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**PROF. M. O. LIASU**  
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1. LAUTECH Journal of Nursing (LJN) has the goal of becoming the most widely cited Nursing Journal in West Africa with Impact Factor Value of 0.861 based on International Citation Report (ICR) for the year 2020-2021.
2. The LJN has the tripartite mission of:
  - (a) Promoting a culture of excellence in Nursing Research.
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3. The Journal will accordingly encourage the publication of the following categories of papers.
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4. LJN is published biannually in any area of nursing interest or relevant to needs of academics and practitioners.

In this volume, sixteen (16) manuscripts scale through the eye of the needle of the Editor-in Chief. The title of the papers in this edition are: Evaluation of Nurses' Actions and Opinion on Pain Assessment of Hospitalised Patients; Ultraviolet Radiation on Gunshot Wounds: Clinical Case Reports; Assessment of Knowledge and Compliance with Coronavirus Protocols Among Healthcare Professionals; Availability of Essential Components of Maternal Healthcare in Health Institutions; Factors Associated with Overweight and Obesity among Adolescents; Health-Seeking Behaviours, of Women Presenting with Advanced Stages of Breast Cancer: Sociocultural Beliefs and Practices on Placenta Disposal and Processing among Multiparous Women; Parental Control, Social Media Utilisation And Risky Sexual Behaviour Among Adolescents; Assessment of Nosocomial Infection Preventive Measures Utilized by Clinician Nurses in Intensive Care Unit; Alternative Medicine Use and its Perceived Effectiveness in Management of Hypertension; Assessment of Modern Contraceptives Uptake among Women of Reproductive Age; Community Health Extension Workers and Traditional Birth Attendants' Neonatal Resuscitation Practices of Babies Born with Asphyxia; Midwives' Current Screening Practice of Intimate Partner Violence among Pregnant Women in Northern Nigeria; Assessment of Cancer Patients' Quality of Life; Knowledge, Attitude and Practice of School Health Program among Secondary School Teachers and Traditional Birth Attendants' Knowledge of First-Aid Management and Skills of Selected Labour Emergencies in Ogbomosho, Oyo State, Nigeria: an Intervention Study.

## **EDITORIAL DESK**

Welcome to LAUTECH Journal of Nursing!

LAUTECH Journal of Nursing focuses on but not limited to research findings in the different areas of nursing: Nursing Care, Nursing Education, Medical Surgical Nursing, Maternal and Child Health Nursing, Community Public Health Nursing, and Psychiatric/Mental Nursing. This journal is published to promote quality scholarly writing and hence instigating and generating vibrant discourse in the different areas of nursing. Apart from providing an outlet for publications of research findings, it offers opportunities for professionals and students to disseminate their views or position on topical issues and emerging theories within the scope of the journal. The Journal is peer reviewed by seasoned scholar. Six-three authors have contributed in one way or the other to the tenth edition of the journal.

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# EVALUATION OF NURSES' ACTIONS AND OPINIONS ON PAIN ASSESSMENT OF HOSPITALISED PATIENTS

OGWA, E. T. & NDIE, E. C.

## ABSTRACT

*This study examines actions and opinions of nurses during pain assessment of hospitalised patients. Employing the cross-sectional descriptive research design, 450 nurses were randomly selected from the Federal Teaching Hospital, Abakaliki, Ebonyi State capital. Also, questionnaires were administered and the reliability was established using test- retest technique with coefficient score of 0.86. Descriptive statistics of mean and percentage were used to analyse the qualitative data. The findings of this study revealed that nurses have positive opinions on pain assessment (3.65) and the results of nurses' action during pain assessment of hospitalized patients is positive (3.35). It also indicated that nurses' actions include: (i) asking patients to report to location, (ii) determining the intensity of the pain, quality, (iii) knowing the pattern alleviating factor, (iv) associated symptoms, (v) the nurse observes the coping resources, (vi) giving psychological therapy when patients complain of pain and (vii) the nurse document pain and action given and lastly, the only barrier to nurses' pain assessment is that nurses have too many patients to care for. This study also shows that the level of nurses' assessment of patients' pain is low (2.86). It is therefore recommended that nurses should be given more training to sustain their knowledge and the number of patients to nurses should be reviewed for better care.*

**Keywords: Nurses' Actions; Pain Assessment; Patients; Teaching Hospital.**

## INTRODUCTION

Nurses' perceptions of hospitalized patients' pain assessment stand absolutely essential in determining the actual pain assessment and management in improving quality of life of the patient. Nurses are in the best position to influence patients' pain, even though physicians may order analgesics to be administered. Gregory (2000) posited that pain assessment appropriately done

leads to proper pain management, quick recovery, shorter hospital stay, fewer admission and improved quality of life.

Patients' pain assessment comprised of relevant history of pains, physical examination and observation of behavioural and physiologic responses, additional investigations of biological structures, functions and documentation of pain data. It is a systematic and complex process, time consuming but a viable strategy for essential quality nursing care. Pain exists whenever the patient says it exist and according to Smeltzer and Bare (2004), pain is one of the most common reasons people seek treatment in the hospital and it is subjective in nature, it may be treated pervasively and poorly in most hospital setting. Clark (2005) observed that inadequate pain assessment has been the greatest barrier to pain management and this is attributed to inadequate knowledge of pain assessment. It was recommended by American Pain Society (APS) that pain assessment to routine vital sign assessment performed by nurses and its documentation is to ensure proper pain management (American Pain Society 2001, Berman et al 2008). Pain assessment history procedure includes the nurse giving the patient chance for self-reporting.

The actions of nurses during pain assessment, according to Berman et al (2008), includes requesting patients to report the location, intensity of the pain, quality, pattern alleviating factor, associated symptoms. The next step of action as stated by Mayer et al (2001) involved the nurse observing the behavioural and physiological responses to pains which include effect on activities of daily living, coping resources and effective response of the patient and the family. Pains are also monitored actively by nurses using visual analogue scale (VAS), simple descriptive pain intensity scale, 1-10 numeric intensity scale and Wong – Baker face pain rating scale (Soyannwo et al 2000, Hick and Von Spafford 2001, Hunter et al 2000 and Gregory 2000). It is very important to know what

actions and opinions of nurses are in assessment of patients' in pains. Hence, this study sets out to evaluate nurses' actions and opinions during pain assessment in the hospital.

### **Objectives of the study**

- (a) To assess the nurses' opinion on pain assessment
- (b) Assess Nurses' action during pain assessment of hospitalized patients'
- (c) Assess the level of Nurses 'assessment of patients pain.
- (d) Identify barriers to Nurses' pain assessment

### **METHODOLOGY**

**Design:** A cross sectional descriptive research design was used for this study.

**Population:** The target population are Nurses at Federal Teaching Hospital Abakaliki, Ebonyi State.

**Sampling Technique:** 450 nurses were selected from the total population, using simple random sampling technique from Federal Teaching Hospital in Abakaliki, Ebonyi State

**Instrument:** The data were collected using self-developed questionnaire which comprise of four sections: sections A, B, C and D. Section A is on the demographic data of the participants, Section B nurses' opinion on pain assessment, Section C Assess Nurses' action during pain assessment of hospitalized patients', Section D Assess the level of Nurses 'assessment of patients pain and Section E focuses on **barriers to Nurses' pain assessment.**

**Validity of instruments:** The face and content validity of the instrument were determined by a statistician and two experts from Ebonyi State University who specialized in test construction.

**Reliability of instruments:** The instrument was used in a pilot study at Enugu State University

Teaching Hospital, Parklane, Enugu. The reliability was established using test – retest technique and the spearman's product moment correlation yielded a coefficient of 0.86.

**Method of Data Collection:** Questionnaires were given to the nurses on arrival to duty and were adequately responded to.

**Data Analysis:** Data collected were coded and analyzed using SPSS version 16. The data were presented descriptively using frequency distribution tables, percentages and ANOVA with 0.05 level of significance.

**Ethical considerations:** An approval to conduct the study by Ethics Committee of Federal Teaching Hospital in Abakaliki, Ebonyi State Capital Abakaliki was given. Participants' rights to full disclosure and self-determination were explained. Names or other forms of identification were not required on the questionnaire; only codes were used as participants' identity to maintain the confidentiality of the participants.

### **RESULT**

The result in Table 1 showed nurses' opinion of patient report of pains. The results showed that Nurses recognized that they were not the best assessors of patients' pains (2.99 on 5-point hedonic scale) rather patients were the best assessors (3.88), however, nurses assert that patients often over report their level of pain to attract attention (4.12). Majority had the fear that patients will be addicted to pain relief drugs if nurses rely on their verbal report only (3.80), hence nurses were of the opinion that visible physiologic or behavioural signs must accompany patients verbal pain report as verifiers (3.80). This seems to contradict their view that management of patients' pain can effectively be done with patient verbal report only. The results revealed that the opinion of nurses on pain assessment is positive with a mean score of 3.65.

**TABLE 1: Nurses' Opinion on Pain Assessment**

Assertions	SA	A	D	SD	NOP	TOTAL	MEAN
The following statements refer to nurses' opinion on patients pain							
Patient are best assessors of their plan	176	92	80	68	4	420	3.88
Patients' verbal report is highly subjective therefore should be relied on always	104	117	96	98	5	420	3.52
Patients at times over-report their level of pain to gain attention	170	163	56	31	1	420	4.12
Patients' will be addicted to pain relief and if nurses should rely on verbal report of pain	118	161	84	54	3	420	3.80
Management of patients' pain would be very effective when nurses accept and believe the patients' verbal report of pain	132	164	94	28	2	240	3.94
Validation of patients' pain can effectively be done with patients' verbal report of pain only	93	119	140	62	6	420	3.55
Nurses are the best assessors of pain	108	118	120	70	4	420	2.58
Visible physiologic or behavioral signs must accompany patients' verbal report of pain to verify its existence.	146	113	102	57	8	420	3.80
<b>Decision rule:</b> The level of acceptance=3.00				<b>overall mean = 3.65</b>			

The results of nurses' actions during pain assessment of hospitalized patients were shown on table 2. The results showed that nurses did not collect relevant pain history from patients, with the mean score of 2.75, Nurses do not give patients chance for self-reporting (2.58) The patient was asked to report the location, intensity of the pain, pattern alleviating factor, associated symptoms (3.00). The nurse observed the effect of pain on activities of daily living (2.75), the nurse observed the behavioral and physiological responses to the pain (3.17), the nurse observed the effect of pain on activities of daily living (2.75), Nurses observed the coping resources (4.13), nurses observed effective

response of the patient and the family (2.91), nurses give pain relieving therapy (4.28), nurses give psychological therapy when patients complain of pain (3.80), nurses document pain and action given (4.17). The study showed that nurses' actions during pain assessment of hospitalized patients were positive (3.35). It also indicated that nurses' actions include: asking patients to report location, intensity of the pain, pattern alleviating factor, associated symptoms, the nurse observed the coping resources, give psychological therapy when patients complain of pain and the nurse document pain and action given.

**TABLE 2: Nurses' action during pain assessment of hospitalized patients' pain.**

S/N	OPTION	SA	A	D	SD	NOP	TOTAL	X
1	nurses collect relevant pain history from patients	110	106	68	125	11	420	2.75
2	The nurse gives the patient chance for self reporting.	108	118	120	70	4	420	2.58
3	The patient is asked to report the location, intensity of the pain, quality, pattern alleviating factor, associated symptoms.	67	77	89	145	42	420	3.00
4	The nurse observes the behavioral and physiological responses to the pain.	72	86	114	139	9	420	3.17
5	The nurse observes the effect of pain on activities of daily living.	110	106	68	125	11	420	2.75
6	The nurse observes the coping resources	173	169	41	35	2	420	4.13
7	The nurse observes effective response of the patient and the family	34	80	138	150	18	420	2.91
8	The nurse gives pain relieving therapy	186	181	40	12	1	420	4.28
9	The nurse gives psychological therapy when patients complain of pain	118	161	84	54	3	420	3.80
10	The nurse document pain and action given	178	164	53	23	2	420	4.17
								3.35

(Level of acceptance=3.00)

Table 3 reveals that the mean score of nurses taking history is 2.75, doing physical examination is 2.58, observing of behavioural and physiologic responses 3.00, investigations of biological structures 3.17, Routinely, check

vital signs 2.75, Observe patients when complain of pain 2.75 and Give pain relieving therapy 3.00. This study indicates that the level of nurses' assessment of patients' pain is low. (2.86)

**TABLE 3: Level of Nurses 'Assessment of Patients Pain.**

S/N	OPTION	SA	A	D	SD	NOP	TOTAL	X
1	Take history of pains	110	106	68	125	11	420	2.75
2	Do physical examination	108	118	120	70	4	420	2.58
3	Observation of behavioral and physiologic responses	67	77	89	145	42	420	3.00
4	Investigations of biological structures	72	86	114	139	9	420	3.17
5	Routinely, check vital signs	110	106	68	125	11	420	2.75
6	documentation of pain	88	108	99	119	6	420	2.75
7	Observe patients when complain of pain	34	80	138	150	18	420	2.91
8	Give pain relieving therapy	77	67	89	145	42	420	3.00
								<b>2.86</b>

(Level of acceptance=3.00)

Table 4 reveals the barrier to nurses' pain assessment. It is time consuming (2.73) it is too demanding (2.91) and nurses have so many patients to care for respectively they accept that at times, they do not assess patients' pain in

detailed because they have too many patients to be cared for (3.17), The only barrier to nurses' pain assessment is that nurses have too many patients to care for with a mean scored of 3.17

**TABLE 4: Barriers to Nurses' pain assessment**

S/N	OPTION	SA	A	D	SD	NOP	TOTAL	Mean
Barriers to Nurses' pain assessment are.								
1.	It is exclusively doctors' duty	110	106	68	125	11	420	2.75
2.	It is time consuming	88	108	99	119	6	420	2.73
3.	Is too demanding	34	80	138	150	18	420	2.91
4.	Have so many patients to care for	72	86	114	139	9	420	3.17

(Level of acceptance=3.00)



## DISCUSSION

This study assesses nurses' actions and opinions during pain assessment of hospitalized patients at Federal Teaching Hospital, Abakaliki, Nigeria. It is observed that nurses do not assess pain routinely when other vital signs are being done.

This study shows that nurses' actions during pain assessment of hospitalized patients are positive. This indicates that nurses manifest the following actions: patient is asked to report the location, intensity of the pain, quality, pattern alleviating factor, associated symptoms, the nurse observes coping resources, gives psychological therapy when patients complain of pain and document pains and actions given. The study is in line with Mayer's (2001) view that pain assessment should be done routinely. This study agrees with McCaffery and Ferrel's (2000) observation that pain assessment may be complex and strenuous to the assessor but that it remains a viable strategy for essential healthcare. This study also concurs with Asterin (2003) who reports that since assessment and documentation of other vital signs are done by nurses, likewise pain assessment should equally be carried out by the nurses. These findings indicate that nurses know how to assess patient in pain and also practice patient assessment for pains.

This study indicates that the level of nurses' assessment of patients' pain is low. This is also in line with Gregory's (2006) position that patients are the best assessors of their pains and not nurses. This study observes that the only barrier to nurses' pain assessment is that nurses have too many patients to care for. This study agrees with the findings of Ellen et al (2009) who identified workload as one of the greatest barriers to pain assessment. This study is not in line with Ndie (2019) who states that pain assessment should remain one of their core duties in the hospital irrespective of the burden of work on them.

## CONCLUSION AND RECOMMENDATIONS

It is concluded from the study that nurses have positive opinion on pain assessment and nurses' actions include: patient is asked to report the location, intensity of the pain, quality, pattern alleviating factor, associated symptoms, the nurse observes the coping resources, the nurse gives psychological therapy when patients complain of pain and the nurse document pain and action given.

It is recommended that nurse managers should ensure that patients' pain assessment be done routinely as other vital signs unconditionally. Intensive training programme should be organized for nurses to update their knowledge of pain assessment.

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