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CORRESPONDENCE

Attitudes and knowledge of healthcare providers toward pain management in a level 2 hospital in Burkina Faso

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To the Editor,

Acute or chronic pain is a socially threatening experience.[1] The majority of the world's population (85%) suffers from physical pain with family, occupational, social, and financial repercussions. Pain remains undertreated, and the reasons for this "oligoanalgesia" are inadequate assessment, insufficient knowledge, and negative attitudes.[2] Barriers to pain management are grouped into those related to patients, drug availability, health systems, and health professionals' knowledge and attitudes. In Burkina Faso, there is no policy or training program related to pain, and opioid legislation remains restrictive. At the regional hospital of Koudougou, many patients continue to complain about pain when receiving emergency treatment and on the postoperative ward.

After approval from the Koudougou regional hospital's review board (approval no. 01074/2017), we carried out a cross-sectional survey to assess the knowledge and attitudes of 196 healthcare providers (HCP) toward pain in our level 2 hospital. The level of knowledge and attitudes among HCP was assessed using the Pain Knowledge and Attitudes (PAK) questionnaire.[3] The PAK is a ten-item self-administered questionnaire (eAppendix, available as Electronic Supplementary Material) with each item scored on a Likert scale. A correct answer to each item was comprised of either a "disagree" or "absolutely disagree" response (either of which was allocated one point) with the three other responses considered as incorrect (with zero points allocated). A good PAK performance was defined as at least 80% correct responses. StatEL for Excel software (www.adscience.fr) was used for statistical analysis.

The response rate was 64% (124/196). The mean (standard deviation [SD]) age was 41 (7) yr. Most HCP (55%, 68/124) scored below 80% and the average proportion of correct answers was 40%. Physicians and pharmacists obtained a higher mean (SD) overall score of correct responses than nurses [5.6 (1.4) *vs* 3.9 (1.8), respectively; $P = 0.006$], and nurse anesthetists obtained a higher mean (SD) overall score of correct responses than non-anesthetists [5.3 (1.4) *vs* 3.8 (1.9), respectively; $P < 0.001$]. There were no significant differences regarding sex or length of practice (Table). Past training in pain management did not significantly alter the score between HCPs (Table).

In this study, compared with the recommended threshold PAK score of 70–80%,[4] the average score (40%) of correct responses reveals that HCP are not optimally qualified to

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Table Comparison of Pain Knowledge and Attitudes scores of healthcare providers (n = 124)

Characteristics	Group of HCP	*n*	Average score mean (SD)	*P* value
Sex	Male	74	4.1 (1.8)	0.61
	Female	50	3.9 (2.0)	
Profession	Doctor/pharmacist	13	5.6 (1.3)	< 0.01
	Nurse	111	3.9 (1.9)	
Specialty	Anesthetist	21	5.3 (3.0)	< 0.001
	Non-anesthetist	103	3.8 (2.1)	
Years of experience	≤ 5 years	42	4.4 (2.0)	0.21
	> 5 years	82	3.9 (1.8)	
Trained in pain management	Yes	12	4.3 (2.1)	0.86
	No	112	4.0 (1.1)	

HCP = healthcare provider; SD = standard deviation

The Pain Knowledge and Attitudes (PAK) questionnaire has 10 items. Each item had a correct response of "disagree" or "absolutely disagree" that scored 1 point. The other responses were considered incorrect and scored 0 points. The PAKs core range was from 0 to 10 points

manage pain. A prior study[5] noted that nurses tend to assess pain more liberally and offer opioids more readily than doctors, but this trend does not seem to be based on facts. Several studies have confirmed that doctors score higher than nurses.[3] Among physicians, specialists have better knowledge than others. As in other studies, anesthetists had higher scores than non-anesthetists.[3]

Training is the cornerstone of pain management.[2] Our study reveals a non-significant improvement in the mean (SD) score of correct responses between staff trained for pain management compared with untrained staff [4.3 (2.1) *vs* 4.0 (1.0), respectively; $P = 0.12$]. These training sessions were irregular postgraduate courses where the content was limited to basic pharmacology, and they were generally organized by industry and not official training institutions. In this study, the trained staff were mainly physicians and it was post-university training. Only 10% had good performance for pain management.

Overall, we observed poor knowledge and incorrect attitudes toward pain management in this regional hospital in Burkina Faso. Poor performance was more pronounced in nurses, untrained health personnel, and non-anesthetists. In Burkina Faso, we need to implement guidelines and better policies to promote correct pain management teaching.

Conflicts of interest None.

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