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Factors Affecting Implementation of Pain Reassessment in Inpatient Unit at Balaraja Regional Hospital

Kristina Everentia Ngasu*, Restiana Restiana

Department of Medical-Surgical Nursing, Nursing High School, Yatsi, Tangerang, Banten, Indonesia

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***Correspondence:** Kristina Everentia Ngasu, Nursing High School, Yatsi, Tangerang, Banten, Indonesia. E-mail: everentia@gmail.com
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Abstract

BACKGROUND: Pain is a sensation of individual discomfort. Patients often experience pain, especially pain after undergoing surgery. Pain free is one of patient's needs. Nurses should control and monitor the level of pain through pain reassessment, but this is not adequate.

AIM: This study aims to get a picture about nurse's knowledge, attitude and supervision, and its relationship to the implementation of pain reassessment.

METHODS: A descriptive type of cross-sectional study was conducted among 36 inpatient's nurses at Balaraja Regional Hospital applying total sampling technique. Data were collected using a self-made questionnaire, which passed validity and reliability test. Data entry and analysis were carried out using the Statistical Package for the Social Sciences with Chi-square test.

RESULTS: Twenty-five (61.1%) nurses were in category good knowledge, 24 (66.7%) in category good attitude, 26 (72.2%) in good supervision, and 25 (69.4%) implementation of pain reassessment were in good category. There is no relationship between knowledge and implementation of pain reassessment ($p = 0.467$), but there is a relationship between attitude and implementation of pain reassessment ($p = 0.020$) and between supervision and implementation of pain reassessment ($p = 0.039$).

CONCLUSION: This research concludes that there is no relationship between respondent knowledge and implementation of pain reassessment and there is a relationship between respondent's attitude and supervision with the implementation of pain reassessment in Inpatient Unit at Balaraja Regional Hospital in 2019. Nursing Management, to provide this information or in-service training for respondents to increase knowledge and attitude and to have a tight supervision, especially for respondents at practical nurses level one (PK-1) so that it is expected that the implementation of pain re-assessment will be better.

Introduction

Pain is a sensation of individual discomfort [1]. In life, humans need comfort because this is a fundamental aspect of human life [2]. In the context of nursing, nurses should control and monitor the level of pain through pain reassessment. One of the patient's needs is pain sensation free. Patients often experience pain, especially pain after undergoing surgery.

According to the World Health Organization (WHO) [3], in some types of pain conditions, the mechanism of pathophysiological pain is not well understood or cannot be demonstrated. All patients with pain must be treated with pharmacological or non-pharmacological techniques regardless of whether the underlying cause can be identified or not. The inability to determine the underlying cause should not be a reason to conclude that pain is simulated.

One aspect of pain management is done by assessing pain, namely, assessment of pain problems that can be done with a history of pain, as well as complaints of pain such as the location of pain, pain intensity, quality, and time of attack [4]. Accurate pain assessment is essential for effective pain management. Pain reassessment is the reassessment of pain done to patients who are treated for more than a few hours and shows the presence of pain [5].

The results of a study conducted by Ehwarieme *et al*. [6], concerning factors affecting the utilization of pain assessment tools among nurses in selected tertiary hospitals in Edo state of Benin city. The results showed that 20.4% routinely used pain assessment tools. Factors such as a shortage of nursing staff, lack of knowledge about pain assessment tools, patient cultural beliefs about pain, lack of implementation by the nursing service unit, and unavailability of pain assessment tools are identified as barriers to the use of pain assessment tools. There is no significant relationship between the nurse academic status and the use of pain assessment tools.

According to research conducted by Ross *et al*. [7], on the outpatient performance improvement project: Basic assessment of compliance with pain assessment standards shows the results that only 38% did a reassessment within the 30 min interval

required by clinical policy. Out of a total of 151 cases, the overall compliance rate for pain reassessment based on all requirements (pain intensity scale, 30 min requirements, pain location, side effects of medication, and patient education documented or observed was 28%). Pain reassessment was documented at an average time of 25 min after the initial assessment.

The results of a preliminary study with 10 respondents, 60% of nurses knew about pain reassessment and 40% did not know about pain reassessment. The reality in the field that refers to the implementation of pain reassessment is still very rarely done by nurses in hospitals. Only 60% implement the pain reassessment in patients who experience pain.

The purpose of this study is to get a picture about nurses' knowledge, attitude and supervision, and its relationship to the implementation of pain reassessment.

Methods

A cross-sectional study was conducted among nurses from inpatient unit at Balaraja Regional Hospital. The study was carried out on July 2019. The population was 36 nurses, who worked in inpatient unit, at Balaraja Regional Hospital. This study was applying total sampling technique. The inclusion criteria were nurses, who worked in inpatient unit at Balaraja Regional Hospital and gave written informed consent, were included in the study. The exclusion criteria were nurses, who work in the unit, other than inpatient unit and who did not give written informed consent or refuse to participate in the study, were excluded from the study Notoatmodjo, S.,(2012) [8], Supardi, S. & Rustika, (2013) [9].

Data were collected using a self-made questionnaire, which passed validity and reliability test. The final version of the questionnaire had 45 questions subdivided into five categories. The first part of the questionnaire included background data of the respondents (age, sex, education, and working time in clinical experience). The second part of the questionnaire was for their knowledge about pain, included definition of pain, pain reassessment, cause of pain, goal of pain reassessment, type of pain tools, time for pain reassessment, and pain drug. The third part of the questioner was their attitude in implementation of pain management, included how they see the important of patient complain about pain, consistency in doing pain reassessment, and documentation and how they see the nursing care implication of pain reassessment. The fourth part of questioner was for supervision, included how they see, their superior did the planning for supervision, control them in doing pain reassessment, warning if not match, guide, and motivate them, and give reward and punishment. The fifth part of the questioner was about their implementation in doing pain reassessment based on procedure or not, gave patient education about pain and pay attention, and action to the patient complaint about pain.

All collected data were checked for completeness. Data were entered on the computer using a database developed for data entry on Microsoft Office Excel program. Data were then transferred to the computer program IBM SPSS (Statistical Package for the Social Science). Descriptive statistics including frequencies and percentages were displayed to summarize the data, while Chi-square test was used to assess the relationship between categorical variables.

Results

All respondents involved in this research were the staff nurses in inpatient unit at the Balaraja Regional Hospital.

Table 1: Demographic characteristic of respondents at Balaraja Regional Hospital (n=36)

Demographic characteristic	f	%
Age		
17–25	3	8.3
26–35	24	66.7
36–45	9	25
Gender		
Female	19	52.8
Male	17	47.2
Educational		
Diploma	31	86.1
Bachelor	5	13.9
Working of time in clinical experiences (years)		
<4	14	38.9
5–9	20	55.6
10–14	1	2.8
15–19	1	2.8

Mean age 32.11, with minimum age 17 and maximum age 45.

Table 1 shows that among of 36 respondent, the highest percentage comes from the age group of 26–35 years (24 or 66.7%), gender of female (19 or 52.8%), working of time in clinical experience of 5–9 years (20 or 55.6%), and had a diploma's degree (31 or 86.1%).

Table 2: Knowledge, attitude, supervision, and pain reassessment implementation characteristic of respondents at Balaraja Regional Hospital (n=36)

Knowledge characteristic	f	%
Knowledge		
Lack of knowledge	11	38.9
Good knowledge	25	61.1
Attitude		
Lack of attitude	12	33.3
Good attitude	24	66.7
Supervision		
Lack of supervision	10	27.8
Good supervision	26	72.2
Pain reassessment implementation		
Lack of implementation	11	30.6
Good implementation	25	69.4

Table 2 shows that the majority of respondent's knowledge about pain re-assessment is in good category (25 or 61.1%), for attitude on implementation of pain reassessment among respondents is in good category (24 or 66.7%), Table 2 shows that the majority

of supervision on implementation of pain reassessment among respondents is in good category (26 or 72.2%), the majority of respondent's implementation of pain reassessment among respondents is in good category (25 or 69.4%).

Bivariate Analysis

This research uses Chi-square test for bivariate analysis. As shown in Table 3, knowledge was not related to pain reassessment implementation. As shown in Table 4, attitude was significant related to pain reassessment implementation. As shown in Table 5, supervision was significant related to pain reassessment implementation.

Table 3: Cross-tabulation based on knowledge and pain reassessment implementation of respondents at Balaraja Regional Hospital (n=36)

Variable knowledge	Pain reassessment implementation of respondents						p value
	Pain reassessment implementation		Good in pain reassessment implementation		Total		
	f	%	f	%	f	%	
Lack of knowledge	3	8.3	11	30.6	14	38.9	0.467
Good of knowledge	8	22.2	14	38.9	22	61.1	
Total	11	30.5	25	69.5	36	100	

p statistical alpha <0.05.

Table 4: Cross-tabulation based on attitude and pain reassessment implementation of respondents at Balaraja Regional Hospital (n=36)

Variable attitude	Pain reassessment implementation of respondents						P value
	Pain reassessment implementation		Good in pain reassessment implementation		Total		
	f	%	f	%	f	%	
Lack of attitude	7	19.4	5	13.9	12	33.3	0.020
Good of attitude	4	11.1	20	55.6	24	66.7	
Total	11	30.6	25	69.4	36	100	

p statistical alpha <0.05.

Discussion

Relationship between Knowledge and Implementation of Pain Reassessment showed that there was No Relation in this Study

The results of this study were 38.9% of respondents who lacked knowledge of the implementation of pain reassessment. Based on the analysis of the result, the majority of respondent with lack of knowledge are in level one practical nurse. It means that they are still needed more information or in-service training about pain assessment. Based on the results of filling out the questionnaire on the point worked according to standard operating procedure (SPO), the average respondent who answered as worked according SPO as much as 56.7%, this is likely due to lack of knowledge where respondents did not know the SPO consequently respondents could not carry out the implementation of pain re-assessment properly. This study was in line with research conducted by Handayani *et al*. [10] about the relationship of nurses' knowledge and motivation with the implementation of SPO for pain reassessment in Adult Inpatient Installation at Waluya Sawahan Hospital, Malang.

Table 5: Cross-tabulation based on supervision and pain reassessment implementation of respondents at Balaraja Regional Hospital (n=36)

Variable supervision	Pain reassessment implementation of respondents						P value
	Pain reassessment implementation		Good in pain reassessment implementation		Total		
	f	%	f	%	f	%	
Lack of supervision	6	16.7	4	11.1	10	27.8	0.039
Good of supervision	5	13.9	21	58.3	26	72.2	
Total	11	30.6	25	69.4	36	100	

p statistical alpha <0.05.

Relationship between Attitude and Implementation of Pain Reassessment showed that there was No Relation in this Study

This means that with a good attitude, nurses' will implement good performance in nursing care and in the implementation of pain reassessment. This is in accordance with the theory of attitude which says that through action and learning a person will gain trust and attitude toward something which, in turn, will influence her/his attitude in giving care. Someone's work behavior is greatly influenced by attitude at work. While attitude in responding to problems are influenced by one's personality. This study is in line with research conducted by Togubu *et al*. [11] about the factors associated with documenting nursing care in a regional hospital in the island of Tidore Islands. This study is also in line with the research by Bawelle *et al.* (2015) [12] about the relationship between knowledge and attitudes of nurses and the implementation of patient safety at Inpatient Unit of Liun Kandage Hospital" which say that there is a relationship between nurses' attitudes and nursing care with a p value of 0.000.

Relationship between Supervision and Implementation of Pain Reassessment showed that there was No Relation in this Study

Supervision is needed to improve the work of nurses in carrying out the implementation of pain reassessment. Supervision is carried out correctly which is a form of support from the environment to improve the quality of work of nurses so that the quality of the implementation of pain review can be better. The ability of the head nurse in this case is expected to carry out the briefing function through good supervision activities to guarantee the quality of nursing services. The results of this study are in line with Yanti and Warsito's research [13] on the relationship of nurse characteristics, motivation, and supervision with the quality of the documentation of the nursing care process which states that supervision has a relationship in improving the quality of nursing care

with p = 0.041. This research in line with the research conducted by Ginting and Sinaga (2019) [14], about the relationship between the implementation of the head nurses' supervision with the documentation of nursing care at Martha Friska Pulo Brayan Hospital. Research results show that there is a relationship between the supervision of the head of the room with documentation of nursing care, p = 0.003.

Limitation of the study was respondents rushed in filling out the questionnaire.

Conclusion

This research concludes that there is no relationship between respondent knowledge and implementation of pain reassessment and there is a relationship between respondent's attitude and supervision with the implementation of pain reassessment in inpatient unit at Balaraja Regional Hospital.

Nursing Management, to provide this information or in-service training for respondents to increase knowledge and attitude and to have a tight supervision, especially for respondents at practical nurses level one (PK-1) so that it is expected that the implementation of pain re-assessment will be better.

Recommendation for further research can be written in this section.

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