Spring 3-1-2017

# Effectiveness of training program on clinical decision making regarding post-operative pain management in terms of clinical decision making ability among nurses in a tertiary care setting, Udupi Dist.

Nageshwar V

# Abstract

## Background

Decision making has been recognized as the cornerstone of the nursing profession, and the clinical decisions made by nurses are the "means by which nurses' contribution to the production of health will be judged". Decision making in the clinical setting is a phenomenon that has been explored from a variety of perspectives, yet it remains poorly understood by health care professionals. However, little is known about the development of this skill during formal education. Focused group discussion was undertaken by researcher, which was arranged with experts in the field of nursing practice and nursing education. Most of the experts concluded that clinical decision making is not evident all the units, however care is based on experience and intuition. Further, it was also found that nurses' competency is very poor to practice clinical decision making in post-operative pain management. Therefore present work was designed to develop and determine the effectiveness of training program on Clinical Decision Making Regarding Post-Operative Pain Management (CDMR-POPM) in terms of perceived and actual Clinical Decision Making Regarding Post-Operative Pain Management (CDMR-POPM) abilities among nurses. The objectives were categorized in to three areas. Firstly, to conceptualize, develop and validate training program on CDMR-POPM. Secondly, to determine the effectiveness of training program on CDMR-POPM in terms of change in perceived CDM abilities, actual CDM abilities, patients' satisfaction and health care providers opinion. Last objective was to assess the factors affecting CDMR-POPM as perceived by the nurses.

## Method

An evaluative approach was considered for this study, since the aim was to find out the effectiveness of training program on CDMR-POPM among nurses in terms of CDMR-POPM ability. A randomized controlled trial design was used, with cluster randomization in the clinical setting. The population consists of 175 staff nurses with 16 clusters (Considering each ward as 1 cluster). An 18 hour training program on CDMR-POPM was conducted for nurses with follow up sessions. The training program was developed by adopting the adult learning principles which makes learning, flexible, self-directed and relevant to area of practice. The methodology for the training program on CDMR-POPM included-identification of the

content and learning needs through extensive review of literature and focus group discussion (FGD's), formulation of objectives and learning outcomes, development and organization of the content and development of the training strategy.

A pretest and three post-test measures were done for all nurses and patients during all the follow up sessions and reinforcement sessions was also given based on the performance.

Data were collected using variety of approaches such as self-report scales, observations, cases studies. The data collection instruments used in the study were CDMR-POPM instrument, CDMR-POPM case studies-multiple scoring, CDMR-POPM observation checklist, CDMR-POPM pain treatment satisfaction scale, health care providers' opinionaire, rating scale on factors affecting CDMR-POPM for staff nurses. Validity and reliability were established for the all the tools.

Results

The analysis related to sample characteristics revealed that, the nurses and patients in the experimental group and the control group were having similar characteristics. The present study conducted to determine the effectiveness of training program on CDMR-POPM in terms of change in perceived CDM abilities, actual CDM abilities, patients' satisfaction and health care proviſers' opinion. The results the effect of the intervention on nurses revealed that, there is a positive change in the experimental group for most of the outcome variables. The significant findings were improvement in actual decision making ability among nurses (between the group ($F_{(1, 157)}$ =636.38, p=01) and within the group ($F_{(2.30, 361.70)}$ = 191.34, p = 01)), improvement in pain treatment satisfaction among patients in all domains satisfaction regarding general condition between the group analysis (F=34.76, p=01) and between the test analysis (F=16.79, P=.01), satisfaction on information about pain and its treatment - between group analysis (F =255.54, P=.01) and between the test analysis (F=487.84, P=.01), satisfaction on nursing care received- between the group analysis (F= 821.42, p=.01) and between the test analysis (F=101.23, p=.01), satisfaction on current pain medication-between group analysis (F=9505.30, p=.01) and between the test analysis (F=1173.57, p =01), side effects of pain medication between group analysis (F=12.68, p=01) and between the test analysis (F=2.05, p=.03), satisfaction about current pain medication and care- in between group analysis

(F=34.76, p=.01) and between the test analysis (F44.14, p =.01), overall patients satisfaction- between group analysis (F=86.17, p=.01) and between the test analysis (F=22.94, p=.01)], and improvement in health care providers' opinion among nurses [between the group (F(1, 157)=605.57, p=.01) and within the group (F(1,16,182.59) =566.32, p =,01)). The nurses in experimental group did not demonstrate significant

change in perceived CDMR-POPM ability (between the group (F (1, 157) =1.13, p=28) and within group (F (2.48, 389.71) =2.88, p=46)]. The reason for finding no gross change in the mean scores is that perception was strong among the nurses and all perceived that they had clinical decision making ability. There is no significant correlation found between actual decision making ability and factors affecting CDMR-POPM as perceived by the nurses.

**Conclusion**

Current research provided practical strategies for developing CDMR-POPM among nurses related to CDM. The ongoing challenge for nurse educators is to establish a regular pattern in training students in CDM and incorporate CDM in to classroom teaching. The challenge for clinical nurses is to include CDM as a routine in patient care practice.