



Full Length Research Paper

Assessment of nurses' tools for patients' pain assessment at Federal Teaching Hospital, Abakaliki

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ABSTRACT

The study was conducted to evaluate the tools used by nurses in assessment of their patients' pains using a cross-sectional descriptive research design. The instrument used was questionnaire developed by researchers with Validity of 0.86. 450 nurses used in the study were randomly selected from Federal Teaching Hospital Abakaliki. The results show that majority of the nurses use mainly patients' verbal report of pains (87%) and simple descriptive pain intensity scale (57%) as their pain assessment tools. This revealed that despite the number of pain assessment tools available, nurses only use the subjective method to assess their patients' pains. It was recommended that intensive training programme on pain assessment should be organized for nurses to improve their use of pain assessment tools.

Keywords: Pain assessment, patients' Pain, Assessment Tool.

INTRODUCTION

In the past, pain was viewed primarily as a sensory experience produced by a nociceptive or neural response associated with tissue injury. To this effect, pain assessment did not need any formal training (Gregory, 2000). Later it was discovered that pain also affects every other aspect of individual experiencing it, as well as the family and even the community as it is viewed to be pervasive and poorly treated in hospital setting (Smeltzer and Bare, 2004).

In United State Of America (USA), three quarters of surgical patients report inadequate relief of acute pain, four in ten people with moderate to severe chronic pain have inadequate relief, more than twenty six million people age 20 – 64 years live with frequent or persistent back pain, one in six suffers from arthritic pain, only 30% of these patients have adequate pain relief (Philips, 2000; Richard and Hubbert, 2007). Inadequate pain assessment due to inadequate knowledge of pain assessment method has been identified as the greatest barriers to optimal pain management (Clark 2005, Mac Donald et al., 2002, Langhlin and Tabler, 2000).

Tools for patients' pain assessment should be consistent in helping both the patient and the nurse to speak the same language regarding the pain intensity

and could be used to determine the needed intervention as well as evaluate the effectiveness of the interventions (Mayer et al., 2001; Smeltzer, 2004).

Pain measurement tools could be unidirectional or multi-dimensional. The unidirectional tools measure one dimension of pain experience like intensity. This group include visual analogue scale (VAS), simple descriptive pain intensity scale, 0 – 10 numeric intensity scale, Wong – Baker face pain rating scale. The multi-dimensional pain assessment tools provide information about the qualitative and quantitative aspects of pain. It includes McGill pain questionnaire (Short and long), Brief pain inventory (Short and Long) and behavioral pain scales (Gregory, 2000, Hunter et al., 2000).

Peter and Watson (2002) stated that nurses appear to distrust patients' self report on pain, there is a need to ascertain if the distrust has any bases, hence the need to evaluate nurses' tool for patients' pain assessment.

METHODOLOGY

A cross sectional descriptive research design was used

Table 1. Nurses' Tools for patients' pain assessment

| Option | Yes | | No | |
|---|-----------|------|-----------|------|
| | Frequency | % | Frequency | % |
| 1. Which of the under listed tools are used in patients' pain assessment in your institution. | | | | |
| A. Visual analogue scale | 155 | 36.9 | 265 | 63.1 |
| B. Simple descriptive pain intensity | 238 | 56.7 | 182 | 43.3 |
| C. 0 to 10 numeric pain intensity scale | 129 | 30.7 | 291 | 69.3 |
| D. Wong-Baker faces Pain rating scale | 147 | 35.0 | 273 | 65.0 |
| E. Patients verbal report of pain | 364 | 86.7 | 56 | 13.3 |
| 2. if none of these tools are used in Hospital which of the under listed are reasons for not using them | | | | |
| A. Unavailability of any of the tools | 327 | 77.9 | 93 | 22.1 |
| B. Nurses' lack of knowledge to use the tool | 186 | 44.3 | 234 | 55.7 |
| C. It does not add anything positive to pain Management | 73 | 17.4 | 347 | 82.6 |
| D. There are no hospital police/rule That demands its use | 220 | 52.4 | 200 | 47.6 |

to study nurses' tools for patients' pain assessment. 450 nurses were randomly selected from Federal Teaching Hospital in Abakaliki, Ebonyi State capital Abakaliki were used in the study. The data were collected using questionnaire developed by the researchers and the reliability was established using test – retest technique and the spearman's product moment correlation yielded a co-efficient of 0.86. The questionnaire was administered by researchers between December 2012 – April 2013 and data collected and analyzed SPSS version 16 – was used to analyze T-test and ANOVA of 0.05 level of significance.

RESULTS

The results show that when nurses were asked to state the choices of tools they preferred for use in their institutions their choices were as following; Visual analogue scale, 67%, simple descriptive pain intensity, 65%, 0 to 10 numeric pain intensity scale, 67%, Wong-Baker faces pain intensity scale 66% and patients' verbal pain reports attracted 77% acceptance..

When asked to state the reason that informed their choice of pain assessment tools, nurses expressed affirmation of easy usage 79%, if tools available 69%, the tools being used on both literate and illiterate 79%, non-specific age limit 71% and hospital policy mandate 43%, while 21%, 31%, 21% and 29% did not accept these items respectively. Nurses mainly documented their patient' data on nurses' observation chart, 58%, nurses' pain assessment chart, 73%, nursing

process profoma, 63% and ward report book, 75%, and rarely on patients' case note, 44%.

DISCUSSION

The findings of this study, showed that most nurses use simple descriptive pain intensity scale and patients' verbal report of pains. Through simple descriptive pain intensity scale and patients' verbal report of pain are simple, quick, easy to use and understand (Gregory, 2000), yet Ene et al (2008) reported that there is discrepancy in pain perception between nurses and patients using these simple subjective tools for pain assessment. Few nurses agreed that the following pain assessment tools are used in their institutions Wong Baker, Face pain rating scale, 0 – 10 numeric pain intensity scale and visual analogue scale. The reasons given by majority for not using these include unavailability and the hospital policy. While few agreed that they are available and that the hospital policy is not barrier to their use. It should also be noted that 55.7% of the nurses agreed that the reason for not using the tools was due to fact that nurses lack of knowledge on how to use these tools. This agree with earlier finding by Clark (2005); MacDonald et al (2002); Lanchlin and Torbler (2000) who stated in their studies that inadequate knowledge of pain assessment as the greatest barrier to optimal pain management.

CONCLUSION

It could be concluded from this study, that there is a

substantial gap existing between the knowledge of pain assessment and the use of objective pain assessment tools by nurses. The researchers recommend intensive seminars for nurses on the use of more reliable tools of pain assessment as this will improve the nursing care given to their patients.

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