



CASE REPORT

ASSESSMENT OF PATIENT SATISFACTION WITH PATIENT CONTROLLED ANALGESIA (PCA): MONITORING QUALITY OF CARE IN CLINICAL SETTING AT NGH A DAMMAM HOSPITAL

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ABSTRACT

This study investigates patient satisfaction with pain management services at NGH A Dammam Hospital, focusing on the effectiveness of Patient Controlled Analgesia (PCA). Despite advancements in pain management techniques, many patients continue to experience inadequate pain relief during hospitalization. The research aims to assess the level of satisfaction among patients receiving PCA and to investigate the nurses' compliance in measuring patient pain. A cross-sectional survey was conducted, gathering data on patient demographics, pain levels, and satisfaction with pain management interventions. The findings reveal a significant gap between expected and actual pain relief, highlighting the necessity for improved pain management strategies and enhanced nurse education. The study underscores the importance of continuous monitoring and evaluation of pain management practices to ensure compliance with established protocols and to enhance overall patient care. Recommendations include the development of targeted educational programs for healthcare providers and the implementation of systematic assessments to address patient needs effectively. Ultimately, this research contributes to the ongoing discourse on optimizing pain management in clinical settings, aiming to improve patient outcomes and satisfaction.



Introduction

Pain is something that all people have experienced. Acute and chronic illness patients make up the hospitalised population. Of course, their pain is different. As a result, nurses are crucial in making sure that every patient receives efficient pain treatment. Secondly, uncontrolled pain might avoid difficulties that include financial, ethical, psychological, and physiological repercussions (Krokmyrdal & Andenaes, 2015).

Glowacki (2015) asserts that one of the biggest problems facing modern medicine is the prompt and efficient treatment of acute pain. In order to monitor and maintain the quality of healthcare services and the care of patients and clients in hospitals, it is crucial to measure the degree of patient satisfaction, particularly with regard to pain management. Furthermore, studies have shown that almost two-thirds of hospitalised patients continue to experience unmanaged pain (Kawiratne & Chandrasekara, 2021).

Furthermore, it is a well-established truth that unmanaged pain has numerous negative consequences, such as long-term psychological and physiological effects on patients, complications with main ailments, longer recovery times, and increased health care expenses. In 2021, Li and Hapidou. Accordingly, by assessing several pain management outcomes, including the degree of patient satisfaction, the quality of pain treatment that results from this endeavour may be determined (Farooq et al., 2016). In order to guarantee the quality of pain management, a number of strategies can be used, such as creating a pain management protocol, keeping an eye on its application, and assessing the patient's gains (Alias et al., 2024). Providing standard medical facilities in accordance with the findings of the patient satisfaction survey is crucial in order to find ways to enhance procedures and give patients better care (Talaqof et al., 2024).

Problem Statement

Hospitalised patients frequently complain of pain, which is also the most frequent reason for Emergency Department visits (Kawiratne & Chandrasekara, 2021). Critical sectors including as emergency departments, intensive care units, and surgical units continue to face difficulties in satisfying patient expectations for prompt and effective support, despite a wealth of research and current guidelines on pain management (Kia et al., 2021). Better pain recognition, assessment, and documentation, less physician workload, outcome measure monitoring, formal education and training, and the application of pain management protocols are some suggestions for better pain management (Alzghoul, 2023). Most emergency rooms still struggle to meet patients' expectations for prompt, sufficient care, even with the latest pain management standards and a wealth of research on the subject (Kawiratne & Chandrasekara, 2021). Better recognition, evaluation, and documentation of pain, less workload for doctors, outcome measurements that are tracked, formal education and training, and the application of pain management protocols are some of the recommendations for improved pain management (Nugent et al., 2021).

Additionally, Kia et al., (2021) concur that both non-pharmacological and pharmaceutical approaches can be used to alleviate pain. Patients at this research hospital have the right to be evaluated in a number of circumstances, including following surgery, in accordance with the pain



assessment policy. Additionally, the nurse must routinely examine the patient's level of pain. The use of appropriate and age-and condition-specific measurement instruments is necessary to determine the patient's level of discomfort, though. Among the instruments utilised in the clinical setting are Neonatal PASS, Wong Baker face scale, modified FLACC, and NUMERICAL (Peng et al., 2023; Nagarwal et al., 2023).

For the purpose of controlling patient pain, the National Guard Hospital has created a policy that all nurses and other healthcare professionals must follow. These include the need that all inpatients and outpatients be evaluated and screened using the most up-to-date and suitable pain assessment instruments. The way that pain assessments are recorded must support routine evaluation and follow-up in accordance with accepted pain criteria and patient requirements. Nonetheless, patients should be recognised and supported via continued care, and they have the right to good pain management and an appropriate assessment of their suffering.

Pain management for patients often includes health education about pain management. As a result, the patient is entitled to information regarding the state of the illness and the pain management strategy that the physician has chosen for him. Additionally, pharmacological use of medications and non-pharmacological methods such relaxation techniques, environmental stress management, cold compresses, and others should be taken into account when planning a patient's pain management (Kia et al., 2021). Additionally, nurses must plan pain treatment for patients based on their needs, which should be tailored to each patient. According to Nagarwal et al. (2023), it is actually necessary to evaluate every pain management plan both during shifts and on a regular basis in order to ascertain how well the patient is managing their pain.

Therefore, in order to lessen the impact of pain on a patient's function and quality of life, pain management services are crucial in any healthcare organisation. Regarding the concerns brought up, a project was conducted when it was questioned whether the nurses' evaluations of patients' pain and ratings were compliant with the policy and accurately represented the patient's experience. Following this problem, a number of chart audits and SRS reports show that the study hospital's Pain Management policy and DPP Procedure 36020-41 are not being followed as well as they should in a number of wards and units, including the Maternity Unit, Ward 1, Ward 2, and Ward 3. In keeping with this, a goal has also been established: 95% of nurses must adhere to the study hospital's pain assessment and management policy, and patient satisfaction with pain management must achieve >90%.

Study Objectives

Assessing patients' satisfaction with pain management once they are admitted to the ward at NGHHA Dammam Hospital for treatment and nursing care is the aim of this survey. According to hospital policy, this survey was also carried out to examine the nurses' adherence to pain assessment procedures.



Literature Review

The quality of nursing care services offered to patients, communities, and individuals is frequently associated with patient outcomes. Unresolved pain issues among hospitalised patients will regrettably have negative effects, such as higher medical expenses, and will compromise patient comfort. A study to evaluate the degree of satisfaction with the pain experience as reported by patients admitted to the hospital at the chosen location in this study was prompted by this concern for high-quality nursing care and well-being.

Another topic discussed in previous study was the use of patient satisfaction surveys to enhance the quality of pain care for patients. One of the earlier researches that was conducted examined the relationship between the degree of pain that patients experienced throughout continuous outpatient cancer treatment and their satisfaction with their pain levels. A cross-sectional sample of 806 cancer patients (57% male, mean age 56 ± 13 years, 77% Caucasian) was used for a comparative secondary data analysis. The authors used a single item (yes, no, uncertain) to measure satisfaction with pain level and the average current, least, and worst pain intensity (all scales 0-10) in the previous 24 hours. Of the 806 participants, 447 (56%) were satisfied with their pain level, and 291 (36). 68 (8%) were undecided, and 68 (%) were not happy (Golas et al., 2016).

In addition to moderate to high rates of pain-related interference with care activities, around 157 adult participants reported moderate to high levels of current pain intensity, worst pain, and overall level of pain within the previous 24 hours. Although patients expressed satisfaction with their pain management and the way doctors and nurses responded to their pain concerns, patient satisfaction was negatively and substantially connected with both the current level of pain and the overall level of pain during the previous 24 hours. Although 41% of patients said they did not want to receive a higher dosage of pain medication, most patients reported that they were still in pain. Younger patients were more likely to desire more pain medication, according to significant differences between those who did and did not want more pain medication. Patients who were still in pain and wanted more pain medication also reported far greater levels of pain-related interference with sleep and activity, according to an examination of these two groups.

However, Levin et al., (2017) investigated whether improved clinical outcomes following lumbar spine surgery were linked to patient satisfaction with the hospital stay. 249 patients who completed the HCAHPS assessment and had lumbar spine surgery between 2013 and 2015 were included in this retrospective type study. self-reported health status metrics, such as the Visual Analogue Score for Back Pain (VAS-BP), Pain Disability Questionnaire (PDQ), and EuroQol 5 Dimensions (EQ-5D). Results revealed that 249 patients who had lumbar spine surgery made up the study population; 197 (79%) of these patients chose an OHR of 9 or 10 on the HCAHPS assessment, placing them in the happy category.

Yet, the Farooq et al., (2016) study also underlined how crucial it is to measure and track patient satisfaction as a way to gauge the standard of treatment provided in hospitals. In order to enhance care, the researcher has carried out a study to create a trustworthy instrument for evaluating patient satisfaction with acute pain management services (APMS) and determining the factors influencing this. Patient demographics, surgical procedures, analgesic modality, co-



analgesics, and dynamic and static pain scores were among the information gathered from the records. Along with pain expectations and experiences, the questions also asked about APMS response time, the quality of pain relief from treatment, the professionalism of the APMS team, the overall experience of pain relief, and whether or not they would choose or recommend the same modality for themselves, their family, or friends in the future. The findings showed that whereas 43% of patients really experienced severe pain, 71% of patients were predicted to experience it. For themselves, their loved ones, or friends, 79.4% would select the same analgesic modality in the future. The majority (99%) thought that APMS employees were polite and competent. Approximately 89% of respondents said they had an excellent to very good pain management experience.

Based on the previous study's discussion, it is evident that nurses must be knowledgeable about pain assessment and use techniques and resources that are appropriate for the patients' needs and backgrounds in order to provide efficient pain management and, eventually, maximise patient satisfaction. In order to ensure that patients receive high-quality care during their hospital stay, this study was carried out to see how satisfied nurses were with pain management using an efficient pain assessment instrument.

Study Methodology

From August 2019 to December 2021, a two-year (26-month) study using a descriptive quantitative design was carried out. The study employed the observational approach to examine the degree of patient satisfaction with pain treatment practices in the study hospital as well as the degree of nurse compliance with pain assessment procedures utilising pain assessment instruments.

The survey took place between August and November of 2019. The wards for female and male surgery and female and male medicine received a total of $n=85$ patients. One research tool used to gather data is the self-administered survey questionnaire form. In order to get medical and surgical care and therapy for chronic illnesses, the majority of these patients are admitted to the ward. Patient Controlled Analgesia (PCA) was used to treat their discomfort (pain score > 4). In order to assess patients' satisfaction with hospital pain management while they are receiving treatment in the ward, nine (9) statements pertaining to pain management were evaluated on patients (Table 2). Based on the percentage in Table 1, the patient must indicate their degree of satisfaction by selecting "YES" (score 2) if they agree with the statement and "NO" (score 1) if they disagree. The level of satisfaction is then split into three categories: low, moderate, and high.

Table 1: Percentage for level of satisfaction and nurse' compliance in pain assessment

Score of percentage	Level
1-33%	Low
34-67%	Moderate
68-100%	High



Table 2: Patient's satisfaction of pain management

No.	Statements related to patient's satisfaction on hospital pain management (N=85)
1	I was given adequate information about postoperative pain management prior to my surgery.
2	I am satisfied with the information received about epidural analgesia.
3	I am satisfied with the way the doctor responded to my pain reports.
4	The nurse helped me with the pain treatment until I was satisfied with the pain relief effect.
5	The pain does not interfere with my ability to breathe deeply or cough.
6	The pain does not bother me or prevent me from doing activities in bed such as turning.
7	The pain does not bother or prevent me from doing activities outside of bed such as standing, sitting in a chair or walking.
8	The pain does not disturb or prevent me from falling asleep and staying asleep.
9	I would get epidural analgesia again and recommend it to my family and friends.

This study also used a simple random sample technique from August 2019 to November 2019 to examine the degree of nurse compliance in doing pain assessments for patients with PCA in both male and female medical and surgical wards. Individual interviews with PCA patients last three to five minutes and are used to gauge nurses' compliance in measuring patient pain. There are eight (8) things in this section that deal with nurses' compliance when assessing patients' pain when they have PCA. The researcher used patient interviews to assess the nurses' level of compliance. If the nurses complied, they received a score of 2 (Yes), and if they did not, they received a score of 1 (No) (see Table 3).

Table 3: Nurse's compliance on pain assessment

Did the nurse..... (n=85)
1. assess your pain upon ward/unit admission or every shift?
2. use or apply the appropriate pain assessment tool? (NUMERICAL/FALCC/Wong Baker)
3. show you the pain scale when asking you about pain?
4. document the pain score assessment minimally every 2 hours for the last 24 hours?
5. administered the pain medication prescribed according to level of pain?
6. re-assessed your pain after intervention as per guidelines? (IV=30min; PO/PR/IM/SC=1hr; non-pharmacological=Immediately)
7. conduct 'pain education' to you?
8. document pain education given in IPER?



Data Analysis

Using Microsoft Excel, the survey data were descriptively examined and displayed as tables and graft charts.

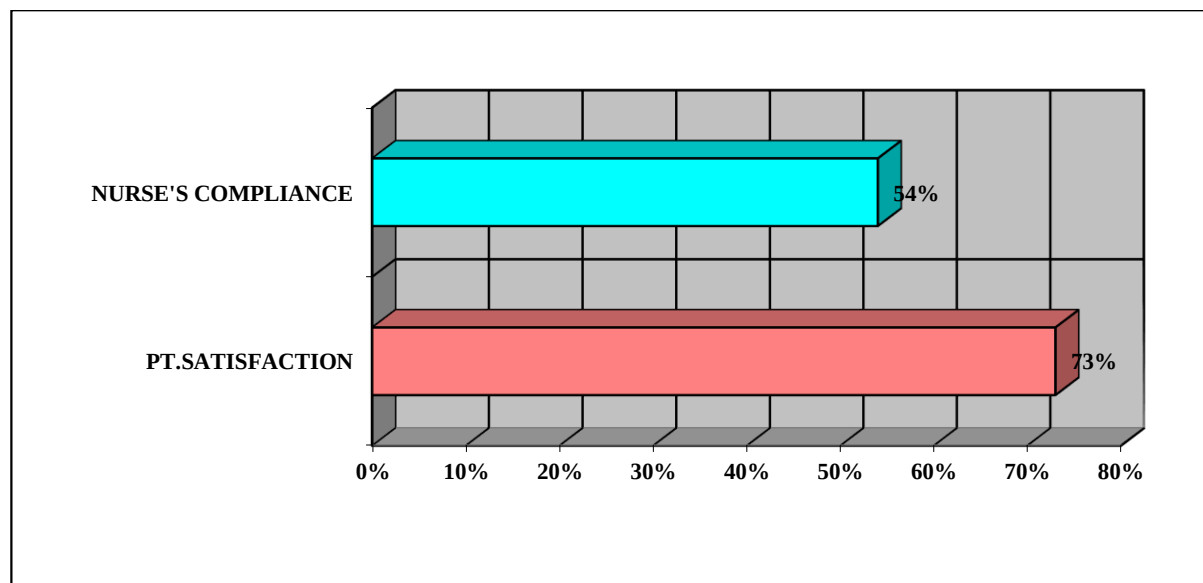


Figure 1: Percentage score of patient's satisfactions on pain management and nurse's compliance on pain assessment

The degree of satisfaction that PCA patients had with the pain management they received while undergoing treatment at this organisation is depicted in Figure 1 above. It was discovered that 73% of patients at the chosen trial site expressed satisfaction with the pain management they received. Nevertheless, the analysis's findings showed that, at 54%, nurses' compliance with hospital-established standards for conducting patient pain assessments is at a moderate level.

Discussion and Recommendations

Inadequate pain management is linked to substantial expenses and socioeconomic issues, as is already stated. This is because it results in longer hospital stays, higher healthcare expenses, and delays in recovery (Loadsman & Craigie, 2019). Ineffective pain management also has detrimental effects on one's social, familial, financial, and personal well-being. The patient's quality of life is consequently negatively impacted. As a result, receiving pain management is seen as a fundamental human right.

Glowacki (2015) argued that while ineffective pain management can result in a significant decline in desirable clinical and psychological outcomes as well as overall patient quality of life, effective pain management improves patient outcomes and increases patient satisfaction. The analysis's findings demonstrate that patients are generally satisfied with the pain care they



received while they were in the hospital. The results of this study are also consistent with those of a prior study by Tawil (2018), which sought to assess patient satisfaction with pain treatment and identify patient-related obstacles for its consequences. According to Tawil's (2018) study, which used a face-to-face interview questionnaire approach, "Numeric pain scores" were only documented in 14.2% of the medical records of N=183 patients. 7.7% of patients had to wait more than 30 minutes to receive pain medicine, and 41.5% of cases had medical professionals documenting the severity of the patient's discomfort. Approximately 85% of patients expressed satisfaction with the way their pain was managed. According to Tawil's study, patients' biggest obstacles to receiving appropriate pain treatment were fear of side effects, addiction, and extra expenses (p value <0.05).

Even so, patient opinions of success and progress may differ from the healthcare provider's, and patient satisfaction is a component of patient-centered care. Patient input on chronic pain may have an impact on future self-management adherence (Basil, 2020). As patients exit the program, feedback might provide insight into their overall perspectives regarding their chronic pain. However, medical professionals might not be sure how well patients compare and assess their current and prior states, or how well they can assess their own changes (Firth et al., 2019).

Nonetheless, governing bodies and healthcare facilities support the patient's right to participate in every facet of his pain management (Joint Commission on Accreditation of Health Care Organisations, 2012). In order to gauge the effectiveness and success of healthcare environments, patient satisfaction with treatment is crucial. In actuality, people anticipate receiving the best possible pain treatment with minimal side effects. Untreated pain is still a global concern, even with the American Pain Association's policy statement on pain and its suggestion that healthcare professionals (HCPs) evaluate pain as a "fifth vital sign". Despite the American Society of Anaesthesiologists' and JCAHO's (2012) recognition of the patient's right to effective pain management, a lack of understanding about pain management still results in subpar pain assessment, which can have an impact on the patient's physical and mental health as well as their quality of life. In acute care settings, it has been commonly documented that inadequate pain management has a detrimental effect on patient satisfaction and health.

The results of this study also give the study's pain management committee direction regarding the significance of efficient pain management in order to guarantee that patients at the study site can receive high-quality pain management. This was demonstrated by the analysis's findings, which indicated that only 54% of the nurses at the study site complied with the hospital board's policy for conducting pain assessments and that the percentage of respondents who took part expressed a moderately high level of satisfaction with the care provided to patients while they were in the ward. The likelihood of this occurring is caused by nurses' ignorance, as well as problems with their attitudes and abilities to judge pain. According to some viewpoints, one of the factors contributing to less effective pain management that may lead to patient discontent with the care they receive is the usage and selection of efficient pain monitoring instruments. This was further supported by Farooq (2016), whose study's findings, which sought to gauge patient satisfaction in order to track the calibre of care, were encouraging. In addition to serving as a tool to gauge the quality of patient treatment and pain management, the findings of Farooq (2016) may



also assist the organisation in identifying areas that need development in order to raise patient satisfaction with pain management.

Conclusion

An overview of the need to increase nurse education programs, enhance patient health education initiatives, and improve policies pertaining to pain treatment is provided by the survey's results. Additionally, the philosophy and practice of nursing are added by this course. This study also recommends that more research be done on the factors that lead to patient dissatisfaction, nurses' lack of compliance in performing pain assessments in accordance with the organization's standards, and the relationship between the two variables as a continuation of the findings of this study. This will help patients receive better care in managing their pain while they are in the hospital: patients will benefit from improved pain management during their hospital stay thanks to this. It also serves as a tool to assess the quality of care and to pinpoint areas that need improvement.

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