

EXAMINING THE PAIN CARE QUALITY (PAINCQ-33) SURVEY AS A MEASURE OF PAIN MANAGEMENT CARE PERCEPTION AMONG OLDER NURSING HOME RESIDENTS WITH CHRONIC PAIN

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INTRODUCTION

- Pain is experienced on a regular, often daily basis by up to 80 % of older adults in nursing homes.
- How residents perceive pain management care can influence the quality ratings they assign their care, as well as impact the efficacy of their pain management.
- Nursing homes could benefit from an instrument which detects not only the attributes of pain, but how pain management care is perceived by nursing home residents.

PURPOSE

- To determine the usefulness of the PainCQ-33 survey as a measure of sustained perception in interdisciplinary pain management care (IPMC) among older adults (residents) with chronic pain residing in a nursing home setting.
- **Specific Aims:**
 1. To determine the construct (face) validity of the PainCQ-33.
 2. To identify the PainCQ-33 as a measure of sustained perception in IPMC.
 3. To determine if scores from the PainCQ-33 correlate with a resident's length of stay (LOS), and the covariates pain intensity, depression, and pain medication use, gender, and age.

LITERATURE REVIEW

- Comprehensive pain assessment instruments are needed in nursing homes capable of measuring resident satisfaction with care, and identify their knowledge deficits, attitudes, beliefs, mood or behaviors known to interfere with the effectiveness of their pain management care.
- Nursing homes need tools for identifying the resident barriers known to interfere with pain management care outcomes.



PainCQ-33 (Beck et al., 2010)

- The PainCQ-33 instrument consists of 33-items, which are divided into five factors.
- Two factors pertain to a patient's perceived quality in his or her IPMC.
 - 1) Having a partnership with the health care team.
 - 2) Receiving comprehensive interdisciplinary pain care.
- Three factors pertain to a patient's perceived quality in his or her nursing pain management care.
 - 1) Being treated right.
 - 2) Receiving comprehensive, nursing pain care.
 - 3) The efficacy (result) of his or her pain management care.
- Each item on the PainCQ-33 is rated by the patient on a six-point Likert scale ranging from 1 = "strongly disagree" to 6 = "strongly agree".
- The PainCQ-33 is reported to have adequate reliability. Reliability coefficients among its five factors range from 0.76 – 0.95.

METHODS

- **Setting:** The setting consisted of four nursing homes, which were all part the same organization in Western New York.
- Residents responded to the PainCQ-33, Faces Pain Scale - Revised, and Geriatric Depression Scale - 5 at two separate time points that were 14-days apart. Field notes recorded resident opinions about the PainCQ-33. The PI collected demographic information from the resident's medical record and recorded it on a Clinical Data Form.
- **N = 56** (for analysis).



Theoretical Framework

- **Expectation – Disconfirmation Theory**
 - Consumer satisfaction depends on the perceived quality of a service.
 - Pre-purchase attitudes help consumers decide whether to purchase a service.
 - Consequences for purchasing a service (post-purchase revisions) are based on the consumer's satisfaction with a purchase.
 - All previous expectations consumers had with a service (summary comparative judgments) provide a point of reference for future purchases of that service.
 - Adaptation level is the degree of deviation in service quality a consumer will tolerate (sustained satisfaction).
- **Contemporary Validity Theory**
 - Validity based on inferences or interpretations made from an instrument's scores.
 - The tenets for validity are grounded in the evidence supporting the intended meaning of the scores on an instrument, and relevance for how the scores should be used or acted upon.
 - Justification is based on evidence supporting the intended use of an instrument's scores, and whether the instrument should be used for what it was intended for (its purpose).

The PainCQ-33 survey was examined for residents' validation in how their responses were interpreted, and their justification in the intended use of results as a representation of their satisfaction with pain management care.

Analysis of Data

1. To determine the construct (face) validity of the PainCQ-33.
 - Descriptive content analysis on field notes.
2. To identify the PainCQ-33 as a measure of sustained perception in IPMC.
 - Correlation analysis using a paired sample t-test on sum scores for each factor at (T0) and (T1).
3. To determine if scores from the PainCQ-33 correlate with a resident's length of stay (LOS), while controlling covariates pain intensity, depression, and pain medication use, gender, and age.
 - ANCOVA analysis.

LIMITATIONS

- Non-probability cross-sectional convenience sample
- Small sample size
- Self-reporting survey measures
- Participant cognitive variability
- Participant retention

POTENTIAL SIGNIFICANCE

- The PainCQ-33 has the potential to assist caregivers in nursing homes by identifying how their residents perceive the effectiveness of their pain management care.
- The instrument may be able to assist caregivers by identifying what residents' value or expect in their pain management care, as well as identifying what residents do not understand.

IMPLICATIONS FOR PRACTICE

- Caregivers, including nurses can incorporate the results of this study into best practices for resident pain reduction.
- Caregivers can assess for variables used in this study to help determine how residents' perceive and understand their pain management care.
- Having an instrument that can assist caregivers in managing resident pain can help improve resident outcomes including their physical and psychosocial function and their satisfaction with pain management care.

REFERENCES AVAILABLE UPON REQUEST

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