

**Deanship of Graduate Studies  
Al-Quds University**



**Knowledge, Attitude and Practice among Nurses  
Regarding Pediatric Pain Management at Southern  
Governmental Hospitals in Gaza Strip.**

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**M. Sc. Thesis**

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**Knowledge, Attitude and Practice among Nurses  
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Governmental Hospitals in Gaza Strip**

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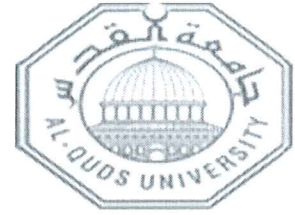
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## **Dedication**

To my Parents, my light and moral compass.

To my wife whose support made this research possible.

My inspiration, my kids.

To the Palestinian prisoners in Israel's jails.

To my colleagues.

And finally, to those who dedicated their lives so that we lead a better life, to my teachers.

Atef Salem Abu Amra

## **Declaration**

I certify that this thesis submitted for the degree of Master, is the result of my own research, except where otherwise acknowledged, and that this thesis (or any part of the same) has not been submitted for a higher degree to any other university or institution.

Signed .....

Atef Salem Abu Amra

Date: December / 2018

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## **Abstract**

The under-treatment of pain is a problematic area for hospitalized pediatric patients worldwide, yet it is poorly assessed and managed. Nurses have a vital role in implementing pain management effectively; therefore inadequate knowledge and negative attitude remain a major barrier to achieving effective pain management. The aim of this study was to examine the knowledge, attitudes and practice of nurses regarding children pain management. A descriptive cross sectional study design was used with a convenience sample consisted of 87 nurses who currently working on pediatric departments at three governmental hospitals in southern Gaza strip (European Gaza Hospital, Nasser complex and Najjar hospital). A survey questionnaire was used to collect data regarding nurses knowledge, attitudes, and pain management practices from the following pediatric departments (medical, surgical and emergency). A pilot study was carried out on (10%) of nurses who were included from the sample. The reliability of instrument was demonstrated by a Cranach's alpha 0.71 for knowledge, 0.75 for attitude and 0.91 for practice. The data collected were analyzed by using frequencies, percentages, mean, standard deviation, One-Way ANOVA, One sample t test and Pearson correlation with statistical significance  $p < .05$  at 95% confidence interval. The rate of returned questionnaire was 96.6%. The results showed that nurses had moderate knowledge level with mean knowledge score of 69.1 and low attitude level with a mean attitude score of 38.3, and also a moderate level of practice regarding pediatric pain management with mean practice score of 63.7. Knowledge, attitude and practice of pain management were not associated with socio-demographic variable such as level of education, age, gender, working departments, experience and current position, therefore, the study recommended that implement a continuous professional education program for nurses on pediatric pain management in hospitals.

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## **List of abbreviations**

<b>AMSN</b>	Academy Medical Surgical Nursing
<b>ANOVA</b>	Analysis of Variance
<b>APS</b>	American Pain Society
<b>EGH</b>	European Gaza Hospital
<b>GS</b>	Gaza Strip
<b>IASP</b>	International Association for the Study of Pain
<b>KAP</b>	Knowledge, Attitude and Practice
<b>MOH</b>	Ministry of Health
<b>NANDA</b>	North American Nursing Diagnosis Association
<b>NIPS</b>	Neonatal Infant Pain Scale
<b>OCHA</b>	United Nations Office for the Coordination of Humanitarian Affairs
<b>PCBS</b>	Palestinian Central Bureau of Statistics
<b>PHC</b>	Primary Health Care
<b>PNKAS</b>	Pediatric Nurses Knowledge and Attitudes Survey
<b>PRN</b>	pro re nata
<b>RANO</b>	Registered Nurses Association of Ontario
<b>SD</b>	Standard Deviation
<b>SPSS</b>	Statistical Package for Social Sciences
<b>UNRWA</b>	United Nations Relief and Work Agency
<b>USA</b>	United States of America
<b>WB</b>	West Bank
<b>WHO</b>	World Health Organization

# **Chapter One**

## **Introduction**

### **1.1 Background**

Pain is the most disturbing and annoying symptom experienced by children, yet it is poorly managed. Despite having many researches and scientific advancement in pain management over the years, inadequate knowledge and negative attitude remain a major barrier to achieving effective pain management (Manwere, et al., 2015). Relieving children pain has perceived as a crucial public health issue that needs immediate global attention, since failing to manage pain can lead to economic and human burden on patients, their families, and society (Al Omari, 2015).

Knowledge deficit about pain management is not uncommon among nurses. It is estimated that around 50% of nurses reported lack of knowledge in relation to pain assessment and management (Samarkandi, 2018). Studies had also shown that nurses bear misconceptions and myths about pain that impede proper pain management (Nuseir, et al., 2016).

According to the International Association for the Study of Pain (IASP) pain is an unpleasant sensory and emotional experience associated with actual and potential tissue damage or described in terms of such damage. This definition emphasizes both the physical and emotional nature of pain (Lissauer, et al., 2017). World Health Organization (WHO) also defined the pain as a multidimensional phenomenon with sensory, physiological, cognitive, affective, behavioral and spiritual components. Emotions, behavioral responses to pain, beliefs, attitudes, spiritual and cultural attitudes about pain and pain control, all alter the way that pain is experienced by modifying the transmission of unpleasant stimuli to the brain (WHO, 2012).

Pain is a major source of distress for children and their families as well as health care providers, children may experience pain as a result of surgery, injuries, acute or chronic illnesses and medical or surgical procedures. It can lead to serious physical and emotional consequences such as increased oxygen consumption and alterations in blood glucose metabolism. In addition, the experience of untreated pain early in life may lead to long term physiologic, psychological and behavioral consequences for the child (Gadallah, et al., 2017).

There are many possible barriers to effective pain management among nurses, misconceptions, myths and negative attitudes about pain and pharmacological pain treatment particularly fear of opioids addiction as well as serious adverse effects like respiratory depression are blamed for pain under treatment. In addition lack of knowledge about dealing with special groups of patients such as the very young children led to under treatment or even no treatment of pain in such cases in a number of settings and diseases (Nuseir, et al., 2016).

In 1995, the American Pain Society (APS) labeled pain “the fifth vital sign.” The APS goal was to encourage health care professionals to assess pain every time that temperature, pulse, respirations, and blood pressure are assessed and to institute measures to manage the pain (Ricci, et al., 2013). Pain is a subjective experience and no objective tests exist to measure it (Hennessee, 2012). Pediatric patients experience pain which is more difficult to assess and treat relatively to adults. Evidence demonstrates that controlling pain in the pediatrics age period is beneficial, improving physiologic, behavioral, and hormonal outcomes. Multiple validated scoring systems exist to assess pain in pediatrics; however, there is no standardized or universal approach for pain management (Kahsay, 2017).