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## **Educating Substance Use Treatment Nurses on Patient Pain Assessment and Management**

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# Walden University

College of Nursing

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Executive Summary: Staff Education Project  
Educating Substance Use Treatment Nurses on Patient Pain Assessment and Management

by

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BS, Walden University, 2019

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## Summary

The inconsistent application of evidence-based pain assessment strategies continues to be a significant challenge in nursing practice. Due to gaps in nurses' knowledge and the variability in implementing best practices, patients with substance use disorders (SUDs) often experience inadequate pain management. These deficiencies exacerbate patient suffering, impair functioning, and usually lead to prolonged hospitalizations. Addressing these challenges is vital because nurses' pain assessment and management knowledge can enhance patient pain outcomes. I conducted this project to strengthen the knowledge of nursing staff in pain assessment and management through an evidence-based educational intervention for nurses working with patients with SUD. I used the analyze, design, develop, implement, and evaluate (ADDIE) model to ensure clear objectives and effective learning outcomes in the educational intervention. The program was based on evidence from quasi-experimental studies, randomized controlled trials, and systematic reviews from peer-reviewed journals that I found in reputable databases, such as CINAHL and MEDLINE, accessible through the Walden University Library. Data analysis of the pre-posttest scores revealed 35% increased knowledge levels among participants, indicating the effectiveness of the evidence-based educational intervention. This project emphasized knowledge enhancement, continuous education, and evidence-based practice in nursing. My further recommendations stress the importance of applying the knowledge gained in clinical practice to improve patient care while advancing positive social change, diversity, equity, and inclusion.

## **Background**

Many patients seeking treatment for SUD report significant pain, often cited as a contributing factor to their substance use (Ferguson et al., 2022). According to Wyseto et al., (2021), more than 50% of patients seeking substance use treatment reported pain, with 43% of the patients reporting pain as a reason for their addiction. Inadequate pain management can intensify both physical and emotional distress, lead to disability, and heighten the risk of addiction and relapse (Turner et al., 2022). These outcomes emphasize the urgent need to develop and implement effective pain assessment strategies tailored to the unique needs of individuals with SUDs.

This project was guided by the following practice question: How can pain management education enhance nurses' knowledge and skills in assessing and managing pain in patients with SUDs? Addressing this issue is essential because improving nurses' understanding of pain assessment and management leads to more effective and compassionate care. Enhanced knowledge enables nurses to assess patients appropriately, differentiate between pain and drug-seeking behaviors, and ensure appropriate pain relief (Rababa et al., 2021). Additionally, well-informed nurses can implement evidence-based strategies to support patients' recovery while effectively managing their pain (Innab et al., 2022). My findings in this extensive literature review, which included 10 quasi-experimental studies, randomized controlled trials, and systematic reviews, supported the effectiveness of the training initiative. For this project, I drew from credible sources, such as the CINAHL and MEDLINE databases and peer-reviewed academic journals accessible through the Walden University Library. Grommi et al., (2023) and Sedighie et al., (2020) reported that pain management education would considerably enhance nurses'

knowledge of pain management, noting that inadequate training could undermine the quality of patient care. Innab et al., (2022) and Nguyen et al., (2023) highlighted the success of targeted educational interventions in enhancing nurses' knowledge and skills in managing pain. Despite these insights, the persistent lack of standardized training among nurses remains a significant barrier to optimal care.

With this project, I aimed to close the knowledge gap among nurses by implementing an evidence-based educational intervention to enhance their understanding of pain management. Utilizing the ADDIE model, I developed the intervention to provide nurses with tools and techniques for accurate pain assessment and treatment. Inadequate pain management exacerbates patient suffering and contributes to extended hospitalization, increased medical bills, prolonged recovery, reduced quality of life, and may even increase the chances of addiction (Kaye et al., 2020).

### **Staff Education Project Development**

The staff education intervention was designed using a structured, evidence-based approach to ensure effectiveness and a lasting impact. Facility administration was instrumental in identifying the need for improved pain assessment strategies, recognizing gaps in nurses' knowledge, and addressing the inconsistent use of standardized assessment tools. During daily meetings, the project site organization's leadership recognized how nurses' lack of pain management knowledge affected patient care outcomes. They endorsed implementing an educational intervention to enhance nursing competencies in this area. As a result, they approved a training program to equip nurses with the essential skills needed to perform comprehensive pain assessments and apply individualized pain management strategies.

To design the project, I utilized the ADDIE model of analyzing, designing, developing, implementing, and evaluating (Allen, 2006). The analysis phase highlighted gaps in nurses' knowledge of pain management, emphasizing the need for training focused on evidence-based strategies for effective pain management. The design phase involved creating a structured educational plan, incorporating diverse pain assessment tools, subjective and objective data integration, and biopsychosocial considerations of pain. In the development phase, I created instructional materials, multimedia presentations, case studies, and interactive discussions to enhance engagement and retention (Appendix A). The implementation phase involved training nurses through structured sessions, and the evaluation phase involved assessing the teaching content and nurses' pre- and posttest knowledge (Appendix B).

### **Education Content**

Four experienced professionals in mental health, clinical management, facility operations, and patient care evaluated the content and teaching strategies in this project: (a) Dr. JG, a psychiatrist with 40 years of experience who was the organization's medical director provided clinical oversight to ensure the intervention aligned with best psychiatric practices, (b) Dr. AU, a registered nurse and nurse practitioner with extensive experience in mental health hospitals and the director of the crisis unit contributed expertise in facility operations and patient care, (c) EW, the clinical manager with over 7 years of experience, and (d) NN, a registered nurse and mental health nurse practitioner with over 10 years of experience assessed the program's effectiveness in enhancing nursing education. These experts thoroughly reviewed the content and instructional

methods to confirm that the educational intervention met high clinical standards and effectively strengthened nursing knowledge of assessing and managing pain.

The educational content enhanced nurses' knowledge by equipping them with the knowledge and skills to conduct comprehensive pain assessments and apply individualized pain management strategies. The content for the training focused on using diverse pain assessment tools, integrating subjective and objective data, and considering the biopsychosocial aspects of pain. The content outlined patient-reported information by specifying the onset, duration, location, and pain characteristics. The content also provided strategies for identifying factors that aggravate or alleviate pain; assessing associated symptoms; and considering the patient's past pain experiences, treatments, and responses to previous interventions. Nurses can better understand the patient's pain experience by incorporating these aspects. The training also contained information about evaluating the functional status and mobility limitations that pain may influence. The content included exploration of psychosocial factors, such as stress, anxiety, depression, and social isolation, as potential contributors to pain perception. Furthermore, the training showed how to address cultural beliefs, spiritual practices, and personal preferences that may affect how patients experience and express pain. Nurses were also educated on the importance of systematic documentation of pain assessment findings to facilitate effective communication and continuity of care among health care providers.

## **Results**

### **Expert Findings**

The four content experts evaluated the educational materials and provided positive feedback on their purpose, relevance, accuracy, readability, and engagement.



The experts' evaluation findings highlighted the strengths and opportunities for improvement in the training program aimed at educating nurses on pain assessment and management. Dr. JG commended the project for aligning with its objectives and offering valuable insights to the target audience. His feedback emphasized the importance of consistently citing sources and incorporating visual aids to enhance the educational material's credibility and engagement. Dr. AU, the facility director with 5 years of experience, praised the evidence-based content and its alignment with the identified educational gap. However, he recommended enhancing the visual design and adding interactive elements, such as simulations or case scenarios, to increase engagement and practicality. EW recognized the program's focus on addressing the knowledge gap in pain assessment but suggested more explicit outlining of goals and using visual aids, such as flowcharts, to improve readability and comprehension. Her recommendations also included incorporating group discussions or self-assessment exercises to promote engagement. Lastly, NN appreciated the project's clarity, relevance, and emphasis on improving patient outcomes. She suggested incorporating localized data and personal anecdotes to enhance relatability and effectiveness while advocating for periodic refresher courses to sustain the program's long-term impact. The experts agreed that the project is highly relevant, evidence based, and well-aligned with its objectives.

Recommendations from across their evaluations focused on improving the visual presentation, increasing interactivity, and integrating localized or real-world examples to enhance engagement and applicability. Implementing these suggestions could further strengthen the training program's impact on nursing practice, patient outcomes, and organizational goals.

## Demographic Survey

The demographic survey illustrated that the participants were evenly distributed across younger and older age groups, representing a balanced workforce with varied age ranges. The demographic survey also demonstrated a mix of novice and experienced nurses, reflecting diversity and inclusive hiring practices in the healthcare workforce.

## Pre-Posttest of Knowledge

**Table 1**

### *Pre-Posttest Evaluation Results*

Item number	Pretest <i>n</i>	%	Posttest <i>n</i>	%	% change
1	7	70	10	100	30
2	8	50	10	100	50
3	6	60	9	90	30
4	9	70	10	100	30
5	6	60	9	90	30
6	5	50	8	90	40
7	4	40	9	90	50
8	6	60	10	100	40
9	7	70	10	100	30
10	8	80	10	100	20

*Note.*  $M = 35\%$

## Impact on the Organization

The project enhanced nurses' knowledge of pain assessment, enabling them to conduct more accurate evaluations, implement tailored pain management strategies, and build stronger trust between patients and health care providers, ultimately leading to better patient care outcomes. These improvements can contribute to higher patient satisfaction, reduced readmission rates, and a more cohesive approach to pain management within the organization. Additionally, the project fostered a culture of

learning and professional development among staff, aligning with the organization's goals for quality improvement and patient-centered care.

### **Limitations**

The limited number of participants could restrict the ability to apply the findings to a larger setting. Resource constraints included time and staffing availability and posed challenges to the comprehensive implementation of the training sessions. These limitations highlight the need for continuous education and evaluation to sustain and expand the gains achieved through the project.

### **Importance Beyond the Local Site**

Beyond the local organization, this project is significant in tackling a prevalent challenge within the health care system. The challenges of managing pain in patients with SUDs are not unique to a single organization but are prevalent across various health care settings globally. This project demonstrated the value of targeted education in improving nursing knowledge of pain assessment and provided a scalable and replicable model for addressing similar practice gaps elsewhere. This initiative also contributes to advancing equity in health care by promoting understanding and empathy for vulnerable populations, ultimately fostering better outcomes for patients with SUDs across diverse care environments.

## **Conclusions**

### **Impact on the Organization**

This project positively influenced the organization by improving nurses' knowledge and skills in assessing and managing pain in patients with SUDs. This improvement in skills is crucial for addressing the gap in practice, where patients with

SUDs often receive inadequate pain management. The project can help elevate the quality of nursing care by providing education on evidence-based practices, reducing the risk of opioid misuse, and improving patient outcomes. Nurses gained a deeper understanding of assessing and managing pain, resulting in a more holistic approach to patient care.

### **Further Recommendations**

My further recommendations include incorporating the training into standard nursing education and offering refresher courses periodically to maintain up-to-date knowledge. Expanding the training to include other health care professionals, such as physicians and therapists, could enhance multidisciplinary collaboration in pain management. The implications for nursing practice are significant because improved pain management directly impacts patient recovery, trust in health care providers, and long-term outcomes. This initiative strengthened staff knowledge while promoting positive social change by advancing diversity, equity, and inclusion in health care. The project ensures that all patients receive fair and individualized treatment, aligning with the increasing focus on patient-centered care in diverse health care environments.

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## Appendix A: Content Expert Evaluation Form

### Training Content

**Project:** Educating nurses on pain assessment and management

**Instructions:**

- **Rating Scale:** Use a 1–5 scale where one is "Poor" and five is "Excellent."
- **Comments:** Provide feedback for each section to explain your ratings or suggest improvements

**Content Expert 1**

CRITERIA	RATING	COMMENT
Content aligns with intended goals and objectives	.	
Relevant to the target audience		
Provides value or functional insights		
Information is factually accurate.	.	
Sources are cited and credible.		
Language is clear and easy to understand		
Content is well-structured and logically organized		
Engages the audience effectively		
Uses a suitable tone and style		
Includes visuals or examples to support content		
The overall quality of the content		

## Appendix B: Pretest-Posttest on Pain Evaluation

Provide answers to the following questions

1. Which is a commonly used pain assessment scale for adults?

- A) FLACC Scale
- B) PAINAD Scale
- C) Wong-Baker FACES Pain Rating Scale
- D) Numeric Rating Scale

Answer: D) Numeric Rating Scale

2. Pain assessment is only necessary for patients who can communicate their pain verbally.

- A) True
- B) False

Answer: False

3. Do you know how to assess a patient's pain and which pain tool to use?

- A) Yes
- B) No

4. Pain assessment should be a one-time event during a patient's hospitalization.

- C) True
- D) False

Answer: False

5. Choice: What is the purpose of using pain assessment tools?

- A) To quantify pain intensity
- B) To assess pain quality
- C) To monitor changes in pain over time
- D) All of the above

Answer: D) All of the above

6. Objective signs of pain include increased heart rate and blood pressure.

- A) True
- B) False

Answer: True

7. Which of the following is an example of a nonverbal pain assessment tool?

- A) Wong-Baker FACES Pain Rating Scale
- B) Numeric Rating Scale
- C) FLACC Scale
- D) Visual Analog Scale

Answer: C) FLACC Scale

8. What is the recommended frequency for reassessing patient pain?

- A) Every hour
- B) Every shift
- C) Every 4 hours
- D) Every day

Answer: C) Every hour

9. What is the purpose of using pain assessment tools?

- A) To quantify pain intensity
- B) To assess pain quality
- C) To monitor changes in pain over time
- D) All of the above

Answer: D) All of the above

10. What is the purpose of documenting pain assessment findings?

- A) To justify the administration of pain medication
- B) To communicate with other healthcare providers
- C) To track changes in the patient's pain status
- D) All of the above

Answer: D) All of the above