EVALUATION OF SOCIO - DEMOGRAPHIC CHARACTERISTICS AFFECTING NURSES PERCEPTION OF PATIENT PAIN ASSESSMENT

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ABSTRACT

A cross-sectional descriptive research design aimed at evaluation of socio-demographic characteristics that affect nurses perception of patient pain assessment was done using structured questionnaire and interview schedule. 450 nurses randomly were selected from Teaching hospital in Abakaliki Ebonyi State capital. The data were analyzed using T-test and ANOVA. The results show that there is no significant statistical difference (p>0.05) in perception of pain assessment between the nurses and also that demographic characteristics of the nurses like professional status, years of experience, level of education, and sex do not have significant effect (p>0.05) on the nurses perception of patient pain assessment. It was concluded that nurses do perceive pain assessment equally meaning that training and years of experience have no effect which should not be so. Inclusion of pain assessment in nursing training in Nigeria is recommended.

INTRODUCTION

Pain is a universal human experience regardless of age, gender and economic status. However, the nature of the experience is unique to the individual as well as the type of pain experienced, the psychological context, meaning and response needed (Bermon et al 2008). These indicate that individuality and the complexity of pain may create gap in the perception, assessment and interpretation by the nurses.

Pain was defined by American pain society (2005) as an unpleasant sensory and emotional experience associated with actual or potential tissue damage. There are three components of pains in the above definition that are crucial to nursing assessment of patient with pains. The first is that pain is a physical and emotional experience. Secondly pain is a response to actual or potential tissue damage and finally pain is whatever the experiencing person say it is or it does. The implication is that there may not be abnormal laboratory report present.

Factors affecting nurses perception of patients’ pain assessment have been highlighted by many (Hall - Lord and Larsson 2006, Mc Giffery et al 2005, Diamond 2002, Bermon et al 2008, Archer 2003). These factors include nurses knowledge of patients’ pain, nurses attitude to pain, documentation of patients’ pain, skills of pain assessment, misconceptions of patients’ pain, cultural values, expectation and experiences of pain. Peter Watron (2002) stated that nurses appear to distrust patients’ self-report of pain which suggest that nurses may have their own individual perception of what patient should express pains. Hence this study of socio-demographic characteristics factors that determine nurses perception of patients’ pain assessment.

METHODOLOGY

A cross sectional descriptive research design was used to study socio-demographic factors that affect nurses perception of patients’ pain assessment in 450 nurses randomly selected from Federal Teaching Hospital Abakaliki, Ebonyi State capital. The data were collected using a 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 was collected and analyzed. SPSS version 16 - was used to analyze T-test and ANOVA at 0.05 level of significance.

RESULTS

The result of socio-demographic characteristics of the nurses is shown on table 1.

The results show that out of the 420 respondents, 180 (42.86%) were female, while 240 (57.14%) were male.

Respondents were predominantly nursing officer (11) - 158 (37.62%) and 143 (34.05%) which were few nursing officer and CNOS. 190(45.24%) of the nurses have worked for 1-5 years, 146 (34.76%) had worked for 6-9 years while 84 (20.00%) had worked for 10 years and above. 321 (76.43%) had diploma. 90(21.43%) had first degree while 9 (2.14%) had additional higher degree.

On professional qualifications, all the respondents are registered nurses (RN), 420 (100%). Two hundred and thirty, 230 (54.76%) of them are also registered midwives.

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Among the registered nurse/midwives, some of them possessed additional professional certificates in other nursing specialties as: intensive care nursing 5 (1.19%), Peri-operative nursing 12 (2.86%), Anesthetic nursing 10 (2.38%), Orthopedic nursing 2 (0.48%) and others 22 (5.24), respectively.

Table 1: Socio-Demographic Characteristics of respondents.

<table>
<thead>
<tr>
<th>Gender distribution of participants:</th>
<th>Number:</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td>38</td>
<td>9.05%</td>
</tr>
<tr>
<td>Females</td>
<td>382</td>
<td>90.95%</td>
</tr>
<tr>
<td>Total</td>
<td>420</td>
<td>100%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Professional status</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>NO II</td>
<td>158</td>
<td>37.62%</td>
</tr>
<tr>
<td>NO I</td>
<td>143</td>
<td>34.05%</td>
</tr>
<tr>
<td>SNO</td>
<td>48</td>
<td>11.43%</td>
</tr>
<tr>
<td>PNO</td>
<td>41</td>
<td>9.76%</td>
</tr>
<tr>
<td>ACNO</td>
<td>11</td>
<td>2.63%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>420</td>
<td>100%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Years of working experience of respondents:</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1-5</td>
<td>190</td>
<td>45.24%</td>
</tr>
<tr>
<td>6-9</td>
<td>146</td>
<td>34.76%</td>
</tr>
<tr>
<td>10+</td>
<td>84</td>
<td>20.00%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>420</td>
<td>100%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Highest academic attainment of respondents:</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Diploma</td>
<td>321</td>
<td>76.43%</td>
</tr>
<tr>
<td>First Degree</td>
<td>90</td>
<td>21.43%</td>
</tr>
<tr>
<td>Higher degree</td>
<td>9</td>
<td>2.14%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>420</td>
<td>100%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Professional qualifications of respondents:</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>RN</td>
<td>420</td>
<td>100%</td>
</tr>
<tr>
<td>RM</td>
<td>230</td>
<td>54.76%</td>
</tr>
<tr>
<td>ICU</td>
<td>5</td>
<td>1.19%</td>
</tr>
<tr>
<td>Peri-Operative Nurse</td>
<td>12</td>
<td>2.38%</td>
</tr>
<tr>
<td>Nurse Anesthetist</td>
<td>10</td>
<td>2.38%</td>
</tr>
<tr>
<td>Orthopedic</td>
<td>2</td>
<td>0.48%</td>
</tr>
<tr>
<td>Others (health education)</td>
<td>22</td>
<td>5.24%</td>
</tr>
</tbody>
</table>

Table 2: ANOVA RESULTS

(a) Comparing the responses of the nurses perception of pain assessment according to their years of experience

<table>
<thead>
<tr>
<th>Sources of Variation</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>P-Value</th>
<th>Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between Groups</td>
<td>0.035</td>
<td>3</td>
<td>0.012</td>
<td>0.073</td>
<td>0.974</td>
<td>Not</td>
</tr>
<tr>
<td>Within Groups</td>
<td>12.760</td>
<td>80</td>
<td>0.159</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>12.795</td>
<td>83</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
(b) Comparing the responses of the nurses on the academic qualifications of the respondents

<table>
<thead>
<tr>
<th>Sources of Variation</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>P-Value</th>
<th>Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between Groups</td>
<td>0.197</td>
<td>5</td>
<td>0.098</td>
<td>0.479</td>
<td>0.622</td>
<td>Not</td>
</tr>
<tr>
<td>Within Groups</td>
<td>12.306</td>
<td>60</td>
<td>0.205</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>12.503</td>
<td>63</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(c) Comparing the responses of the nurses on the academic qualifications of the respondents

<table>
<thead>
<tr>
<th>Sources of Variation</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>P-Value</th>
<th>Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between Groups</td>
<td>0.643</td>
<td>5</td>
<td>0.129</td>
<td>0.456</td>
<td>0.808</td>
<td>Not</td>
</tr>
<tr>
<td>Within Groups</td>
<td>33.815</td>
<td>120</td>
<td>0.282</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>34.458</td>
<td>125</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In comparing the response of the nurses perception of pain assessment according to their years of experience, there is no significant difference in their pain assessment (P>0.05); therefore, Ho is accepted.

The nurses’ responses on the academic qualifications also showed no significant difference in their perception of pain assessment (P>0.05); therefore, Ho is accepted. In comparing the responses of different ranks of nurses, there is no significant difference in their perception of pain assessment (P>0.05); therefore, Ho is accepted.

Table 3: independent T-Test RESULTS

(a) Independent t-test analysis showing nurses’ perception of patients’ pain assessment of FATHA I and FATHA II

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Mean Deviation</th>
<th>Std</th>
<th>T_cal</th>
<th>Df</th>
<th>P-Value</th>
<th>Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>FATHA I</td>
<td>3.68</td>
<td>9.01</td>
<td>0.50</td>
<td>418</td>
<td>0.617</td>
<td>Not significant</td>
</tr>
<tr>
<td>FATHA II</td>
<td>4.13</td>
<td>9.21</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The data presented on table 3 revealed that the variables had a t-calculated of 0.50 with df of 418. There is no significant difference in the means rating of nurses of FMC and EBSUTH (P>0.05); therefore the Ho is accepted.

(b) Independent t-test analysis of male/female nurses of EBSUTH and FMC

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Mean Deviation</th>
<th>Std</th>
<th>T_cal</th>
<th>Df</th>
<th>P-Value</th>
<th>Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>3.58</td>
<td>9.01</td>
<td>0.349</td>
<td>418</td>
<td>0.727</td>
<td>Not significant</td>
</tr>
<tr>
<td>Female</td>
<td>4.14</td>
<td>9.2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The data presented on table 3 showed that the value of t-calculated is 0.0349 with df of 418. There is no significant difference in the perception of patient’ pain assessment of male and female nurses of FMC and EBSUTH (P>0.05); therefore, the Ho is accepted.

DISCUSSIONS

This result examined the socio-demographic characteristics of nurses that affect their perception of product from assessment. The result indicated that hospital setting, years...
of experience, academic qualification, rank and gender of nurses do not have significant (p>0.05) effect on the nurses perception of patient pain assessment. These nurses do not have the same level of knowledge, training, skills yet their perception were the same. This do not agree with McGiffery et al (2005); Berman et al (2008) and Hall-Lord and Larsson who were at the opinion that knowledge, skills and past experiences of the nurse affect nurses perception of patients’ pain assessment. This result may be due to the level of knowledge about pain's important to nurses during their training in Nigeria service what all the nurses have in common is their training being in Nigeria.

CONCLUSION

It can be concluded from the study that Nurses do not really understand the use of pain assessment tools and that indicates that they do not use it.

RECOMMENDATIONS

It is recommended that further studies should be conducted to identify the practice of pain assessment and instrument of pain assessment used by Nurses.

ACKNOWLEDGEMENT

We here by Acknowledge those Nurses who accepted to participate in this study by filling the questionnaire.

REFERENCES


