

Attitude and Practices towards Pain Management among Nurses working at Kitagata Hospital, Sheema District

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ABSTRACT

Pain is a major stressor for hospitalized patients. Its defined as “the sensory and emotional experience that is accompanied by existing or possible tissue damage or that can be defined with this damage, and it is not tolerated. The main objective of the study was to assess the attitude and practices towards pain management among nurses at Kitagata hospital in Sheema district. A cross-sectional study design using quantitative research approach was used on over 50 nursing staffs from Kitagata hospital. These were selected using convenient sampling technique. The researcher administered semi-structured questionnaires was used for data collection. Collected data were cleaned and analyzed by using SPSS version 22.0 and then presented in form of tables and figures (graphs and pie-charts) as frequency and percentage. Out of 50 participants recruited, majority 82.0% and 80.0% had good attitude and practices respectively, 62.0% were 35 years and above, majority 32(64.0%) had worked for less than 5 years, 62.0% were female. About 35(70.0%) were enrolled nurses. 20(40.0%) of the participants were working in surgical ward, 40(80.0%) of the participants never had any in-service training about pain management. Conclusively, the study showed that majority of the study participants portrayed good attitude 41(82.0%) and good practices 40(80.0%) towards pain management. This was high among those who were 35 years and above, majority had worked for less than 5 years, enrolled nurses and were female.

Keywords: Attitude, Practices, Pain Management, Nurses

INTRODUCTION

Pain is a major stressor for hospitalized patients [1, 2]. According to the Pain Research Organization, it is defined as “the sensory and emotional experience that is accompanied by existing or possible tissue damage or that can be defined with this damage, and it is not tolerated” and “pain protection mechanism” [3]. Pain is known as the fifth vital sign, and it is recommended that pain is assessed with the other vital signs (blood pressure, pulse, oxygen saturation and temperature) [4]. The vast majority of people globally claim to experience body pain (95 %) and head pain (86 %) at some point in their lives, with over eight in ten (80 %) claiming to have experienced both [3, 5]. The frequency of pain is generally comparable across Europe, Russia, and the United States (18.3% to 23.8%) and slightly lower in Brazil (14.3%). In both China and Japan, however, the prevalence of reported pain is much lower (6.2% and 4.4%, respectively). In Uganda, the prevalence of pain has been reported to be as high as 84% among the healthcare workers in Kibuli Muslim Hospital. In addition, studies have reported that 55% to 78.6% of inpatients experience moderate-to-severe pain [1]. An important responsibility of healthcare professionals is to eliminate pain. As part of the healthcare team, nursing students play a major role in effective pain management. It has been stated that nurses must be sensitive to pain and have positive attitude towards it [6–8]. The American Pain Society has also stated that pain is not the responsibility of the patient, but that when a patient expresses pain, pain management is the responsibility of the nurse [9]. The criterion for minimally acceptable percentage score on the Nurses Knowledge, Attitudes and Practices Survey Regarding Pain Tool (NKAS) is 80%. Both practices and attitudes affect the nurses’ ability to effectively manage pain (Nikuze, 2017). Studies done in different countries among nurses reveal that a deficit in practices relating to pain management is prominent whereby percentage of total scores ranging from 39.65 to 72.3 with scores rarely exceeding 65% [1]. In addition, sub-Saharan countries including Uganda, various studies have identified that there is grossly unfavorable attitude and practices among nurses on pain management and assessment [11]. Nurses are often at the forefront of patients’ care and carry out the advice of the physicians

on pain management. Therefore, their attitude and practices are very important in pain management. The gap in practices about pain assessment and management, inability to assess pain, and poor communication between the patient and the healthcare provider lead to ineffective pain management and approximately 79% of the hospitalized patients suffer from it [12].

METHODOLOGY

Study design and rationale

A descriptive cross-sectional design was employed for this study using quantitative methods of data collection. This design was used because data on attitude and practices towards pain management were collected at a specified period of time.

Study setting and rationale

The study was carried out at Kitagata hospital. The hospital is located in the central business district of the town of Kitagata, in Sheema District, in the Ankole sub-region, in Western Uganda, about 62 km southwest of Mbarara Regional Referral Hospital. 111 km north of Kabale Regional Referral Hospital. Kitagata Hospital was established in 1969. A bed capacity of 300 with over 50 nursing staffs employed. The population is mainly composed of Banyankole. This hospital serves people coming from the districts of Bushenyi, Sheema, Mitooma, Kasese, Mbarara, and Rubirizi, the Democratic Republic of Congo, Rwanda, and Tanzania. The hospital has both inpatient wards and out-patient departments and other special clinics like HART, dental clinic, ophthalmology clinic, ENT clinic, antenatal care clinic (Kitagata et al., 2013). The facility was chosen based on the pre-visit study that revealed there are no known studies that deal with attitudes and practices of nurses towards pain management

Study population

The study targeted all employed staff nurses at Kitagata hospital. This was because nurses are closer to patients, administrating and monitoring the effectiveness of drugs, including side effects.

Inclusion criteria

All staff nurses at Kitagata hospital who gave informed consent were included in the study.

Exclusion criteria

The study excluded staff nurses who were severely ill and those who declined to consent.

Determination of sample size

Since this the study population was small (50). All the 50 nurses were recruited in the study

Sampling techniques

The researcher used consecutive sampling techniques until all the sample size were covered. This method was used because the study population was small and every nurse had an equal chance to be included in the study.

Dependent variables

Nurse's attitude level and practice score towards pain management.

Independent Variable

Included socio-demographic characteristics which include; age, gender, work experience, education level, working unit.

Data collection method and instrument

The researcher got an introductory letter from the Research Ethics Committee of KIU-SONs, which she presented to the PNO Kitagata Hospital. The PNO introduced the researcher to the in-charge, who also introduced the researcher to the participants. The researcher introduced herself to the participants and explained to them the purpose of the research. Consent forms were given out and signed by willing participants.

Data were collected using a self-administered semi structured questionnaire. The questionnaires were administered to the sampled participants for filling. The questionnaire comprised of categories of questions assessing personal bio-data, attitude and practices towards pain management. The researcher encouraged the participants to fill the questionnaires completely. After research participants had fully answered all questionnaires, questionnaires were collected, checked for completeness and validity before leaving the data collection area, and were stored in an envelope for data analysis and presentation.

Quality control

The questionnaires were pre-tested among five staff nurses from Bushenyi Health Center IV (10% of the sample size) for reliability. Where any uncertainties aroused, clarifications were sought. Validity of the data collection tool were ensured through expert judgment and the researcher made sure that the coefficient of validity is at least 70%. The researcher consulted her supervisor for the construction of the questionnaire. Reliability of the data collection tools was measured in order to yields consistent results.

Data management

All questionnaires were filled completely. After confirmation of completeness, they were packed in the water proof parcels to prevent soiling and they were transported to the area of storage where they were stored in a safe drawer

and locked with a padlock and the key kept by the researcher. Data were picked for analysis and stored in the computer and the soft copy protected using a password to avoid access by unauthorized people.

Data analysis and presentation

Data were coded and analyzed using descriptive statistics basing on the specific objectives with the aid of Statistical Package for Social Sciences (SPSS) version 22.0 computer program. Results descriptive analysis will be presented using frequencies, charts and tables. Knowledge level were regarded as Good for participants who scored 4 and above correct answers out of 8 items and poor for those who scored below 4 correct items. Attitude items was measured using Likert’s scale as strongly agree (2 points), agree (1point), neutral (0) points for any correct attitude items. Good attitude for those participants who scored 50% and above and poor attitude for those who scored less than 50%. The results of analysis will be presented in tabular forms.

Ethical consideration

The research were conducted after the approval of the research proposal from the School of Nursing. An introductory letter was acquired from the school of nursing which introduced the researcher to Kitagata hospital administration where this research study was done. After getting the signature for approval from administration of the facility. I was permitted to start collecting the data, I started meeting staff nurses and introduced myself with the approval letter. After explaining the objectives of the study, the researcher asked the participant to consent before participation in the study. For those that requested to drop out of the study due to personal reasons, they were allowed to do so although they were encouraged to complete the study. Before the study/interview started, the researcher/research assistants assured the participant about confidentiality of their information and used for study purposes only and their details like the names would not be used in the study.

RESULTS

Sociodemographic characteristics of the study participants

Table 1 : Showing the Sociodemographic characteristics of the study participants (N=50)

Variables	Frequency (N)	Percentage (%)
Age group in years		
Less than 25	15	30.0
25-34	4	8.0
35 and above	31	62.0
Participant’s sex		
Male	15	30.0
Female	35	70.0
Level of qualification		
Less than 5 years	32	64.0
5 years and above	18	36.0

From table 1 above, more than a half 31(62.0%) of the participants were 35 years and above as compare to only 4(8.0%) who were within the age bracket of 25 to 34 years, their average years of 34.1(SD of 7.67517) and the median age of 35.0. However, very few 18(36.0%) had experience of 5 years and above whereas majority 32(64.0%) had worked for less than 5 years. Despite that, nearly ¾ 31(62.0%) were female while only 15(30.0%) were male. About 35(70.0%) were enrolled nurses as compare to only 3(6.0%) who had a bachelor’s degree.

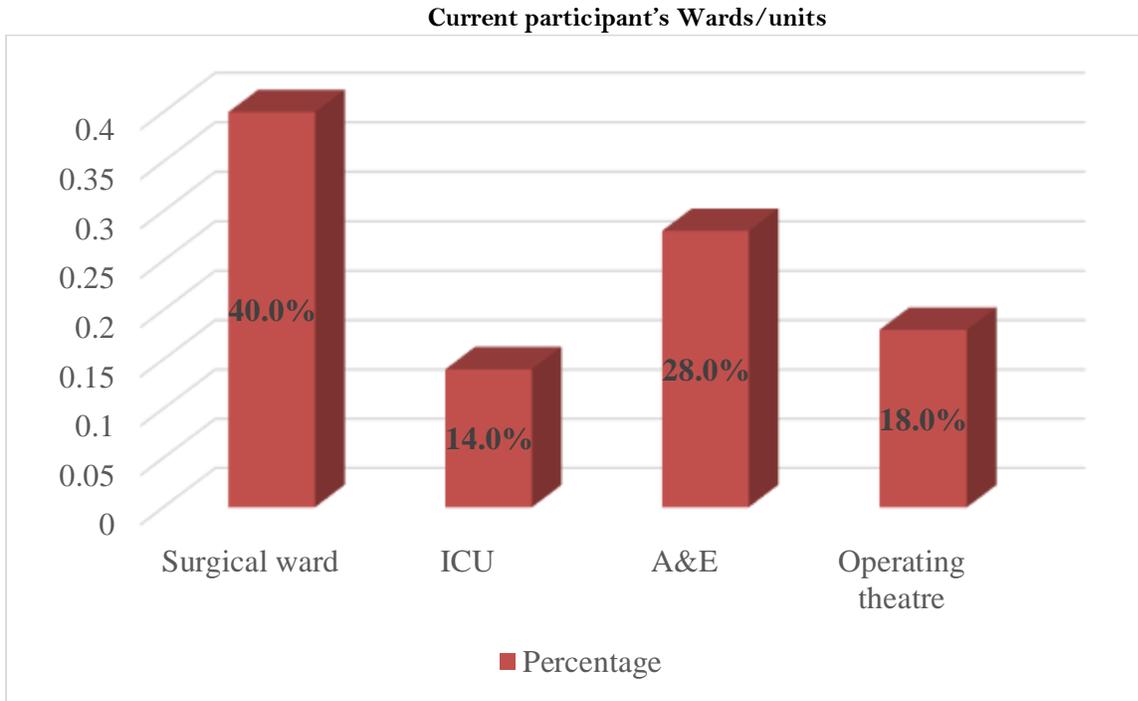


Figure 1 Showing the Current participant's Wards/units

Nearly a half 20(40.0%) of the participants were working in surgical ward and only 7(14.0%) were working at Intensive Care Unit (ICU) department.

In-service training about pain management

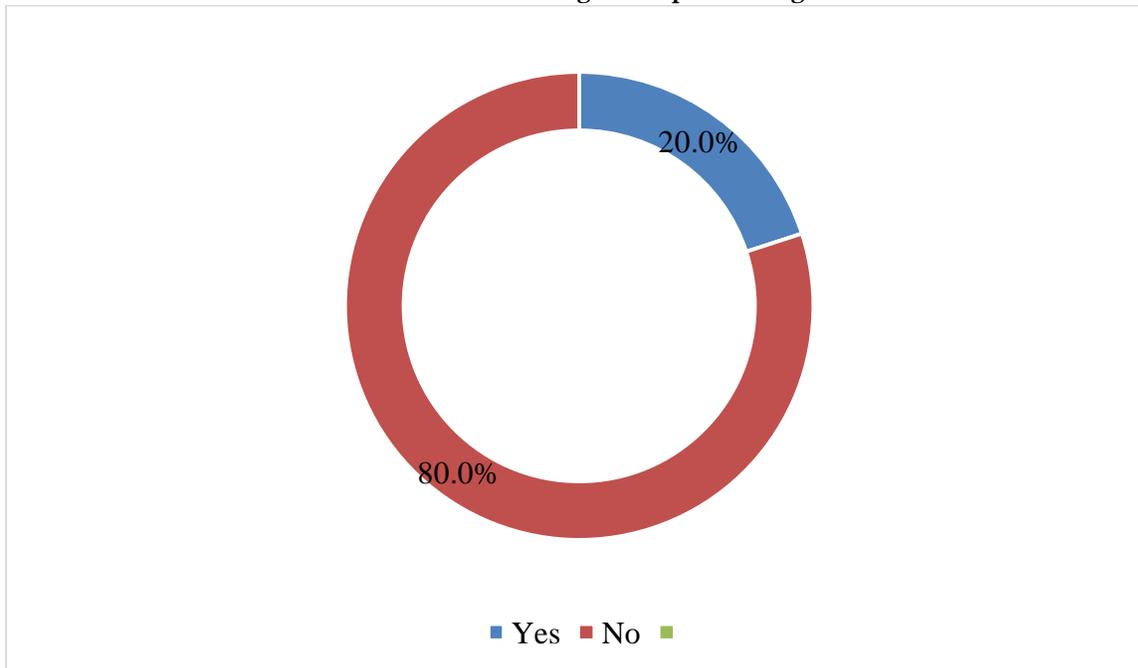


Figure 2: Showing In-service training about pain management

More than 3/4 40(80.0%) of the participants never had any in-service training about pain management whereas only 10(20.0%) said they have ever had an in-service training about pain management.

Table 2: Attitude of the participants towards pain management

Variables	Frequency (N)	Percentage (%)
Pain assessment is correctly followed in this ward		
Neutral	32	64.0
Disagree	14	28.0
Strongly disagree	4	8.0
Pain tools help in effective pain assessment		
Neutral	2	4.0
Disagree	22	44.0
Strongly disagree	24	48.0
Pain tools help in effective pain assessment		
Agree	2	4.0
Neutral	22	44.0
Disagree	24	48.0
Strongly disagree	2	4.0
Pain tools help in effective pain management		
Agree	1	2.0
Neutral	20	40.0
Disagree	25	50.0
Strongly disagree	4	8.0
Pain medication should be only given to patients suffering from severe pain		
Strongly agree	17	34.0
Agree	10	20.0
Neutral	14	28.0
Disagree	4	8.0
Strongly disagree	5	10.0
Patients are often prescribed too much pain medication		
Strongly agree	24	48.0
Agree	14	28.0
Neutral	9	18.0
Disagree	3	9.0
Pain is always managed correctly in this ward		
Strongly agree	19	38.0
Agree	10	20.0
Neutral	10	20.0
Disagree	6	12.0
Strongly disagree	5	10.0
Non-pharmacological intervention is effective for mild to moderate pain only		
Strongly agree	23	46.0
Agree	11	22.0
Neutral	6	12.0
Disagree	8	16.0
Strongly disagree	2	4.0
Placebo usage is important in determining if the patient's pain is real		
Strongly agree	26	52.0
Agree	9	18.0
Neutral	6	12.0
Disagree	6	12.0
Strongly disagree	3	6.0

From the table 2 above, majority 32(64.0%) of the participants were not sure about the correct assessment of pain in their wards whereas only 4(8.0%) had strongly disagreed about it. About 33(66.0%) had a neutral belief on the utilization of pain tools in their wards as compare to only 2(4.0%) who strongly disagreed about the utilization of pain tools in managing pain in their wards. Nearly a half 24(48.0%) of the participants disagreed that pain tools could help in effective pain assessment while only 2(4.0%) agreed with it. A half 25(50.0%) had disagreed that pain

tools could help in effective pain management while only 1(2.0%) had agreed. About 17(34.0%) of the participants strongly agreed that pain medication should be only given to patients suffering from severe pain while 4(8.0%) had disagreed with the above. Nearly a half 24(48.0%) strongly agreed that patients are often prescribed with too much pain medication. 19(38.0%) of the participants highly agreed with the correct measures of pain management in their ward, however, about 5(10.0%) didn't highly agree with the correct ways of pain management in their wards. Most of the participants 23(46.0%) strongly agreed with the management of mild to moderate pain by the use of non-pharmacological interventions whereas only 2(4.0%) had strongly disagreed with the above. This mean that placebo can help in determining if the patient's pain is real as stated by almost a half 26(52.0%) participants as compare to only 3(6.0%) who strongly disagreed.

The attitude score of the participants

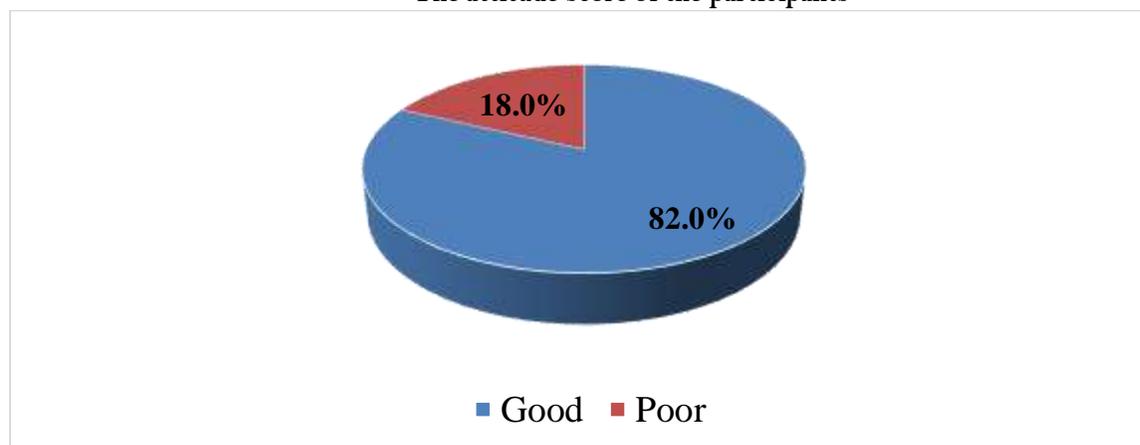


Figure 3: Showing the attitude score of the participants

From figure 4 above, more than ¾ 41(82.0%) of the participants portrayed good attitude towards pain management whereas only 9(18.0%) had poor attitude towards pain management.

Participants' practices towards pain management
Table 3: Showing the Participants' practices towards pain management

Variables	Frequency (N)	Percentage (%)
Direct nursing care to patients in pain		
Yes	13	26.0
No	37	74.0
Assess for pain for patients who are able to communicate		
Yes	34	68.0
No	16	32.0
Utilization of pain assessment tools		
Yes	12	24.0
No	38	76.0
Frequency on the utilization of pain assessment tools		
Always	5	10.0
Sometimes	14	28.0

Never	31	62.0
Discussion of pain score and management		
Yes	8	16.0
No	42	84.0
Availability of assessment tools in your ward		
Yes	15	30.0
No	35	70.0

According to table 2 above, nearly ¼ 37(74.0%) of the participants said they don't offers direct nursing care to patients who are in pain while only 13(26.0%) said they always offers direct nursing care to patients who are in pain. More than a half 34(68.0%) of the participants said they always assess for pain for those patients who are able to communicate whereas only 16(32.0%) said they don't always assess for pain for patient who are able to communicate. About 38(76.0%) said they always use pain assessment tools whereas only 12(24.0%) never used the assessment tools in their wards out of which 31(62.0%) don't frequently use the pain assessment tools as compare to only 5(10.0%) who always use the pain assessment tool. This also demonstrated that more than a half 35(70.0%) of the participants didn't have the assessment tools in their ward whereas only 15 (30.0%) had the pain assessment tool in their wards. Almost all participants 42(84.0%) said they always have a discussion about the pain scores and its management as well only 8(16.0%) don't always discuss the appropriate ways of pain scores and management.

Management of pain

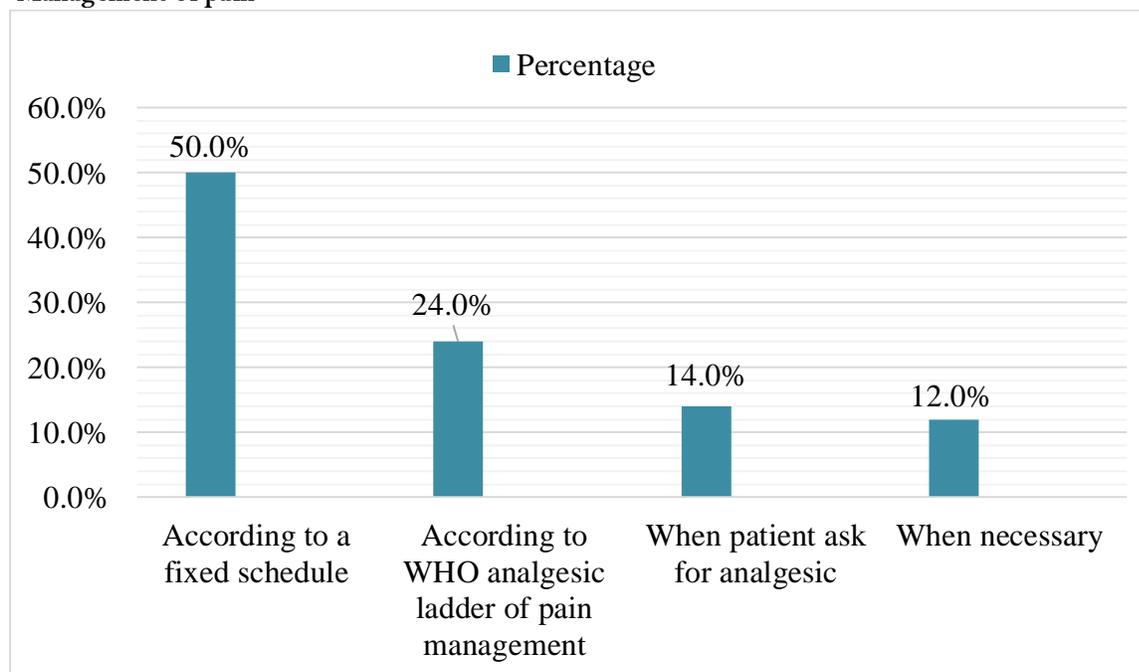


Figure 4: Showing the management of pain

From figure 5 above, it's indicated that a half 25(50.0%) of the participants said they manage pain according to a fixed schedule whereas only 6(12.0%) said they do manage pain when necessary.

The level of participants' practices regarding pain management

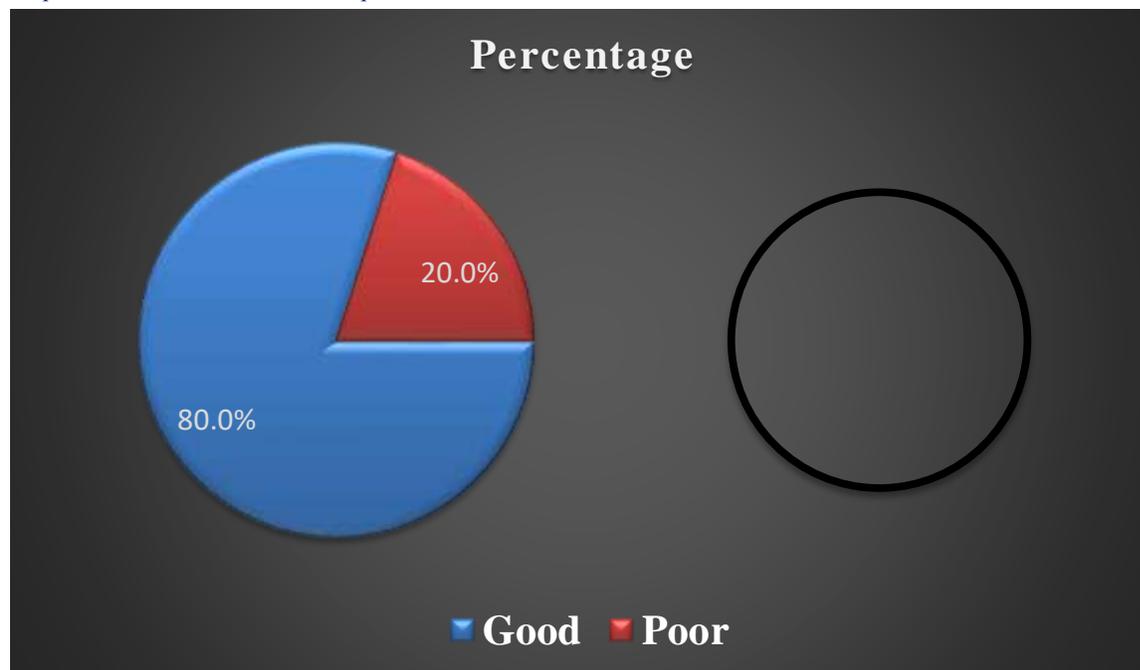


Figure 5: Showing the level of participants' practices regarding pain management

Majority 40(80.0%) of the participants had good practices regarding the management of pain as compare to only 10(20.0%) who had poor practices as far as pain management was concerned.

DISCUSSION

Attitude of participants towards pain management

More than $\frac{3}{4}$ 41(82.0%) of the participants portrayed good attitude towards pain management whereas only 9(18.0%) had poor attitude towards pain management. This could be due to their age since majority had an average age 34.1 years. This contradict a descriptive cross sectional design done in Saudi Arabia which revealed 65% of attitude questions were answered incorrectly by more than 50% of the nursing staff [14]. The study findings also conform a finding from a descriptive cross-sectional study in Uganda conducted at UCI among 67 randomly selected nurses study to assess the knowledge, attitude, and practices associated with pain assessment among nurses at Uganda Cancer Institute (UCI), Mulago National Referral Hospital revealed that nurses' average attitude scale score was 9 out of a total score of 12, indicating a positive attitude towards pain assessment [15]. This study also found that majority 32(64.0%) had worked for less than 5 years. This could be associated with the recent public recruitment of nurses at the government facilities. This disagrees with a study findings from an institutional-based cross-sectional study conducted in Ethiopia among nurses at University of Gondar Comprehensive Specialized Hospital which found that 66.7% of nurses who had 6–10 years and >10 years of work experience had a favorable attitude toward pain management. [1]. About 35(70.0%) were enrolled nurses as compare to only 3(6.0%) who had a bachelor's degree. This also contradict study finding from a descriptive cross-sectional study design conducted by Lulie et al [16] Which showed that 56% of registered nurses had poor attitude regarding pain management of adult medical patients. This could be due to the fact that most of the registered nurses are in charges hence they tend to leave all the ward work to the enrolled nurses. This study also highlighted that 40(80.0%) of the participants never had an in-service training about pain management whereas only 10(20.0%) said they have ever had an in-service training about pain management. This is also in line with a study survey conducted among nurses from the National Geriatric Hospital in Vietnam over a 3-month period which revealed that 72.2% had poor attitudes regarding pain management. Nurses who had previous training regarding pain at medical universities had significantly higher scores of attitudes compared to those without training. [12]. This could be due to the adequate knowledge they might have acquired during the training.

Effective pain management begins with complete and accurate assessment and documentation of findings to help in deciding the treatment options and also to ensure effective and therapeutic communication between health care professionals and between health care provider and patient [1, 17, 18]. According to this study it was found out that majority 40(80.0%) of the participants had good practices regarding the management of pain as compare to only 10(20.0%) who had poor practices as far as pain management was concerned. This could be attributed to their

working experiences since most of them had worked for at least 5 years. This study finding is slightly higher than the findings from a cross-sectional study conducted in critically ill adult patients at public hospitals, Addis Ababa, Ethiopia revealed that 55.9% had good practice [19]. This study findings also revealed that 38(76.0%) said they always use pain assessment tools out of which only 5(10.0%) frequently use the pain assessment tool. This could be due to the availability of CMEs which is always conducted in the facility regarding pain management, knowledge of behaviors indicative of pain, work experience, familiarity to pain assessment tools, high priority given to pain assessment, and availability of protocols and guidelines. This contradict a finding from an institution based quantitative cross-sectional study design conducted among nurses from Ethiopia which found that 57.1% of the participants had inadequate pain assessment practices [20]. This study findings also showed demonstrated that 35(70.0%) of the participants didn't have the assessment tools in their ward. This could be due to lack of awareness regarding the relevancy of having pain assessment tools in the ward. This contradicts another a descriptive cross-sectional study done in Uganda among nurses at Uganda Cancer Institute (UCI), Mulago National Referral Hospital which revealed that practices included use of standardized pain assessment tools (61.2%), patient observation (41.8%), documentation (94.0%), and administration of analgesics (56.7%). Most common assessment tool used was the verbal rating scale (32.8%). Pain assessment findings were rarely discussed (52.2%) during nurses' reports [15]. This study also found out that 34(68.0%) of the participants said they always assess for pain for those patients, 42(84.0%) of nurses said they always have a discussion about the pain scores and its management. it's indicated that a half 25(50.0%) of the participants said they manage pain according to a fixed schedule This could be related to the in-service training which they always receive regarding pain management. This corresponds to a cross-sectional study conducted in Ethiopia among 290 nurses working at adult care units in public hospitals in Wolaita zone which found that 73.8% of the study nurses reported that they assessed pain for their patients, only 23.6% of the study nurses discussed pain assessment scores during a nurse-to-nurse report while below, half (47.2%) of the study participants documented pain assessment scores. The proportion of nurses with good pain assessment practice was found to be 38.2%. The odds of having good pain assessment practice among nurses who received training on pain management was two times higher than its counterpart [21].

CONCLUSION

The study showed that majority of the study participants portrayed good attitude 41(82.0%) and good practices 40(80.0%) towards pain management. This was high among those who were 35 years and above, majority had worked for less than 5 years, enrolled nurses and were female.

Recommendations

- I. The hospital administrators should facilitate their staffs to attend the in-service training about pain management since majority of the participants had never attended any in-service training about pain management.
- II. Nurses needs proper sensitization and guidance from different stakeholders' inorder to take patient as their point of center inorder to attract their positive attitude especially when attending to these patients.
- III. All the wards should be availed with pain assessment tools and nurses are encouraged to follow the appropriate guideline regarding pain management and also to ensure they do team work as they manage a patient.

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