of the respondent to 'not to be harmed' was fully respected to protect the respondents from illegal and unethical practices. The researcher planned for minor risk to be expected and the participants were given contact details of the free service for government employees namely Independent Counselling and Advisory Services (ICAS). All safety risk precautions were taken into consideration (Brink et al., 2012). The name of the hospital is not mentioned in the study to avoid causing any possible harm or reputational damage to the image of the hospital. All data will be stored for five years in a non-identifiable state and will be kept in a locked cupboard.

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3.8.5 Ethical Principles of Justice

In the study, the participants were treated fairly and equal, there was no discrimination as to race, age, and gender of the participants. The safety and security of the respondents was apriority as was their anonymity by ensuring that there is no access to the information given in the study. The answers were only discussed with the supervisor (Brink et al., 2012). The respondents were chosen as per study criteria not because of their availability.

3.9 Summary

In this chapter the following concepts were covered: research approach, research design, research setting, population and sample, data collection method, instrument that was used, analysis process and ethical considerations.

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CHAPTER 4

RESULTS

4.1 Introduction

This study aimed to investigate the knowledge, attitudes, and practice and barriers in pain management among registered and staff nurses working at a selected psychiatric hospital in the Western Cape. This chapter includes a description of the sample realisation, the demographics and the results addressing the above objectives. The chapter will present the all the results on the table form and briefly describe the topic as guided by the objectives of the research.

4.2 Sample realisation

The data were collected in the selected psychiatric hospital from June to July 2023. A total of 117 questionnaires were completed out of a planned 157 (response rate of 74.5%).

4.3 Demographics

Over three-fifths of the respondents 76 (65%) were female and the sample had a mean age of 40.57 (Sd 10.78) years with youngest of 22 years old and the oldest of 66 years (Table 3). About half of the respondents (57, 48.7%) were registered nurses, followed by 31 (26.5%) advanced psychiatric nurses and 26 (22.2%) enrolled nurses. In terms of experience, the respondents had been registered nurses for, on average, 11.9 years (sd 9.43), ranging from one (1) to 45 years, and experience as nurses caring for mental health care users of, on average 7.78 years (6.66), ranging from one (1) to 32 years (Table 3).

Table 3: Demographics

Items	Statistics
Gender	
Female	76 (65%)
Male	41 (35%)
Age *(mean, sd, range)*	Mean 40.57 (Sd 10.78) Range: 22–66
Nursing category	
Enrolled nurse	26 (22.2%)
Registered nurse	57 (48.7%)
Advanced psychiatric nurse	31 (26.5%)
Years of experience as a nurse registered nurse *(mean, sd, range)*	Mean 11.9 (sd 9.43) Range:1-45 years
Years of experience as a nurse on this unit or caring for mental health care users *(mean, sd, range)*	Mean 7.78. (sd 6.66) Range:1-32 years
SANC qualification	
Certificate	26 (22.2%)
Diploma	42 (35.9%)
Degree	47 (40.2%)
Employment status	
Full-time	106 (90.6%)
Part-time	9 (7.7%)
Shift in last two weeks	
Day shift only	98 (83.8%)
Evening shift only	2 (1.7%)
Night shift	3 (2.6%)
Rotating shift	13 (11.1%)
Primary specialty (MHCU) working in the last month	
Admission	11 (9.4%)
Acute adult	35 (29.9%)
Child and adolescent	16 (13.7%)
Intellectual disability	33 (28.2%)
Forensic	15 (12.8%)

About two-fifths of the respondents (47, 40.2%) were degree holders, followed by those who had diplomas 42 (35.9%), and then those with certificate 26 (22.2%). Most of the respondents (106, 90.6%) had been in full-time employment in the previous two weeks, with most of them 98 (83.8%) on day shift. The respondents worked in a range of settings with about a third (35, 29.9%) working in the primary Acute Adult Ward, followed by 33 (28.2%) working in the Intellectual Disability Ward, 16 (13.7%) in the Child and Adolescent

Ward, 15 (2.8%) from the Forensic Ward and lastly 11 (9.4%) working in the Admission Ward. Not all respondents answered all the section. (Table 3).

4 .4 Current pain management practices

In assessing pain management practices, several questions were asked on current practices, including on the assessment of pain, need for assessment of pain for specific activities, pain management activities and perceived competence.

4 .4.1 Perception of competence to manage pain

O f the 117 respondents, 99 (84.6%) indicated that they felt competent to assess pain. However, only 48 (41. 0%) acknowledged using a pain assessment tool which mean that 59% were not using a pain assessment tool. There were 45 (38.5%) respondents who indicated that they always agree with MHCU statement about their pain. It found that 56 (47.9%) agreed that they document their finding after pain assessments. (Table 4).

T able 4: Current pain management practices (n=117)

Item	Statistics
perceived competence	
Do you feel competent in effectively assessing MHCUs for having pain?	99 (84.6%)
Pain assessment	
Do you always agree with MHCUs statement about their pain?	45 (38.5%)
Do you assess for pain with MHCUs who are able to communicate pain?	102(87.2%)
Do you use a pain assessment tool?	48 (41.0%)
How frequently do you use a pain assessment tool? (n=48) Routinely (75% of the time) Often (51–75%) of the time Sometimes (26–50%) of the time Seldom (1-25%) of the time	9 (18.8%) 9 (18.8%) 14 (29.2%) 15 (31.3%)
Do you document the findings after pain assessment?	56 (47.9%)
How frequently do you document pain assessment? (n=56) When necessary (prn only)	42 (75.0%)

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Item	Statistics
1–4 hrly	10 (19.9%)
> 4–8 hrly	7 (12.5%)
Do you assess the need for administration of analgesia before the following procedures are done?	
Wound care	95 (81.2%)
Electro - convulsive therapy	53 (45.3%)
IV-line placement	45 (38.5%)
Restraint	43 (36.8%)
Pain management	
Are pain assessments and pain management discussed during nurse-to -nurse report?	95 (81.2%)
Are pain assessments and management discussed during unit rounds?	91 (77.8%)

4 .4.2 Pain assessment

Only 45(38.5%) of the respondents indicated that that they agreed with MHCUs information on their pain level, with 102 (87.2%) of respondents indicating that they assess pain for MHCUs who can communicate pain. However, only 48(41.0%) of respondents reported that they use a pain assessment tool. Of the respondents who did report using a pain assessment tool, only 9(18.8%) did this routinely (Table 4).

4 .4.3 Pain management

In assessing whether pain assessment and management were discussed during unit rounds and during nurse-to-nurse reports, the study showed that 95 (81.2%) of the respondents indicated that they did discuss and manage pain as nurses in the nurse-to-nurse report. The reporting in unit rounds was slightly lower with 99 (77.8%) of the respondents discussing the pain assessment and management in the multidisciplinary team ward rounds (Table 4).

4 .5Knowledge of pain management

In assessing knowledge, twenty statements on knowledge were used in which the respondents had to answer True or False. Each statement was then marked and a total score for knowledge was calculated.

4 .5.1 Pain management knowledge score

The overall average knowledge score was 10.2 out of 20, i.e. 51% with 48 (41%) of the respondents scoring less than 50%. The respondents had a low knowledge score in pain management.

4 .5.2 Pain management knowledge items

Statements with the highest number of correct responses were *narcotic/opioid addiction is defined as a chronic neurobiological disease, characterised by behaviours that include one* or more of the following: impaired control over drug use, compulsive use, continued use despite harm, and craving (79.5%). This was followed by 92 respondents (78.6%) correctly identifying that *the term equianalgesic means approximately equal analgesia and is used when referring to the doses of various analgesics*, and *sedation assessment is recommended during opioid pain management because excessive sedation precedes opioid-induced response* (76.9%) (Table 5).

However, 10 statements had less than 50% correct responses (Table 5). The lowest proportion of respondents with incorrect responses were: after *an initial dose of opioid analgesic is given, subsequent doses should be adjusted in accordance with the individual MHCUs response*(21, 17.9%);*vital signs are always reliable indicators of the intensity of MHCUs' pain* (23, 19.7%); *the usual duration of analgesia of 1–2 mg morphine IV is 4-5 hours*(30, 25.6%); *opioids should not be used in patients with a history of substance abuse (*41, 35.0%) and *combining analgesics that work by different mechanisms may result in better pain control with fewer side effects than a single analgesic agent (*41, 35.0%) (Table 5).

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Table 5: Knowledge of pain management (n=117)

True or False Statement (Correct Answer)	% Correct
Narcotic/opioid addiction is defined as a chronic neurobiological disease, characterised by behaviours that include one or more of the following: impaired control over drug use, compulsive use, continued use despite harm, and craving (TRUE)	93 (79.5%)
The term equianalgesic means approximately equal analgesia and is used when referring to the doses of various analgesics (TRUE)	92 (78.6%)
Sedation assessment is recommended during opioid pain management because excessive sedation precedes opioid-induced response (TRUE)	90 (76.9%)
If the source of the MHCUs pain is unknown, opioids should not be used during the pain evaluation period, as this could mask the ability to correctly diagnose the cause of pain (TRUE)	89 (76.1%)
MHCUs should be encouraged to endure as much pain as possible before using an opioid (FALSE)	76 (65.0%)
Combining analgesics that work by different mechanisms may result in better pain control with fewer side effects than a single analgesic agent (TRUE)	76 (65.0%)
MHCUs may sleep despite severe pain (FALSE)	75 (64.1%)
Giving MHCUs water by injection (placebo) is a useful test to determine if the pain is real (TRUE)	67 (57.3%)
MHCUs spiritual beliefs may lead them to think pain and suffering are necessary (TRUE)	67 (57.3%)
Elderly MHCUs cannot tolerate opioids for pain relief (FALSE)	66 (56.4%)
MHCUs cannot reliably report pain so clinicians should rely solely on their assessment of the pain intensity (FALSE)	65 (55.6%)
Children cannot reliably report pain so clinicians should rely solely on the parent's assessment (FALSE)	60 (51.3%)
Aspirin and other non-steroidal anti-inflammatory agents (NSAID) are NOT effective analgesics for severe pain (FALSE)	58 (49.6%)
Research shows that promethazine (Phenergan) and hydroxyzine (Atarax) are reliable potentiators of opioid analgesics (TRUE)	58 (49.6%)
Respiratory depression rarely occurs in patients who have been receiving stable doses of opioids over a period of month (TRUE)	63 (53.8%)
Anticonvulsant drugs can produce optimal pain relief after a single dose (TRUE)	52 (44.4%)
Opioids should not be used in patients with a history of substance abuse (FALSE)	41 (35.0%)
The usual duration of analgesia of 1–2 mg morphine IV is 4–5 hours. FALSE	30 (25.6%)
Vital signs are always reliable indicators of the intensity of MHCUs' pain (FALSE)	23 (19.7%)
After an initial dose of opioid analgesic is given, subsequent doses should be adjusted in accordance with the individual MHCUs response (FALSE)	21 (17.9%)

4.6 Attitudes towards pain management

An attitude towards pain management was measured by 15 statements to which the respondent had to indicate 'Agree', 'Strongly agree', 'Disagree' and Strongly disagree'. Eleven (11) statements were positive attitudes statements and four (4) were negative attitude statements. The attitude statements were recorded to Agree and Disagree (Table 6).

Overall, the respondents had positive attitudes towards pain management with more than two thirds of the respondents agreeing with the positive attitude statements and less than half of the respondents agreeing with the negative statements (Table 6).

The positive attitudes statement with the highest level of agreement was *continuous assessment of pain and medication effectiveness is necessary for good pain management* (110, 94.1%), followed by *If MHCUs continues to have pain after receiving pain relieving medication (s) the nurse should contact the physician* (101, 86.4%) (Table 6).

The lowest level of agreement for a negative attitudinal statement was for *A MHCU should experience discomfort prior to getting the next dose of pain medication*, negative attitude with only 34 (29.1%) (Table 6).

4.3 Factors affecting and enabling ability to assess pain

The respondents were asked to rate factors that affected or enabled their ability to assess pain in MHCUs.

4.3.1 Factors affecting ability to assess pain

The highest rated factor affecting the ability to assess MHCUs for pain was nursing workload with 88 respondents (75.2%) selecting this factor (Table 7). This was followed by MHCUs factors with MHCUs inability to communicate (85, 72.6%) and MHCUs instability (84, 71.8%). Factors related to pain assessment tools were also identified with a lack of availability of pain assessment tool identified by 81 respondents (69.2%), followed by a lack of familiarity with pain assessment tools80 (68.4%) (Table 7).

Table 6: Attitudes towards pain management

Statements	Agreed
Continuous assessment of pain and medication effectiveness is necessary for good pain management	110 (94.1%)
If a MHCUs continues to have pain after receiving pain relieving medication (s). the nurse should contact the physician	101 (86.4%)
Positive attitudes	
Lack of pain expression does not necessarily mean lack of pain	96 (82.1%)
MHCUs receiving around the clock opioids are at risk for sedation and respiratory depression	91 (77.8%)
If a MHCUs (and/or family member) reports pain relief and euphoria, the patient should be given a lower dose of the analgesic	*91 (77.8%)*
MHCUs (and /or family members) have a right to expect total pain relief as a goal of treatment	90 (77.0%)
MHCUs can be maintained in a pain free state	87 (74.3%)
The nurse can make a more accurate assessment of the MHCUs pain than the patient /family can	85 (72.6%)
MHCUs with chronic pain medication should receive pain medication at regular intervals with or without the presence of discomfort	80 (68.4%)
Giving opioids on a regular schedule is preferred over a prn schedule for continuous pain	76 (64.9%)
MHCUs (and /or family members) may be hesitant to ask for pain medications due to their fears about the use of opioids.	75 (64.1%)
Negative attitudes	
MHCUs receiving opioids on a prn basis are more likely to develop clock-watching behaviours	*65 (55.5%)*
MHCUs is in pain can tolerate high doses of opioids without sedation or respiratory depression	*49 (41.8%)*
Estimation of pain by a nurse is a more valid measure of pain than patient self-report	*48 (41.0%)*
A MHCU should experience discomfort prior to getting the next dose of pain medication	*34 (29.1%)*

Ward factors were rated slightly lower with a lack of education on pain management identified by 79 (67.5%), poor communication of pain assessment priorities at the unit by 75 (64.1%), lack of protocols for pain assessment and pain management(75, 64.1%), poor documentation of pain assessment and management(65,55.6%), low priority of pain management by unit team by 63 (53.0%) respondents and no designated area for charting pain in nursing documentation by 61 (52.1%) of the respondents. Insufficient analgesia dosage prescribed was identified by 63 (53.0%) respondents (Table 7).

Table 7:Factors affecting ability to assess pain.

Factors	Frequency
Factors affecting ability to assess MHCUs for pain	
Nursing workload	88 (75.2%)
MHCUs inability to communicate	85 (72.6%)
MHCUs instability	84 (71.8%)
Lack of availability of pain assessment tool	81 (69.2%)
Lack of familiarity with pain assessment tool	80 (68.4%)
Lack of education on pain management	79 (67.5%)
Poor communication of pain assessment priorities at the unit	75 (64.1%)
Lack of protocols for pain assessment and pain management	75 (64.1%)
Poor documentation of pain assessment and management	65 (55.6%)
Insufficient analgesia dosage prescribed	63 (53.0%)
Low priority of pain management by unit team	63 (53.0%)
No designated area for charting pain in nursing documentation	61 (52.1%)
Factors enabling delivery of effective pain practices	
Interested and motivated staff ensuring adequate pain management practices	109(93.2%)
Pain assessment and management is a ward or clinic priority	100(85.5%)
Psychiatrists prescribe adequate doses of analgesia	100(85.5%)
Ongoing education on pain management is provided	88 (75.2%)
Specialist nurses are employed by on the unit with adequate educational preparation in pain management	85 (76.2%)
Pain protocols and guidelines are in use	83 (70.9%)
Standardised pain assessment tools are in use	77 (65.8%)

4.3.1 Factors affecting ability to assess pain

In identifying factors enabling pain management, i*nterested and motivated staff ensuring adequate pain management* was identified by 109 (93.2%) respondents, followed by *pain management practices in the ward* and *psychiatrists prescribing adequate pain management* (100, 85.5%). Though *standardised pain assessment tool in use* were identified as the lowest enabler – it was still identified by 77 (65.8%) of the respondents (Table 7). All factors were identified as important with more than two-thirds of respondents identifying these as key enablers for improved ability to assess pain (Table 7).

4.4 Summary

Overall, the respondents felt that they were competent in pain management but less than half of them used pain assessment tools and less than half of the respondents agreed on documenting the finding after pain assessment. Though the respondents had poor knowledge of pain management, they had positive attitudes towards pain management. Nurse's workload and ward related factors were the main challenges in adequate pain management i.e., lack of protocols for pain management and a lack of training regarding pain management in the wards.

CHAPTER 5

DISCUSSION

5.1 Introduction

The aim of this study was to investigate the knowledge, attitudes, and practices regarding pain management among registered and staff nurses working at a selected psychiatric hospital in Western Cape. This chapter will discuss all the data that was detailed in Chapter four against the following objectives.

1. Determine the level of pain management knowledge of nurses working at a selected psychiatric hospital in the Western Cape.

2. Determine the pain management practices of nurses working at selected psychiatric hospital in the Western Cape.

3. Determine the attitudes of the nurses, working at a selected psychiatric hospital, towards pain management.

4. Describe the barriers that may affect pain management practices in the selected psychiatric hospital in the Western Cape

This chapter includes a description of the sample realisation, the demographics and the results addressing the above objectives.

5.2 Current pain management practices

In assessing pain management practices, several questions were asked on current practices, including on the assessment of pain, the need for assessment of pain for specific activities, pain management activities and perceived competence. Overall, 99 (84.6%) indicated that they felt competent to assess pain which was higher than the study in the Mulago national referral hospital in Uganda where 99 (58.2) nurses in the critically ill unit indicated that they felt competent to assess pain (Kizza, 2012). However, overall, the practice of pain management was varied.

5.2.1 Pain assessment practices

Nearly all respondents indicated that they assess pain in MHCUs who can communicate pain 102 (87.2%), but only 45 (38.5%) of respondent indicated that they always agree with the MHCUs when they report pain and only 48 (41%) reported using pain assessment tools. This finding was similar that from a study conducted in Canada which found that only a third (33%) of nurses reported that they used pain assessment tools (Rose, Smith, Gélinas, Haslam, Dale, Luk, Burry, McGillion, Mehta & Watt-Watson,2012).

In this study the use of pain assessment tools was rated low, by more than two-thirds of the respondents, due to a lack of availability of assessment tools, poor knowledge of them and a lack of education on pain management in their institution. These findings were like results in a study that was conducted with nurses working with surgical patients in a referral hospital in Rwanda who also identified continuing training challenge (66.3%) and a lack of courses about pain management in the undergraduate classes (58.1%) as a major challenge.

Reporting on pain management varied with only about two-thirds of the respondents reporting pain as an item during nurse and multidisciplinary rounds, but less than half 56

(47.9%) reported documenting pain findings. Kizza (2012) reported that documentation of pain findings was important, with more than three-quarter 121 (79.1%) of the respondents in a critical care study documenting the findings of pain assessment. Similarly, about 88.8% respondents in North Ethiopia knew that pain assessment and pain management findings should be frequently documented (Miftah, Tilahun, Fantahun, Adulkaldir & Gebrekirdtos, 2017).

Pain management tools should be used frequently (Yava et al., 2013) and though there was a positive attitude towards pain assessment, less than half 48 (41%) of the respondents used pain assessment tools.

5.2.2 Pain assessment before procedure practices

In assessing which procedures received pain management, most of the respondents (81.2%), indicated that they assessed pain during wound care. This finding was like the findings by Kizza (2012) in Rwanda where 142 (83.5%) assessed for pain during wound care.

The assessment of pain was much lower for administering analgesia, electro-convulsive therapy 53 (45.3%), IV-line placement 45 (38.5%) and restraints 43 (36.8%). This finding was like a report by Rose et al., 2011, which showed that fewer nurses who did pain assessment frequently obtained less than >50% in occurrence of procedure.

5.3 Knowledge of pain management

The overall knowledge of pain management of respondents was poor with an average score of around 50%. The findings were like a study conducted at a public hospital in Mekelle in North Ethiopia where 41.4% had inadequate knowledge of pain management (Miftah et al., 2017). Similarly, a study conducted in an emergency department found that the nurses had

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a lack of knowledge regarding pain management (Ahmadi, Vojdani & MortezaBagi, 2023), with none of the respondents recording a high score regarding pain management (Ahmadi et al., 2023). The lack of knowledge in pain management is a major concern as nurses are the primary care givers of patients (Ahmadi et al., 2023).

5.4 Attitudes towards pain management

Overall, the respondents had positive attitudes towards pain management. A study that had similar findings, in the two wards of an academic hospital neonatal in central Gauteng, shows that staff had positive attitudes toward management of pain in neonates (Khoza, 2014). Other studies have also confirmed that nurses have shown positive attitudes towards pain management when compared to other professions (Ali, Ibrahim & Mohammed, 2013).

Education and pain management is vital because it improves knowledge and positive attitude towards nurses (Yava, Çicek, Tosun, Özcan, Yildiz & Dizer, 2013).

5.5 Barriers affecting pain assessment and pain management.

In assessing barriers affecting pain management, the highest factor was nursing workload with three quarters of respondents reporting this. Similar findings were reported in a study conducted by Kizza (2012) who reported that workload was the highest rated barrier 143 (84%). A heavy workload is a major challenge in nurses as they will have less time to interact with the MHCUs which will further impact on those who are unable to communicate (Kizza, 2012). This is the second highest barrier, related to the nature of mental health with MHCUs' inability to communicate 85 (72.6%).

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Lack of availability of pain assessment tool again emerged as a barrier 81 (69.2%) and this has been a challenge for many hospitals with similar finding reported in an emergency unit of the regional hospital of Eritrea (Kahsay & Pitkäjärvi, 2019).

A lack of education in pain management was also reported by over two-thirds of the respondents 79 (67.5%) as a barrier, though this contrasts with the report by three-quarters of respondents that there is ongoing education in pain management provided. Study shows that (84.3%) respondents agreed on ongoing education in different topics covering pain management which includes pharmacological and non-pharmacological pain management (Rose et al., 2011).

A lack of protocols for pain management increases the risk of poor knowledge and guidance of how to assess and manage pain (Jarrett, Church, Fancher-Gonzalez, Shackelford& Lofton, 2013). A lack of protocols for pain management 75 (64.1%) is the common barrier in health care institutions as reported in this study. Similar findings were reported by Wendy, Slater, Starcevich, Wright, Mitchell & Beales2019; Uritrea by Kahsay and Pitkäjärvi (2019) and Kizza (2012).

A further barriers is the inadequate prescribing with 63 (53%) reported that there is insufficient analgesia prescribed by doctors which hinders nurses in term of pharmacological management. The analgesia and opioids should be considered and prioritized when the is patient reported pain, post injured, post operation and patient known as chronic pain as a second diagnose of the client to avoid more complications like insomnia, depression.

5.6 Summary

Overall, this study has found that there is a gap in knowledge of pain assessment and pain management. However, there is a positive attitude towards managing pain. There are challenges that hinder respondents from excelling in pain assessment and management, workloads being the big challenge.

CHAPTER 6

CONCLUSION AND RECOMMENDATIONS

6.1 Introduction

This final chapter, summarised the key findings of the study which aimed to investigate the knowledge, attitudes, and practices about pain management of MHCUs among registered and staff nurses working at a selected psychiatric hospital in Western Cape. The chapter will give the summary results as key findings on objectives, recommendations on education, practice and research, limitations, and conclusion of the study.

6.2 Key findings

Objective 1: Determine the level of knowledge on pain management of nurses working at a selected psychiatric hospital in the Western Cape.

The level of knowledge in pain management of nurses was shown as inadequate. This finding was consistent with the literature and should be a focus for both undergraduate, postgraduate, and in-service trained nurses.

Objective 2: Determine the pain management practices of nurses working at selected psychiatric hospital in the Western Cape.

The pain management practices reported were varied with some reported practices such as a high report of pain assessment taking place but low usage of pain assessment protocols, poor documentation, and some discussion of pain as part of ward rounds. The only

procedure which received adequate pain assessment and management was wound care. Again, this finding was consistent with findings in other settings.

Objective 3: Determine the attitudes of the nurses, working at a selected psychiatric hospital, towards pain management.

The study showed an inadequate knowledge in pain management and poor pain assessment, but the respondents reported positive attitudes on pain assessment and pain management. For example, the was a statement that say MHCUs should experience discomfort before getting the next dose of pain management, there were very few respondents agreed with this statement most disagree with this. The nurses showed positive attitude towards pain management.

Objective 4: Describe the barriers that may affect pain management in the selected psychiatric hospital in the Western Cape

There were many barriers affecting the nurses 'ability to manage pain in this institution, notably the workload which was confirmed by other studies and other settings. However, unique to the mental health care settings was the high rating of factors related to the specific nature of MHCUs. These two factors in combination highlight an increased barrier to adequate pain management in this setting.

Overall, the mental health care settings have highlighted specific challenges related to the setting, though the general practices, attitudes, and knowledge of nurses in this setting are

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on par with other settings, highlighting the need for more education in this field and also specifically applied to this setting.

6.3 Recommendations

6.3.1   Education

a) Recommend to institutions involved in training of mental health staff to ensure that pain management and pain assessment tools are included in the curriculum.

Motivation: The knowledge in pain assessment and pain management is inadequate in nurses and therefore it is recommended that the preparation of mental health professionals include more training on pain management.

b) Provide special pain management in-service programmes for nurses working in mental health.

Motivation: The knowledge in pain assessment and pain management is inadequate in nurses and therefore it is recommended that nursing educational staff provide more training on pain management.

6.3.2   Practice

c) Provide pain management protocols, guidelines, and pain assessment tools in mental health units and consider the workload distribution to ensure these are used.

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Motivation: This study has highlighted that mental health care units do not adequately prepare for pain assessment through the availability of pain management protocols, guidelines, and pain assessment tools.

d) Mental health care unit managers to consider the workload distribution to ensure that adequate pain assessment and management occurs.

Motivation: This study has highlighted that workload is the biggest barrier in facilitating pain assessment.

6.3.3Research

d) Additional research should be conducted on pain management in psychiatric health care institutions in South Africa, include nursing students doing mental health nurse training, and this research should be supported with qualitative information and observational studies.

Motivation: This study has highlighted the limited research that has been done on this topic in South Africa.

6.4 Limitations of study

The study was conducted in one psychiatric hospital in the Western Cape, however, there are more psychiatric hospitals including psychiatric units in general hospitals which means the results of this study do not include all nurses working with mental health care users.

There was limited literature regarding pain management locally. More studies have been conducted in other countries in general hospitals and palliative care units.

6.5 Conclusion

The aim of the study was to investigate the knowledge, attitudes, and practices about pain management of MHCUs among registered and staff nurses working at a selected psychiatric hospital in the Western Cape. The study found that the respondents have inadequate knowledge in pain assessment and pain management, though they did have positive attitudes in assessing and managing pain despite the barriers affecting nurses in pain management practice.

REFERENCES

Achterberg, W. P., Pieper, M. J., van Dalen-Kok, A. H., De Waal, M. W., Husebo, B. S., Lautenbacher, S., & Corbett, A. (2013). Pain management in patients with dementia. *Clinical interventions in aging*, *8*, 1471.

Ahmadi, S., Vojdani, P., &MortezaBagi, H. R. (2023). The study of nurses' knowledge and attitudes regarding pain management and control in emergency departments. *BMC Emergency Medicine*, 23(1), 26.

Aranha, P. R., Dsouza, R. P., Umarani, J., Shilpa, G. S., & Shetty, A. P. (2015). Assessment and management of pain in children: knowledge and attitude of staff nurses. International *Journal of Nursing Education and Research*, 3(2), 137-139.

Al-Shaer, D., Hill, P. D., & Anderson, M. A. (2011). Nurses' knowledge and attitudes regarding pain assessment and intervention. *Medsurg Nursing*, 20(1), 7

Alzghoul, B. I., & Abdullah, N. A. C. (2016). Pain management practices by nurses: an application of the knowledge, attitude, and practices (KAP) model. *Global journal of health science*, 8(6), 154.

Atkinson, V. J., & Almahdi, B. (2014). A prospective audit project into the adequacy of pain assessment in the medical and surgical wards in a North London District General Hospital. *British Journal of Pain*, 8(2), 78-83

Brink, H., Van der Walt, C., & Van Rensburg, G. (2012). *Foundation of research methodology for health care professionals.* Juta, Cape Town.

Brorson, H., Plymoth, H., Örmon, K., &Bolmsjö, I. (2014). Pain relief at the end of life: nurses' experiences regarding end-of-life pain relief in patients with dementia. P*ain management nursing*, 15(1), 315-323.

Burns, M., & McIlfatrick, S. (2015). Palliative care in dementia: literature review of nurses' knowledge and attitudes towards pain assessment. *International journal of palliative nursin*g, 21(8), 400-407.

Coll, A. M., & Jones, R. (2023). *Pain assessment and management for people with dementia in the community.* Nursing Standard. Royal College of Nursing (Great Britain): 1987).

Creswell, J. W. (2014). *A concise introduction to mixed methods research.* SAGE publications.

Dickens, G. L., Ion, R., Waters, C., Atlantis, E., & Everett, B. (2019). Mental health nurses' attitudes, experience, and knowledge regarding routine physical healthcare: systematic, integrative review of studies involving 7,549 nurses working in mental health settings. *BMC nursing*, 18, 1-21.

Enskär, K., Ljusegren, G., Berglund, G., Eaton, N., Harding, R., Mokoena, J., &Moleki, M. (2007). Attitudes to and knowledge about pain and pain management, of nurses working with children with cancer: A comparative study between UK, South Africa, and Sweden. *Journal of Research in Nursing*, 12(5), 501-515.

Ekim, A., & Ocakcı, A. F. (2013). Knowledge and attitudes regarding pain management of paediatric nurses in Turkey. *Pain Management Nursing*, 14(4), e262-e267

Fry, M., Chenoweth, L., & Arendts, G. (2016). Assessment and management of acute pain in the older person with cognitive impairment: a qualitative study. *International emergency nursing*, 24, 54-60.

Gilmore-Bykovskyi, A. L., & Bowers, B. J. (2013). Understanding nurses' decisions to treat pain in nursing home residents with dementia. *Research in Gerontological Nursing*, 6(2), 127-138.

Grove, S.K., Burns, N. &Gray, J. (2012). *The practice of nursing research: Appraisal, synthesis, and generation of evidence*. St Louis, MO, USA: Elsevier Health Sciences.

Jarrett, A., Church, T., Fancher-Gonzalez, K., Shackelford, J., & Lofton, A. (2013). Nurses' knowledge and attitudes about pain in hospitalized patients. *Clinical Nurse Specialist*, 27(2), 81-87

Jonsdottir, T., &Gunnarsson, E. C. (2021). Understanding nurses' knowledge and attitudes toward pain assessment in dementia: a literature review. *Pain Management Nursing*, 22(3), 281-292

Kahsay, D. T., &Pitkäjärvi, M. (2019). Emergency nurses' knowledge, attitude, and perceived barriers regarding pain Management in Resource-Limited Settings: cross-sectional study. *BMC nursing*, 18(1), 1-13.

Kassa, R. N., &Kassa, G. M. (2014). Nurses' Attitude, Practice and Barriers toward Cancer Pain Management, Addis Ababa, Ethiopia. *Journal of Cancer Science &Therapy*, 6(12), 483-7.

Kipkorir, C., (2011) *Knowledge and Attitudes of Nurses Towards Pain Management Among the Elderly: A Case Study of Registered Nurses from The Local Healthcare Centers, Kokkola* Sep., University of Applied Science

Khoza, S. L. (2014). Knowledge, attitudes, and practices of neonatal staff concerning neonatal pain management. *Curationis*, 37(2), 1-9

Kizza, I. B. (2012). *Nurses' knowledge and practices related to pain assessment in critically ill patients at Mulago Hospital, Uganda* (Doctoral dissertation, Muhimbili University of Health, and Allied Sciences).

Kizza, I. B., Muliira, J. K., Kohi, T. W., &Nabirye, R. C. (2016). Nurses' knowledge of the principles of acute pain assessment in critically ill adult patients who are able to self-report. *International Journal of Africa Nursing Sciences*, 4, 20-27

Krokmyrdal, K. A., &Andenæs, R. (2015). Nurses' competence in pain management in patients with opioid addiction: A cross-sectional survey study. *Nurse education today*, 35(6), 789-794.

Lichtner, V., Dowding, D., &Closs, S. J. (2015). The relative meaning of absolute numbers: the case of pain intensity scores as decision support systems for pain management of patients with dementia. *BMC medical informatics and decision making*, 15(1), 111.

LoBiondo-Wood, G., Haber, J., &Titler, M. G. (2018). *Evidence-based practice for nursing and healthcare quality improvement*. Elsevier Health Sciences.

Marun, G. N., Morriss, W. W., Lim, J. S., Morriss, J. L., &Goucke, C. R. (2020). Addressing the challenge of pain education in low-resource countries: essential pain management in Papua New Guinea. *Anesthesia& Analgesia*, 130(6), 1608-1615.

Manwere, A., Chipfuwa, T., Mukwamba, M. M., &Chironda, G. (2015). Knowledge and attitudes of registered nurses towards pain management of adult medical patients: A case of Bindura hospital. *Health Science Journal*, 9(4), 1.

Miftah, R., Tilahun, W., Fantahun, A., Adulkadir, S., &Gebrekirstos, K. (2017). Knowledge and factors associated with pain management for hospitalized children among nurses working in public hospitals in Mekelle City, North Ethiopia: cross sectional study. *BMC research notes*, 10(1), 1-6.

Miller, A. J. (2012). *Hospice nurses-attitudes and knowledge about pain management. Graduate Thesis and Dissertations.* Available from: http://scholarcommons.usf.edu/etd/4165

Munkombwe, W. M., Petersson, K., &Elgán, C. (2020). Nurses' experiences of providing nonpharmacological pain management in palliative care: A qualitative study. *Journal of clinical nursing*, 29(9-10), 1643-1652.

Nuseir, K., Kassab, M., &Almomani, B. (2016). Healthcare providers' knowledge and current practice of pain assessment and management: how much progress have we made? *Pain Research and Management*, 2016.

Onwumere, J., Stubbs, B., Stirling, M., Shiers, D., Gaughran, F., Rice, A. S., & Scott, W. (2022). Pain management in people with severe mental illness: an agenda for progress. *Pain*, 163(9), 1653-1660.

Pimentel, C. B., Briesacher, B. A., Gurwitz, J. H., Rosen, A. B., Pimentel, M. T., &Lapane, K. L. (2015). Pain management in nursing home residents with cancer. *Journal of the American Geriatrics Society*, 63(4), 633-641.

Peisah, C., Weaver, J., Wong, L., &Strukovski, J. A. (2014). Silent and suffering: a pilot study exploring gaps between theory and practice in pain management for people with severe dementia in residential aged care facilities. *Clinical interventions in aging*, 1767-1774

Polit, D. F., & Beck, C. T. (2010). Essentials of Nursing Research. 7th Edition. Lippincott Williams & Wilkins. Philadelphia

Prem, V., Karvannan, H., Chakravarthy, R. D., Binukumar, B., Jaykumar, S., & Kumar, S. P. (2011). Attitudes and beliefs about chronic pain among nurses–biomedical or behavioral? A cross-sectional survey. *Indian Journal of Palliative Care*, 17(3), 227.

Quinlan, J., & Cox, F. (2017). Acute pain management in patients with drug dependence syndrome. Pain reports, 2(4).

Rantala, M., Kankkunen, P., Kvist, T., &Hartikainen, S. (2014). Barriers to postoperative pain management in hip fracture patients with dementia as evaluated by nursing staff. *Pain Management Nursing*, 15(1), 208-219.

Rose, L., Haslam, L., Dale, C., Knechtel, L., Fraser, M., Pinto, R., & Watt-Watson, J. (2011). Survey of assessment and management of pain for critically ill adults. *Intensive and Critical Care Nursing*, 27(3), 121-128.

Rose, L., Smith, O., Gelinas, C., Haslam, L., Dale, C., Luk, E., Burry, L.,McGillion, M.,Mehta, S., & Watt-Watson, J. (2012). Critical care nurses' pain assessment and management practices: A survey in Canada. A*merican Journal of Critical Care*, 21(4), 251–259.

Sampson, E. L., White, N., Lord, K., Leurent, B., Vickerstaff, V., Scott, S., & Jones, L. (2015). Pain, agitation, and behavioural problems in people with dementia admitted to general hospital wards: a longitudinal cohort study. *Pain*, 156(4), 675

Selamat, M. H. M. (2016). *Cognitive Changes and Their Impact on Functioning at Work: A Qualitative Study on Women with Breast Cancer.* University of Malaya (Malaysia)

Tsai, Y. I. P., Browne, G., &Inder, K. J. (2021). The effectiveness of interventions to improve pain assessment and management in people living with dementia: A systematic review and meta-analyses. *Journal of advanced nursing*, 77(3), 1127-1140

Tsiouris, J. A.,Kim, S. Y.,Brow, W.T., & Cohen, I. L.(2011) Association of aggressive behaviours with psychiatric disorders, age, sex and degree of intellectual disability: a large-scale survey. *Journal of Intellectual Disability Research*, 55(7), 636-649.

Woldehaimanot, T. E., Saketa, Y. J., Zeleke, A. M., Gesesew, H. A., &Woldeyohanes, T. R. (2014). Pain knowledge and attitude: a survey among nurses in 23 health institutions in Western Ethiopia: *European Journal of Therapeutics*, 20(3), 254-260.

Yava, A., Çicek, H., Tosun, N., Özcan, C., Yildiz, D., &Dizer, B. (2013). Knowledge and attitudes of nurses about pain management in turkey. *International Journal of Caring Sciences*, 6(3)

APPENDICIES

Appendix 1: Questionnaire

MHCU PAIN MANAGEMENT SURVEY

Questionnaire _____ **ID:** _____

Instructions: Read each question carefully and tick (√) against the option that best suits your response.

Section A:

1. Gender	Female	Male

2. Age: ------------ years

3. Rank	Enrolled Nurse	Registered Nurse	Advanced Psychiatric Nurse

4. How many years of experience do you have as a nurse registered by SANC? ------------ Years

5. How many years of experience do you have as a nurse on this unit or caring for mentally ill patients? ---------- Years

6.SANC Qualifications (tick all that apply)	Certificate	Degree
	Diploma	Specify_____

7. Employment status:	Fulltime		Part-time	
8. Shift in last 2 weeks:	Day shift only	Evening shift only	Night shift	Rotating Shift
9. Please identify the primary specialty of the MHCU care in which you have been working in the last month:	Admission	Acute adult	Child and adolescent
	Intellectual disability	Forensic	Other, specify_____

SECTION B

Please tick (√) Yes or No for each of the following statements:

10. Do you assess for pain with MHCUs who are able to communicate pain?	Yes			No	
11. Do you use a pain assessment tool?	Yes			No	
11.a. IF YES , how frequently do you use it for pain assessment for MHCUs?	Seldom (1-25%) of the time	Often (51-75%) of the time	Sometimes (26-50%) of the time	Routinely (>75% of the time)	N/A
11.b. IF YES, do you document the findings after pain assessment for MHCUs?	Yes		No	N/A	
11.c .IF YES, how frequently do you document pain assessment findings for a MHCUs?	When necessary (prn only)	1- 4 hrly	< hourly	> 4 - 8 hrly	N/A

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12. Are pain assessments and pain management discussed during nurse-to-nurse report?	Yes	No
13. Are pain assessments and management discussed during unit rounds?	Yes	No
14.Do you feel competent in effectively assessing MHCUs for having pain?	Yes	No
15. Do you always agree with MHCUs statements about their pain?	Yes	No

16. Do you assess the need for administration of analgesia before the following procedures are done? Tick Yes or No.

A.Electro-convulsive therapy	Yes	No
B. Wound care	Yes	No
C. IV line placement	Yes	No
D. Restraint	Yes	No

SECTION C

	Indicate whether you think the following statement are TRUE or FALSE by ticking the appropriate box	TRUE	FALSE
1.	Vital signs are always reliable indicators of the intensity of MHCUs' pain.		
2.	MHCUs cannot reliably report pain so clinicians should rely solely on their assessment of the pain intensity.		
3.	MHCUs may sleep despite severe pain.		
4.	Aspirin and other nonsteroidal anti-inflammatory agents (NSAID) are NOT effective analgesics for severe pain.		
5.	Respiratory depression rarely occurs in patients who have been receiving stable doses of opioids over a period of months.		
6.	Research shows that promethazine (Phenergan) and Hydroxyzine(Atarax) are reliable potentiators of opioid analgesics		
7.	Combining analgesics that work by different mechanisms (e.g., combining an NSAID with an opioid) may result in better pain control with fewer side effects than a single analgesic agent.		
8.	The usual duration of analgesia of 1-2 mg morphine IV is 4-5 hours.		
9.	Opioids should not be used in patients with a history of substance abuse.		
10.	Elderly MHCUs cannot tolerate opioids for pain relief.		
11.	MHCUs should be encouraged to endure as much pain as possible before using an opioid.		
12.	Children cannot reliably report pain so clinicians should rely solely on the parent's assessment of the child's pain intensity.		

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Indicate whether you think the following statement are TRUE or FALSE by ticking the appropriate box	TRUE	FALSE
13. MHCUs spiritual beliefs may lead them to think pain and suffering are necessary.		
14. After an initial dose of opioid analgesic is given, subsequent doses should be adjusted in accordance with the individual MHCUs response.		
15. Giving MHCUs water by injection (placebo) is a useful test to determine if the pain is real.		
16. If the source of the MHCUs pain is unknown, opioids should not be used during the pain evaluation period, as this could mask the ability to correctly diagnose the cause of pain.		
17. Anticonvulsant drugs can produce optimal pain relief after a single dose.		
18. Narcotic/opioid addiction is defined as a chronic neurobiological disease, characterized by behaviours that include one or more of the following: impaired control over drug use, compulsive use, continued use despite harm, and craving.		
19. The term 'equianalgesia' means approximately equal analgesia and is used when referring to the doses of various analgesics that provide approximately the same amount of pain relief.		
20. Sedation assessment is recommended during opioid pain management because excessive sedation precedes opioid-induced respiratory depression.		

SECTION D

Please indicate whether you agree with the following statements by ticking (v) in the appropriate box.	Strongly Agree	Agree	Disagree	Strongly disagree
1. Giving opioids on a regular schedule is preferred over a prn schedule for continuous pain				
2. A MHCU should experience discomfort prior to getting the next dose of pain medication.				
3. Continuous assessment of pain and medication effectiveness is necessary for good pain management.				
4. MHCUs (and/or family members) have a right to expect total pain relief as a goal of treatment.				
5. MHCUs (and/or family members) may be hesitant to ask for pain medications due to their fears about the use of opioids.				
6. MHCUs receiving opioids on a prn basis are more likely to develop clock-watching behaviors.				
7. Estimation of pain by a nurse is a more valid measure of pain than patient self-report.				
8. MHCUs in pain can tolerate high doses of opioids without sedation or respiratory depression.				
9. MHCUs can be maintained in a pain free state.				
10. If a MHCU (and/or family member) reports pain relief and euphoria, the patient should be given a lower dose of the				

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Please indicate whether you agree with the following statements by ticking (√) in the appropriate box.	Strongly Agree	Agree	Disagree	Strongly disagree
analgesic.				
11. MHCUs with chronic pain should receive pain meds at regular intervals with or without the presence of discomfort.				
12. MHCUs receiving around the clock opioids are at risk for sedation and respiratory depression.				
13. Lack of pain expression does not necessarily mean lack of pain.				
14. If a MHCU continues to have pain after receiving pain relieving medication(s), the nurse should contact the physician.				
15. The nurse can make a more accurate assessment of the MHCUs pain than the patient/family can.				

SECTION E

Please indicate whether an item affects your ability to assess MHCUs for pain by ticking (√) yes or no.	Yes	No
1. Nursing workload		
2. Lack of availability of pain assessment tools		
3. Lack of education on pain management		
4. Lack of familiarity with pain assessment tools		
5. MHCUs instability e.g. unstable hemodynamic		
6. MHCUs inability to communicate		
7. Lack of protocols for pain assessment and pain management		
8. Low priority of pain management by unit team		
9. No designated area for charting pain in nursing documentation		
10. Poor documentation of pain assessment and management		
11. Poor communication of pain assessment priorities at the unit		
12. Insufficient analgesia dosage prescribed		

Please indicate whether each of the following enables your delivery of effective pain practices by ticking (√) yes or no.	Yes	No
1. Pain assessment and management is a ward or clinic priority		
2. Interested and motivated staff ensuring adequate pain management practices		

3. **Standardized pain assessment tools are in use**		
4. **Pain protocols and guidelines are in use**		
5. **Psychiatrists prescribe adequate doses of analgesia**		
6. **Ongoing education on pain management is provided**		
7. **Specialist nurses are employed by on the unit with adequate educational preparation in pain management**		

THANK YOU FOR YOUR PARTICIPATION

Appendix2: Information sheet

Mental Health Nurses' knowledge, attitudes, and practices in the management of pain in mental health care users in a selected psychiatric hospital in Western Cape.

What is this study about?

This is a research project being conducted by Ms. Dyasiat the University of the Western Cape. We are inviting you to participate in this research project because you are a nurse, and you work closely to mental health care users at the selected hospital of interest. The purpose of this research project is to investigate the knowledge, practice, and attitude of the nurses regarding pain management on mental health care users and to identify the barriers of knowledge and practices of pain management.

What will I be asked to do if I agree to participate?

You will be asked to answer the questions on the questionnaire that will be handed to you. The study questionnaire will take approximately 15-20minutes of your time to answer 54 questions in 5 sections. The questionnaire is in English. You will then be handed back the questionnaire.

Would my participation in this study be kept confidential?

I undertake to protect your identity and the nature of your contribution. To ensure your anonymity, the study is anonymous and will not contain information that may personally identify you. Your name will not be added, your date of birth or identification number, persal number and SANC number will not be stated on the study to avoid identification. The study questionnaire will be answered on your preferable private room and will not be shared with your colleagues or manager. To ensure your confidentiality, the questionnaire will be kept on the lockable box. Only the researcher and her supervisor will have access on the completed questionnaire. If we write a report or article about this research project, your identity will be protected.

What are the risks of this research?

All human interactions and talking about self or others carry some risk. We will nevertheless minimise such risks and act promptly to assist you if you experience any discomfort, psychological or otherwise during the process of your participation in this study. Where necessary, an appropriate referral will be made to a suitable professional for further assistance or intervention.

What are the benefits of this research?

This research is not designed to help you personally, but the results may help the investigator learn more about how mental nurses practice pain and the knowledge and attitude of nurses regarding pain management. It will also benefit the mental health institutions to minimize the negative barriers of knowledge and practice on pain management to mental health care users. We hope that, in the future, other people might benefit from this study through improved understanding of pain management on mental health care users by nurses.

Do I have to be in this research, and may I stop participating at any time?

Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits to which you otherwise qualify.

In terms of the requirements of the Protection of Personal Information Act (Act 4 of 2013), please note additional information:

What type of personal information will be collected? During this study you will be requested to complete a questionnaire, though NO identifiable information will be collected.

Who at UWC is responsible for collecting and storing my personal information? The research supervisor will store your personal information on completion of data collection by the researcher.

Who will have access to my personal information outside of UWC? No person outside of the university will have access to your personal information. The only persons who will have access to your personal information is me, the research, and my research supervisor.

How long will my personal information be stored? Your personal information will be stored for a period of five (5) years after which it will be destroyed as guided by the university processes. Electronic data will be kept on the researcher's/supervisor's password protected computer for five years and deleted thereafter. Hard copies will be kept in a locked drawer for five years and deleted thereafter.

How will my personal information be processed? Your questionnaire will be allocated a number in this study and with during the data analysis you will be included with this number. Your name will not be used in the writing up of the data analysis or any publication that will come from this study.

What if I have questions?

This research is being conducted byMs Dyasi at School of Nursingat the University of the Western Cape. If you have any questions about the research study itself, please contact Prof. J. Chippsat: University of the Western Cape, Private Bag X17, Bellvile,7535.021 959 3024, jchipps@uwc.ac.za. Should you have any questions regarding this study and your

rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

Prof. J. Chipps	Prof Anthea Rhoda	BMREC
Head of Department: School of Nursing	Dean of the Faculty of Community and Health Sciences	Research Development Office,
University of the Western Cape	University of the Western Cape	Tel: 021 959 4111
Private Bag X17	Private Bag X17	email: research-ethics@uwc.ac.za
Bellville 7535	Bellville 7535	This research has been approved by the University of the Western Cape
jchipps@uwc.ac.za	chs-deansoffice@uwc.ac.za	

REFERENCE NUMBER BM20/5/30)

Appendix3: Consent

Project Title: Mental Health Nurses' knowledge, attitudes and practices in the management of pain in mental health care users in a selected psychiatric hospital in Western Cape.

Researcher: Ms Dyasi

Please <u>initial</u> the boxes to show your agreement and understanding of what is expected for this study.

1. I confirm that I have read and understood the information sheet explaining the above research project and I have had the opportunity to ask questions about the project.	
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason and without there being any negative consequences. In addition, should I wish to withdraw, I may contact the lead researcher at any time to do so).	
3. I understand my responses and personal data will be kept strictly confidential.	
4. I give permission for members of the research team to have access to my responses without revealing any part of my identity.	
5. I understand that my name will not be linked with the research materials, and that I will not be identified or identifiable in the reports or publications that result for the research.	
6. I hereby agree that my anonymized responses collected through the questionnaire can be used for this research.	
7. I agree for the anonymized data collected to be used in future research	

In terms of the requirements of the Protection of Personal Information Act (Act 4 of2013), personal information will be collected and processed:

I hereby give consent for my personal information to be collected, stored, processed,and shared as described in the information sheet.	
I do not give consent for my personal information to be collected, stored, processed,and shared as described in the information sheet.	

Name_____ _____

Signature_____ _____

Date_____

Copies: All participants will receive a copy of the information sheet for themselves.
A copy of this will be filed and kept in a secure location for research purposes only.

Researcher:	Supervisor:	HOD:
Ms Dyasi School of Nursing University of the Western Cape Email: 3177418@myuwc.ac.za	Prof Jennifer Chipps School of Nursing University of the Western Cape Email: jchipps@uwc.ac.za 021 9592034	Professor Penny Martin School of Nursing University of the Western Cape Email:pmartin@uwc.ac.za 021 9592258

Appendix4: Ethics certificate

07 June 2021

Ms SP Dyasi
School of Nurisng
Faculty of Community and Health Sciences

Ethics Reference Number: BM20/5/30

Project Title: Mental Health Nurses' knowledge, attitudes and practices
in the management of pain in mental health care users in a
selected psychiatric hospital in Western Cape

Approval Period: 13 May 2021 – 13 May 2024

I hereby certify that the Biomedical Science Research Ethics Committee of the University
of the Western Cape approved the scientific methodology and ethics of the above mentioned
research project.

Any amendments, extension or other modifications to the protocol must be submitted to the
Ethics Committee for approval.

**Please remember to submit a progress report annually by 30 November for the
duration of the project.**

Permission to conduct the study must be submitted to BMREC for record-keeping.

The Committee must be informed of any serious adverse event and/or termination of the
study.

Ms Patricia Josias
Research Ethics Committee Officer
University of the Western Cape

Director: Research Development
University of the Western Cape
Private Bag X 17
Bellville 7535
Republic of South Africa
Tel: +27 21 959 4111
Email: research-ethics@uwc.ac.za

NHREC Registration Number: BMREC-130416-050

FROM HOPE TO ACTION THROUGH KNOWLEDGE.

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Appendix5: Permission Department of Health and Wellbeing Western Cape

Western Cape Government

Health

REFERENCE: WC_202207_025
ENQUIRIES: Dr Sabela Petros

University of the Western Cape
Private Bag X 17
Bellville
7535
Republic of South Africa

For attention: Ms Siziphiwe Dyasi

Re: Mental Health Nurses' knowledge, attitudes and practices in the management of pain in mental health care users in a selected psychiatric hospital in Western Cape.

Thank you for submitting your proposal to undertake the above-mentioned study. We are pleased to inform you that the department has granted you approval for your research.
Please contact the following people to assist you with any further enquiries in accessing the following sites:

Lentegeur Hospital	**Mary Jacobs**	**021 370 1314**
	Nadine Jacobs	**021 370 1105**

Kindly ensure that the following are adhered to:

1. Arrangements can be made with managers, providing that normal activities at requested facilities are not interrupted and the constraints caused by the Covid-19 epidemic above are respected and adhered to.

2. Researchers, in accessing provincial health facilities, are expressing consent to provide the department with an electronic copy of the final feedback (**Annexure 9**) within six months of completion of research. This can be submitted to the provincial Research Co-ordinator (Health.Research@westerncape.gov.za).

3. In the event where the research project goes beyond the *estimated completion* date which was submitted, researchers are expected to complete and submit a progress report (**Annexure 8**) and an updated ethics clearance letter to the provincial Research Co-ordinator (Health.Research@westerncape.gov.za).

4. The reference number above should be quoted in all future correspondence.

Yours sincerely

PROF. V ZWEIGENTHAL
DIRECTORATE: HEALTH INTELLIGENCE
DATE: 9 June 2023
CC

Appendix6: Access letter requesting permission to conduct the study

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University of the Western Cape
Robert Sobukwe Road
Bellvile
Cape Town
7535

Lentegeur Psychiatric Hospital
Highlands Drive
Lentegeur
Cape Town
7786
Dear LGH CEO

REQUEST FOR PERMISSION TO CONDUCT RESEARCH

I am a registered master's student in the Department of Nursing at University of the Western Cape. My supervisor is Prof J. Chipps.

The proposed topic of my research is Mental Health Nurses' knowledge, attitudes and practices in the management of pain in mental health care users in a selected psychiatric hospital in Western Cape. The objectives of the study are:

I. Determine the level of knowledge on pain assessment and management among nurses working at a selected psychiatric hospital in Western Cape.

II. Determine the pain assessment and management practices among nurses working at selected psychiatric hospital in Western Cape.

III. Determine the attitudes of the nurses on pain assessment and management working at a selected psychiatric hospital.

IV. Describe the barriers that may affect pain assessment and management in the selected psychiatric hospital in Western Cape.

I am hereby seeking your consent to conduct the study. To assist you in reaching a decision, I have attached to this letter.

(a) A copy of an ethical clearance certificate issued by the University
(b) A copy the research instruments which I intend using in my research

Should you require any further information, please do not hesitate to contact me or my supervisor. Our contact details are as follow: O21 959 3024 Prof Chipps, jchipps@uwc.ac.za and 067 974 8590 Dyasi, 3177418@myuwc.ac.za. Upon completion of the study, I undertake to provide you with a bound copy of the dissertation

Your permission to conduct this study will be greatly appreciated.

Yours sincerely

SP. Dyasi

ICAS contact details.
Postal address: PO Box 53583
                Kenilworth
                7745
Phone number 021 673 6500/2102
Email: Info@icas.co.za
Appendix7: Permission Letter from Lentegeur Hospital
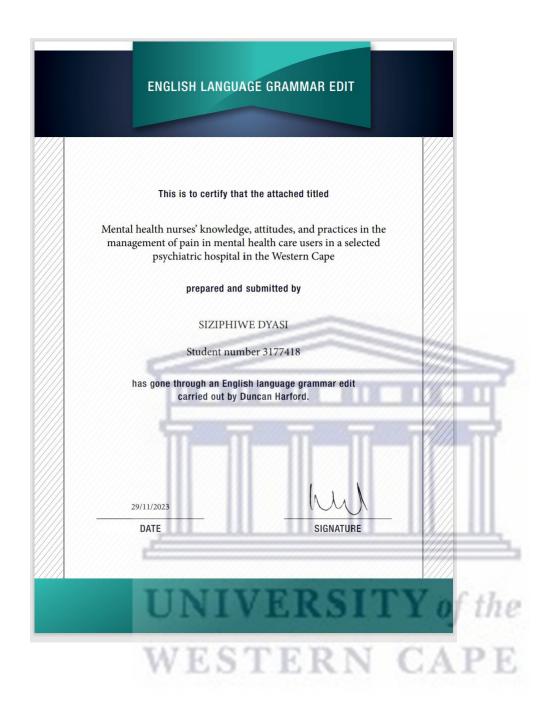
Appendix7: Editorial certificate

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ENGLISH LANGUAGE GRAMMAR EDIT

This is to certify that the attached titled

Mental health nurses' knowledge, attitudes, and practices in the management of pain in mental health care users in a selected psychiatric hospital in the Western Cape

prepared and submitted by

SIZIPHIWE DYASI

Student number 3177418

has gone through an English language grammar edit carried out by Duncan Harford.

29/11/2023
_____
DATE

_____
SIGNATURE

UNIVERSITY *of the*

WESTERN CAPE

Appendix8: Turnitin

Digital Receipt

This receipt acknowledges that Turnitin received your paper. Below you will find the receipt information regarding your submission.

The first page of your submissions is displayed below.

Submission author:	SIZIPHIWE PATRICIA DYASI
Assignment title:	Thesis submission for Turnitin checks
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File size:	274.09K
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Submission date:	01-Dec-2023 01:35PM (UTC+0200)
Submission ID:	2244138769

University of the Western Cape

Mental health nurses' knowledge, attitudes, and practices in the management of pain in mentalhealth care users in a selected psychiatric hospital in the Western Cape.

Course: MNursing (Structured)

(Advanced Psychiatric Nursing)

Supervisor: Prof. J Chipps

Student: Siziphiwe Dyasi

3177418