

Enhancing Patient Pain Management Outcomes Through the Application of Evidence-Based Strategies in Daily Nursing Practice

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ABSTRACT

Effective pain management is a cornerstone of quality patient care, yet inconsistencies in practice often hinder optimal outcomes. The integration of evidence-based strategies into daily nursing routines holds the potential to enhance patient comfort and satisfaction. This study aimed to explore how evidence-based pain management strategies are understood, adopted, and applied by nurses in clinical settings to improve patient outcomes. A qualitative research design was employed using a phenomenological approach to gain deep insights into the lived experiences of registered nurses regarding pain management practices. Data were collected through semi-structured interviews with 15 nurses working in medical and surgical units across three hospitals. Thematic analysis was conducted to identify key patterns and meanings in the data. The study revealed three major themes: (1) Bridging the gap between theory and practice through clinical judgment and experience; (2) Barriers to implementing evidence-based strategies, including workload, limited resources, and lack of training; and (3) Positive patient outcomes resulting from proactive, individualized, and multimodal pain management interventions. Nurses reported that evidence-based strategies enhanced patient satisfaction, reduced reliance on opioids, and improved overall recovery experiences. Integrating evidence-based pain management strategies into routine nursing practice leads to more consistent and effective patient care. However, successful implementation requires institutional support, ongoing education, and a culture that promotes critical reflection and knowledge sharing among nurses.

Keywords: Pain management, Evidence-based practice, Nursing care, Qualitative research, Patient outcomes, Clinical decision-making.

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INTRODUCTION

Background and Motivation

Pain is one of the most common and distressing symptoms experienced by patients in clinical settings. Its effective management is essential for patient comfort, recovery, and overall quality of care. Despite advances in medical science and the availability of various pharmacologic and non-pharmacologic interventions, inadequate pain control remains a persistent issue in healthcare systems globally [1]. Nurses, being at the forefront of patient care, play a crucial role in pain assessment, intervention, and evaluation. Their daily practices, clinical judgments, and the strategies they use significantly influence patient pain outcomes [2].

Evidence-based practice (EBP) has emerged as a guiding framework to bridge the gap between research findings and clinical application. It integrates the best available evidence, clinical expertise, and patient preferences to make informed decisions about patient care [3]. In the context of pain management, EBP encourages the use of validated interventions such as multimodal analgesia, patient-controlled analgesia, cognitive-behavioral techniques, and regular pain assessments using validated tools [4]. However, translating these evidence-based strategies into routine nursing practice is often met with numerous challenges including organizational constraints, lack of training, time limitations, and varying attitudes towards research utilization [5].

In recent years, there has been growing emphasis on incorporating EBP into nursing education and clinical practice, yet its full implementation in pain management remains suboptimal. This situation motivates the need to understand how nurses experience and apply evidence-based pain management strategies in their daily routines. A qualitative approach offers a valuable lens to explore these experiences in depth, uncovering the underlying beliefs, contextual factors, and barriers that influence their practices [6].

Problem Statement

Despite the availability of effective, research-supported pain management strategies, many patients continue to suffer from unmanaged or under-managed pain during hospitalization. There is a notable discrepancy between what is known from the literature and what is practiced in real-world settings. Nurses, who are key players in pain management, often rely on traditional approaches or subjective assessment rather than adopting evidence-based interventions. This gap is exacerbated by systemic barriers and a lack of ongoing support for evidence-based implementation [7]. Consequently, understanding the lived experiences of nurses in managing pain through evidence-based strategies is essential to improving practice and patient outcomes.

Purpose of the Study

The purpose of this qualitative study is to explore how nurses incorporate evidence-based strategies into their daily pain management practices. The study seeks to understand the perceptions, experiences, and challenges faced by nurses in applying research-supported interventions in clinical settings. Through rich narratives and thematic analysis, this study aims to illuminate the processes, attitudes, and contextual factors that shape evidence-based pain management at the bedside.

Research Objectives

This study is guided by the following research objectives:

1. To explore the experiences of nurses in managing patient pain using evidence-based strategies.
2. To identify perceived facilitators and barriers to implementing evidence-based pain management in daily nursing practice.
3. To understand the impact of evidence-based pain management strategies on patient care from the nurses' perspective.
4. To provide recommendations for enhancing the integration of evidence-based pain management in clinical nursing practice.

Significance of the Study

This study holds significant value for both nursing practice and healthcare policy. By examining how nurses engage with evidence-based pain management strategies, the findings will provide insights that can inform the development of targeted training programs, institutional policies, and supportive work environments that foster EBP. The study also contributes to the growing body of qualitative literature on pain management, offering a deeper understanding of the human and contextual elements that influence nursing care. Ultimately, this research has the potential to improve patient outcomes by supporting more consistent and effective pain management practices across healthcare settings.

From a theoretical standpoint, the study enriches our understanding of how evidence-based knowledge is internalized and enacted by frontline healthcare professionals. It emphasizes the importance of understanding practice as a socially and contextually situated phenomenon, influenced by individual beliefs, team dynamics, organizational culture, and available resources [8].

Structure of the Paper

This paper is organized into five main sections. Following this introduction, the Literature Review provides an overview of previous studies related to evidence-based pain management in nursing, highlighting gaps and areas for further exploration. The Methodology section details the qualitative design, participant recruitment, data collection methods, and analytical approach used to conduct the study. The Results section presents the key themes that emerged from the data, illustrated with verbatim quotes to give voice to the participants. The Discussion interprets the findings in the context of existing literature and theoretical frameworks, discusses implications for nursing practice and policy, and offers recommendations for future research. The paper concludes with a Conclusion that summarizes the study's key contributions and outlines actionable recommendations for improving pain management through evidence-based nursing practice.

LITERATURE REVIEW

Review of Relevant Theories

Effective pain management within nursing practice is supported by several theoretical frameworks that emphasize both the clinical and experiential aspects of care. The Theory of Comfort by Kolcaba is particularly relevant in understanding nurses' roles in pain management. It defines comfort in three forms—relief, ease, and transcendence—and posits that when comfort is enhanced, patients are more likely to engage in health-seeking behaviors [9]. This theory reinforces the importance of individualized, evidence-based interventions in addressing patients' physical and emotional pain.

Another relevant model is the Knowledge-to-Action (KTA) Framework, which guides the implementation of evidence into practice. The KTA cycle identifies stages from knowledge creation to

application, and highlights barriers such as organizational constraints and lack of clinician engagement [10]. This framework is especially useful in understanding how nurses adopt or resist evidence-based pain management strategies in clinical settings. Additionally, Benner's Novice to Expert Model supports the notion that nurses' clinical experiences and intuitive understanding influence their use of pain management strategies. Experienced nurses may rely more on tacit knowledge, which could either facilitate or hinder the consistent application of evidence-based interventions [11].

Existing Studies

A significant body of qualitative research has explored the experiences of nurses in managing patient pain, often revealing inconsistencies between knowledge and practice. For example, Al-Qadire and Al Khalailah (2016) found that nurses were aware of pain management guidelines but did not always adhere to them due to workload pressures and institutional constraints [12]. Similarly, a study by Manwere et al. (2015) revealed that while nurses valued pain assessment tools, they often relied on patients' facial expressions and verbal cues instead of standardized methods, citing time constraints and low staffing levels as barriers [13].

Evidence from other studies emphasizes the positive impact of training and institutional support on EBP adoption. A qualitative study by Tzeng and Yin (2017) found that continuous professional development programs significantly improved nurses' confidence in using evidence-based pain interventions, including non-pharmacological approaches such as guided imagery, relaxation techniques, and patient education [14]. Additionally, Alzghoul and Abdullah (2016) reported that nurses who had received formal education in pain management were more likely to apply multimodal strategies and communicate effectively with patients regarding pain [15].

Nurses also expressed the importance of individualized care, a core tenet of both EBP and patient-centered care. In a phenomenological study, Berben et al. (2012) described how nurses combined clinical knowledge with personal rapport to determine the most appropriate interventions for each patient, suggesting that relational care and clinical expertise are equally crucial in pain management [16].

Identification of Gaps

While the literature highlights a general awareness of evidence-based pain management among nurses, there remains a significant implementation gap. Many studies have documented barriers such as time constraints, staff shortages, and lack of access to updated guidelines, yet few have explored the deeper, experiential factors influencing practice—such as nurses' beliefs, cultural perceptions, and the influence of team dynamics. Furthermore, most available research focuses on high-resource settings, leaving a knowledge gap about EBP implementation in low- and middle-income countries where institutional support and training opportunities may be limited [17].

Another noticeable gap is the limited exploration of nurses' emotional and cognitive experiences while applying evidence-based strategies. While quantitative studies have measured EBP knowledge or outcomes, qualitative studies that delve into the "why" and "how" behind nurses' behaviors and decisions remain underrepresented. Moreover, there is a need for more research on how organizational culture, leadership, and interprofessional collaboration influence nurses' ability to engage in evidence-based pain management practices [18].

Conceptual Framework

Drawing on the reviewed literature, the conceptual framework for this study is rooted in an integration of Kolcaba's Theory of Comfort, the Knowledge-to-Action (KTA) Framework, and Benner's Novice to Expert Model. These frameworks collectively provide a lens to understand not only what evidence-based practices nurses use but also how their experience levels, workplace dynamics, and perceptions influence their actions.

This conceptual framework recognizes that evidence-based pain management is shaped by the interaction of:

- **Individual factors** (knowledge, experience, beliefs),
- **Contextual factors** (workload, leadership, resources),
- **Process-related factors** (access to evidence, decision-making, documentation).

Through a qualitative lens, this study aims to explore how these factors converge in real-world nursing practice, particularly in the context of patient pain management. By focusing on the lived experiences of nurses, the study seeks to fill the gaps in understanding how theoretical knowledge is transformed into practical action—or, in many cases, why it fails to be.

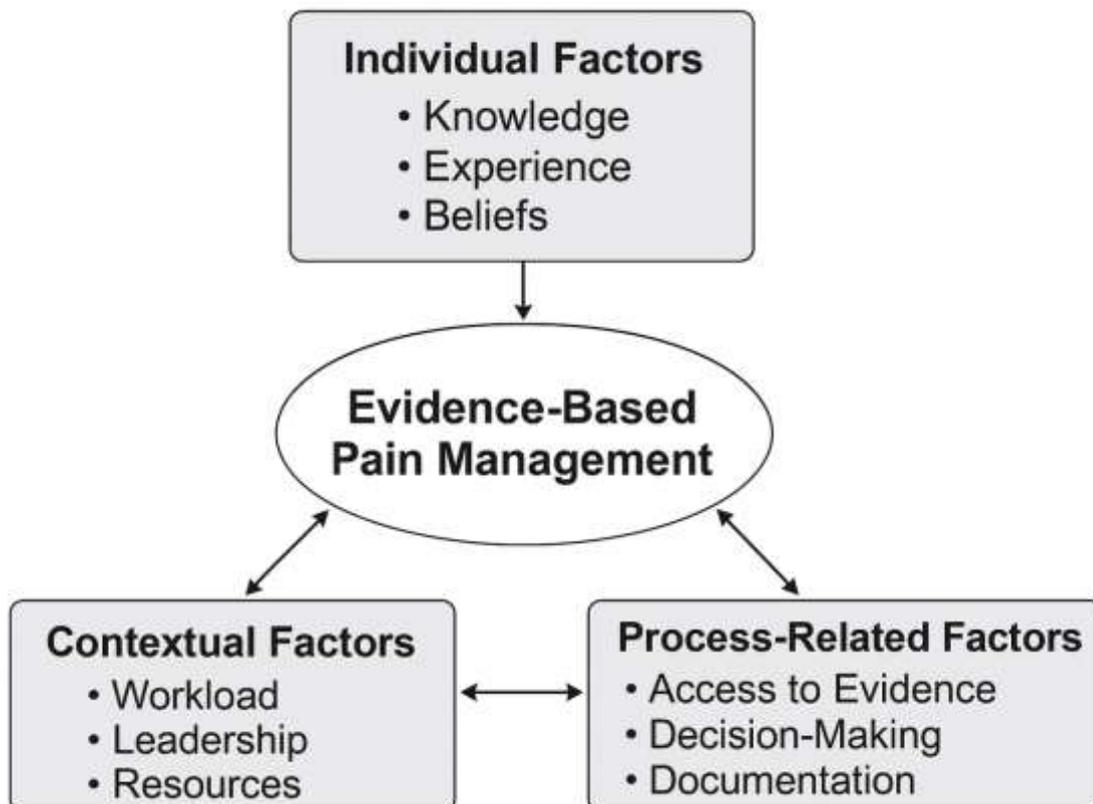


Fig. 1. Conceptual framework illustrating the interrelationship

Figure 1 presents a conceptual framework that illustrates the dynamic interaction of key factors influencing the implementation of evidence-based pain management in nursing practice. At the center of the framework is "Evidence-Based Pain Management," surrounded by three primary categories: individual factors, contextual factors, and process-related factors. Individual factors include nurses' knowledge, clinical experience, and personal beliefs that shape their approach to pain management. Contextual factors represent external conditions such as workload, leadership support, and availability of resources that either facilitate or hinder evidence-based practice. Process-related factors, including access to current evidence, decision-making structures, and documentation practices, influence how effectively evidence is integrated into routine care. The arrows connecting these elements to the central concept demonstrate the interconnected nature of these influences, highlighting the need for a holistic approach to improving pain management outcomes.

Building upon the framework depicted in Fig. 1, this conceptual model emphasizes not only the individual contribution of each factor, but also the synergistic relationships among them. For instance, well-informed and experienced nurses (individual factors) can more effectively leverage process-related systems such as structured decision-making and proper documentation when supported by an enabling organizational context (contextual factors)—like strong leadership and adequate staffing. Conversely, poor contextual support (e.g., high workload, limited resources, or weak managerial backing) can weaken the influence of individual competence, regardless of how knowledgeable a nurse may be. Likewise, without streamlined processes for accessing evidence and integrating it into daily routines, even the most conducive contexts may not yield improved pain management outcomes. Thus, the framework argues for an integrated strategy—enhancing individual capabilities, refining care processes, and strengthening organizational context—to drive meaningful and sustainable improvements in patient pain outcomes through evidence-based nursing practice.

MATERIALS AND METHODS

Research Design

This study adopted a qualitative research design using a phenomenological approach to explore and understand the lived experiences of nurses in implementing evidence-based pain management strategies in their daily practice. Phenomenology is well-suited for examining the subjective realities and meanings individuals assign to their experiences, making it an ideal method for uncovering the depth and complexity of nursing practices related to pain management [19]. This approach allowed the researchers to capture rich, detailed narratives from participants, thereby facilitating a deeper understanding of the contextual and personal factors influencing evidence-based practice.

Data Collection Methods

Data were collected through semi-structured interviews, focus group discussions, and document analysis to ensure a comprehensive understanding of the research problem.

- **Interviews:** In-depth, face-to-face interviews were conducted with 15 registered nurses working in medical, surgical, and palliative care units across three tertiary hospitals. An interview guide was used to ensure consistency, with questions focused on nurses' experiences, challenges, and perceptions regarding pain management strategies. Interviews lasted between 45–60 minutes and were audio-recorded with participants' consent.
- **Focus Groups:** Two focus group discussions were conducted with 6–8 nurses in each group to explore shared experiences and stimulate dialogue around institutional and cultural practices

affecting pain management. Focus groups allowed for the emergence of collective views and contextual dynamics that may not have surfaced in individual interviews.

- **Document Analysis:** Relevant clinical guidelines, nursing protocols, pain assessment tools, and patient care records were reviewed to triangulate data and assess the extent to which evidence-based strategies were formally integrated into nursing documentation and institutional policies.

Data Analysis Methods

Data were analyzed using thematic analysis as described by Braun and Clarke [20]. Transcripts from interviews and focus groups were read multiple times to achieve immersion. Initial codes were generated manually and then organized into categories and overarching themes that reflected patterns across the dataset. NVivo software (Version 12) was used to facilitate coding, categorization, and theme development. The analysis followed a six-phase process: familiarization, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the final report.

Ethical Considerations

Ethical approval for this study was obtained from the Institutional Review Board (IRB) of the participating hospitals. Informed written consent was obtained from all participants, and they were assured of confidentiality, anonymity, and the right to withdraw at any time without consequence. Audio recordings and transcripts were securely stored, and all identifying information was removed during transcription to protect participants' privacy. The study complied with ethical principles outlined in the Declaration of Helsinki [21].

Trustworthiness and Rigor

To ensure the trustworthiness of the study, the researchers addressed four key criteria: credibility, transferability, dependability, and confirmability as proposed by Lincoln and Guba [22].

- **Credibility** was established through member checking, prolonged engagement, and triangulation of data sources (interviews, focus groups, and documents).
- **Transferability** was enhanced by providing rich, thick descriptions of participants, settings, and findings, enabling readers to determine the applicability of results to other contexts.
- **Dependability** was supported by maintaining an audit trail of all methodological decisions, interview guides, coding schemes, and analysis notes.
- **Confirmability** was achieved through reflexive journaling and peer debriefing, ensuring that findings were derived from participants' narratives rather than researcher bias.

This multi-method, rigorously executed qualitative approach enabled the exploration of complex and contextually bound phenomena related to evidence-based pain management in nursing, yielding findings with practical and theoretical significance.

RESULTS

The qualitative analysis of interviews, focus group discussions, and document reviews led to the identification of four major themes and several associated subthemes related to the implementation of evidence-based pain management in nursing practice. These themes reflect the lived experiences, challenges, and strategies used by nurses when integrating research-based pain interventions into routine care. The findings are presented below with illustrative quotes from participants and supported by a visual model (Fig. 2) to depict the interrelationships among themes.

Theme 1: Navigating Between Experience and Evidence

Subthemes: Clinical intuition, reliance on experience, selective application of guidelines

Many nurses described a tension between relying on clinical experience and applying formal evidence-based protocols. While most acknowledged the value of evidence-based strategies, they often leaned on personal judgment, especially in high-pressure situations.

“Sometimes, I just know what works for a patient because I’ve seen it before... even if it’s not in the guidelines.” – *Participant 4*

“There are tools available, but often we go with what we feel is right at the moment, especially when the patient is in severe pain.” – *Participant 9*

This theme highlights how nurses balance evidence with experiential knowledge, underscoring the need for ongoing education that bridges both domains.

Theme 2: Systemic and Organizational Barriers

Subthemes: Time constraints, workload, lack of training, limited access to updated protocols

Institutional constraints were a significant barrier to evidence-based pain management. Nurses reported that heavy workloads and staffing shortages left little time to consult guidelines or engage in in-depth assessments.

“We have the pain scales, but with so many patients, we don’t always get to use them properly.” – *Participant 11*

“Honestly, we don’t even get refresher courses on pain management. What we learned in nursing school is what we still rely on.” – *Participant 6*

Focus group discussions revealed that institutional culture often did not prioritize continuous professional development or support the use of current evidence in practice, aligning with similar findings in the literature [23].

Theme 3: Positive Outcomes from Evidence-Based Practice

Subthemes: Patient satisfaction, reduced opioid dependency, improved recovery

Despite the challenges, nurses shared examples where evidence-based strategies led to measurable improvements in patient outcomes. Participants who had received specialized training or worked in better-resourced units expressed confidence in using non-pharmacological interventions and multimodal pain management techniques.

“When we used both medication and breathing exercises, patients reported better pain control and were more cooperative with physiotherapy.” – *Participant 2*

“Patients feel heard when you use pain scales and ask them regularly. It builds trust.” – *Participant 13*

This theme illustrates the benefits of EBP not only for patients but also in improving nurse-patient communication and clinical outcomes.

Theme 4: Need for Structural and Educational Support

Subthemes: Policy implementation, EBP champions, interdisciplinary collaboration

Nurses emphasized the importance of institutional support in creating an environment where evidence-based pain management could thrive. Suggestions included regular workshops, access to digital resources, and involvement of nursing leaders as EBP advocates.

“We need someone in the department who regularly updates us on new practices—like an EBP coordinator or champion.” – *Participant 8*

“When doctors and nurses collaborate on pain management plans, it works better. Everyone needs to be on the same page.” – *Participant 5*

This finding supports calls in previous studies for leadership-driven EBP culture and interprofessional teamwork [24].

Visual Representation of Findings

The emerging themes are synthesized in **Figure 2**, which depicts how systemic support, individual competence, and collaborative practice interact to facilitate or hinder the use of evidence-based pain management in nursing.

Fig. 2. Thematic Model of Factors Influencing Evidence-Based Pain Management in Nursing Practice

This model demonstrates how personal judgment (Theme 1), institutional barriers (Theme 2), observable benefits (Theme 3), and structural supports (Theme 4) interconnect to influence the adoption and sustainability of evidence-based pain management practices.

These findings reveal that while evidence-based strategies are recognized and valued by nurses, their implementation is contingent upon institutional structures, access to education, and the alignment between experiential and formal knowledge systems. The results underscore the need for systemic changes that empower nurses to fully embrace and apply evidence-based pain interventions.

Table 1: Individual-Level Factors Influencing Evidence-Based Pain Management

Theme	Sub-themes	Illustrative Quotes
Knowledge and Awareness	Awareness of guidelines, pain physiology	“I know about WHO’s pain ladder, but we don’t always follow it due to time constraints.”
Clinical Experience	Intuition, judgment, familiarity	“With years of experience, I often rely on what has worked in similar cases before.”
Attitudes Toward EBP	Perceived relevance, openness to change	“Sometimes the evidence feels too theoretical—we need practical, bedside solutions.”

Table 1 presents the individual-level factors that influence nurses’ application of evidence-based pain management in clinical settings. The data reveal that nurses’ knowledge of pain assessment tools and treatment guidelines, their clinical experience, and their attitudes toward evidence-based practice (EBP) significantly shape how they manage patient pain. While some nurses demonstrated familiarity with protocols such as the WHO pain ladder, others relied more on intuition and past experience, particularly in fast-paced environments. Attitudinal openness to EBP varied, with some expressing skepticism about the practicality of research findings, highlighting a need for bridging the gap between theory and practice.

Table 2: Organizational and Contextual Barriers to Evidence-Based Pain Management

Theme	Sub-themes	Illustrative Quotes
Resource Constraints	Staffing, equipment, time	“With one nurse managing eight patients, EBP becomes a luxury we can’t afford.”
Leadership and Support	Administrative support, clinical guidance	“We need our supervisors to support EBP, not just talk about it in meetings.”
Access to Education	Training, professional development	“We rarely get time or opportunities to attend training on new guidelines.”

Table 2 outlines the organizational and contextual barriers that hinder the consistent implementation of evidence-based pain management. Participants reported that limited staffing, high patient loads, and lack of time were major impediments to thorough pain assessments and interventions. Furthermore, inadequate administrative support and poor access to continuous professional education were noted as systemic issues. These organizational challenges often left nurses feeling under-resourced and unsupported, thereby constraining their ability to apply best practices consistently in real-time care delivery.

Table 3: Facilitators and Strategies Supporting Evidence-Based Pain Management

Theme	Sub-themes	Illustrative Quotes
Interprofessional Collaboration	Physician support, team coordination	“When we have a shared plan with doctors and physiotherapists, pain management improves.”
Protocol Integration	Standardized tools, documentation	“Having checklists for pain assessment really helps us stay consistent.”
Reflective Practice	Peer learning, experience sharing	“We often share what worked well in handovers—it helps us learn from each other.”

Table 3 identifies the key facilitators and strategies that enable nurses to successfully integrate evidence-based pain management into their practice. Thematic analysis revealed that interdisciplinary collaboration, especially with physicians and physiotherapists, enhanced patient outcomes. Standardized tools and protocols, such as pain assessment checklists, provided structural support for consistent practice. Additionally, peer-led reflection and experience sharing during handovers emerged as informal yet effective methods for disseminating practical knowledge and reinforcing evidence-based behaviors in the clinical environment.

DISCUSSION

Interpretation of Results

The findings of this study reveal a complex interplay between individual judgment, organizational dynamics, and system-level processes that influence how nurses implement evidence-based pain management strategies. Nurses frequently navigate a tension between experiential knowledge and formal evidence, often defaulting to clinical intuition in the face of high workloads or limited resources. While many participants demonstrated awareness of pain management protocols, their application was inconsistent, largely due to external constraints such as staffing shortages, time pressures, and limited access to continuing education. These insights confirm that evidence-based pain management is not merely a matter of knowledge acquisition but is deeply shaped by contextual realities within clinical environments.

Linkage with Existing Literature

The study's results are consistent with previous research showing that systemic barriers often hinder the integration of evidence into daily nursing practice. Al-Qadire and Al Khalaileh [12] similarly found that nurses recognized the importance of pain management guidelines but failed to consistently implement them due to organizational and workload-related barriers. This also aligns with Saunders and Vehviläinen-Julkunen's [24] findings that EBP readiness among nurses is heavily dependent on structural support and leadership engagement. The reliance on personal judgment, as identified in the current study, reflects the experiential learning highlighted in Benner's Novice to Expert model [11], where more seasoned nurses may depend on pattern recognition developed over years of practice. At the same time, the positive outcomes noted when evidence-based strategies were applied—such as improved patient satisfaction and reduced opioid dependency—reaffirm the findings of Tzeng and Yin [14], who emphasized the effectiveness of multimodal and individualized approaches to pain management.

Implications for Theory and Practice

The results underscore the practical importance of integrating theoretical models such as the Knowledge-to-Action (KTA) Framework and Kolcaba's Theory of Comfort into real-world nursing settings. The KTA model, with its cyclical process of knowledge translation, offers a structured approach for bridging the "know-do" gap observed among participants [10]. Furthermore, Kolcaba's framework reinforces the need for personalized, holistic care, which was often compromised in the absence of adequate systemic support [9]. From a practical perspective, the study highlights the urgent need for institutional investment in nurse training, leadership development, and structural supports such as the appointment of EBP champions. The integration of evidence-based pain strategies into routine practice can only be achieved when such strategies are embedded into organizational policies, workflows, and culture.

New Insights

This study contributes new insights by highlighting how the perceived hierarchy between experiential knowledge and formal evidence can influence pain management behaviors among nurses. While previous studies have discussed knowledge gaps or training needs, this research reveals how experienced nurses may consciously prioritize intuition over protocols, especially in resource-constrained environments. This calls for a shift in how evidence-based practice is framed—moving beyond technical compliance toward a more adaptive, reflective approach that respects and integrates experiential learning. Another key insight is the recognition of teamwork and interprofessional collaboration as enablers of effective pain management. Nurses reported that when physicians, physiotherapists, and nursing staff aligned their efforts, patients benefited more significantly—suggesting that interdisciplinary EBP efforts may yield better outcomes than siloed initiatives.

In conclusion, the findings illuminate the multifaceted nature of evidence-based pain management in nursing, stressing that successful implementation requires more than just guidelines. It calls for a synergistic effort involving empowered nurses, supportive leadership, and flexible systems that enable adaptive and patient-centered care.

CONCLUSION AND RECOMMENDATIONS

Conclusion

This qualitative study explored the lived experiences of nurses in applying evidence-based strategies to manage patient pain in daily clinical practice. The findings revealed a complex dynamic wherein individual knowledge, experiential judgment, and organizational conditions significantly influenced the implementation of evidence-based pain interventions. While nurses generally acknowledged the value of evidence-based practices (EBP), their consistent application was hindered by systemic barriers such as staffing limitations, time constraints, and lack of access to ongoing education. Despite these challenges, positive outcomes—including enhanced patient satisfaction and reduced opioid use—were observed when EBP was effectively employed. The study emphasizes that the integration of evidence into pain management is not merely a clinical decision but a multifactorial process influenced by personal, contextual, and institutional factors. Ultimately, fostering a culture that supports EBP requires alignment between individual competence and organizational readiness.

Recommendations

Based on the findings, several recommendations are proposed to enhance the implementation of evidence-based pain management in nursing practice:

1. **Establish Continuous Professional Development Programs:** Regular in-service training and workshops focused on evidence-based pain management should be institutionalized to enhance nurses' knowledge, confidence, and skill in applying current best practices.
2. **Appoint Evidence-Based Practice (EBP) Champions:** Designating experienced and trained nurses as EBP mentors or champions can promote a culture of evidence use and provide ongoing support for colleagues in clinical decision-making.
3. **Strengthen Organizational Support:** Hospital leadership should address systemic barriers such as high nurse-patient ratios, time constraints, and resource limitations to facilitate the practical application of EBP in busy clinical settings.
4. **Encourage Interdisciplinary Collaboration:** Pain management should be approached as a team-based intervention involving nurses, physicians, physiotherapists, and other health professionals to ensure cohesive, multimodal strategies tailored to individual patient needs.
5. **Integrate EBP into Policies and Documentation:** Institutional protocols and electronic health records should be updated to include standardized, evidence-based pain assessment and management tools to support nurses in routine practice.
6. **Promote Reflective Practice:** Encourage nurses to engage in reflective journaling, peer discussions, and case reviews to bridge the gap between experiential knowledge and research-based practice, fostering critical thinking and continuous improvement.

By implementing these recommendations, healthcare institutions can create a supportive environment that empowers nurses to deliver consistent, effective, and patient-centered pain management rooted in evidence-based practice.

CONFLICT OF INTEREST

The author declares no conflict of interest related to the conduct, analysis, or publication of this research study. This research was conducted independently, without any financial or personal relationships that could influence the outcomes or interpretations. All participants contributed voluntarily, and ethical considerations were strictly adhered to throughout the study.

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REFERENCES

- [1] Schug SA, Palmer GM, Scott DA, Halliwell R, Trinca J. *Acute pain management: scientific evidence*. 4th ed. Australian and New Zealand College of Anaesthetists and Faculty of Pain Medicine; 2015.
- [2] Lazenby M, Pasacrete JV, Ercolano E, McCorkle R. The five A's of evidence-based practice for nurses. *Am J Nurs*. 2011;111(1):51–53.
- [3] Melnyk BM, Fineout-Overholt E. *Evidence-based practice in nursing & healthcare: a guide to best practice*. 4th ed. Philadelphia: Wolters Kluwer; 2018.
- [4] Gordon DB, Rees SM, McCausland MP, et al. Improving pain management in the hospital setting. *Jt Comm J Qual Patient Saf*. 2010;36(4):145–151.
- [5] Saunders H, Vehviläinen-Julkunen K. Nurses' evidence-based practice beliefs and the role of evidence-based practice mentors at university hospitals in Finland. *Worldviews Evid Based Nurs*. 2016;13(1):59–66.
- [6] Polit DF, Beck CT. *Nursing research: generating and assessing evidence for nursing practice*. 10th ed. Philadelphia: Wolters Kluwer; 2016.
- [7] Salmond SW, Echevarria M. Healthcare transformation and changing roles for nursing. *Orthop Nurs*. 2017;36(1):12–25.
- [8] Greenhalgh T, Robert G, Macfarlane F, Bate P, Kyriakidou O. Diffusion of innovations in service organizations: systematic review and recommendations. *Milbank Q*. 2004;82(4):581–629.
- [9] Kolcaba K. *Comfort theory and practice: a vision for holistic health care and research*. Springer Publishing Company; 2003.
- [10] Graham ID, Logan J, Harrison MB, et al. Lost in knowledge translation: time for a map? *J Contin Educ Health Prof*. 2006;26(1):13–24.
- [11] Benner P. *From novice to expert: excellence and power in clinical nursing practice*. Menlo Park: Addison-Wesley; 1984.
- [12] Al-Qadire M, Al Khalailah M. Barriers to effective pain management from the perspective of nurses in Jordan. *J Pain Res*. 2016;9:833–839.
- [13] Manwere A, Chipfuwa T, Mukwamba MM, Chironda G. Knowledge and attitudes of registered nurses towards pain management of adult medical patients: a case of Bindura Hospital. *Health Sci J*. 2015;9(4):1–6.
- [14] Tzeng Y, Yin C. Nurses' experiences in providing pain management for postoperative orthopedic patients in Taiwan. *Pain Manag Nurs*. 2017;18(2):106–114.

- [15] Alzghoul BI, Abdullah NA. Pain management practices by nurses: an application of the knowledge, attitude and practices (KAP) model. *Glob J Health Sci.* 2016;8(6):154–160.
- [16] Berben SA, Meijjs TH, van Grunsven PM, Schoonhoven L, van Achterberg T. Facilitators and barriers in pain management for trauma patients in the chain of emergency care. *Injury.* 2012;43(9):1397–1402.
- [17] Louw QA, Morris LD, Grimmer-Somers K. The prevalence of low back pain in Africa: a systematic review. *BMC Musculoskelet Disord.* 2007;8:105.
- [18] Saunders H, Gallagher-Ford L, Kvist T, Vehviläinen-Julkunen K. Practicing healthcare professionals' evidence-based practice competencies: an overview of systematic reviews. *Worldviews Evid Based Nurs.* 2019;16(3):176–185.
- [19] Creswell JW. *Qualitative inquiry and research design: Choosing among five approaches.* 3rd ed. Thousand Oaks: Sage Publications; 2013.
- [20] Braun V, Clarke V. Using thematic analysis in psychology. *Qual Res Psychol.* 2006;3(2):77–101.
- [21] World Medical Association. World Medical Association Declaration of Helsinki: ethical principles for medical research involving human subjects. *JAMA.* 2013;310(20):2191–2194.
- [22] Lincoln YS, Guba EG. *Naturalistic inquiry.* Newbury Park, CA: Sage Publications; 1985.
- [23] Solomons NM, Spross JA. Evidence-based practice barriers and facilitators from a continuous quality improvement perspective: An integrative review. *J Nurs Manag.* 2011;19(1):109–120.
- [24] Saunders H, Vehviläinen-Julkunen K. The state of readiness for evidence-based practice among nurses: An integrative review. *Int J Nurs Stud.* 2016;56:128–140.