



*Full Length Research Paper*

# Perceived factors affecting utilization of pain assessment tool among nurses in selected tertiary hospital in Benin City Edo State

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## Abstract

Maintaining an optimal level of comfort is a universal goal for physicians and nurses because pain is one of the major experiences that can minimize patients' comfort. This study assesses perceived barriers to utilization of pain assessment tool in selected tertiary Hospital, Benin City, Edo State. A descriptive cross sectional survey design was used in a sample size of 306 which was selected using non-probability convenient sampling technique. A self-structured questionnaire serves as instrument for data collection. Data obtain were analyzed using descriptive statistics and hypothesis were tested using chi-square and t-test. Result shows that majority 284(99.0%) assess patient pain using pain assessment tool/scale; however only 58(20.4%) routinely use the tool. Self-report (78.6%) and Numerical rating scale (61.7%) were the major tool used, factors such as shortage of nursing staff (3.17), lack of knowledge of pain assessment tool (2.75), patient cultural belief about pain (3.15), Lack of implementation by the Nursing service unit (2.92) and unavailability of pain assessment tool (3.20) were identified as barrier to utilization of pain assessment tool. There was no significant relationship between the academic status of nurses and the utilization of pain assessment tools (PATs) ( $\chi^2 = 2.850$ ;  $p = 0.401$ ). However a significant difference in mean score of male and female nurses ( $t=2.746$ ;  $p = 0.000$ ;  $p<0.05$ ) were found. There should be enforcement of rule of engaging the nursing staff in utilization of the pain assessment tool by nursing services unit in all health facilities for effective and adequate pain management

**Keyword:** Nurses, Pain assessment tool, utilization, perceived factors.

## INTRODUCTION/BACKGROUND

Maintaining an optimal level of comfort is a universal goal for physicians and nurses because pain is one of the major experiences that can minimize patients' comfort. These patients experience pain from preexisting diseases, invasive procedures, or trauma Arif and Grap, (2009). Pain assessment is the first step in proper pain relief, an important goal in patients' care Gelinis et al., (2006). According to the International Association for the Study of Pain (IASP) (2010), pain is a sensory and emotional experience associated with actual or potential damage or described in terms of such damage. It is a sensation that is strictly subjective in nature. McAffery (2010) defined pain

as whatever the experiencing person says it is, existing whenever the experiencing person says it does. This exemplifies the importance of the patient's perspective and input, which supports the individual's self-report as the single most reliable indicator of the existence and severity of pain Pasero, (2009). Pain assessment is crucial if pain management is to be effective and nurses are in a unique position to assess pain as they have the most contact with the patient and their family in hospital. Failing to assess pain may affect quality of life, and increase the length of stay of hospitalized clients Zanolin et al., (2007). There are several validated assessment tools in the literature to

assess the intensity of pain; for example, the Numeric Rating Scale (NRS), Visual Analog Scale (VAS), Verbal Descriptor Scale (VDS), and Wong-Baker Faces Scale (WBFS) ACCN, (2013); Pasero and McCaffery, (2010). For critically ill adults who cannot communicate properly, there are also several validated tools including the, Behavioral Pain Scale (BPS), Critical-Care Pain Observation Tool (CCPO), and Face, Legs, Activity, Cry, and Consolability (FLACC) pain scale ACCN, (2013). Nurses play a pivotal role in pain assessment and management Suha et al., (2014). Untreated and undertreated pain has debilitating effects and significantly interferes with the patient's physical, emotional and spiritual well-being thus can alter the patient's quality of life Ho et al., (2013; Alexandrina de Jesus and Jacinta, 2013). Lui et al. (2008), reported that pain is a common symptom in patients in medical units and effective pain assessment using the right scale/tools is a senaquel to effective management strategies. It has been established that nurses assess patient pain using these tools infrequently Rose, et al, (2011), and studies have shown that the reasons for the inadequacies in pain management, include inadequate knowledge on pain assessment tool/scale, lack of utilization, monitoring, and pharmacological treatment of pain especially frequently used opioids Bernardi et al., (2007), Pedititaki et al., (2010). In a cross sectional study conducted by Gregory and Richard, (2014) on the use of pain assessment tools in clinical practice in school of Nursing Midwifery and Social Work, University of Manchester, UK using 132 healthcare professionals. The result shows that the numerical rating scales and the verbal descriptor scale were used by the majority of nurses. Behavioral pain assessment scale such as Abbey pain assessment scale were used by 42% of the respondents. It also indicates that verbal self-report pain assessment scales appear to be embedded into clinical practice, but the use of observational pain assessment tools for people with communication difficulties have not been adopted by the majority of organizations represented. Also a cross-sectional descriptive study conducted by Ogwa, and Ndie, (2005), on the use of pain assessment tools among 450 nurses randomly selected at federal teaching hospital, Abakiliki. The result shows that majority of the nurses use mainly patient's verbal report of pain (87%) and simple descriptive pain intensity scale (57%) as their pain assessment tools. It revealed that nurses only use the subjective method to assess their patient's pain. In a descriptive study conducted by Ojong, Ojong-Alasia and Nlumanze (2014) on nurses on use of pain assessment tools and management of pain among surgical patients in secondary health facility in Calabar Metropolis, Cross River State, Nigeria. The result shows methods of pain assessment tools recorded thus: patient self report of pain 72%, observation of behaviour 78.9% and assessment of pain site and location. Records of pain assessment tools used and management were deficient in the wards.

Similarly a participatory research conducted by Gregory (2012) on how to identify a pain assessment tools for people with communication difficulty at University of Manchester, UK shows that several behavioral pain assessment tools available but are not used in everyday practice, but numerical pain assessment tool appeared to be suitable for acute care but in practice and when compared to other tools it was not useful.

Furthermore, Niamh, (2011) in a study of knowledge and attitude regarding pain among surgical nurses, uses a descriptive cross-sectional design. It was find out that more than half (57.4%) of the sample always used a pain assessment tool (PAT), a further 38.3% used a pain assessment tool (PAT) frequently, with the remaining 4.3% of respondents rarely or occasionally using a pain assessment tool (PAT). Kizza and Muliira, (2016) in a study aimed at describing the knowledge and practices related to pain assessment, and perceived barriers among nurses caring for critically ill - adult patients (CIAP) also reported that Nurses have poor pain assessment practices, including lack of use of pain assessment tools and guidelines, which were significantly associated with workload and the low priority set to pain assessment and management. Similarly, Torvik et al., (2015), in a study to explore the use of pain assessment strategies (verbal, numeric, and observation rating scales and standardized questions) in home care and nursing homes. It was revealed that pain assessment tools were not used frequently in nursing homes and home care. Verbal and numeric rating scales were used significantly more frequently in home care than in nursing homes. Registered nurses (RNs) in nursing homes used standardized questions significantly more often than did RNs in home care. RNs and social educators in home care self-reported less competence in treating the patients' total pain experience than did those in nursing homes..

Consequently, Taylor and Stanbury, (2009) shows that busy units, inadequate staffing, limited time, inappropriate attitude or focus on other imperatives, inadequate knowledge on assessment tools, poor communication, inadequate staff training were factors affecting utilization of pain assessment tools. Rose et al, (2011) relate factors like hemodynamic instability and inability to communicate have specifically influence pain assessment. Findings of a study showed that level of education qualification and the number of topics covered during ongoing professional education did not influence reported perceptions on important of pain assessment tools Prose et al., (2011). Similar findings were reported by a study in Hong Kong were educational level was how significantly associated with knowledge and utilization Lui et al., (2008).

Shurgarman and Colleague, (2010) also reported that educational level was not found to be associated with nursing staff utilization of pain assessment tools like Normal Rating Scale (NRS). Ashley, (2009), reported that

social attitude and cultural beliefs of both the person in pain and practitioners prevail and can limit effective utilization of pain assessment tools. Also absence of protocols and guidelines on pain assessment tools has been cited to hinder effective utilization of pain assessment tools Kituyi et al., (2011).

### Statement of problem

The cornerstone to adequate pain relief among patient is systematic and consistent use of pain assessment tool and documentation of right assessment tool used and this will enable the health care provider to know the accurate treatment for the patient in pain. Therefore it is imperative that health care provider assess pain accurately and document the right pain assessment tools used Arif-Rahu and Grap, (2010). The questions is did nurses use pain assessment tool in management of their patient pain? Research related to nurses knowledge and practices regarding utilization of pain assessment tools in clinical setting remain limited despite the increase awareness of the significance of pain among patients Shannon and Bucknall, as cited in Mohommed, (2010). Though study exist that assess the nurses knowledge of pain management, there dearth of empirical study on nurse's utilization of pain assessment tools especially in these part of the country. Hence this study is conducted to assess nurse's use of pain assessment tool in university of Benin teaching hospital.

Objectives of the study

1. To examine the use of pain assessment tool in assessment of patients among nurses in UBTH.
2. To find out perceived barrier to the utilization of pain assessment tools among nurses in UBTH

### Hypothesis

1. There is no significant relationship between the nurse's academic status and the utilization of pain assessment tools (PATs) in UBTH.
2. There is no significant difference between male and female nurses on the utilization of PAT in UBTH.

### Significance of the study

Pain assessment tool is one of the key instruments in the effective management of pain, which is one of the most important aspects of patient care and is relevant to all nurses. Since much of the responsibility for the patients' comfort rest with the nurses, they need to frequently use the pain assessment tool in order to make the right diagnosis of pain with a view of adequately managing it.

This study will expose the nurses' level of utilization of pain assessment tool and the recommendation, it will also reveal factors influencing its usage which will help stalk holder in the health care sector to make policy which will enhance and improve on its use for an effective pain management. This study will contribute to body of knowledge in this subject area and serve as a baseline data for future researchers.

## MATERIALS AND METHODO

### Research design

The researcher uses a descriptive cross-sectional survey design.

### Research setting

University of Benin Teaching Hospital, (UBTH) Benin City was purposely selected for this study as one of the first generational tertiary health institution in the country. It was established to compliment her sister institution, University of Benin and to provide secondary and tertiary care to them Midwestern region it has facilities for over 900 in patient. University of Benin Teaching Hospital has many departments including nursing service which is divided into seven (7) unit headed by an Assistant Director.

### Target population

Target population of the study were all nurses working in UBTH. According to data from the Director of Nursing Services University of Benin Teaching Hospital the total the number of nurses in UBTH is 928

### Sample size

A sample size of 306 was used for this study and this study and this is gotten from the target population of 928 using the Taro Yarmenes formula, with 10% attrition rate.

$N = \frac{n}{1 + N(e)^2}$  ; Where n=sample size, N= Target population, e is error (5%)

$n = \frac{928}{1 + 928(0.05)^2}$

= 279.51

10% attrition rate = 28

279 + 27 = 306

### The inclusion criteria

Must be registered with the Nursing and midwifery council

of Nigeria (NMCN), must have more than one year of clinical experience in the clinical setting.

### **Sampling technique**

Non-probability convenient sampling technique was used.

### **Instrument for data collection**

A self-developed questionnaire consisting of two sections A and B. Section A consists of the demographic data of the respondents. Section B comprises knowledge on pain assessment tools.

### **Validity**

Face and content validity of the instrument was done by two other senior clinicians who are experts in pain management in UBTH.

### **Reliability**

Reliability of the instrument was tested in a pilot study with 20 respondents from similar institution; the product moment reliability coefficient ( $r$ ) was measured as 0.78. This showed that the instrument has a high internal consistency and can be used for the study.

### **Ethical consideration**

Ethical approval was obtained from UBTH Research and Ethical Committee for the study. Administrative permit was also obtained from the Nursing Services Department of UBTH. Consent of the respondents was duly sort for before proceeding and confidentiality was held in high esteem.

### **Procedure for data collection**

The researcher recruited three (3) registered nurses working in the hospital as research assistants. These research assistant were trained on how to administer the questionnaire. The researcher working closely with the research assistants administered the questionnaire to the different wards/units every day except on Sundays and this was done during each of the shift. After administering the questionnaire time will be giving to the respondents to fill, and then collect it immediately. A period of four (4) weeks was used for the data collection.

### **Method of data analysis**

Data generated with the questionnaire was statistically analysed using arithmetic means, proportions, standard deviation and percentages. Statistical hypotheses were tested using t-TEST and CHI-SQUARE at 5% level of significance. IBM SPSS version 20 was employed in all the analyses.

## **RESULTS**

### **Socio-demographic characteristics of respondents**

Table 1 shows the demographic characteristics of the nurses in UBTH. 86(30.0%) of the nurses are males; while 201(70.0%) of the nurses are females. The mean age of the nurse is  $37.49 \pm 11.31$  yrs. 102(35.5%) are in the age group 20 - 30 yrs; 84(29.3%) are within 31-40 yrs; 43(15.0%) are within 41-50 yrs; the remaining 58(20.2%) are 50 yrs and above. In assess the nurses level of education, 131(45.6%) reported they have RN, 135(47.0%) have B.Sc, 21(7.3%) reported they have M.Sc. None of the nurses reported having a Ph.D. From the working experience part of the demographics, 100(34.8%) have worked for 1-5 yrs; 84(29.3%) have worked for 6 - 10 yrs; 48(16.7%) have been working for 11-15 yrs; while the remaining 55(19.2%) are 16 yrs and above. The mean years of experience are  $10.16 \pm 7.58$  yrs. More than half 175(61.0%) of the nurses have attended workshop/seminar on pain management; while 112(39.0%) have never attended such exposure. Over three-quarter 247(86.1%) of the respondents have read books/journals about pain; while very few 40(13.9%) have not been exposed about pain.

### **Objective one**

#### **Use of pain assessment tool in assessment of patients among nurses in UBTH**

Table 2 shows the utilization of pain assessment tools by nurses in UBTH. Majority 284(99.0%) assess patient pain using pain assessment tool/scale; while 3(1.0%) do not use this tool/scale. Among those that use this tool, 67(23.6%) seldom use the pain assessment tool, 142(50.0%) sometimes use it, 17(6.0%) often use, while the remaining 58(20.4%) routinely use the tool. On whether they document the tools used for pain assessment, 163(57.4%) reported that they document it, while the remain 121(42.6%) reported that they do not document it. 51(17.8%) document the tools assessment score in nursing process proforma, 70(24.4%) document in patient case note, 90(31.4%) document it on pain chart attached to the patient case

**Table 1:** Demographic characteristics of nurses

	Frequency	Percentage
<b>Gender</b>		
Male	86	30.0
Female	201	70.0
<b>Age</b>		
20 - 30yrs	102	35.5
31 - 40yrs	84	29.3
41 - 50yrs	43	15.0
50yrs and above	58	20.2
Average mean age/SD	37.49±11.31yrs	
<b>Level of Education</b>		
RN	131	45.6
B.Sc	135	47.0
M.Sc	21	7.3
Ph.D	0	0.0
<b>Working Experience</b>		
1 - 5yrs	100	34.8
6 - 10yrs	84	29.3
11 - 15yrs	48	16.7
16yrs and above	55	19.2
<b>Have you attended workshop/Seminar on pain management</b>		
Yes	175	61.0
No	112	39.0
<b>Have you read any book or journal about pain?</b>		
Yes	247	86.1
No	40	13.9

**Table 2:** Utilization of pain assessment tools

Utilization of pain assessment tool	Frequency	Percentage
<b>Do you assess patient pain using pain assessment tool/scale</b>		
Yes	284	99.0
No	3	1.0
<b>If yes, how frequently do you use pain assessment tool?</b>		
Seldom	67	23.6
Sometimes	142	50.0
Often	17	6.0
Routinely	58	20.4
<b>Do you document the tools used?</b>		
Yes	163	57.4
No	121	42.6
<b>Which of the following do you document your pain assessment tools used?</b>		
Nursing process proforma	51	17.8
Patient case note	70	24.4
Pain chart attached to the patient case note	90	31.4
Nursing hand over note	73	25.4
We don't document	3	1

note; 73(25.4%) document it on nursing hand over note, 3(1.0%) do not document. In response to research question two, it shows that they nurses in UBTH utilize pain assessment tools as majority has shown from the analysis. Table 3 shows the type of tools nurses in UBTH used in assessing pain. 209(78.6%) uses self-report, 164(61.7%)

use numerical rating scale; 126(47.4%) utilize behavioral pain assessment tools ; 118(44.4%) uses virtual descriptor scale; 94(35.3%) utilize visual analogue scale; 72(27.1%) utilize Flacc, 55(20.7%) uses Wong-Bacter; 46(17.3%) utilize the London Pain Chart; 28(10.5%) utilize Bourbonnais Pain Assessment Tools and the least utilized

**Table 3:** Tools utilized in assessing pain (in Descending Order)

Tools utilized in assessing pain	Frequency	Percentage
Self-report	209	78.6
Numerical rating scale	164	61.7
Behavioural pain Assessment Tools	126	47.4
Verbal Descriptor Scale	118	44.4
Visual analogue scale	94	35.3
Flacc	72	27.1
Wong-Bacter	55	20.7
The London Pain Chart	46	17.3
Bourbonnais Pain Assessment Tools	28	10.5
MC Gill Pain Questionnaire	25	9.4

**Table 4:** Perception to barriers/factors to utilization of pain assessment tool in UBTH

S/N	Item questions	SD	D	A	SA	Mean*	SD	Decision
1	Nurses are too busy to use pain assessment tool in the ward	78(27.5)	50(17.6)	75(26.4)	81(28.5)	2.56	1.17	Positive
2	There is shortage of nursing staff in UBTH	43(15.0)	20(7.0)	69(24.0)	155(54.0)	3.17	1.09	Positive
3	I don't have adequate knowledge of pain assessment tool	44(15.5)	48(16.9)	126(44.4)	66(23.2)	2.75	0.98	Positive
4	I feel that patient are not cooperating when using the tools	51(18.0)	104(36.6)	81(28.5)	48(16.9)	2.44	0.97	Negative
5	Patient have different cultural belief about pain	12(4.2)	54(18.8)	100(34.8)	121(42.2)	3.15	0.87	Positive
6	There is lack of adequate staff training on pain management tool and its utilization	3(1.0)	20(7.0)	94(32.8)	170(59.2)	3.50	0.67	Positive
7	Lack of implementation attitude by the Nursing service unit	23(8.0)	66(23.0)	109(38.0)	89(31.0)	2.92	0.93	Positive
8	There are no available pain assessment tool in the hospital	3(1.0)	59(20.6)	104(36.2)	121(42.2)	3.20	0.80	Positive
9	Nurses are not allowed to make use of pain assessment tools in UBTH	63(22.0)	66(23.0)	44(15.3)	114(39.7)	2.73	1.20	Positive
	Grand Mean					2.94	0.45	Positive

\*Mean score >2.5 is positive perception

tool is the MC Gill Pain Questionnaire which only 25(9.4%) utilized this tool in assessing pain.

### Objective two

#### Respondents perceived factors/barrier to utilization of pain assessment tool in UBTH?

Table 4 shows the perception to barriers/factors to utilization of pain assessment tools by nurses in UBTH. The mean score for the items shows that the nurses have positive perception about the utilization of pain assessment

tools in UBTH; except for the item: I feel that patient are not cooperating when using the tools which is a negative perception. The grand/overall mean shows that the nurses have positive perception about the utilization of pain assessment tools in UBTH.

#### Hypothesis one

There is no significant relationship between the nurse's academic status and the utilization of pain assessment tools (PATs) in UBTH.

Table 4 shows the association of Academic status of nurses in UBTH and utilization of PAT tools. This

**Table 5:** Association of academic status of nurses and utilization of PAT tools

Academic status	Utilization of PAT		
	Yes	No	Total
RN	131(46.1)	0(0.0)	131(45.6)
B.Sc	132(46.5)	3(100.0)	135(47.0)
M.Sc	21(7.4)	0(0.0)	21(7.3)
Total	284(100.0)	3(100.0)	287(100.0)

$\chi^2 = 2.850; p = 0.401$

**Table 6:** Mean comparison of utilization of PAT score of male and female nurses

**Group Statistics**

	Gender	N	Mean	Std. Deviation	Std. Error Mean
Utilisation_Score	Male	86	2.8488	1.88815	.20360
	Female	198	3.6465	2.38784	.16970

**Independent Samples Test**

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
								Lower		Upper
Utilisation_Score	Equal variances assumed	6.705	.010	-2.746	282	.006	-.79763	.29044	-1.36933	-.22592
	Equal variances not assumed			-3.009	202.042	.003	-.79763	.26505	-1.32025	-.27501

association is statistically not significant ( $\chi^2 = 2.850; p = 0.401$ ). We therefore accept the null hypothesis which states that there is no significant relationship between the academic status of nurses and the utilization of pain assessment tools (PATs) in UBTH.

**Hypothesis two**

There is no significant difference between male and female nurses on the utilization of PAT in UBTH. Table 6 shows the mean comparison of utilization score of male and female nurses in the utilization of PAT. The mean score for male nurse is  $2.85 \pm 1.89$ ; while that of the female nurses is  $3.65 \pm 2.39$ . This shows that the female nurses utilize the PAT more than the males. This difference in mean is statistically significant ( $t=2.746; p = 0.000$ ). We therefore reject the null hypothesis which states that there is no significant difference between male and female nurses in the utilization of PAT.

**DISCUSSION OF FINDINGS**

Findings from the study shows that 86(30.0%) of the nurses are males; while 201(70.0%) of the nurses are females. The mean age of the nurse is  $37.49 \pm 11.31$  yrs. 102(35.5%) are in the age group 20 - 30 yrs; 84(29.3%) are within 31-40 yrs; 43(15.0%) are within 41-50 yrs; the remaining 58(20.2%) are 50 yrs and above. In assess the nurses level of education, 131(45.6%) reported they have RN, 135(47.0%) have B.Sc, 21(7.3%) reported they have M.Sc. None of the nurses reported having a Ph.D. From the working experience part of the demographics, 100(34.8%) have worked for 1-5 yrs; 84(29.3%) have worked for 6 - 10 yrs; 48(16.7%) have been working for 11-15 yrs; while the remaining 55(19.2%) are 16 yrs and above. The mean years of experience are  $10.16 \pm 7.58$  yrs. More than half 175(61.0%) of the nurses have attended workshop/seminar on pain management; while 112(39.0%) have never attended such exposure. Over three-quarter 247(86.1%) of the respondents have read books/journals

about pain; while very few 40(13.9%) have not been exposed about pain.

The study reveals the utilization of pain assessment tools by nurses in UBTH. Majority 284(99.0%) assess patient pain using pain assessment tool/scale; while 3(1.0%) do not use this tool/scale. Among those that use this tool, 67(23.6%) seldom use the pain assessment tool, 142(50.0%) sometimes use it, 17(6.0%) often use, while the remaining 58(20.4%) routinely use the tool. On whether they document the tools used for pain assessment, 163(57.4%) reported that they document it, while the remain 121(42.6%) reported that they do not document it. 51(17.8%) document the tools assessment score in nursing process proforma, 70(24.4%) document in patient case note, 90(31.4%) document it on pain chart attached to the patient case note; 73(25.4%) document it on nursing hand over note, 3(1.0%) do not document. These findings show that the nurses in UBTH utilize pain assessment tools as majority has shown from the analysis. The high level of adoption of these tools is far higher than that reported by Niamh, (2011), who reported that more than half (57.4%) of the sample always used a pain assessment tool (PAT), however the finding of this study is lower than what was reported by Niamh, (2012) with regard to nurses who used it pain assessment tool 38.3% frequently as against 20.4% reported in this present study. Same study also reported 4.3% of respondents rarely or occasionally using a pain assessment tool (PAT). This is far better than what was reported in this present study as almost half 142(50%) of those who use PAT rarely used it. The reason behind this low compliance to use of PAT and documentation might be due to lack of enforcement of rule and lack of interest or low priorities set by management. Kizza and Muliira, (2016) in Uganda also reported that Nurses have poor pain assessment practices, including lack of use of pain assessment tools and guidelines, which were significantly associated with workload and the low priority set to pain assessment and management. Also collaborating the finding of this study is Torvik, et al., (2015), who observed in their study In-home care and nursing homes in 11 randomly selected municipalities in Mid-Norway, that pain assessment tools were not used frequently in nursing homes and home care.

Furthermore, findings shows that the major tools used in assessing pain by the nurses in this study are self-report (78.6%) and Numerical rating scale (61.7%). The least used tool is McGill Pain Questionnaire which consists of 9.4% of the nurses. This supports the finding of Gregory and Richard, (2014) who reported that the numerical rating scales and the verbal descriptor scale were used by the majority of nurses; and also added that the uses of behavioral pain assessment scales such as the Abbey Pain Assessment scale were used by 42% of the responded. It also indicates that verbal self-report pain assessment scales appear to be embedded into clinical

practice, but the use of observational pain assessment tools for people with communication difficulties have not been adopted by the majority of organizations represented. Similarly, Ogwa, and Ndie, (2005) in a study conducted in Abakiliki shows that majority of the nurses use mainly patient's verbal report of pain (87%) and simple descriptive pain intensity scale (57%) as their pain assessment tools. It revealed that nurses only use the subjective method to assess their patient's pain

Same result was also reported by Ojong et al., (2014) in Calabar Metropolis, Cross River State, Nigeria, where the methods of pain assessment tools recorded thus: patient self report of pain 72%, observation of behaviour 78.9% and assessment of pain site and location.

Sequel to the low utilization reported in this study, the respondents identifies barriers/factors to utilization of pain assessment tool in UBTH. These include There is shortage of nursing staff in UBTH (3.17) lack of knowledge of pain assessment tool (2.75), patient cultural belief about pain (3.15), Lack of implementation by the Nursing service unit (2.92) and unavailability of pain assessment tool (3.20). This findings is in line with that of Rampanjoto et al., (2007) in central Africa and that of Taylor and Stanbury, (2009), whose reported that busy units, inadequate staffing, limited time, inappropriate attitude or focus on other imperatives, inadequate knowledge on assessment tools, poor communication, inadequate staff training are some of the barrier to utilization of pain assessment tool. Further collaborating this finding is Tunabe, et al., (2000), who reported shortage of nurses and heavy workload associated with caring of patients limit the time given to the interaction between patients and nurses for adequate utilization of pain assessment tools in caring for patients. Similarly, (Ashley, 2009), reported that social attitude and cultural beliefs of both the person in pain and practitioners prevail and can limit effective utilization of pain assessment tools. Also absence of protocols and guidelines on pain assessment tools has been cited to hinder effective utilization of pain assessment tools Kituyi et al., (2011). However, Rose et al, (2011) noted different barriers to utilization of pain assessment tool which include hemodynamic instability and inability to communicate.

Finding from the study reveals that there is no significant relationship between the academic status of nurses and the utilization of pain assessment tools (PATs) in UBTH ( $\chi^2 = 2.850$ ;  $p = 0.401$ ). similar findings were reported by (Prose et al., 2011) which showed that level of education qualification and the number of topics covered during ongoing professional education did not influence reported perceptions on important of pain assessment tools. Shurgarman and Colleague, (2010) also reported that educational level was not found to be associated with nursing staff utilization of pain assessment tools like Normal Rating Scale (NRS). More also, finding from this study shows the mean score for male nurse is  $2.85 \pm 1.89$ ;



while that of the female nurses is 23.65±2.39. This difference in mean is statistically significant ( $t=2.746$ ;  $p = 0.000$ ;  $p<0.05$ ), this shows that the female nurses utilizes the PAT more than the males.

Management of pain is a critical issue for patients; and nurses are the first point of call as one of the core function and responsibility of the nurse is to ensure the comfort of the patient by alleviating his/her pain. For this to be possible in this contemporary time, the nurses has to be versatile in her knowledge of pain management and skill, however this will not be possible if the nurses did not have adequate knowledge of pain assessment tool, as the panacea to effective pain management is a good knowledge of pain assessment tool. Without the pain assessment tool the nurse will be deficient in his /her assessment which can lead to wrong and inadequate pain management leaving the patient in perpetual pain. Therefore there is need for more proactive action from all stake holders in health sector especially nursing profession to continuously roll out programmes aim at updating and training of nurses on the latest skill and tools in pain assessment and management.

### Implication for nursing

Management of pain is a critical issue for patients; and nurses are the first point of call as one of the core function and responsibility of the nurse is to ensure the comfort of the patient by alleviating his/her pain. Pain assessment tool is the panacea to effective pain management and frequent utilization and documentation of pain assessment tool is one of the key effective pain management. Frequent usage also brings about skillfulness and confidence which will result to adequate pain management. Therefore there is need for more improvement on the use of pain assessment tool by all nurses and other health care practitioner who are in the domain of managing patient pain.

### RECOMMENDATIONS

Based on the findings from this study, the following are recommended:

- There is need to design and implement a continuous professional education program on pain and its assessment with special focus on methods of assessment, guidelines , how to use assessment tools, protocols and charts for proper documentation for all patients
- In addition, introduction of tools, charts and protocols suitable in the settings is equally important. Implementation of these recommendations will require a multifaceted approach with combined input of the hospital and nurse leaders nursing and midwifery council of Nigeria, practicing

nurses and nurse-educators in conjunction with Ministry of Health.

- To ensure proper and continued use of tools, protocols and charts, there is need for a supportive environment which can be attained through improving staffing, provision of support supervision by experienced and skilled nurses and presence of a dedicated pain management team to provide leadership on prioritizing of pain and its management, and champion the changes needed
- There should be enforcement of rule of engaging the nursing staff in utilization of the pain assessment tool by nursing services unit in all health facilities for effective and adequate pain management.

### CONCLUSION

This study provided important information about utilization pain assessment tools among nurses in selected hospital in Benin City, Edo State, Nigeria. The results demonstrated that majority of the respondents utilizes the pain assessment tool, however they seldom use it and documentation from those that use it is very poor. Barrier to utilization was also identified and recommendation provided.

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