**Inadequate Pain Management in Hospitalized Patients**

**Literature Review**

  The present research focuses on how nurses, who are health practitioners directly in charge of taking care of hospitalized patients, fail to meet the adequacy requirement in the management of pain of hospitalized patients. Compared to any other medical practitioner, nurses spend most of their time with patients. They are the ones who understand the patients better and, therefore, play a critical role in the management of pain in patients. Pain is a common complaint among the patients and a major contributor to discomfort and longer recovery time. This study is important because it addresses an issue that has long been neglected, which when addressed can lead to improved healthcare delivery. Pain causes stress, which prompts the body to respond negatively, thereby, compromising the standard functioning of the immune system and promoting disease progression and consequent death. According to Bernhofer and Sorrell (2015), pain is one of the vital signs for assessment of sickness, but is often misdiagnosed due to lack of adequate knowledge by healthcare providers. World Health Organization (WHO) in the article written by Ojong, Ojong-Alasia and Nlumanze (2014) defines gate-control theory in three dimensions, explaining how pain is managed adequately. This study on its part employs the gate-control theory to illustrate how inadequate pain has been managed in hospitalized patients.

**Gate Control Theory**

Gate-Control Theory was formulated by Melzack and Wall in 1965. According to the theory, the stimulation through the use of non-noxious inputs assists in suppressing pain by closing the gates to painful inputs. According to WHO, the theory describes pain in the following three dimensions; sensory-discriminative, motivational-affective, and cognitive evaluation. In the sensory-discriminative aspect, pain and its extent are identified in time, hence, allowing for proper management. However, motivational affective dimension produces automatic activity result that helps the patient to react to pain inflictions. On the other hand, cognitive evaluation dimension is a complex component where the response to stimuli is influenced by other factors such as anxiety, attention among other factors. The gate-control theory posits that proper pain management depends on the time of identification of pain, the understanding of its severity and the response given to pain. It further postulates that the manner in which pain is managed determines the ease of its disappearance and as a result, the ease of the recovery of the patient. The theory thus identifies the way in which both the patient and health professionals should approach pain for proper management. The gate-control theory has been severally applied when studying pain management in patients. As such, it is applicable in every situation in which the researcher aims to understand how pain has been managed and the manner in which pain management can be improved. The theory is relevant for this study because it provides a conceptual framework to examine how adequate pain is being managed in hospitalized patients.

**How Pain has been managed**

As have been noted, pain management is important to ease treatment and improve the quality of life outcomes for hospitalized patients. Pain is a vital sign while assessing a patient (Bernhofer & Sorrell, 2015). It needs to be incorporated when assessing the patient’s body condition before beginning the treatment process. However, the assessment of pain remains a challenge as most nurses lack the knowledge about the methods of pain assessment. Improper pain assessment translates to the use of an inappropriate strategy or method of control. Without proper assessment of pain, it becomes difficult for healthcare practitioners to explain the extent of pain as felt by hospitalized patients. This school of thought is supported by Boekel et al. (2015) who alludes that nurses face the dilemma of suppressing the expression of pain mainly due to a misdiagnosis.

After assessing pain, the next step should aim at alleviating or reducing it to a level of comfort to the patient. As such, the patient should actively be involved in the process, given that pain is subjective and it is only the patient who can tell of its magnitude. Failing to measure the correct extent of pain can lead to the application of a wrong strategy in managing it. However, pain that is experienced can be seen when the patients resist objectification through language, and the patients often fail to provide the full description. This prompts nurses to strain in assessing the pain behind the closed eyelids of the hospitalized patients. In most cases, it is the nurses that provide answers to the doctor about the patient, yet it is the mandate of the patient to explain the magnitude of pain (Bernhofer & Sorrell, 2015). Nurses can miss out on finer details that are necessary for effective response. Besides, nurses sometimes miss out to effectively respond to pain as they fail to interpret it effectively. Further, the study by Ojong, Ojong-Alasia and Nlumanze (2014) indicate that only 34% of the nurses administer drugs appropriately. Hence, most nurses only deliver drugs after the patient has reported the pain.

There is no defined pain management policy in hospitals. Nurses and physicians often rely on their own understanding to manage pain among patients. In most cases, the pain relieving medications are only applied when the patient is seen to be suffering in pain or when the doctor administers other drugs that will require the patient in a non-paining condition. Also, there is a high tendency of the doctor in prescribing the pain dosages and leaving it for the nurse to administer or follow up. Besides, in spite of lack of adequate knowledge on pain management as revealed by Tighe, Fillingim and Hurley (2014), doctors still rely on nurses to make the decision on pain management, given that nurses have the better knowledge about the patient.

**Factors that Hinder Adequate Pain Management in Hospital Patients**

As already noted, the number one factor that impedes effective pain management is improper assessment. However, the incorrect assessment is often brought about by lack of adequate knowledge and preparation, and the preconceived perception regarding the patient's pain. Despite the technological development in the healthcare sector, pain management still lags behind in terms of adequacy of service provision. There is no defined pain management policy, thus, nurses and physician often follow their own policies. As such, the actions of the nurse and their association with a doctor will influence the pain management option chosen. Conversely, pain management is not the only duty performed by the nurse. Moreover, the effectiveness of the pain management depends on the patient’s ability to express the intensity of the pain. This model thus theorizes that lack of pain management knowledge among the healthcare practitioners, lack of active collaboration by the patient, and lack of established regulations or policies of pain management plays a role in hindering adequate management of pain.

Effective pain management is based on knowledge, experience and attitude. Previous studies all agree that nurses play the most significant role in pain management. Occasionally, the nurse represents the patient in decision making on the intervention plan. As such, their knowledge, experience and attitude are paramount to pain management. The challenge, however, arises where the nurse and the physician fail to agree on the best strategy to be employed in pain reduction. In the cases where contradictions ensue between the nurse and the physician on the mode of the administration of the pain relief drugs, the nurse always tends to follow his or her own policy as a means of protesting subordination. Nevertheless, McGillion and Watt-Watson (2015) posit that pain management is a team work, and in the case where one member is absent, the effort is thwarted.

**References**

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