



International Journal of Nursing and Healthcare Research

Journal home page: www.ijnhr.com

<https://doi.org/10.36673/IJNHR.2023.v07.i02.A07>



PAIN ASSESSMENT PRACTICE AND ASSOCIATED FACTORS AMONG NURSES WORKING IN TERTIARY CARE HOSPITAL

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ABSTRACT

Pain is considered an uneasy feeling associated with tissue injury. The feeling of pain occurs when the interpretation starts in the brain; as a signal is transmitted through nerve fibers. Pain allows the body to prevent further tissue damage. Since there are different ways of looking and feeling pain, the experience of pain is unique for everybody. In this reference, the objective of pain evaluation is a key step and a major difficulty in properly managing pain in different individuals. The objective of this study is to analyze nurse's practice on pain assessment and associated demographic factors. The study findings show (88%) of subjects had a good practice and (12%) of subjects had poor practice in the pain assessment.

KEYWORDS

Pain, Assessment, Knowledge, Practice, Nurses and Patients.

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INTRODUCTION

Pain is an unpleasant feeling that may be caused by socio-demographic physical conditions, interactions, or diseases. It can be formally defined as an unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage¹. International Association for the Study of Pain (IASP, 2012) stated that pain is an unpleasant sensory and emotional experience associated with actual or potential damage or described in terms of such damage. Pain assessment is the first step in proper pain relief, an important goal in Patients care. Worldwide, unrelieved or poorly managed pain is a

burden on the person, the healthcare system and society, and pain is a concern throughout life (RNAO, 2012). In this study (H1) is achieved (H1 – There will be more good practice of nurses on pain assessment due to socio-demographic factors and H2- There will be more bad practice of nurses on pain assessment due to socio-demographic factors). H0 and H2 are rejected (H0-There are no changes in the practice of nurses on pain assessment due to socio-demographic factors.) This study was conducted in requirement to identify nurses' pain assessment practice and the influence of sociodemographic factors on pain assessment.

MATERIAL AND METHODS

The study was conducted in December 2023. A quantitative research approach with a survey research design was used to assess the practice of nurses on pain assessment at the Apollo Hospitals Nashik. Permission from the Medical Superintendent at Apollo Hospitals Nashik and ethical clearance from the organizational ethical committee were taken before starting the study. A total of 102 samples were taken (registered nurses). A convenient sampling technique was used for data collection. The inclusion criteria for sample collection are registered nurses. The subjects were given a structured questionnaire form to fill out and give responses. Before the questionnaire was given to the participants, consent was taken, and aims and objectives were explained to them. The structured questionnaire to assess the practice regarding pain assessment has two sections, Section 1 consists of demography and Section 2 questionnaire to assess practice.

RESULTS AND DISCUSSION

During the study period, 101 people responded, 6 nurses were on annual leave and the overall response rate was 94.44%. Descriptive (Frequency percentage) was used to assess the practice of nurses on pain assessment. Table No.1, Figure No.11 to Figure No.9 represents sociodemographic characteristics of the subjects. The highest percent (78) of the study samples were between the age group of (18- 30 times) and the minimal percent (22)

of the study samples were between the age group of (30- 60 times). The highest percentage (74) of the study samples were female and the lowest percentage (26) of the study samples were male. The highest percent (73) of the study samples were married and the smallest percent (27) of the study samples were never married. The upmost percent (73) of the study samples were married and the lowest percent (27) of the study samples were never married. The highest percent (54) of the study samples were degree and above education holders and the smallest percent (46) of the study samples were diploma holders. The top percent (39) of the study samples were 5 times of experience. The top percent (52) of the study samples were working in the medical unit, (30) of the study samples were working in the emergency and ICU unit and the smallest percent (18) of the study samples were working in the surgical unit. The top percentage (89) of the study samples received pain assessment training, (13) of the study samples didn't receive pain assessment training. The loftiest chance (99) of the study samples are aware of the guidelines of pain assessment and (1) percent of the study samples aren't aware of the guidelines of pain assessment.

Figure No.9 depicts that the highest percentage (88%) of samples are following good practices in pain assessment and the lowest percentage (12%) of samples are not following appropriate good practices in pain assessment. 90% of nurses are regularly assessing the pain of the patient and 89% of nurses use pain assessment tools. 85% of nurses are appropriately assessing the pain before and after the procedures. 92% of nurses are documenting pain scores in patient documentation after pain assessment. 87% of nurses are following the proper pain score handover process during nurse-to-nurse communication. 94% of nurses follow patient gestures and expressions to assess the pain and another way 91% of nurses recognize pain assessment needs by vital changes. (Table No.2).

Discussion

The percentage of nurses who had good pain assessment practice was 88% in this study. This figure is greater than that found in studies at Cairo University Hospital, where 95% of nurses had poor

practice, CHUK (a teaching university hospital in Kigali), where 78% had low pain assessment practice (Kizza and Muliira, 2015¹, Tuyishimire, 2017²). The above discrepancies could be attributed to nurse’s sociodemographic factors differences.

The most common pain assessment practice in our study (85.29%) was discussing pain assessment and management during nurse-to-nurse reports, which is similar to a study done in Ugandan hospitals (76%) and Bangladesh (74.5%) (Kizza and Muliira, 2015³, Mondol *et al*, 2018⁴). The most common pain assessment approach was using a pain assessment tool for pain assessment.

Table No.1: Study sample distribution by sociodemographic characteristics

S.No	Variable	Option	Frequency	Percentage
1	Gender	Male	27	26.4705882
		Female	75	73.5294118
2	Age group	18-30 years	80	78.4313725
		30-60years	22	21.5686275
3	Marital status	Married	28	27.4509804
		Never married	74	72.5490196
4	Educational Status	Degree and above	47	46.0784314
		Diploma	55	53.9215686
5	Years of work experience	< 2 years	40	39.2156863
		> 5 years	23	22.5490196
		2–5 years	39	38.2352941
6	Working area	Emergency and ICU	31	30.3921569
		Medical	53	51.9607843
		Surgical	18	17.6470588
7	Training on pain assessment	Yes	89	87.254902
		No	13	12.745098
8	Awareness regarding pain assessment	Yes	101	99.0196078
		No	1	0.98039216

Table No.2: Practice of nurses in pain assessment

S.No	Variables	Frequency
Assess the pain of their patients		
1	Yes	90 (88.23)
2	No	12(11.76)
Use pain assessment scales/tools		
3	Yes	89(87.25)
4	No	13(12.74)
Assess patients' pain before and after a procedure		
5	Yes	85(83.33)
6	No	17(16.66)
Document pain assessment scores		
7	Yes	92(90.19)
8	No	10(9.80)
Discuss pain scores during a nurse-to-nurse report		
9	Yes	87(85.29)
10	No	15(14.70)
Use observation(patient's behaviours) and gestures in pain assessment		
11	Yes	94(92.15)
12	No	8(7.84)
Use vital signs as extra indicators of the intensity of a patient's pain/as a cue for pain assessment		
13	Yes	91(89.21)
14	No	11(10.78)

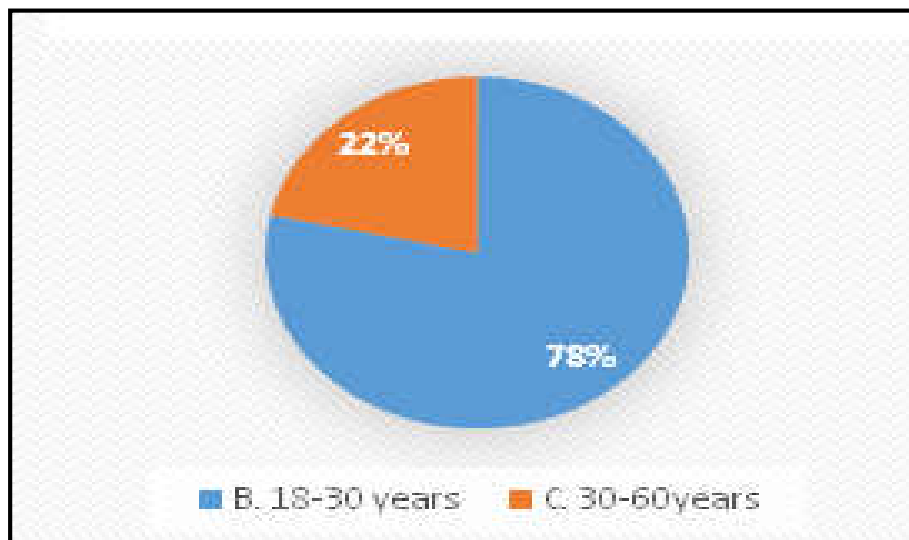


Figure No.1: Frequency and percentage of subject according to age

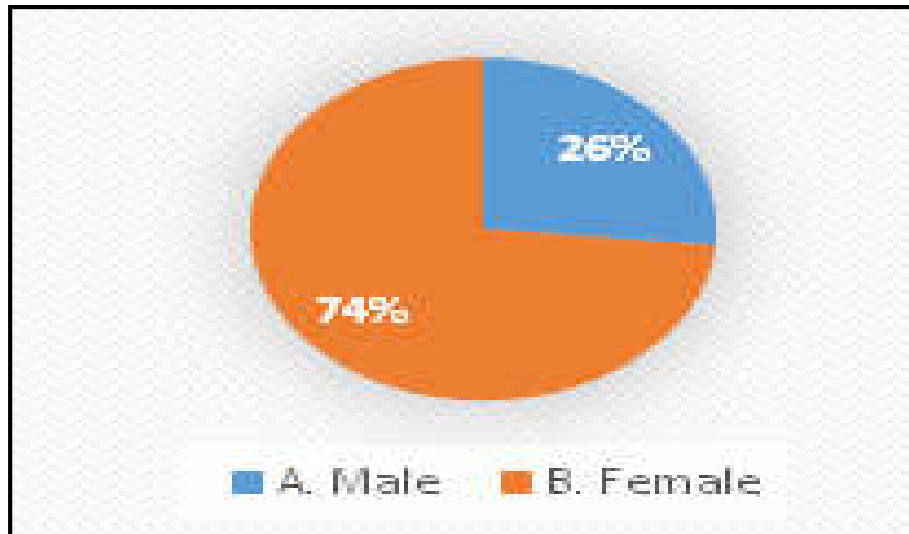


Figure No.2: Frequency and percentage of subject according to gender

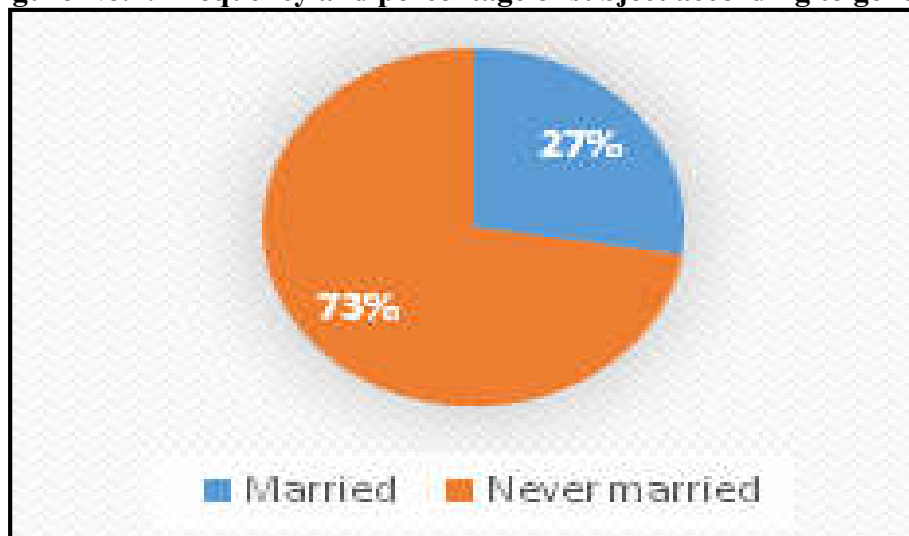


Figure No.3: Frequency and percentage of subject according to marital

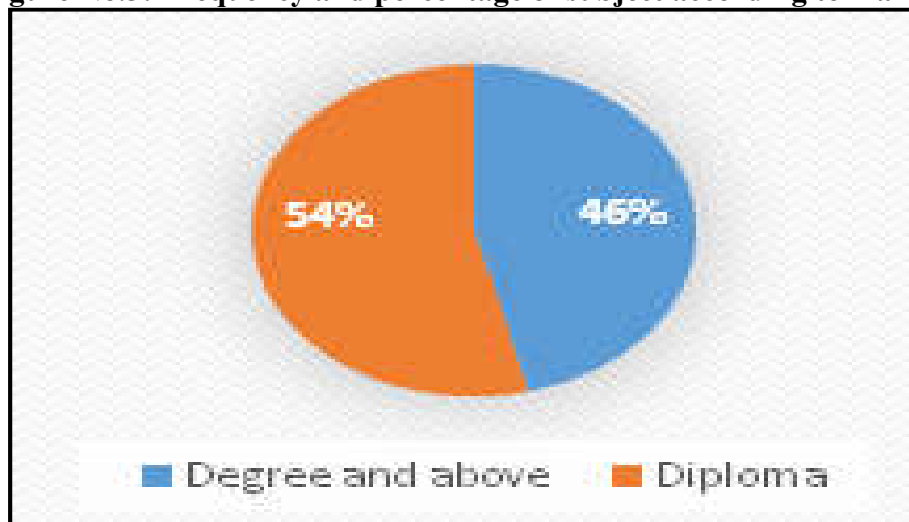


Figure No.4: Frequency and percentage of subject according to Educational Status

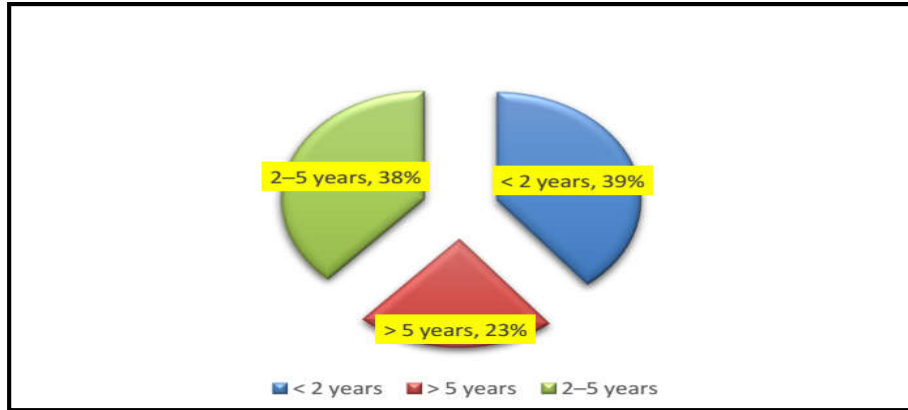


Figure No.5: Frequency and percentage of subject according to work experience

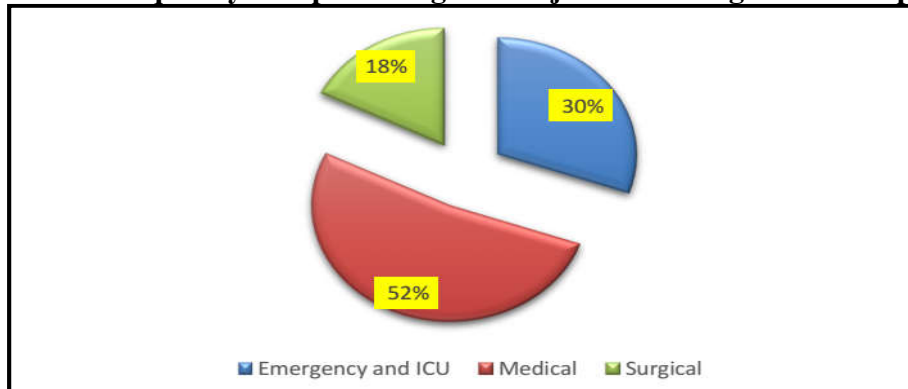


Figure No.6: Frequency and percentage of subject according to working unit

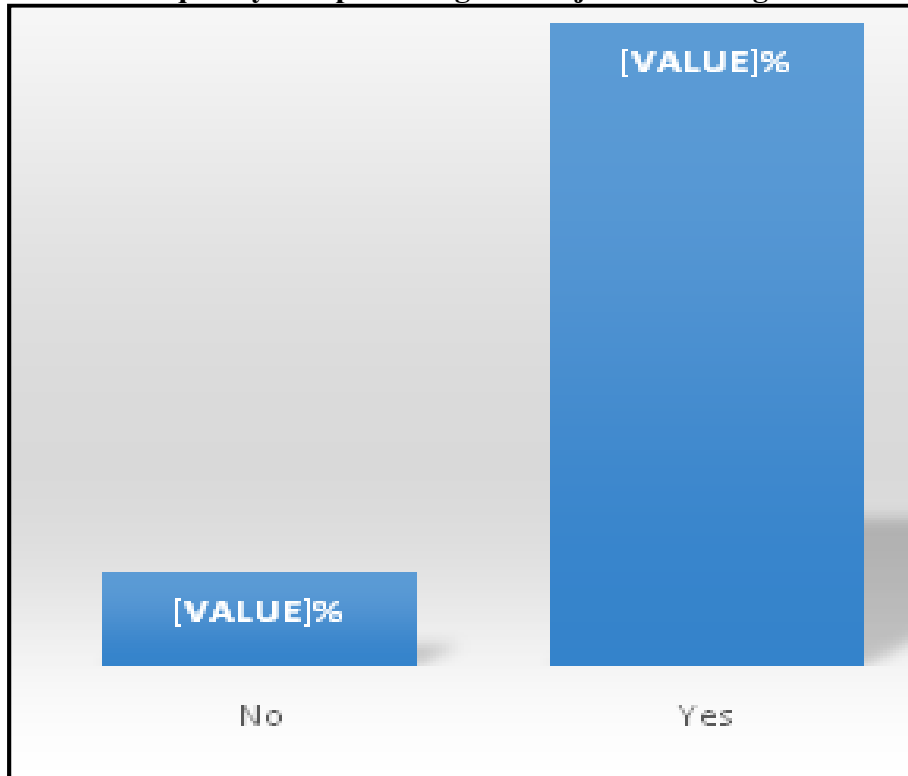


Figure No.7: Frequency and percentage of subject according to training on pain assessment

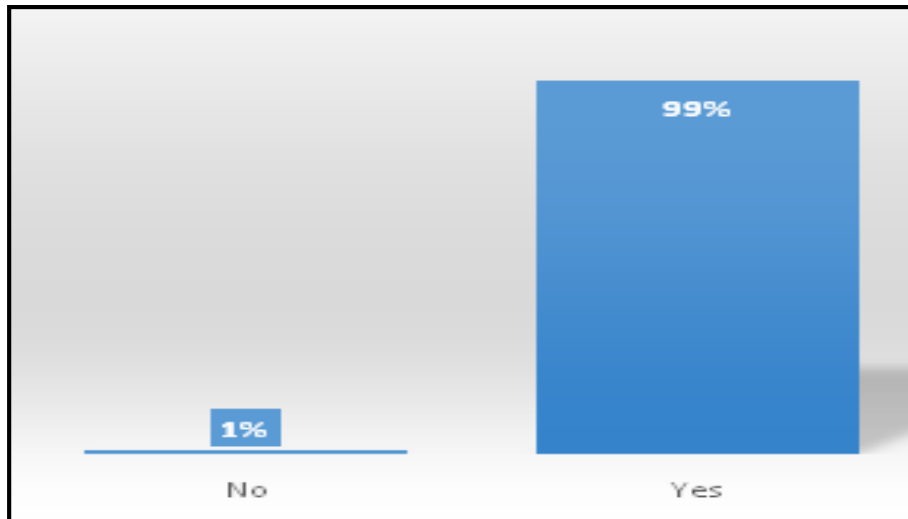


Figure No.8: Frequency and percentage of subject according to Awareness regarding guideline of pain assessment

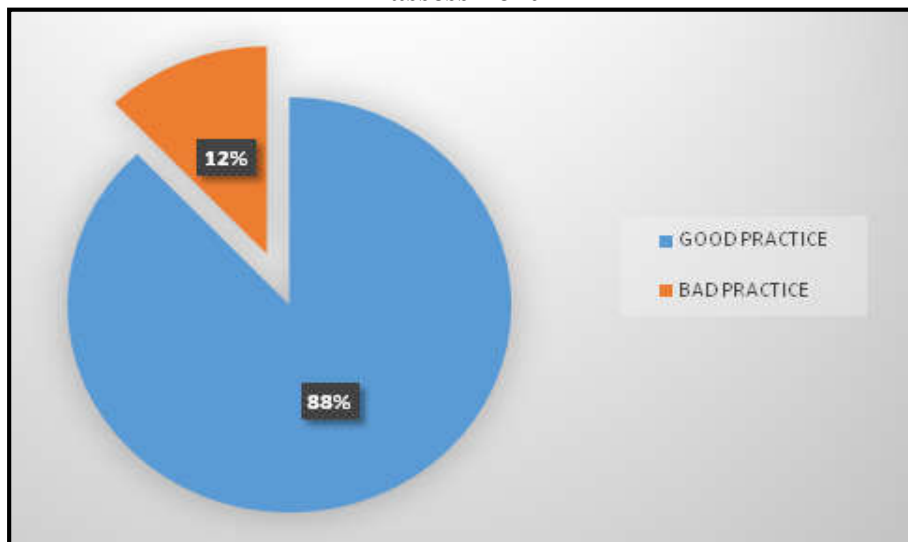


Figure No.9: Frequency and percentage of subject according to Nurses pain assessment practice

CONCLUSION

Nurses' pain assessment practice was found to be high. Moreover, a substantial proportion of the study nurses. Use observation and gestures in pain assessment tools with high documentation practice. Continuous professional development through in-service training and education is crucial to the improvement of nurses' pain assessment practice to achieve 100% compliance with results. Furthermore, ameliorating organizational support using a supportive working environment is suggested for the betterment of nurses' assessment practice.

ACKNOWLEDGEMENT

The authors is sincerely thankful to Nurse Educator at Apollo Hospital, Nashik, Maharashtra, India for providing the facilities to carry out this research work.

CONFLICT OF INTEREST

We declare that we have no conflict of interest.

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Please cite this article in press as: Bhagyashri Pawar and Rohini Sharma. Pain assessment practice and associated factors among nurses working in Tertiary Care Hospital, *International Journal of Nursing and Healthcare Research*, 7(2), 2023, 33-40.