

ABSTRACT

This quantitative, descriptive study was conducted to identify the relationship between gender and the frequency of narcotic administration during the first 24 postoperative hours following coronary artery bypass grafting surgery. Data were retrieved at a 325-bed medical center located in a northwestern Pennsylvania city during a retrospective review of charts. A purposive sampling technique was used to identify 100 patients—50 men and 50 women—for inclusion to the sample. A paired samples *t*-test was calculated. The relationship between gender and the amount of narcotic administered was found to be statistically significant ($t = - 2.8, df = 49, p < 0.05$). Men were administered more narcotic than women within the first 24 postoperative hours following coronary artery bypass grafting surgery. These results are also of clinical significance. Men reported pain of less intensity than women—based on a standardized pain scale used at the study setting. Even so, men were administered more narcotic than women. This supports the claim that women are more likely than men to be under-treated for self-reports of pain. This also identifies the impact health care professionals—including nurses—have specific to pain management. Relying on clinical judgment in assessing pain may lead to less aggressive—and less effective—treatment of pain, regardless of gender. Inadequate assessment and treatment of an individual’s pain results in increased health-care costs—an important consideration in today’s health care practice arena. Of even more importance, inadequate assessment and treatment of an individual’s pain does not meet the expected standard of care.