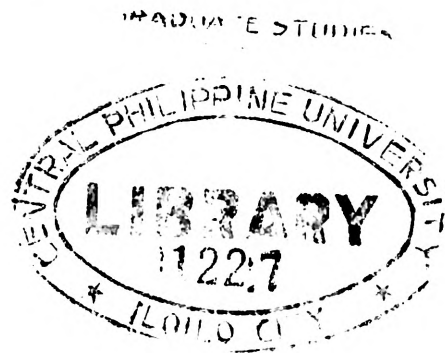


**POST OPERATIVE PAIN MANAGEMENT: NURSES' KNOWLEDGE,
ATTITUDE AND PRACTICES IN DAMMAN,
KINGDOM OF SAUDI ARABIA**

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ABSTRACT

This descriptive relational study was conducted to determine the level of knowledge, attitude and practices on post-operative pain management and the relationship between variables among staff nurses in Security Forces Hospital-Dammam. Specifically, it sought to determine the nurses' personal characteristics in terms of age, length of experience, area of assignment and attendance in pain management education as well as their knowledge, attitude and practices on post-operative pain management. It further aimed to determine if there is relationship between the personal characteristics of the respondents and their knowledge, attitude and practices on post-operative pain management; between level of knowledge and attitude; between level of knowledge and practices, and between attitude and practices of nurses on post operative pain management. The study involved 65 staff nurses from the surgical areas of Security Forces Hospital-Dammam. The instruments used in the study were demographic tools, revised ten item pain management knowledge question of Mcmillan (2002), revised ten item pain management attitude questions of Mcmillan (1992). Researcher made questionnaire on post-operative pain management practices and multi-select questions on

barriers in rendering effective post-operative pain management. Data were analyzed with the use of descriptive and inferential statistics.

Findings revealed that most of the staff nurses in this study were 28 years old or younger with 5 years or less clinical experience. Most of them had attended pain management education. Knowledge on post-operative pain management among staff nurses was average and their attitude towards post-operative pain management was generally positive. They regarded total pain relief as a goal of treatment believing that the patients are the most valid judges of pain intensity. Post operative pain management practices were good, indicating that the nurses had high adherence to assessment, pharmacological and non pharmacologic interventions, documentation and use of assessment tools.

Furthermore, the study found that area of assignment has little influence on nurses' knowledge, while the age, length of clinical experience and attendance in pain management education are not likely to influence knowledge. Only attitude and area of assignment were found to have a relationship with attitudes but not age, length of experience and attendance in pain management education.

The area where nurses are assigned has little influence on their post-operative pain management practices but the age, length of experience and attendance in pain management education were found to be related to attitude but only on a minimal level.

The knowledge of staff nurses is likely to influence their attitude and practice on post operative pain management. However, their attitude towards pain management has no bearing on their practices. The factors perceived by nurses to block optimal pain relief were language barriers, lack of cooperation of the family members and patients, patients'

individual differences on pain tolerance including their different ethnicity and or nationality and nurses' busy and heavy workload.

Based on the findings of the study the researcher recommends additional and improved nursing education on pain management for the staff nurses, as well as the nursing and hospital administrators. The quality of educational content should target knowledge deficits and identify approaches to barriers in rendering effective pain management. Follow up of nurses in the clinical areas is also essential to ensure that knowledge gained is effectively practiced.