IJNRD.ORG ISSN : 2456-4184
INTERNATIONAL JOURNAL OF NOVEL RESEARCH AND DEVELOPMENT (IJNRD) | IJNRD.ORG
An International Open Access, Peer-reviewed, Refereed Journal

A study on the role of nurses in pain management among hospitalised patient in Cachar District, Assam

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Abstract

Pain management was a critical aspect of patient care, and nurses played a pivotal role in assessing, monitoring, and alleviating pain in hospitalized patients. The present study aimed to assess the knowledge of nurses regarding pain assessment and management and to identify challenges they faced in providing effective pain relief. A descriptive survey research design was adopted to explore these aspects among registered nurses working in hospital settings. The sample consisted of 100 nurses from 5 private hospitals in the Cachar District of Assam, who were selected using purposive sampling. Participants were required to have at least six months of clinical experience and to be directly involved in bedside patient care. Data were collected through a structured online questionnaire that evaluated nurses' knowledge, attitudes, and practices related to pain management, as well as identified barriers to effective pain relief. The online format facilitated convenient and efficient data collection. The collected data were systematically organized, tabulated, and analyzed using descriptive statistical methods. Findings revealed that while a majority of nurses possessed adequate theoretical knowledge of pain types, assessment tools, and management strategies, challenges such as heavy workload, staff shortages, inadequate training, poor documentation, limited availability of analgesics, and inter-professional communication barriers significantly affected the delivery of optimal pain care. The study underscored the need for institutional support, continuous training, and standardized protocols to enhance nurses' effectiveness in pain management and improve patient outcomes.

Introduction

Pain is one of the most common and distressing symptoms experienced by patients in hospitals, irrespective of the nature of their illness, age, or background. It is a subjective and multidimensional experience that affects not only the physical well-being of the patient but also their emotional, psychological, and social health. Pain management, therefore, is a vital component of quality healthcare and plays a significant role in the recovery, comfort, and overall satisfaction of patients. In the hospital setting, nurses are at the forefront of patient care and are often the first to assess, monitor, and manage pain. Their role is central in ensuring that patients receive timely, effective, and compassionate pain relief interventions.

Pain, as defined by the International Association for the Study of Pain (IASP), is "an unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage." This definition highlights that pain is not only a physiological sensation but also a psychological and emotional experience, which requires a holistic approach to assessment and management. Effective pain management involves understanding the nature of pain, identifying its source, evaluating its intensity, and implementing

appropriate pharmacological and non-pharmacological interventions. Nurses, through their continuous presence at the bedside and close contact with patients, play a crucial role in each of these aspects.

In clinical practice, pain management remains a complex challenge. Despite advances in medical science and the availability of various analgesics and pain-relief techniques, many patients continue to experience unrelieved or undertreated pain during hospitalization. This can be due to several factors such as inadequate assessment, lack of proper documentation, misconceptions about pain medication (especially opioids), fear of addiction, or limited knowledge and skills among healthcare professionals. Nurses are often in a unique position to bridge this gap by advocating for the patient's comfort, communicating effectively with physicians, and implementing individualized care plans that address both the physical and emotional dimensions of pain.

The role of nurses in pain management is multifaceted. It includes pain assessment using validated tools, administration of prescribed analgesics, evaluation of treatment effectiveness, patient education about pain control methods, and the use of non-pharmacological interventions such as relaxation, positioning, and distraction techniques. Nurses also play a key role in identifying changes in the patient's pain patterns and communicating these findings to the healthcare team for timely interventions. Moreover, nurses serve as patient advocates, ensuring that their voices are heard and their pain concerns are addressed with empathy and professionalism.

In the hospital setting, effective pain management not only improves patient comfort but also enhances recovery and reduces complications. Unrelieved pain can lead to delayed wound healing, increased length of hospital stay, reduced mobility, sleep disturbances, anxiety, depression, and decreased patient satisfaction. It can also impair physiological functions such as respiration and circulation. Therefore, nurses' competence, attitude, and commitment towards pain management have a direct impact on patient outcomes and the overall quality of healthcare services.

Furthermore, nursing education and clinical training play a vital role in shaping nurses' ability to manage pain effectively. A sound understanding of pain physiology, pharmacology of analgesics, pain assessment scales, and non-drug therapies is essential for providing holistic care. Ongoing professional development and evidence-based practice further strengthen nurses' capacity to deliver safe and effective pain management.

In addition, the concept of patient-centered care emphasizes the importance of involving patients in their own pain management. Nurses facilitate this process by educating patients about the nature of their pain, available treatment options, and self-management strategies. This collaborative approach enhances trust, empowers patients, and improves adherence to treatment plans.

The study on the role of nurses in pain management among hospitalized patients is significant for several reasons. First, it highlights the pivotal position of nurses in ensuring effective pain relief and improving the quality of life of patients. Second, it identifies gaps in knowledge, practice, and attitudes that may hinder optimal pain control. Third, it provides insights for developing training programs, institutional policies, and clinical guidelines aimed at enhancing pain management practices in hospitals.

Pain management is not merely a technical task but a compassionate act that reflects the ethical and moral responsibility of healthcare providers to alleviate suffering. Nurses, by virtue of their close relationship with patients, embody this responsibility in their daily practice. Therefore, understanding their role, challenges, and contributions in managing pain is essential to improving patient care standards and promoting a culture of empathy and excellence in healthcare delivery.

The effective management of pain among hospitalized patients is a cornerstone of nursing care. Nurses' roles extend beyond administering medications—they assess, comfort, educate, and advocate for patients to ensure their pain is managed effectively and humanely. This study seeks to explore and analyze the critical role nurses play in pain management, the factors influencing their practice, and the implications for enhancing nursing care and patient outcomes within the hospital setting.

Objectives of the Study

1. To assess the knowledge of nurses regarding pain assessment and management.
2. To identify challenges faced by nurses in providing effective pain relief.

Research Questions

1. What is the level of knowledge of nurses regarding pain assessment and management among hospitalized patients?
2. What challenges do nurses face in providing effective pain relief to hospitalized patients?

Literature Review

The International Association for the Study of Pain (IASP) stresses that standardized clinical practice guidelines and validated pain-assessment tools are essential for consistent, evidence-based pain care and for reducing variability in practice across settings (IASP, 2022). The 2020 revision of the IASP definition of pain emphasizes pain as an inherently subjective, multidimensional (sensory, emotional, cognitive, and social) experience — a conceptual shift that reinforces nurses' central role in holistic pain assessment and person-centred care. (Definition and implications for nursing practice.) (Raja et al., 2020). Cross-sectional studies show many hospital nurses have moderate but incomplete knowledge about pain assessment and management; knowledge gaps often relate to opioid pharmacology, pain in special populations and use of validated assessment scales (AL-Sayaghi et al., 2022). Observational research indicates nurses frequently underuse behavioral pain scales and documentation protocols in critical care and surgical wards, which contributes to undertreatment — especially in non-verbal or cognitively impaired patients. (Assessment tools and under-documentation.) (Saleh et al., 2023). Emergency and acute-care nurses report system-level and situational barriers to effective pain management — workload, competing priorities, inadequate staffing, limited access to protocols, and time constraints are commonly named obstacles. (Barriers perceived by emergency nurses.) (Admassie et al., 2022). Structured, competency-based educational programs can improve nurses' knowledge and attitudes toward pain management; quasi-experimental studies show short, well-designed programs significantly improve KASRP (Knowledge and Attitudes Survey Regarding Pain) scores post-intervention. (Effectiveness of educational interventions.) (Innab et al., 2022). Large pragmatic education studies and cluster RCTs in geriatric/nursing-home contexts suggest that education alone may raise awareness but often fails to produce large sustained improvements in patient pain outcomes unless paired with system changes (protocols, audit, individualized supports). (Limits of education-only interventions.) (Kutschar et al., 2020). Systematic reviews and meta-analyses indicate that pre-service and in-service training, together with the availability of pain protocols and assessment tools, are strongly associated with better pediatric pain management practice among nurses. (Training, protocols and pediatric pain practice.) (Abebe et al., 2024). Reviews of critical-care nursing literature identify facilitators (interdisciplinary collaboration, leadership support, ready access to analgesics and protocols) and barriers (fear of opioid side-effects, poor physician–nurse communication) which jointly influence nurses' pain-management behaviour. (Facilitators and barriers in critical care.) (Rababa et al., 2021). Multiple studies show nurses act as key patient advocates: they detect unreported pain (via bedside contact), prompt reassessments, and coordinate non-pharmacologic measures — roles that significantly influence patient comfort and satisfaction. (Nurses as advocates and coordinators of pain care.) (Saleh et al., 2023; AL-Sayaghi et al., 2022). Research across diverse cultural and regional settings highlights the influence of cultural beliefs, family expectations, and institutional policy on nurses' pain assessment decisions; culturally-sensitive tools and training are recommended to improve care in multicultural wards. (Cultural and institutional influences.) (Shaban et al., 2024). Implementation studies emphasize that combining education with **workflow redesign** (e.g., pain as a routine vital sign, standing orders, electronic prompts, audit & feedback) is more likely to change nurse practice and patient pain outcomes than education alone. (Need for combined educational + system interventions.) (Burgess et al., 2024). Recent reviews indicate persistent misconceptions among nursing staff about opioid addiction and tolerance; such misconceptions contribute to under-prescribing and reluctance to administer adequate analgesia, especially for older adults and those with chronic pain. (Opioid misconceptions affecting nursing practice.) (Grommi et al., 2023). Best-practice guidance for nurses recommends routine use of validated scales (numeric rating, faces, CPOT/BPS for non-communicative patients), clear documentation, reassessment after analgesic administration, and access to multidisciplinary pain teams. (Practical recommendations and tools for nursing.) (Magerman, 2025). Patient-reported barriers (fear of side effects, stoicism, poor communication) interact with nurse-level barriers; interventions addressing both patient education and nurse skill/attitudes show greater promise for improving pain relief than single-target strategies. (Interplay of patient and nurse barriers; combined interventions recommended.) (Alzghoul, 2024).

Methods of the Study

The present study adopted a descriptive survey research design to explore the role of nurses in pain management among hospitalized patients. This method was considered appropriate as it enables the collection of detailed information regarding nurses' knowledge, practices, and challenges related to pain assessment and management within hospital settings.

The sample consisted of 100 registered nurses currently working in 5 private hospitals located in the Cachar District of Assam. A purposive sampling technique was employed to select participants who were directly involved in providing bedside care to hospitalized patients and had a minimum of six months of clinical experience.

Data were collected using a structured online questionnaire developed by the researcher. The questionnaire comprised closed-ended designed to assess nurses' knowledge, attitudes, and practices regarding pain management, as well as to identify challenges encountered in providing effective pain relief. The online format was chosen to ensure wider accessibility, convenience, and efficiency in data collection.

The collected data were systematically organized, tabulated, and analyzed using descriptive statistical methods.

Table 1.1: List of Selected Hospitals and Corresponding Number of Nurses Participating in the Study

Sl. No.	Name of the Selected Hospital	Number of Nurses
1	South City Hospital - Birbal Bazar, Cachar	20
2	Mediland Hospital - Tarapur, Cachar	20
3	Valley Hospital And Research Centre Pvt Ltd. Maherpur, Cachar Assam	20
4	South City Hospital, Maherpur, Cachar Assam	20
5	Jeevan Jyoti Institute of Medical Sciences, Ambicapur Pt VI, Assam	20

Total	5	100

Need and Significance of the Study

Pain is a prevalent and complex experience among hospitalised patients, affecting both physical and psychological well-being. Effective pain management is a crucial aspect of patient care, as unrelieved pain can lead to delayed recovery, prolonged hospital stay increased stress, and reduced quality of life. Nurses, being the primary caregivers, spend the most time with patients and play a pivotal role in assessing, monitoring, and managing pain. Their observations, timely interventions, and documentation significantly influence treatment outcomes.

Despite advances in pain management protocols, research indicates that pain is often under-assessed and inadequately managed in hospital settings. Factors such as heavy workload, limited training, lack of standardized assessment tools, inadequate communication among healthcare team members, and insufficient knowledge about pharmacological and non-pharmacological strategies contribute to ineffective pain control. Moreover, patient-related factors, including cultural beliefs and fear of opioid use, further complicate pain management.

The need for this study arises from the necessity to explore how nurses perceive their role in pain management, identify challenges they face, and assess their knowledge, attitudes, and practices. Understanding these aspects is critical for developing targeted interventions, training programs, and institutional policies that can enhance nurses' competence and confidence in delivering effective pain relief.

Data Analysis

Table 1.2: To assess the knowledge of nurses regarding pain assessment and management.

Sl. No.	Questionnaire Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1	I have adequate knowledge about different types of pain (acute, chronic, neuropathic, etc.).	40	45	10	4	1
2	Pain should be assessed as the fifth vital sign during patient monitoring.	55	35	5	4	1
3	I am familiar with commonly used pain assessment tools (e.g., Numeric Rating Scale, Wong-Baker Faces Scale).	48	40	7	4	1
4	Pain assessment should be done before and after administering analgesics.	60	30	6	3	1

5	I am confident in identifying non-verbal indicators of pain in unconscious or non-communicative patients.	35	40	15	7	3
6	I have adequate knowledge about pharmacological methods of pain management (opioid and non-opioid drugs).	30	45	15	8	2
7	I am aware of non-pharmacological pain management techniques (e.g., relaxation, positioning, distraction).	40	42	10	6	2
8	I understand the importance of documenting pain assessment findings in patient records.	52	38	5	3	2
9	I believe continuous education or training is necessary for improving pain management practices.	65	28	4	2	1
10	I have received sufficient training in pain management during my professional career.	20	35	15	20	10

Findings on Nurses' Knowledge Regarding Pain Assessment and Management

1. Knowledge about Different Types of Pain

A majority of respondents (85%) agreed that they have adequate knowledge about different types of pain such as acute, chronic, and neuropathic. This reflects that most healthcare professionals possess a strong theoretical foundation related to pain classification. Understanding the nature and type of pain helps in selecting appropriate management strategies and ensures more accurate clinical judgment. However, a small portion of respondents (5%) disagreed or remained uncertain, indicating that there is still a need for further education or refresher sessions to enhance conceptual clarity among all healthcare staff.

2. Pain as the Fifth Vital Sign

An overwhelming 90% of participants agreed that pain should be treated as the fifth vital sign during patient monitoring. This shows that healthcare professionals are aware that pain assessment is as important as checking temperature, pulse, respiration, and blood pressure. Recognizing pain as a vital sign emphasizes its significance in evaluating a patient's overall health and well-being. This understanding reflects a positive shift towards holistic

and patient-centered care, ensuring that pain is consistently evaluated and managed as part of routine clinical practice.

3. Familiarity with Pain Assessment Tools

Around 88% of respondents stated that they are familiar with commonly used pain assessment tools such as the Numeric Rating Scale and the Wong-Baker Faces Scale. This suggests that most professionals are well-equipped with the knowledge of standardized instruments for measuring pain intensity. Familiarity with such tools ensures objectivity, reliability, and consistency in pain assessment, allowing better communication between caregivers and improving treatment outcomes. However, a small minority still showed unfamiliarity, indicating the need for more practical demonstrations and workshops on the use of these tools.

4. Pain Assessment Before and After Analgesic Administration

Nearly 90% of respondents agreed that pain assessment should be conducted both before and after administering analgesics. This finding highlights that healthcare professionals understand the importance of evaluating the effectiveness of pain relief interventions. Assessing pain before treatment establishes a baseline, while post-treatment assessment helps determine whether the intervention has successfully alleviated pain. Such continuous evaluation is crucial in optimizing pain control and ensuring patient satisfaction with care.

5. Identifying Non-Verbal Indicators of Pain

About 75% of respondents expressed confidence in identifying non-verbal indicators of pain, while 10% disagreed and 15% remained neutral. This shows that although most participants can recognize pain in patients who cannot communicate verbally, a considerable number still face challenges in doing so. Non-verbal cues such as facial grimacing, restlessness, moaning, or physiological changes (e.g., elevated heart rate or blood pressure) are critical indicators, especially in unconscious or non-communicative patients. The findings suggest that additional practical training is needed to strengthen observational skills for recognizing pain in these vulnerable patient groups.

6. Knowledge of Pharmacological Pain Management

Approximately 75% of participants agreed that they have adequate knowledge regarding pharmacological pain management, while around 10% disagreed. This indicates that most respondents are aware of the principles of using both opioid and non-opioid analgesics. They likely understand drug mechanisms, indications, and side effects to some extent. However, the presence of uncertainty among a few respondents highlights the need for continuing education in pharmacology. Regular training sessions and updates on recent guidelines can help ensure safe, effective, and evidence-based use of pain-relief medications.

7. Awareness of Non-Pharmacological Pain Management Techniques

A total of 82% of respondents reported awareness of non-pharmacological pain management methods such as relaxation, positioning, distraction, massage, and deep breathing exercises. This indicates that most healthcare professionals recognize the importance of complementary approaches to pain relief. Non-pharmacological methods are essential in holistic care as they can reduce anxiety, promote comfort, and enhance the overall pain management experience. This finding reflects a positive attitude toward integrating both medical and psychological interventions in patient care.

8. Importance of Documentation

About 90% of participants acknowledged the importance of documenting pain assessment findings in patient records. Proper documentation plays a vital role in ensuring continuity of care, facilitating effective communication among healthcare providers, and providing legal protection. It also allows for consistent monitoring and evaluation of patient progress. The strong agreement among respondents shows that they understand the professional and ethical responsibility of maintaining accurate and timely pain records, which are essential for quality care and accountability.

9. Need for Continuous Education and Training

Nearly 93% of respondents strongly believed that continuous education and training are essential to improve pain management practices. This high level of agreement demonstrates a strong professional commitment to lifelong learning. It also reflects the awareness that pain management is an evolving field, requiring regular updates on new tools, technologies, pharmacological advancements, and non-pharmacological approaches. Organizing workshops, seminars, and refresher courses would therefore help in strengthening practical knowledge and enhancing the quality of patient care.

10. Training Received in Pain Management

Only 55% of respondents reported that they had received sufficient training in pain management, while 30% disagreed and 15% were neutral. This indicates a noticeable gap between theoretical knowledge and formal training. Many healthcare workers may have learned pain management through experience rather than structured programs. This lack of comprehensive training can affect the quality of pain assessment and intervention. Therefore, institutions should focus on implementing regular, structured, and hands-on training programs that emphasize both pharmacological and non-pharmacological aspects of pain management.

Table 1.3: To identify challenges faced by nurses in providing effective pain relief.

Sl. No.	Questionnaire Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1	Heavy workload limits the time available for proper pain assessment.	45	35	10	7	3
2	Lack of adequate knowledge about pain management is a barrier to effective care.	40	38	12	7	3
3	Shortage of nursing staff affects the quality of pain management.	50	30	10	7	3
4	Lack of regular in-service training hinders my ability to manage pain effectively.	55	30	8	5	2
5	Inadequate availability of analgesic drugs affects pain relief practices.	42	33	10	10	5
6	Physicians' reluctance to prescribe opioids limits effective pain management.	38	37	13	8	4

7	Poor documentation practices lead to ineffective pain management.	30	40	15	10	5
8	Lack of standardized pain assessment tools creates difficulty in pain evaluation.	35	40	12	8	5
9	Cultural and personal beliefs of patients interfere with pain management.	32	38	15	10	5
10	Insufficient communication among healthcare team members affects pain control.	40	35	10	10	5

Findings on Challenges Faced by Nurses in Providing Effective Pain Relief

1. Heavy Workload Limits Time for Proper Pain Assessment: A total of 80% of nurses agreed that heavy workload restricts the time available for proper pain assessment, as high patient-nurse ratios and demanding schedules hinder thorough evaluations, potentially leading to delayed or inadequate pain relief and highlighting the need for adequate staffing and workload management.

2. Lack of Adequate Knowledge About Pain Management: About 78% of respondents identified insufficient knowledge as a barrier, indicating that while nurses have general awareness of pain management principles, some feel inadequately trained in the latest pharmacological and non-pharmacological strategies, emphasizing the importance of continuous professional education and training programs.

3. Shortage of Nursing Staff Affects Pain Management Quality: Around 80% agreed that staffing shortages compromise pain management quality, as understaffing increases workload per nurse, reduces patient interaction time, and limits careful monitoring of pain, suggesting the need for optimized staffing schedules and adequate recruitment.

4. Lack of Regular In-Service Training: A total of 85% of respondents highlighted the importance of regular training, recognizing in-service programs as essential for updating knowledge on pain assessment techniques, pharmacology, and evidence-based interventions, indicating a gap in ongoing professional development.

5. Inadequate Availability of Analgesic Drugs: Approximately 75% agreed that drug shortages affect pain relief practices, with limited access to essential analgesics, especially opioids, restricting effective pain management and underlining the need for consistent drug supply.

6. Physicians' Reluctance to Prescribe Opioids: Around 75% of nurses identified physician hesitancy as a barrier, showing that inter-professional dynamics and restrictive prescribing practices impact their ability to provide effective pain relief, suggesting the need for collaborative policies and clear guidelines.

7. Poor Documentation Practices: About 70% agreed that inadequate documentation affects pain management, as incomplete or inconsistent recording of pain assessments and interventions may lead to errors, missed doses, or delayed treatment, highlighting the importance of standardized documentation protocols.

8. Lack of Standardized Pain Assessment Tools: Approximately 75% agreed that the absence of standardized tools hinders pain evaluation, as nurses face difficulty in objectively measuring pain, leading to inconsistent care, which can be improved by implementing uniform assessment scales across wards.

9. Cultural and Personal Beliefs of Patients: Around 70% acknowledged that patient beliefs affect pain management, as cultural attitudes, fear of addiction, or personal perceptions of pain can influence willingness to report pain or accept analgesics, emphasizing the need for culturally sensitive communication and education strategies.

10. Insufficient Communication Among Healthcare Team Members: About 75% agreed that poor communication affects pain control, as lack of effective interaction between nurses, physicians, and other healthcare professionals can delay interventions, reduce adherence to treatment plans, and compromise pain management, highlighting the importance of teamwork and inter-professional coordination.

Discussion

Pain management is a fundamental component of patient care, and nurses play a pivotal and multifaceted role in ensuring the effective assessment, monitoring, and relief of pain in hospitalized patients. The findings of the present study highlight both the strengths and challenges faced by nurses in fulfilling this role and offer valuable insights into areas requiring improvement to enhance patient outcomes. A significant proportion of nurses demonstrated awareness of different types of pain, including acute, chronic, and neuropathic pain, with approximately 85% reporting adequate knowledge regarding pain types, reflecting a solid theoretical foundation crucial for selecting appropriate assessment tools and interventions. This knowledge enables nurses to recognize pain promptly, provide timely interventions, and improve patient satisfaction and recovery outcomes. However, the study also indicated that 10–15% of respondents felt inadequately trained in specific aspects of pain management, particularly in pharmacological interventions and identifying non-verbal indicators of pain, which are essential for patients who cannot communicate verbally, such as those who are unconscious, intubated, or critically ill. These findings underscore the need for ongoing education, professional development, and in-service training to bridge the gap between theoretical understanding and practical application. The majority of nurses recognized the importance of pain assessment before and after administering analgesics, with about 90% emphasizing systematic evaluation, and approximately 88% reported familiarity with standardized pain assessment tools such as the Numeric Rating Scale and Wong-Baker Faces Scale, highlighting their awareness of objective and consistent approaches to pain measurement. Despite this, challenges remain in the practical application of these tools, as some units lack standardized instruments, leading to inconsistencies in assessment and documentation, which may result in underestimation or overestimation of pain and affect quality of care. Several institutional and systemic barriers were identified as significant impediments to effective pain management. Heavy workload and shortage of nursing staff emerged prominently, with 80% of nurses indicating that high patient-nurse ratios limit the time available for individualized assessment, monitoring, and patient education, aligning with literature that associates workload pressures with under-treatment of pain, nurse burnout, and decreased patient satisfaction. Lack of regular in-service training, reported by 85% of respondents, further hinders competence and confidence, particularly in complex clinical scenarios, highlighting the need for structured, continuous professional education programs to update nurses on evidence-based protocols, pharmacological advances, and non-pharmacological strategies. Inadequate availability of analgesic drugs, especially opioids, was reported by 75% of participants, emphasizing the impact of limited drug supply on timely and effective pain relief, while the same proportion cited physicians' reluctance to prescribe opioids as a barrier, indicating that inter-professional dynamics and restrictive prescribing practices constrain nurses' autonomy and responsiveness in managing patient pain. Poor documentation practices, acknowledged by 70% of nurses, were also identified as a factor affecting pain management, as incomplete recording of assessments, interventions, and patient responses may result in missed doses, delayed treatment, or repeated evaluations, reducing overall efficiency. Additionally, insufficient communication among healthcare team members, noted by 75% of respondents, further impedes effective pain control, underscoring the importance of structured communication protocols, teamwork, and multidisciplinary collaboration. Patient-related factors also play a significant role in the management of pain; cultural and personal beliefs, reported by 70% of nurses, influence patients' willingness to report pain or accept analgesics due to fear of addiction, reluctance to express discomfort, or traditional perceptions about suffering. These findings highlight the necessity for nurses to adopt culturally sensitive communication strategies, provide patient education, and reassure individuals regarding safe pain management practices. Furthermore, the study demonstrated that nurses perceive pain management as an essential aspect of

their professional responsibilities, with most participants recognizing the importance of systematic assessment, timely intervention, proper documentation, and continuous learning to enhance their skills. This positive attitude is critical, as nurses' perceptions, motivation, and commitment directly influence their practices and, consequently, the quality of patient care. Overall, the study underscores that while nurses possess good theoretical knowledge and a strong sense of professional responsibility, multiple institutional, systemic, and patient-related challenges affect the delivery of optimal pain management, highlighting the urgent need for adequate staffing, regular training programs, standardized assessment tools, effective inter-professional communication, sufficient availability of analgesics, and culturally sensitive patient-centered approaches to ensure comprehensive, timely, and effective pain relief for hospitalized patients.

Conclusion

Pain management is a fundamental aspect of quality patient care, and nurses play a central role in assessing, monitoring, and alleviating pain in hospitalized patients. The present study highlights that nurses possess substantial knowledge regarding different types of pain, including acute, chronic, and neuropathic pain, and recognize the importance of systematic assessment before and after administering analgesics. Their familiarity with standardized pain assessment tools such as the Numeric Rating Scale and Wong-Baker Faces Scale demonstrates a strong theoretical foundation and awareness of evidence-based practices. However, the study also reveals several challenges that hinder the delivery of optimal pain care. Institutional barriers, such as heavy workloads, staff shortages, inadequate availability of analgesic drugs, and insufficient in-service training, significantly impact nurses' ability to provide timely and effective interventions. Additionally, inter-professional dynamics, including physicians' reluctance to prescribe opioids, and inadequate communication within the healthcare team further limit the efficiency of pain management practices. Patient-related factors, including cultural beliefs and reluctance to report pain, also influence the effectiveness of pain relief strategies.

Despite these challenges, nurses perceive pain management as a vital aspect of their professional responsibility and demonstrate a strong commitment to improving patient outcomes through continuous learning and evidence-based practice. The study underscores the need for institutional support, including adequate staffing, regular training programs, standardized assessment tools, and enhanced inter-professional collaboration, to empower nurses in fulfilling their role effectively. It also emphasizes the importance of patient-centered approaches, including culturally sensitive education and communication, to ensure that hospitalized patients receive timely, appropriate, and holistic pain management. Overall, the findings highlight that addressing both systemic and individual-level challenges can significantly enhance the quality of care, improve patient satisfaction, and foster a healthcare environment where nurses are equipped and confident to manage pain effectively, ultimately contributing to better recovery and overall well-being of hospitalized patients.

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