

# Pain Resource Nurses: Believing the Patients, Believing in Themselves

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**Purpose/Objectives:** To describe the experience of being a pain resource nurse (PRN), discuss the influence of the PRN's role on colleagues and patient care, and explore barriers to the PRN role.

**Design:** Qualitative, exploratory.

**Setting:** A Veterans Administration hospital in the southeastern United States.

**Sample:** 12 nurses who received advanced training in pain assessment and management attended focus groups approximately one year after assuming the PRN role.

**Methods:** Two focus group sessions, each with four to eight nurses. Each nurse was asked to describe her experience. Interviews were transcribed verbatim. Data were analyzed using Spradley's domain analysis for discovering processes and themes from the transcribed data.

**Main Research Variables:** The experience of being a PRN, the influence of the PRN on staff and patients, and barriers to the role and pain management.

**Findings:** The key processes that described the PRN experience were Believing the Patients (i.e., an awareness that nurses must have to effectively manage patients' pain) and Believing in Themselves (i.e., the PRNs gained authority as experts in pain management, accepted the responsibility of being champions in pain management, and gave themselves permission to make patients comfortable).

**Conclusions:** The pain-training course the PRNs received enabled them to practice as confident, credible, and empowered professionals. The awareness that they acquired during the course and the year of practice allowed the PRNs to be patient advocates, role models, and educators.

**Implications for Nursing:** The findings of this study indicate a high level of nurse satisfaction with the PRN role. Nurses with an interest and specialized knowledge in pain assessment and management at the unit level may greatly improve patient outcomes.

## Key Points . . .

- ▶ Two key processes describe the experience of being a pain resource nurse (PRN): Believing the Patients and Believing in Themselves.
- ▶ Developing awareness and the increased practice of patient-centered care were the two instrumental principles that led to good pain management practices, understanding patients' experiences, and the information that other clinicians needed to possess to adequately control pain.
- ▶ Barriers to enacting the PRN role were self-doubt, negative judgmental attitudes of colleagues about patients in pain, resistance to the PRN's expertise, and uncaring attitudes from colleagues.

gill-Bourbonnais & Wilson-Barnett, 1992; McMillan, Tittle, Hagan, Laughlin, & Tabler, 2000; O'Brien, Dalton, Konsler, & Carlson, 1996; Vortherms, Ryan, & Ward, 1992).

The Joint Commission on Accreditation of Healthcare Organizations (1999) developed standards for the assessment and management of pain in accredited hospitals and other healthcare settings. The standards, which have been endorsed by the American Pain Society, indicate that personnel should

- Recognize the right of patients to receive appropriate assessment and management of pain.
- Assess the existence, nature, and intensity of pain in all patients.
- Record the results of an assessment in a way that facilitates regular reassessment and follow-up.
- Determine and ensure staff competency in pain assessment

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The panel that developed the National Comprehensive Cancer Network (2005) *Clinical Practice Guidelines in Oncology: Adult Cancer Pain* described the need for multiple modalities to adequately address the management of cancer pain. Although the guidelines do not discuss the role of various team members, they do suggest that modalities for pain management should include pharmacology, physical modalities, psychosocial interventions, radiation therapy, anesthetic techniques, and surgery as part of the total pain management program. In the interdisciplinary care team, nurses have the greatest minute-to-minute responsibility for pain assessment and management. When nurses become aware that a patient is in pain, their response is influenced by a variety of factors, including their knowledge and skill related to pain assessment and management, attitudes about patients with pain, and misconceptions about the use of opiates (Fother-