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**DETERMINANTS OF NURSES' PAIN MANAGEMENT
PRACTICES IN JORDAN: THE MODERATING ROLE OF
PATIENT'S BARRIERS**

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**DOCTOR OF PHILOSOPHY
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JORDAN: THE MODERATING ROLE OF PATIENT'S BARRIERS**

By
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Thesis Submitted to
School of Business Management
Universiti Utara Malaysia,
in Fulfillment of the Requirement for the Degree of Doctor of Philosophy

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ABSTRACT

In spite of the significant advancement in methods and tools associated with pain management, there is still a deficiency in the pain management practices. Therefore, the aim of this study is to empirically determine the level of pain management practices, evaluate the significant predictors of pain management practices (i.e. knowledge, attitude, subjective norm and self-efficacy), examine the moderating effect of patient barriers on the relationship between the predictors and the pain management practices, and to investigate the applicability of Field theory in explaining the pain management practices in Jordan. Six latent variables were involved including five exogenous and one endogenous variables and a cross-sectional survey was used in conducting the study. The instrument is consisted of 93 items adapted from the previous studies. The questionnaires were distributed to 600 nurses in 13 hospitals located in the central region of Jordan. The nurses were selected at random using a multistage cluster technique. Of 600, only 307 questionnaires were returned and used for analysis. Data collection was carried out for the period of six months from October 2014 until March 2015. Data were analyzed using partial least squares-structural equation modeling (PLS-SEM). The findings support the majority of the hypothesized relationships, specifically the hypothesized direct effects of attitude, self-efficacy, knowledge, and subjective norms on the pain management practices. In addition, patient-related barriers moderate one of these relationships. That is, the relationship between attitudes towards the pain management and the pain management practices is weaker for nurses who perceived high barriers from their patients as opposed to nurses who perceived low patient-related barriers. Collectively, the determinant variables of pain management practices accounted for 78% of the variance in the pain management practices. Theoretical, methodological, and practical implications are discussed.

Keywords: Pain management practices, Knowledge, Attitude, Self-efficacy, Subjective norm, Patients barriers, Jordanian hospitals

ABSTRAK

Walaupun terdapat kemajuan yang ketara dalam kaedah dan alat-alat yang berkaitan dengan pengurusan sakit, namun masih terdapat kekurangan dalam amalan pengurusan sakit. Oleh itu, tujuan kajian ini adalah untuk menentukan secara empirikal tahap amalan pengurusan sakit, menilai peramal yang ketara dalam amalan pengurusan sakit (iaitu pengetahuan, sikap, norma subjektif dan keberkesanan diri), memeriksa kesan penyederhana halangan pesakit mengenai hubungan antara peramal dan amalan pengurusan sakit, dan menyiasat kesesuaian teori Field dalam menerangkan amalan pengurusan sakit di Jordan. Enam boleh ubah pendam terlibat termasuk lima eksogenus dan satu boleh ubah endogen. Kajian rentas telah digunakan dalam menjalankan kajian ini. Alatan kajian terdiri daripada 93 item yang telah diadaptasi daripada kajian sebelumnya. Soal selidik telah diedarkan kepada 600 jururawat di 13 hospital yang terletak di tengah Jordan. Jururawat telah dipilih secara rawak menggunakan teknik kelompok berbilang. Dari 600, hanya 307 soal selidik telah berjaya dikembalikan untuk dianalisis. Pengumpulan data telah dijalankan bagi tempoh enam bulan iaitu dari Oktober 2014 hingga Mac 2015. Data telah dianalisis menggunakan model separa persamaan kuasa dua struktur (PLS-SEM). Hasil kajian menyokong majoriti hubungan hipotesis, khususnya kesan langsung hipotesis sikap, keberkesanan diri, pengetahuan, dan norma subjektif mengenai amalan pengurusan sakit. Di samping itu, halangan berkaitan dengan pesakit menyederhana satu daripada hubungan ini, iaitu, hubungan antara sikap terhadap pengurusan sakit dan amalan pengurusan sakit adalah lebih lemah untuk jururawat yang menerima halangan yang tinggi dari pesakit mereka berbanding dengan jururawat yang menerima halangan yang rendah berkaitan dengan pesakit. Secara kolektif, boleh ubah penentu amalan pengurusan sakit menyumbang 78% daripada kepelbagaiannya dalam amalan pengurusan sakit. teori, metodologi, dan implikasi praktikal turut dibincangkan.

Kata kunci: Amalan pengurusan sakit, Pengetahuan, Sikap, Keberkesanan Diri, Norma subjektif, Halangan pesakit, Hospital Jordan

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LIST OF ABBREVIATIONS

AHCPR	Agency for Health Care Policy and Research
AMDA	American Medical Directors Association
BPS	British Pain Society
CME	Continuous Medical Education
CMV	Common Method Variance
EM	Expectation-Maximization
IASP	International Association for the Study of Pain
IM	Intramuscular
JCAHO	Joint Commission on Accreditation of Healthcare Organizations
JMoH	Jordan Ministry of Health
JRMS	Jordanian Royal Medical Services
JUH	Jordan University Hospital
KAH	King Abdullah University Hospital
KAP	Knowledge-Attitude-Practice
MOH	Ministry of Health
NSAIDs	Non-Steroidal Anti-Inflammatory Drugs
PLS	Partial Least Squares
ONS	Oncology Nursing Society
PRN	<i>pro re nata</i> , a Latin phrase meaning "as needed"
PSUs	Primary Sampling Units
RMS	Royal Medical Services
RNAO	Registered Nurses Association of Ontario

LIST OF ABBREVIATIONS (CONTINUE)

SASA	South African Society of Anesthesiologists
SEM	Structural Equation Modeling
SPSS	Statistical Package for Social Sciences
TPB	Theory of Planned Behavior
UNRWA	United Nations Relief and Works Agency
VIF	Variance Inflation Factors
WHO	World Health Organization



CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

Pain is one of the most common symptoms experienced by patients (Clinical Standards Advisory Group [CSAG], 1999; Gloth, 2001; Horbury, Henderson & Bromley, 2005; Strong, Unruh, Wright, & Baxter, 2002; Van den Beuken-van Everdingen et al., 2007). Approximately 79 percent of hospitalized patients is suffering from it (Lui, So & Fong, 2008). According to the International Association for the Study of Pain [IASP] (2012, p. 1), pain is defined as “unpleasant sensory or emotional experience associated with actual or potential tissue damage, or described in terms of such damage”.

Nurses are not the only health care providers responsible to relieve a patient's pain (Government of Western Australia Department of Health, 2013; McMillan, Tittle, Hagan, Laughlin & Tabler, 2000), but they have a key role in managing the patient's pain (Lewthwaite et al., 2011; Ung, Salamonson, Hu & Gallego, 2015; Zalon, 1995). This owes to the fact that the nurses are in a central position between the responsible physicians and their patients (Jacox et al., 1994; Lellan, 1997; McCaffery & Pasero, 1999; Registered Nurses Association of Ontario [RNAO], 2013; Schafheutle, Cantrill, & Noyce, 2001). Furthermore, the nurses spend most of their time with patients to offer appropriate health care services (Coulling, 2005; Lui et al., 2008). One of the most recurrent health care services provided by the nurses is pain management (Brown, Bowman & Eason, 1999), so the nurses should handle it as the ‘fifth vital sign’ alongside blood pressure, temperature, breathing and pulse rate (Merboth & Barnason,

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