

Unnecessary Consequences of Health Problem for Patient

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Description

Pain is a common and complex health problem that has unnecessary consequences for patients, families, and society. Inadequately treated pain leads to increased mortality, excessive suffering, impaired quality of life, and delayed hospital discharge. Furthermore, inadequately treated pain can progress to persistent chronic pain and expose individuals to a lifetime of suffering. Studies suggest that persistent pain impacts family members involved in the care of patients. It affects the emotional well-being of family members, which could be influenced by the patient's ability to communicate verbally and nonverbally. In a similar study, 47.2 % of patients agreed that their pain affected their family. It is widely reported that poorly treated pain has a significant impact on society. About a quarter of workers with chronic pain took sick leave, while 12 % left or lost their jobs.

In modern medicine, pain is often treated as a fifth vital sign by a multidisciplinary team. At the same time, professionals usually take a multimodal approach to enhance efficacy and reduce the adverse effects of each pain medication. In low-income countries, many pain management methods used in developed countries are either unavailable or infrequently available due to a lack of skilled staff, scarce resources and culturally based attitudes. In addition, low-income countries lack evidence-based pain assessment and management guidelines. Lack of pain education, lack of pain research, giving less priority to pain management and fear of opioids are other barriers to addressing pain in resource-limited settings. An opioid phobia is common among health professionals, policymakers and patients. In 2008, for example, only about 9 % of the world's opioids were used in low- and middle-income countries, which account for 83 % of the world's consumed. Therefore, patients suffering may be worse in resource-limited countries than in developed countries.

Healthcare providers, especially nurses, are responsible for assessing and treating pain. However, a lack of understanding of the nature of pain and its assessment and treatment has been cited and reported as one of the many reasons for patient suffering worldwide. Nurses' knowledge and attitudes towards pain are independent predictors of appropriate practice. As a result, effective pain management improves patient outcomes and satisfaction. On the other hand, ineffective pain management leads to a lower quality of life. However, the

knowledge and attitudes of practising nurses were inadequate in most identified studies. Adequate training of nurses on pain assessment and management in health facilities has dramatically improved their knowledge. For example, a review article by reported that training programmes could improve paediatric nurses' knowledge and attitudes towards pain assessment and management. Similarly, a study conducted in the United Arab Emirates showed that nurses' knowledge and attitudes towards pain management improved following an educational programme.

It is widely accepted that pain education improves nurses' knowledge and attitudes towards pain management. Nurses' knowledge and attitudes gained during course learning and clinical education translate into professional nursing skills. Therefore, it is important to understand students' knowledge and attitudes towards pain management before they enter the profession. Therefore, this study aimed to assess final-semester nursing students' knowledge and attitudes towards pain assessment and management in a resource-limited setting.

The study was conducted at the Asmara college of health sciences, Eritrea. The Asmara College of health sciences is a public college in the capital city of Asmara. It is the only higher education institution responsible for training students in nursing. During the data collection period, the Asmara college of health science had five schools, including the school of nursing, the school of allied health professions, the school of public health, the school of pharmacy and the school of basic and behavioural sciences.

Nursing Trains

The school of nursing trains nurses at the diploma, degree and master's levels. In addition, there were one to two years hospital-based nurse assistant training programmes in the country. The nurse assistant training was not part of the Asmara college of health sciences nursing education. However, nurse assistants who had worked in the ministry of health for about five years could pursue advanced diploma studies at the Asmara college of health sciences. Similarly, diploma and bachelor's degree graduates of the school of nursing could join the bachelor's and master's degree programmes, respectively. At the same time, some students entered the diploma and bachelor's degree programmes in nursing directly from high school (generic students). However, all master's students are

advanced placement students with bachelor's degrees in nursing. At the bachelor's level, there were programmes in nurse anaesthesia, nurse midwifery, and general nursing. At the master's level, there were nurse anaesthesia and nurse-midwifery programs. At the diploma level, there was only a general nursing programme. Each nursing program had its own curriculum. However, nurse students in the bachelor's program had some courses in common.

We surveyed all final-semester nursing students. We restricted our study conveniently to the final semester nursing students. These students were expected to be assigned to the ministry of health to work as registered nurses independently within the following few months. Therefore, they are supposed to have adequate knowledge and a proper attitude regarding pain management.