

## EVALUATION OF NURSES' CHOICE OF PATIENT PAIN ASSESSMENT TOOLS AT FETHA ABAKALIKI, EBONYI STATE

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### ABSTRACT

A cross - sectional descriptive research design was used to conduct the study on evaluation of nurses' choice of patients' pain assessment tool at the Federal Teaching Hospital Abakaliki, Ebonyi state. The instrument used was a questionnaire. 450 nurses were randomly selected for the study. The results show that nurses prefer patients verbal pain report (77%) while 66% chose Wong - Baker faces pain intensity scale. The reason for their choice include ease of use (79%), availability (69%) and non - specificity for any age. The results also show nurses document pain assessment (58%) in the observation chart while (75%) report in the ward report book. It was concluded that the choice of pain assessment tools use by the nurses is determined by the ease of use, availability and hospital policy on pain assessment tool. It was recommended that training should be conducted for nurses on pain assessment tools and various tools should also be made available to nurses in the hospitals

**KEYWORDS:** Nurses Choice, Patients' Pain, Assessment Tools.

### INTRODUCTION

Pain is an unpleasant sensory and emotional experience associated with actual or potential tissue damage (American Pain Society 2005). Pains have some advantages in spite of its unpleasantness to the patient. It is protective in nature and alerts the body of danger. Assessment and documentation of pain is now a prominent routine function of the nurse (Smeltzer and Bare 2004). Pain could be acute or chronic. The etiology of pains could either be physiological or neuropathic. The physiological pain is experienced when an intact nervous system sends signals that tissue are damaged while neuropathic pain is when there is nerve damaged or malfunctioning.

Diamond (2002) stated that it is unaccepted for nurses to have inadequate knowledge about pain and a poor understanding of their professional accountability is vital to ensure quality patients' pain assessment by nurses. This can be achieved through adequate documentation of patients' experience of pain on the clinical record. These records are legal documents that provide evidence of care. Documentation of patients' pain by nurses has been shown

to be poor and even high pain scores do not result in nurses administering more analgesics (Wall-Watson et al 2001). This finding did not support JACHO (2003) who recommended that pain should be assessed and documented like other vital signs.

In a study of 85 nurses caring for patients with cancer, 22% of the nurses indicated that they would report patient's pain when charting, 84% believe that steady state analgesia achieved through round the clock dosing was undesirable while 51% indicated that their estimating of pain were more valid than the patient (McMillan 2000). Pain measurement tools could be uni-dimensional and multi-dimensional. The uni-dimensional tools measure one dimension of pain like the pain intensity. This include visual analogue scale (VAS), Simple descriptive pain intensity scale, 0 - 10 numeric intensity scale, and the 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 scale (Gregory 2000, Hunter et al 2000).

There is a need to study the nurses' choice of pain assessment tools and documentation of pain assessment data. This will help to discover the deficiencies in pain assessment and documentation and help to determine areas to be emphasize in routine pain management.

### METHODOLOGY

A cross sectional descriptive research design was used to study nurses' choice of patients pain assessment tools in 450 nurses randomly selected from Federal Teaching Hospital in Abakaliki, Ebonyi State capital Abakaliki. The data were collected using questionnaire developed by the researchers . The respondents were assured that data would be used only for statistical purposes. The reliability was established using test - retest technique and the Spearman's product moment correlation yielded a co-efficient of 0.86. SPSS version 16 was used in the analysis.

## RESULTS

**Table 1:** Nurses' Tools for patients' pain assessment

Option	Yes Frequency	%	No 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 demand its use	220	52.4	200	47.6

The result of nurses' choice of tools for patients' pain assessment is shown on table 1. The result shown that, the majority of the nurses indicated they used simple descriptive pain intensity scale (57%) and patients' verbal report of pain with score of 87%. An appreciable number were of the opinion that the following pain assessment tools were being used for pain assessment in these hospitals; Visual analogue (37%), 0-10 numeric scale (31%) and Wong Baker's faces pain rating scale (35%).

When asked to state the reasons for not using the tools, nurses posited that it was due to unavailability of the tools and that no hospital guidelines demanded it, with scores of 78% and 52% respectively. On whether nurses lack the knowledge to use the tools, 44% accepted, while 56% were in disagreement. The data also showed that only 17% of the nurses agreed that the use of tools did not add anything to pain management, whereas 83% of the respondents felt that the reverse is true. Furthermore, 52% of the nurses agreed that there were no hospital guidelines that demanded that pain assessment tools should always be used while assessing pain; however, 48% were against this opinion.

## DISCUSSIONS

When the nurses were asked to choose pain assessment tool at least 65% chose one tool or the other and at least 69% gave their reason to be due to ease of use or availability of the tool, or it can be used both on literate and illiterate or non age specific. Only 43% said it is due to hospital policy. Contrary to these responses given by these nurses is the interview with unit heads of the respondents on the same issue. The unit heads categorically stated that no pain assessment tool is in use in their hospital. 60% of the unit heads said that they were not conversant with any of the tools and their usage and that they cannot make a choice. This suggests that the nurses' response on the choice of the tool were based on their knowledge from schools, seminars,

workshops and books. They were expressing what they ought to be doing and not what they practice.

## CONCLUSIONS AND RECOMMENDATIONS

It could be concluded from this study that there exists a gap between the knowledge of pain assessment and practice of pain assessment by nurses in the Federal Teaching Hospital Abakaliki. Continuing nursing education for nurses on patient pain assessment tools and their application in patient care should be organized to improve patient care.

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