

## Knowledge and Practices of Nurses Regarding Post-Operative Pain Management

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**Abstract:** The aim of the study is to determine the knowledge and practices of nurses towards postoperative pain management. The data collected from 92 participants were female nurses. In this study cross-sectional study design was used and self-administered structured questionnaire was conducted in government hospital Layyah Pakistan. Likert scale was used in this instrument. After data collection, it was analyzed by SPSS version 21. The results were analyzed in terms of descriptive statistics frequency, percentage for data analysis. A total of 100 questionnaire were returned from 120 questionnaires distributed to participant. Results of the study revealed that nurses have good knowledge about post-operative pain management but practices were not good Overall, study shows that knowledge of pain management of nurses statistically and significantly is good but practices were poor. In conclusion, patients are still hurting because of poor practices of nurses towards pain management thus the hospital management should focus on these factors to improve the nurse's practices.

**Keywords:** Assessment, Knowledge, Practices, Nurse, Postoperative pain management.

### INTRODUCTION

Pain is one of the most common symptoms experienced by patients and mostly hospitalized patients suffer in it. Pain management practices are known as a set of behavior that should be given by nurses to manage the patients' pain perfectly [1]. Pain management activities consist of assessing the patients pain and known as a proper nurse's intervention to relieve the pain and reassessing the patients' pain after intervention.

Nurse's plays very important role in the management of pain. If pain is not treated properly it can affect the patient physically, mentally and financially. Ineffective pain management can lead to the patients and patient's family into depression and that is unacceptable behavior morally and ethically. Along with health care providers, nurses are 24-hour responders to pain and pain management, and they have a central role in pain management through effective pain assessment, proper performance and evaluation of pain management interventions. To perform efficiently, nurses need adequate knowledge and positive attitudes that improve the quality of life and this quality should be priority in pain management [2, 1].

Pain is one of the most upsetting symptoms for both patients and care givers Ineffective pain management can extend a patient's duration of stay and increase cost of care. Nurses are important members of the health care team who have an opportunity to evaluate, assess, and monitor pain and its treatment. Nurses' lack of knowledge about pain management and

documentation of pain assessments are barriers to effective pain management. Most patients who undergo surgical procedures experience acute Postoperative pain but evidence suggests that less than half report adequate postoperative pain relief. Many pre-operative, intra operative and post-operative intervention and management strategies are available for reducing pain. Post-operative pain can have a significance effect on patient recovery. An understanding of patient attitudes and concerns about postoperative pain is important for identifying ways therefore health care professionals can improve postoperative care. To assess patients, postoperative pain knowledge and the status of acute pain management, post-operative pain assessment and management remains one of the major clinical challenges in front of health care professional. Postoperative pain is a common reason for delayed discharge. There are scientific advances, broad research, and evidenced based practice guidelines to manage pain effectively. Post-operative pain assessment and management is an integral part of nurses' Patients have right to pain relief, and it is the duty of staff nurses

to provide comfort of her patients. Neglecting patients' pain is an improper behavior of nurses and it leads to many consequences and complications for both the patients and health care organization. Pain is the predictable part of postoperative experience; inadequate management of pain is common and can have profound implications. Unrelieved postoperative pain may result in clinical and psychological changes that lead to the further complications. And it increases morbidity and mortality rate as well. Negative clinical outcomes resulting from ineffective postoperative pain management include deep vein thrombosis, pulmonary embolism, coronary ischemia, myocardial infarction, pneumonia, poor wound healing, insomnia, and demoralization [3]. Therefore, knowledge and practices of pain management is an important part of nurse's practice. The aim of this study is to assess the knowledge and practices of nurses towards post-operative pain management.

### **Key Terms**

#### **Assessment**

The action or an instance of making a judgment about something [4].

#### **Knowledge**

The fact or condition of knowing something with familiarity gained through experience [4].

#### **Practice**

To perform or work at repeatedly so as to become proficient [4].

#### **Nurse**

A person trained to care for the sick or infirm, especially in a hospital [4].

#### **Post-Operative**

The management of a patient after surgery, this includes care given during the immediate post-operative period [4].

#### **Pain management**

Pain management is a medical approach that draws on disciplines in science and alternative healing to study the prevention, diagnosis and treatment of pain [4].

#### **Theoretical frame work**

Pain management deficiency is a common clinical problem among hospitalized patients, resulting in many major consequences such as psychological, physiological and financial consequences. Nearly half of all patients living with poorly managed pain experience considerable costs to their daily lives pain management should also include ongoing education and training of staff, clients, and clients' families regarding pain experiences and related primary and secondary interventions [1].

This study relate to theory of planned behavior is widely utilized theory in the health care studies, especially when predicting and assessing the nursing practice.

This theory was developed from the theory of reasoned action with little difference between them. According to the theory of planned behavior, the behavioral intention is defined as the persons' thought of self- readiness to perform the behavior, and it is the best predictor of actual behavior.

#### **Significance of study**

The study will be helpful to improve the patients care and also improve the nurses' behavior. The facts from study can be presented to health care organization. So that, they develop polices which helpful to improve the nurse's performance. Significantly predict the variation in practices of nurses regarding pain management in post-operative patients.

#### **Statement of the Problem**

Pain management is being considered fifth vital sign [5]. Most of the complaints of patients are related to pain management. Patients come to health care agencies only with the complaints of pain. Therefore, lack of knowledge and practices of nurses towards pain management can increase the morbidity.

#### **Purpose of study**

The aim of the study is to determine the knowledge and practices of nurses towards postoperative pain management.

#### **Research Question**

What is the knowledge and practices of nurses towards post-operative pain management?

#### **LITERATURE REVIEW**

A literature review is a written document that presents a logically argued case of founded on a comprehensive understanding of the current state of knowledge about a topic of study. A literature review is a critical, in depth evaluation of research already undertaken on a specific topic.

Studied done in different countries with nurses in adult medical and surgical wards discovered that poor knowledge relating to pain management was important e.g. percentage of total scores was ranging from 39.65 to 72.3 with knowledge scores on pharmacology rarely above 65%. The nurses in these studies had appropriate feelings towards pain management, There were discrepancies between practice and feelings this means nurses may have positive feelings towards pain management but without knowledge to effectively relieve pain [2]. However Kassa and kassa had different findings which showed

that nurses had poor knowledge and 53.7% had negative attitude towards pain management which was recognized to low salaries, lack of knowledge and role confusion in pain management [6].

Al-Shaer, Hill, and Anderson [7] used a non-experimental, descriptive study to investigate nurses' knowledge of pain assessment and interventions. A convenience sample of 129 registered nurses participated from 10 separate nursing units in a Midwestern metropolitan hospital. Data was collected using a modified-with-permission version of the Nurses' Knowledge and Attitude Survey Regarding Pain (NKASRP) and a demographic tool developed for this study. Out of a possible 32 points, the average knowledge score was 25.9. Overall, nurses continue to demonstrate inadequate knowledge of pain assessment and pain management interventions. Although the results of this study indicated relatively high knowledge scores, some nurses were not prepared adequately to care for patients who experience pain. Knowledge of pain management principles and interventions were insufficient [3].

A study done in Malaysia discovered that registered nurses' personal experience with pain had influenced their practice in pain management. Age group more than 40 years had better knowledge [5].

To explore knowledge and practices of pain management among nursing faculty revealed that nurses' incorrectly reported that measuring vital signs such as blood pressure and pulse was an accurate way to assess the level of pain a patient was experiencing. They also indicated facial expression as a way of assessing pain levels. Nurses also incorrectly reported that patients did not give reliable reports of pain and that nurses' could be fostering patients' addiction to opioids. Kassa and Kassa agree with these findings and added that they would focus on patients' behavior to measure pain intensity.

Other studies concluded that clinical experience is the most important factor that promotes nurses knowledge and confidence in managing patient's pain. Nurses with longer clinical working experience applied knowledge of pain to their daily practices [3].

Nurse's related barriers include heavy workload, lack of time, patients' inability to cooperate nurses' limited authority, limited nurse patient relationship, and disturbance of pain management interventions, inadequate time for health teaching with patients' inadequate time to deliver non pharmacological pain relief measures, staff reluctant to administer opiates and fear of pain addiction side effect on patients. However, the lack of knowledge regarding pain management was the most important. For instance, nurses' average knowledge score was 47.7% in Hong

Kong using the nurse's knowledge and practices survey 53.4% in Taiwan 73.8% in North Ireland 76% in USA 77.2% in Turkey 55% in Italy knowing that the passing score for the NKAS is 80%, indicate a severe deficit in nurses' pain management knowledge [3].

Different studies conducted among Jordanian nurses' indicted that nurses provide inadequate pain management. Dabies [8] found that nurses did not perform pain management for their patients. In particularly, Dabies' findings revealed that nurses in Jordan's hospitals provide inadequate intervention to relieve the patients' pain and they did not undertake any immediate action to manage the patients' pain. Another Jordanian study conducted by Abdul Rahim, Majali and Bergbom [9] aimed assessing the nurses' pain management practices. They found that the pain assessment scale was used by only 4.3 % of Jordanian nurses.

The agency for health care policy and research issued guidelines for pain managements in 1992. The guidelines promote aggressive treatment of acute pain and educate patients about the need to communicate unrelieved pain. In 1995, the American society of anesthesiologists published guidelines for acute pain management in the perioperative setting. Study conducted 1 year after the introduction of the agency for health care policy and research guidelines, Warfield and Khan found that the incidence and severity of postoperative pain was high. Three of four patients in their study reported experiencing pain after surgery, and 80% of these patients rated pain after surgery as moderate to extreme.

The management of acute and chronic pain continues to be challenging in Canada. A survey in a large Canadian hospital found 71% of patients reporting some pain experience, with 32% having moderate to severe pain and 11% severe pain. About 15% to 19% of Canadians experience chronic pain, with the highest rates reported by women and those over the age of 65. Some believe that effective pain management across all health care settings is an ethical right [10].

## **METHODOLOGY**

### **Study Design**

A descriptive cross sectional survey was done.

### **Study population**

Study population was staff nurses from the 2 public sectors hospitals in Layyah (District head Quarter hospital Layyah), Punjab Pakistan.

### **Study setting**

The study setting was in Layyah.

### **Inclusion criteria**

All staff nurses of DHQ & THQ Hospital Layyah were included, who shows the willingness and gives consent.

**Exclusion criteria**

All staff nurses of DHQ & THQ Hospital Layyah, who were not willing and did not given consent.

**Study tool**

A self-administered questionnaire adopted from [11] was used. Calculator plane pages and pen pencils also use. The questionnaire was consisted on close ended questionnaire with Likert Scale (0-----5) strongly agree, agree neutral, disagree, strongly disagree and time will be given 30 minutes to each participants to fill the questionnaire.

**Sample method**

Respondents' selection was based upon the selection criteria of inclusion in the study. Random Sample selection.

**Ethical consideration**

Enough information of research was provided to participants, with the help of full consent form and this were be achieved via a letter attach to the questionnaire, confidentiality considered by informing participants.

**Data analysis**

The data was analyzed on SPSS version 21. Table and graphs will be developed to participant's information.

**RESULTS**

This chapter shows the description of statistical analysis for evaluation of research results. The data is composed on 14 adopted questions distributed to nurses. One hundred and twenty questionnaires were distributed, eight questionnaires were incomplete and 12 questionnaires were not returned. The result are composed of 92 questionnaire

**Demographic**

The respondents 92 nurses in this study were female nurses 100% (N=92). And there is no male nurse. The majority of participant were aged' between' 21 to 25 30.4 % ( n=28) and also 26to30yrs 30.4 % ( n=28). And age group of 31 to 35yrs is 26.1 % ( n=24) and the age group of 36 to 40 yrs 13.0 % ( n=12). The majority of the respondent's qualification is general nursing and midwife 81.5 % ( n=75) Only 1.1 % ( n=1) nurse was BSN generic and post RN is 16.3 % ( n=15) and 1.1% ( n=1) have other qualification. Over all 46.3 % ( n=44) were having the experience between the 1to5yrs, 35.8 % ( n=44) 6 to 10yrs and 11 to 15 yrs 10.5 % ( n=5) and only 4.2% ( n=4) were having the experience more than 15yrs in this study. Table#01 shows the result of demographic characteristics of study participants.

**Table-1: Demographic information:**

S#	Group	Frequency	Percentage
1	Female	92	100
2	21_25yrs	28	30.4
	26_30yrs	28	30.4
	31_35yrs	24	26.1
	36_40yrs	12	13.0
3	General nursing and midwife	75	78.9
	BSN generic	1	1.1
	Post RN	15	15.8
	Others	1	1.1
4	1_5yrs	44	46.3
	6_10yrs	34	35.8
	11_15yrs	10	10.5
	Above 15yrs	4	4.2

Table-1 shows that majority of the participant 30.43 % (n=28) were fall 21 to25yrs age group 30.43 % (n=28) were fall in 26 to30yrs age group. 26.09 % (n=24) were fall in31 to35yrs age group and 13.04 % (n=12) were fall in 36to 40yrs were fall.

This above table shows that majority of 81.52 % (n=92) were G nursing and midwifery and 16.30 %

(n=92) qualified post RN and BSN generic only one1% and1% other qualification.

The majority of 47.83 % (n=44) nurse's experiences were fall in1-5 yrs 36.96 % (n=34) nurse's job experience were fall in 6-10 yrs. 10.87 % (n=10) nurse's job experience 11-15yrs 4.35 % (n=4) nurses job experience were fall in above 15 years.

**Table-2: Knowledge assessment of nurses related post-operative pain management**

S#	Statement	Mean +SD	Percentage	Frequency
Q1	When I see consistently high scores on pain rating scale in face of minimal or moderate pathology, this means that the patient is exaggerating his/her pain.	2.24+1.010	23.9 44.6 16.3 14.1 1.1	22 41 15 13 1
Q2	In chronic pain, the assessment should include measurement of pain intensity, emotional distress, and functional status.	2.13+.867	20.7 56.5 12.0 10.9	19 52 11 10
Q3	Antidepressants usually do not improve symptoms and function in chronic pain patients.	2.49+1.172	23.9 32.6 16.3 25.0 2.2	17 31 33 10 1
Q4	Cognitive behavioral therapy is very effective in chronic pain management and should be applied as early as possible in the treatment plan for most chronic pain patients.	2.42+.952	18.5 33.7 35.7 10.9 1.1	22 30 15 23 2
Q5	I feel comfortable calculating conversation does of commonly used opioids.	2.71+1.033	8.7 41.3 25.0 20.7 4.3	8 38 23 19 4
Q6	Long term use of NSAIDs in the management of chronic pain has higher risk for tissue damage, morbidity and mortality then long term use of opioids.	2.23+.996	22.8 46.7 17.4 10.9 2.2	21 43 16 10 2
Q7	I believe that chronic pain of unknown cause should not be treated with opioids even if this is the only way to obtain pain relief.	2.30+1.146	27.2 38.0 16.3 14.1 4.3	25 35 15 13 4

Table-2 Question no 1 shows that 23.91 % (n=22) nurses strongly agree with this that patient exaggerate his/her pain through face pathology 44.57 (n=41) nurses agree and 16.30% (n=15) neutral with this statement 4.13% (n=13) disagree with this statement that high scores on pain rating scale in face of minimal or moderate pathology this mean patient exaggerating his/her pain.

Question#02 shows that 20.65 % (n=19) nurses say that assessment in chronic pain include the measurement of pain intensity and 11.96 % (n=11) nurses neutral with this 10.87 % (n=10) nurses disagree with this statement.

Question#03 shows that 23.91% (n=22) nurses strongly agree 32.61% (n=30) nurses agree that antidepressant do not improve symptoms and function in chronic pain patients. 16.30% (n=15) nurses neutral in

this situation and 25.00% (n=23) disagree with this statement and only 2.17% (n=2) strongly disagree.

Question#04 shows that 18.48 % (n=17) nurses strongly agree that cognitive behavioral therapy is very effective in chronic pain patients and should be applied as early as possible 33.70 % (n=31) agree with this and 35.87 % (n=33) nurses neutral 10.87% (n=10) disagree and only 1.09% (n=1) strongly disagree

Question#05 this above table shows that 8.70 % (n=8) strongly agree that I feel comfortable calculating conversation does of commonly used opioids. 41.30 % (n=38) nurses agreed and 25.00% (n=23) neutral 20.65% (n=23) nurses disagree 4.35% (n=4) nurses strongly disagree.

Question#06 shows that 21.17% (n=25) nurses believe that chronic pain of unknown cause should not

be treated with opioids even if this is the only way to obtain pain relief. 38.04% (n=35) agree with this statement and 16.30% (n=15) neutral and 14.13% (n=13) disagree with this and 4.35% (n=4) strongly disagree.

Question#7 shows that 22.83% (n=21) nurses strongly agree that long term use of NSAIDs in chronic pain has higher risk for tissue damage 46.74% (n=43) nurses agreed and 17.39% (n=16) neutral and 10.87% (n=10) disagree with this statement 2.17% (n=2) strongly disagree.

**Table-3: Assessment of practices related to post-operative pain management:**

S#	Statement	Mean+SD	Percentage	Frequency
Q8	A patient should experience discomfort prior to giving the next dose of pain medicine?	2.48+1.433	38.0	35
			19.6	18
			6.5	6
			28.3	26
				7
Q9	When a patient requests increasing amounts of analgesics to control pain, this usually indicates that the patient is psychologically dependent?	2.42+1.521	47.8	44
			6.5	6
			10.9	10
			25.0	23
			9.8	9
Q10	The most accurate judge of the intensity of the patient's pain is the patient”?	2.87+1.377	22.8	21
			20.7	19
			15.2	14
			29.3	27
			12.0	11
Q11	The most suitable dose of morphine for a patient in pain is a dose that best controls the symptoms; there is no maximum dose.	3.17+1.237	16.3	15
			8.7	8
			27.2	25
			37.0	34
			10.9	10
Q12	The most suitable dose of morphine for a patient in pain is a dose that best controls the symptoms; there is no maximum dose	2.87+1.294	22.8	21
			12.0	11
			30.4	28
			25.0	23
			9.8	9
Q13	It is a patient's right to expect total pain relief as a consequence of treatment”?	2.84+1.557	34.8	32
			7.6	7
			14.1	13
			26.1	24
			17.4	16
Q14	“It may often be useful to give a placebo to a patient in pain to assess if he is genuinely in pain.	3.12+1.374	23.9	22
			3.3	3
			22.8	21
			37.0	34
			13.0	12

This above Table-3 and Question no 8 shows that 38.04 % (n=35) nurses strongly agree that a patient should experience discomfort to giving the next dose of pain medicine. 19.57 % (n=18) nurses agree.

With this statement and 6.52 % (n=6) neutral and 28.26 % (n=26) respondents disagree with this statement and only 7.61 % (n=7) strongly disagree with this.

This above table and Question#9 shows that 47.83 % (n=44) nurses strongly agree with this when a patient requests increasing amounts of analgesic to control pain, this usually indicates that the patient is

psychologically dependent. 6.52 % (n=6) nurses agree and 10.87 % (n=10) nurses neutral with this statement 25.00% (n=23) disagree and 9.78 % (n=9) strongly disagree

Question no10 shows that 22.83 % (n=21) nurses strongly agree that the most accurate judge of intensity of patients pain is the patient 20.65 % (n=19) agree and 15.22 % (n=14) neutral and 29.35 % (n=27) disagree and 11.96 % (n=11) strongly disagree.

Question#11 shows that 16.30% (n=15) nurses strongly agreed 8.70% (n=8) nurses agree that the most suitable dose of morphine for a patient in pain is a

dose that best controls the symptoms there is no maximum dose 27.17% (n=25) nurses neutral with this statement 36.96% (n=34) disagree and 10.87% (n=10) strongly disagree.

This above table shows that 22.83% (n=21) nurses strongly agreed that lack of pain expression does not mean lack of pain 11.96% (n=11) nurses agreed and 30.43% (n=28) neutral and 25.00% (n=23) disagree with this statement 9.78% (n=9) strongly disagree.

Question # 13 shows that 34.78 % (n=32) nurses strongly agreed that it is a patient's right to expect total pain relief as a consequence of treatment. 7.61% (n=7) agree with this statement 14.13% (n=13) neutral and 26.09% (n=24) disagree 17.39% (n= 16) strongly disagree.

Question no 14 shows that 23.91% (n=22) it may often be useful to give a placebo to a patient in pain to assess if he is genuinely in pain 3.26% (n=3) and 22.83% (n=21) neutral with this statement 36.96% (n=34) disagree and 13.04% (n=12) strongly disagree with this statement.

**Validity and Reliability Assessment**

Table 4 presents Cronbach's alpha for four scales used in the study. Cronbach alpha is the most commonly used measure of scale reliability [12].

Cronbach alpha above 0.70 is considered to be the acceptable indicator of internal consistency reliability [13-16].

The alpha value for knowledge about post-operative pain management was well above .577 which is not great but acceptable according to [17].

**Table-4: Reliability Statistics of the Study.**

Reliability Statistics		
Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.619	.609	7

Cronbach alpha above 0.70 is considered to be the acceptable indicator of internal consistency reliability [13-16].

The alpha value for practices about post operative pain management was well above .619 which is not great but acceptable according to [17].

**Validity**

Validity was established by applying factor analysis. Factor analysis was performed by using principle component analysis with varimax rotation. Each of the dimensions was analyzed by performing factor analysis.

At start complete instrument was consisted on total 14 items. After applying factor analysis 4 items were dropped and the number of items was decreased to 33. Criteria for factor loading were .50 and items below that set criteria were dropped from analysis. More over all assumption of factor analysis was fulfilled .assumptions imply that KMO value must be above .60 and Bartlett's test must be significant so whole set criteria was fulfilled.

**DISCUSSION**

Research is often undertaken to find out new knowledge, to apply change in practice and to evaluate the effectiveness of change in practice. Pain assessment and management are well-explored concepts in nursing research. This study used a descriptive cross-sectional study deign to assess the knowledge and practices of nurses regarding post-operative pain management of

nurses in DHQ hospital layyah 92 nurses involve in this research.

Mostly of the participant were between the ages of 21 to 30 years. According to knowledge In Question 1 mostly nurses replied when they see consistently high scores on pain rating scale in face of minimal or moderate pathology, this means that the patient is exaggerating his/her pain. Response was 63 % (n=92) strongly agree and 29% disagree. Majority of the participant having General nursing and midwife 78 % (n=92) most of the participant experience fall in 1-5 years. In this question in chronic pain; the assessment should include measurement of pain intensity, emotional distress, and functional status. Response was 71% agrees and 21% disagree with this statement. Another finding shows that I believe that chronic pain of unknown cause should not be treated with opioids even if this is the only way to obtain pain relief the response was 60% agree and 15% neutral and 17% disagree with this statement this finding shows the positive response of the participant about the knowledge of nurses and findings according to practices of nurses shows about this question The most suitable dose of morphine for a patient in pain is a dose that best controls the symptoms; there is no maximum dose the response was 23% nurses agree and 45% nurses disagree and 24% neutral and another question shows that it shows 46% (n=92) strongly disagree and 20% agree and 26 %neutral. A study done in department of neurology Surgery University of Washington School of medicine the finding of this study is near to my study results .the overall responses to the knowledge of pain management heavily favorable

that nurses knowledge about pain management is high but practices is not satisfied . A study conducted in Bangladesh to assess the practices of health providers towards pain management practices on 100 nurses and KAP model utilized .The KAP model accounted for 16% of the variance in pain management practices. My discussion focuses on 2 areas: the role of nurse pain education as a public health plans pain education as a public health program. The validity and reliability of questionnaires checked and The alpha value for knowledge about post operative pain management was well above .577 which is not great but acceptable according to [17]. And The alpha value for practices about post operative pain management was well above .619 which is not great but acceptable according to [17]. So the questionnaire use in this study was valid and reliable.

### RECOMMENDATION

First of all clinical practice guidelines regarding different pain management areas in each hospital unit appear to be helpful and should be relied upon in both basic and continuing educational course to provide present and exact information. And second is that nurses play a pivotal role in pain management so nurses should modified their behavior. Absence of pain is a vital human right for that reason nurses need to be prepared with the required information so that they are able to effectively manage pain. Results cannot be considered as a solid foundation for making decision in health planning.

### Limitation

The main limitation in this study is shortage of time and due to these nurses was hesitant to complete questionnaires.

### CONCLUSION

The purpose of this study is to assess the knowledge and practices of nurses regarding post operative pain management. Overall, study shows that knowledge of pain management of nurses statistically and significantly is good but practices were poor. In conclusion, patients are still hurting because of poor practices of nurses towards pain management thus the hospital management should focus on these factors to improve the nurse's practices. This study may serves as a base for future studies in different organizations on a larger scale.

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