

ISRG Journal of Multidisciplinary Studies (ISRGJMS)



ISRG PUBLISHERS

Abbreviated Key Title: isrg j. multidiscip. Stud.

ISSN: 2584-0452 (Online)

Journal homepage: <https://isrgpublishers.com/isrgjms/>

Volume – II Issue – XI (November) 2024

Frequency: Monthly



Albania Version of the Knowledge Attitude Survey Regarding Pain

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| **Received:** 25.11.2024 | **Accepted:** 26.11.2024 | **Published:** 27.11.2024

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Abstract

Introduction: Pain is commonly described as an unpleasant sensory experience linked to or caused by tissue damage. A lack of knowledge on pain management, along with misconceptions about opioid use, are major obstacles to effective pain control. Nursing staff often have insufficient knowledge about pain management, the correct timing for pain assessment, and the potential adverse effects of opioids. The Knowledge and Attitudes Survey Regarding Pain is a useful tool for assessing nurses' understanding and attitudes regarding pain. This study aimed to translate the questionnaire into Albanian and assess its validity and reliability.

Methodology: A cross-sectional study design was used. The questionnaire was translated and cross-culturally adapted following Beaton's guidelines. Statistical analysis was conducted to determine the internal consistency coefficient and overall item correlation.

Results: The final version of the Knowledge and Attitudes Survey Regarding Pain was tested on 25 nurses. No further modifications were necessary. Cronbach's alpha was found to be 0.73, and the overall item correlation was 0.32.

Conclusions: The Albanian version of the Knowledge and Attitudes Survey Regarding Pain is a valuable instrument for evaluating nurses' knowledge and attitudes towards pain management. It can help identify knowledge gaps in nursing pain management and guide the development of strategies to address these deficiencies.

Keywords: pain, knowledge, attitude, nurse, validation.

Introduction

Pain is defined as an unpleasant sensory and emotional experience linked to or caused by tissue damage. It serves as a warning signal, indicating that something is not functioning properly and prompting the need for timely intervention [1]. Pain manifests in various forms and can differ from person to person, depending on their pain threshold, which is a subjective perception. As a result, individuals may describe their pain levels in ways that do not directly correspond to their intensity. Pain is one of the most frequently encountered symptoms in hospital settings. After an intervention, symptom relief is observed in only a small number of patients [2, 3]. It is common for pain to persist, and even intensify, even after the physical recovery of the individual. This ongoing pain can have a negative impact on the patient's quality of life, hinder the rehabilitation process, and increase the risk of complications [3].

Patient treatment initially focuses on addressing the underlying pathology. The use of medications manages to treat the damage that has occurred and the intake of opioids relieves the perceived pain [4]. However, when pain persists even after the patient has fully recovered, it becomes necessary to explore appropriate methods to relieve it. Long-term use of sedatives is not advisable, as it may lead to abuse of the prescribed doses. Effective treatment of pain that persists over time must be managed by the multidisciplinary health team [2].

A variety of preoperative, intraoperative, and postoperative interventions and strategies are available and continually developed to reduce and manage pain. Nursing staff work closely with the multidisciplinary team to facilitate patients' recovery as quickly as possible. Nurses are the primary point of contact for hospitalized patients and carry out numerous interventions to manage pain effectively [5]. These interventions involve assessing pain and its intensity, determining the optimal timing for assessment, implementing appropriate nursing actions to relieve pain, and reassessing pain levels after interventions [6, 7].

Although pain management protocols were established many years ago, challenges remain in their adoption by healthcare professionals [8]. The American Pain Society created a pain management guideline to encourage evidence-based, effective, and safer pain management practices. This guideline covers areas such as preoperative education, perioperative pain management planning, the use of various pharmacological and non-pharmacological treatments, organizational policies and procedures, and the transition to outpatient care [9]. The aim of the guideline is to offer evidence-based recommendations for pain management to support the entire multidisciplinary team.

The literature identifies several barriers to effective pain management, including the subjective nature of pain assessment, insufficient education, and the stigma surrounding opioid use and abuse [4]. Nursing staff often have incomplete knowledge regarding pain management, particularly in assessing pain severity, determining the appropriate timing for assessment, and understanding the adverse effects of opioid use. This lack of knowledge may prevent the implementation of appropriate interventions in practice [5].

The Knowledge and Attitudes Survey Regarding Pain (KASRP) is an effective tool for assessing the knowledge and attitudes of nurses and other healthcare professionals, and can also be used as a pre- and post-test measure in educational programs [10].

Developed in 1987, the questionnaire has been widely utilized to track changes in pain management practices. In terms of reliability and validity, the English version of the KASRP has demonstrated a test-retest reliability of 0.80, confirming its high validity as an assessment tool. The questionnaire was originally created by Ferrell and McCaffery, with the first version published in 1987, followed by revisions in 2008 and 2014 [10]. The most recent version is commonly used to identify knowledge gaps in nurses regarding pain management and to guide interventions for improvement. The questionnaire has been translated and validated in several countries, including Greece (2002), Italy (2006), Iceland (2011), and Spain (2019) [11-14]. However, an Albanian version has not yet been translated or validated. Thus, the goal of the study was to translate the Knowledge and Attitudes Survey Regarding Pain (KASRP) into Albanian and evaluate its validity and reliability.

Methodology

Study Design:

A cross-sectional descriptive study was conducted to perform the cross-cultural adaptation and validation of the KASRP.

Instrument:

Data collection involved two questionnaires. The first, designed by the researchers, is a brief survey that gathers demographic information and details on personal and professional experiences with pain management. This survey aims to measure the general characteristics and experiences of nurses in managing pain, including questions about gender, age, education level, years of work experience, and the department in which they work.

The second questionnaire used was the "Knowledge and Attitudes Survey Regarding Pain" (KASRP), developed by Betty Ferrell and Margo McCaffery. The version utilized in this study is the 2014 edition [10]. The KASRP consists of 39 questions, including 22 true/false items, 13 multiple-choice questions, and 2 case studies with 2 questions each. The questionnaire covers various aspects of pain assessment, pharmacological and non-pharmacological interventions, and nurses' attitudes toward pain management. Its content is based on established pain management standards from organizations such as the American Pain Society, the World Health Organization, and the National Comprehensive Cancer Network. The English version of the KASRP is psychometrically validated, with a test-retest reliability of 0.80, making it a highly reliable and valid tool for use in research [10].

Adaptation and Translation Process

The cross-cultural adaptation was carried out following Beaton's [15] guidelines, which include five stages: translation, synthesis/summary, back translation into English, review of the versions, and testing on a small group of participants.

Step One - Translation:

The first stage involved translating and adapting the questionnaire into Albanian. Two native Albanian speakers with a strong understanding of English translated all the questions. These translated versions were then reviewed by two other individuals, who made the necessary adjustments to ensure the language was clear and understandable. One of the reviewers, a pharmacist fluent in English, adapted the pharmaceutical terms to reflect those used in Albania while maintaining the same active ingredients as those mentioned in the original questionnaire. Each translator provided a

written report outlining any uncertainties or issues with the translation. Suggestions were made for certain terms, such as replacing the abbreviation "PO" with the phrase "administration via the oral route" followed by the abbreviation, using the term "e njejtë" instead of "e barabartë" in explanations of equianalgesia, and substituting "vlerësues" for "gjykues". Additionally, the abbreviation "mg q1h PRN" was explained in Albanian as "every hour when necessary."

Step Two - Synthesis:

The second step involved synthesizing the two translated versions to identify any discrepancies and create a preliminary Albanian version of the questionnaire.

Step Three - Back-Translation into English:

In the third step, the preliminary Albanian version of the questionnaire was back-translated into English by two proficient English speakers who had not seen the original version of the questionnaire. This was done to check for validity and to identify any inconsistencies or errors in the translation. Both back-translated versions, along with the final reports from the translators, were submitted for review.

Step Four - Review and Final Compilation:

The submitted versions and the translators' reports were reviewed once more. After synthesizing all the versions, the authors were able to compile a final version of the questionnaire, which was then prepared for field testing.

Step Five - Testing the Final Version:

A pilot test was conducted on a limited number of participants, to evaluate the clarity and cultural appropriateness of the terms, ensuring that the Pain Knowledge and Attitudes Questionnaire was easily understood by the target population. The final preliminary version was tested on 25 nurses from the surgical and emergency departments at Elbasan Regional Hospital "Xhaferr Kongoli." The questionnaire was distributed electronically through the Google Form platform during January-February 2023. Before starting, participants were informed about the purpose of the questionnaire, and no written consent was required as their completion of the questionnaire was considered as giving consent. At the end of the questionnaire, participants were given an opportunity to provide feedback on the interpretation and clarity of terms and statements used in the questionnaire.

Statistical Analysis

Socio-demographic data were analyzed using descriptive statistics. Continuous data (e.g., age, work experience) were summarized using the mean and standard deviation (SD), while categorical data (e.g., gender, education level, department, and participation in pain-related training) were expressed as frequencies (n) and percentages (%).

To evaluate the reliability, content validity, and clarity of the questionnaire, the internal consistency coefficient and item-total correlation were assessed. Cronbach's alpha was used to determine internal consistency [16], while the item-total correlation was analyzed to assess the precision and clarity of the questions.

Results

The authors compiled the preliminary final version of the Knowledge and Attitudes Questionnaire regarding Pain by

synthesizing the versions provided by the translators and reviewing the feedback in the submitted reports. A total of 25 nurses from Elbasan Regional Hospital "Xhaferr Kongoli" participated in the pilot testing, with 13 nurses from the surgery department and 12 from the emergency department. Based on the feedback from the pilot testing, no further changes were necessary. In the comment section, only one participant provided minor suggestions, which did not affect the validity of the questionnaire. The final version of the Knowledge and Attitudes Questionnaire regarding Pain is a valuable instrument for future assessments.

The socio-demographic variables measured included gender, age, education level, work experience (in years), and department of employment (Table 1). The average age of the participants was approximately 42.3 years. Among the 25 participants, seven held a bachelor's degree, ten had a master's degree, and eight had a professional master's degree. The average work experience of the participants was around 14 years. Thirteen nurses who participated worked in the surgical department, while twelve worked in the emergency department.

Table 1: Socio-Demographic Data

Variable	Data	
Gender (n, %)	16 females 9 males	64% females 36% males
Age (average, SD)	~42.3 years	SD=5.8
Department (n, %)	13- Surgery 12- Emergency	52% 48%
Education Level (n, %)	7 participants - Bachelor in Nursing 10 - Master's Degree 8 - Professional Master's	20% 50% 30%
Work Experience (average, SD)	~14 years	SD=3.08
Participation in Pain-Related Training (n, %)	20 participants - Yes 5 participants - No	80% 20%

The Cronbach's alpha for the Albanian version of the Knowledge and Attitudes Survey Regarding Pain was 0.73, indicating that the questionnaire is both reliable and valid. The overall correlation of the items was 0.32, suggesting that the questions are generally well understood by the participants (Table 2).

Table 2: Reliability and validity test of the KASRP

Cronbach Alfa	0.73
Item total correlation	0.32

Conclusions

Research indicates that nursing staff require education and training to fully understand their responsibilities and enhance their competencies in pain relief. By providing proper education and training, barriers to effective pain management can be reduced. The Albanian version of the Pain Knowledge and Attitudes Questionnaire is a crucial tool for assessing nurses' knowledge and attitudes toward pain management. Based on the reliability and

validity results from the pilot test conducted with a small sample of nurses, it has proven to be an effective instrument for our intended purpose. This questionnaire will help identify gaps in knowledge regarding pain management and assist in creating a plan to address these gaps.

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