THE KNOWLEDGE AND CONFIDENCE OF RHEUMATOLOGY NURSES IN PROVIDING ADVICE ON PAIN MANAGEMENT TO PEOPLE WITH RHEUMATOID ARTHRITIS: A NATIONAL SURVEY

Sarah Ryan¹, Candy McCabe² and Jo Adams³

¹Haywood Hospital, Staffordshire and Stoke on Trent NHS Partnership Trust, Stoke on Trent, ²Florence Nightingale Foundation Chair in Clinical Nursing Practice Group, University of the West of England, Bath and ³Rehabilitation and Health Technology Research Group, University of Southampton, Southampton, UK

Background: Pain is a common symptom reported by people living with RA and guidance on how to manage pain is frequently sought by patients and health professionals. Following a diagnosis of RA, most patients are referred to a nurse specialist for education about their condition and the management of symptoms, including pain. The aim of this study was to identify the current knowledge and confidence of rheumatology nurses in providing advice on pain management to people with RA.

Methods: A questionnaire was developed and distributed electronically to rheumatology nurses via the Royal College of Nursing Rheumatology Forum and British Health Professionals in Rheumatology membership databases. The questionnaire content was derived from the existing literature and the rheumatology specialist nurse activity profile. The questionnaire used rating scales and case scenarios to identify role activities used by the nurse to provide advice on pain management, including pacing activities, goal setting, medication, exercise, relaxation and sleep and the level of knowledge and perceived confidence of nurses in providing advice in these areas. Barriers to providing advice were also sought.

Results: The survey was completed by 59 rheumatology nurses. The majority of nurses were involved in pain assessment (98%), providing advice on pain medication (93%) and referring to other members of the multidisciplinary team (88%) as part of their current role. Nurses rated their confidence levels as confident or fairly confident in these activities. Nurses reported being less confident (44%) in providing advice on exercise to help pain, and this was not considered part of their current role. There was a reported lack of knowledge regarding the side effects of NSAIDs (49%), the benefits of exercise (17%) and the relationship between pain and sleep (59%). The main barriers to providing advice on pain management were lack of time (42%) and lack of knowledge (40%). Despite the rheumatology nurse being identified as the primary health care professional responsible for providing advice on pain management to people with RA, only 46% of rheumatology nurses had attended a dedicated course or module on pain management.

Conclusion: The majority of rheumatology nurses were involved in providing advice on a wide range of pain management strategies. However, there appears to be the opportunity through further education and training to increase the confidence of some rheumatology nurses to provide advice on the role of exercise in pain management, as well as enhancing knowledge on the side effects of NSAIDs and the relationship between pain and sleep.

Disclosure statement: The authors have declared no conflicts of interest.