



KNOWLEDGE AS PREDICTORS OF NURSES ATTITUDE TOWARDS EFFECTIVE PAIN MANAGEMENT IN SELECTED SECONDARY HOSPITALS IN IBADAN, OYO STATE, NIGERIA

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ABSTRACT: *Nurses' attitude to effective pain management is unscrupulous, many patients experienced unsatisfactory and unrelieved pain due to the negative attitude of some nurses, this is considered professional misconduct or a violation of fundamental human rights. Therefore, knowledge as a predictor of attitude of nurses towards effective pain management in selected government hospitals in Ibadan. The study employed a descriptive survey research. The study was conducted in three (3) state owned institutions in Ibadan, Oyo State. The total enumeration method was adopted to select a total of 295 nurses on the three selected hospitals. A single questionnaire on knowledge and attitudes of nurses on pain management was used. The research questions were analysed using the simple percentage while the hypothesis was analysed using Pearson Product Moment Correlation Coefficient at 0.05 level of significance. The result indicated the mean average age of the nurses is 28.6. 59.7% good level of knowledge towards pain management, 28.8% had fair level of knowledge about pain management. There was significant relationship between knowledge of pain and attitude of nurses toward effective pain management in selected hospitals in Ibadan. The study concludes that knowledge is an important ingredient for positive attitude towards pain management among nurses. It was also recommended that nurses should understand that pain management should be person centered care which include training and re-training of nurses for improved knowledge of effective management of pain.*

KEYWORDS: Pain, Knowledge, Nurses Attitude, Pain Management, Ibadan, Nigeria

INTRODUCTION

Pain is a multipart experience confronted by patients which is not easily conversed, it is a common symptom resulting from illnesses, diseases and injuries which can interfere with a person's quality of life and optimal functioning. Pain patient mostly rely on professional nursing that is compassionate, empathetic and patient centered aimed at achieving an effective and satisfactory pain management. Persistent pain is a significant therapeutic challenge and a public health epidemic placing burdens on those experiencing it as well as society more broadly. Survey from 10 developed and 7 developing countries suggests that the point prevalence of chronic pain among adults is 41% and 37% respectively.

Also, the worldwide problem of chronic pain reported at least 10% of the world's population is affected by a chronic pain condition, and every year, an additional 1 in 10 persons develops chronic pain (Jackson, Stabile & McQueen, 2017). An American Academy of Pain Medicine (2017), state that in USA pain affects more Americans than diabetes, heart disease, and



cancer combined. Chronic pain is estimated to affect over 100million adults and at any given time, and it is among the leading causes of reduced quality of life, and carries direct and indirect cost of over \$600million dollars annually in the U. S alone. The experience of persistent pain starts early, as many as 38% of children and adolescents in community samples report the presence of chronic pain (National Institute Health, 2017).

Pain management is an integral part of nursing practice. The International Code of Nursing Ethics states that nurses must practice with compassion and respect for the inherent dignity, worth, and unique attributes of every person. The nurse owes the patient duties to promote health and safety, adequate and effective pain relief, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth (Hrabe, Melynk & Neale, 2018). Despite this, nurses' attitude to effective pain management is unscrupulous, many patients experienced unsatisfactory and unrelieved pain due to the negative attitude of some nurses to effective pain management and a left untreated pain is considered professional misconduct or a violation of fundamental human rights (Shakya & Shakya, 2016).

Despite availability of numerous pharmacologic and non-pharmacologic methods available for pain management, ineffective pain control is commonly cited, which may be attributed to negative attitude of nurses due to their inadequate knowledge of pain management. There are so many factors contributing to negative attitude of nurses towards effective pain management but this study is focusing on the influence of knowledge of pain and its management on nurses' attitude towards effective pain management in selected hospitals in Ibadan, Oyo-State, Nigeria.

Attitude is a latent variable and cognitive, affective and conation reactions, verbal and non-verbal are manifest indicators of attitude, this have an important role in nurses' attitude towards effective pain management. Alleviation of pain is an important nursing goal embodied in the profession's philosophy. Nurses are responsible for regular pain assessments, medication administration, monitoring of the patient's responses. These responsibilities require an understanding of the nature of pain in relation to a patient's clinical condition (Gugsa, Ingeborg & Ragnhild, 2018). According to the American Nurses Association (ANA), the nurses' role in pain management includes the entire nursing process, assessment of pain, plan of pharmacologic and non-pharmacologic pain management strategies, implementation and evaluation of the response of the patient to the interventions. Many research reports have shown that these roles were not being effectively and efficiently carried out by most of nursing staffs due to some factor such as inadequate knowledge of pain assessment methods, skills and treatment methods.

Pain is the most common reason why individuals visit a health care professional. Globally, more than half of people claim to have experienced body pain on a weekly basis (56 %). It is most prevalent in Australia, The US, Mexico, Canada, Romania, Russia, The Philippines, Spain, Colombia and Portugal all average 61% to 70%, 51% to 60% in Poland, South Africa, France, UK, Sweden, Italy, Belgium, Brazil, Denmark, Indonesia, Norway, India, Finland, Saudi Arabia, Greece, while 41% to 50% in Germany, Kenya, Japan, Singapore, Malaysia, Nigeria and 40% and under in China (Global Pain Index, (GPI) 2017).

Effective pain relief not only provides physical comfort for patients, but also it improves their quality of life and facilitates more rapid return to everyday life, reduces the duration of



hospital stay and ultimately cuts the cost of healthcare (Fatemeh & Ali, 2017). Untreated and undertreated pain has debilitating effects and significantly interferes with the patient's physical, emotional and spiritual wellbeing, thus can increase hospital's stay, cost of treatment, and can as well alter patient's quality of life because 69% of all pain sufferers believe their quality of life decreases as a result of their body or head pain. Commitment of nurses will determine their attitude to effective pain management, which can be negative or positive and negative attitude of nurses to effective pain management can have negative impact on the patients.

Globally, inadequately managed pain due to nurses' negative attitude is the source of major human and financial problem for patients, their families and the society. The average worker lost 2.6 days at work due to body pain alone, which is estimated to have cost the global economy more than \$245 billion dollars USD annually. For two in ten, pain is seen to be hurting their career progression. Nearly half of workers claim to regularly work through their pain, which is directly impacting their performance. Across all aspects of everyday life, pain is negatively impacting the lives of both the sufferer and those closest to them, from damaging self-perception and negatively impacting time spent with friends and families, through to having a detrimental impact on parenting abilities. Furthermore, the vast majority of sufferers are concerned by their pain to some extent, causing either worry or anxiety in 85% and 78% of pain sufferers respectively (GlaxoSmithKline, 2017). Despite availability of numerous pharmacologic and non-pharmacologic methods available for pain management, ineffective pain control is commonly cited. There are some factors that influence nurses' attitude to pain management.

The negative attitude of nurses towards pain management was attributed to socio-cultural, demographic, personal, and environmental factors and, lack of adequate knowledge of pain management. As reported in a study conducted on the nurses' attitude, practice and barriers toward cancer pain management in Addis- Ababa, Ethiopia (Kassa & Kassa, 2014). A study carried out in Malaysia revealed that personal nurses' experience with pain had influence on pain management and age groups of more than 40 years had better knowledge which positively influence their attitude on pain management (Ho, Ho, Pang-Yuen, Lexshimi & Choy, 2013). The thrust of this paper is to examine knowledge as a predictor of attitude of nurses towards effective pain management in selected government hospitals in Ibadan.

CONCEPTUAL REVIEW

Knowledge of Pain Assessment Methods

Pain assessment skills can serve as a predictor to nurses' attitude to pain management since an accurate assessment will determine the kind of intervention to rendered to patients. For example, Pain assessment and management are essential parts of nursing care and two of the most fundamental patient rights. It is unethical to let a patient suffer from pain without taking appropriate measures to relieve his or her pain. Pain assessment is an essential, but challenging component of any pain management plan, nurses must be well-informed on different types of pain assessment methods as pain is subjective and also multidimensional. For proper pain management, the nurse must carry out a process that consists of precise pain assessment using valid and reliable scale for appropriate measurement, also approve and believe that the reported score of pain by the patient himself is authentic (Issa, *et.al.*, 2017).



Knowledge deficit of pain assessment can make nurses become frustrated which may influence negative attitude to pain management. Many studies have shown nurses inadequate knowledge of pain assessment as the major causes of poor pain control due to ensued negative attitude (Anne-Laure, Anne- Gerber & Anne-Sylvie, 2014).

Knowledge of Pain Treatment Methods

Knowledge is like a light that gives nurses the insight to adequate treatment without which will limit what can be done to relief patients of their pain. The knowledge of nurses on the pharmacologic and non-pharmacologic management of pain is essential, in order to render adequate, effective and efficient care to the patients; as this will go a long way in improving their quality of life, reduce treatment cost and hospital's stay.

Despite having many researches and scientific advancement in pain management over the years, inadequate knowledge of treatment methods remains a major barrier to achieving effective pain management. Pain is a common symptom in patients and effective management strategies can relieve it. Nurses have the key responsibility of providing non-pharmacological therapies to patients as adjuvant to pharmacological interventions to maximize relief of pain. The non-pharmacological interventions are grouped as cognitive and physical. Cognitive techniques focus on mental functions and these include music and relaxation. Physical techniques focus on altering physiological processes to reduce pain and these include massage and application of heat and cold. (Ancia, *et.al*, 2015).

Inadequate knowledge of the WHO analgesic ladder can influence nurses' attitudes. The guidelines direct that medications should be given at regular intervals ("by the clock") so that continuous pain relief occurs, and ("by the individual) dosing by actual relief of pain rather than fixed dosing guidelines, lack of knowledge about these guidelines may affect nurses' attitude to pain management thereby causing agony, anxiety and depression in patients (WHO, 2019). In a study carried out in Malawi, on Nurses' knowledge and attitudes towards morphine use in children and their knowledge of pain treatment methods, Participants' knowledge of the WHO analgesic ladder was assessed. Majority of nurses did not know much about it while a few reported to have forgotten what it was. Those who knew it were confused regarding the type of analgesics to use in the second and third steps of the ladder, only one participant mentioned use of anticonvulsants to provide a calming effect on a child in pain. Nurses' lack of knowledge of the ladder implies that appropriate analgesics were not given to patients according to pain severity because there are situations whereby nurses need to take an independent decision on pain management (Kholowa, *et.al*, 2017).

The Objectives of the Study are to:

1. Assess the level of nurses' attitude towards effective pain management.
2. Determine nurses' level of knowledge on nurses towards effective pain management.

Research Questions

1. What is the level of nurses' attitude towards effective pain management?
2. What is the level of nurses' knowledge of pain management among nurses in selected hospitals in Ibadan?



Hypothesis

H₀1: - there is no significant relationship between nurses' level of knowledge of pain and attitude of nurses towards effective pain management in selected hospitals in Ibadan

METHODS AND MATERIALS

Research Design

The study employed a descriptive survey research. The study however was conducted in the following hospitals, Adeoyo Maternity Teaching Hospitals, Ring Road State Hospital and OLA Catholics Hospital, Ibadan, Oyo- State. Reasons for selected was because these hospitals have high number of nursing staffs that can represent the secondary health institutions in the state.

(i) Adeoyo Maternity Teaching Hospital, Yemetu-Ibadan

Adeoyo Maternity Teaching Hospital is a Government owned setting established in the year 1928. It was situated along total Garden to Beere road in Ibadan North Local Government area of Oyo State. The total number of 175 nurses are working in the hospital, and comprises of male and female with different views, believe and education background.

(ii) Adeoyo Ring Road State Hospital, Ring-Road, Ibadan

Ring Road State Hospitals was established on 23rd March, 1971. His Excellency, Brigadier Robert Adeyinka Adebayo, who was the military Governor of the Western State of Nigeria, officially opened the hospital. It was situated along Ring Road round-about off M.K.O Abiola way (Ring Road) in Ibadan South East local Government area of Oyo State. 120 nurses working at the hospital are of different ages, tribes, religion, and specialties.

(iii) OLA Catholics Hospital, Oluyoro- Ibadan

OLA catholic hospital, Oluyoro was established in 1959 by Catholic mission. It is a mission hospital, and the largest private hospital in Ibadan. It is situated at Oluyoro, Oke-Ofa area in Ibadan north local government of Oyo state. The hospital is being administered by the catholic missionaries and there are 65 Nurses in the study.

Sampling and Technique

Total enumeration method was adopted in sample size selection. All nurses working in the selected secondary health facilities were given opportunity to participate in the study except those not working directly with pain patients.

**Table 1: Sample Size Determination**

S/NO	SETTINGS	Total Population of Nurses	Exclusive Nurses Based on Unit	Selected Sample	Total Retrieve
01	Adeoyo Maternity Teaching Hospital	175	38	137	137
02	Ring-Road State Hospital	120	12	108	95
03	OLA Catholics Hospital, Oluyoro	65	02	63	63
	TOTAL	360	52	308	295

The total population of nurses in the three selected hospitals was 360, wherein 52 nurses were not eligible due to their practicing units, 308 nurses were appropriate and participated in the study as they worked in the inclusive unit. The study employed multi-staged sampling technique.

Instrumentation

A structured questionnaire was used to elicit information from the respondents as regards the knowledge as predictors of nurses' attitudes towards effective pain management. The questionnaire was developed using study objectives and research questions in line with literature reviewed. The questionnaire was twenty-four (24) and was made up of three (3) sections relating the knowledge as a factor influencing attitude to effective pain management among the nurses. Socio-demographic characteristics which was made up of eight (8) items. Attitude of the Nurses was measured using an internationally tested instrument adapted from the Knowledge and Attitudes Survey Regarding Pain (KASRP), which was developed by Ferrell and McCaffery in 1987, and revised in 2012. Some of the questions were adopted while researcher adapted some questions to match the research purpose. The respondents responded from Likert scale ranging from Strongly Agree, Agree, Disagree, and Strongly Disagree. The items were 10.

Respondent's level of Nurses' knowledge towards effective pain management was measured using a six (6) items questions with Yes and No options, the highest possible score was 6 correct answers, the higher the score the greater the knowledge about pain management. The higher score signified good knowledge while the lower score signified poor knowledge. Scores between 4-5 was considered very good, score of 3 was considered good while score below 3 was considered poor knowledge.

Data collection Method

The purpose of the research was explained by the researcher and necessary clarifications were made. Three research assistants who were working at the selected health facilities were recruited and trained on the purpose of the study so as to have a clue about the study to ensure adequate data collection. Data was collected using questionnaires which were distributed to the target population with the help of research assistants. For the purpose of anonymity, respondents were told not to identify themselves on the questionnaire. Data entering, cleaning and coding to spreadsheets was done daily and the statistical product and service solution (SPSS) version 23 was used.



An introduction to the researcher, a description of the purpose of the questionnaire and a consent form was written at the beginning of the questionnaire, and also verbally communicated to the respondents, adding that they had a choice to opt out at any time if they wished to do so. A signed consent was acquired from each participant before administration of the questionnaire. Completed questionnaire was collected on the following day, on the whole data collections lasted for a whole week.

Method of Data Analysis

The data from questionnaire was analyzed using the Statistical product and service solution (SPSS) Version 23, 314 respondents were used for the study. Descriptive statistics of percentages, frequencies, mean of standard deviation was used for demographic data of respondents and to provide answers to the research questions while inferential statistics of Chi-Square was used to analyzed the hypothesis.

Ethical Considerations

Ethical approval was collected from Babcock University Health Research Ethical Committee (BUHREC), Oyo State Ministry of Health Research Ethical committee and also from the Ethical Review Committee of the State Hospitals Management Board and that of OLA Catholics Hospital.

RESULTS

Socio-Demographic Information of the Nurses

Table 2 indicated that 49.2% of the nurses are between the ages of 20-30years, 40.3% are between the ages of 31-40years while 10% are between the ages of 51-60years. More than 95.3% of the nurses are female while 4.7% of the nurses are male. Majority of the nurses 24.7% are Nursing Officer I, 22.0% are Principal Nursing Officer, 18.6% are Assistant Chief Nursing Officer, 18.3% are Chief Nursing Officer, while 16.3% are Nursing Officer I. Most of the nurses that participated in the study are had Diploma in Nursing, 36.3% had Bachelors of Nursing Science while 16.2% had Masters of Nursing Science. 73.2% of the nurses have been practicing nursing between 1-10years while 26.8% of the nurses have been practice between 21-30years. 35.9% of the nurses' practice in the pediatric wards, 24.4% practice in the Surgical wards, 16.3% practice in the maternity ward, 11.9% practice in the emergency ward while 10.5% of the nursing work in the Operating theatre and 2.0% practice in the Gynecological ward. 77.6% of the nurses graduated from a government institution while 22.4% graduated from a private institution. The nurses are predominantly from the Yoruba tribe.

Table 2: Showing Distribution of Nurses by Socio-Demographic Characteristics N= 295

Socio-Demographic Characteristics	Frequency	Percentage
Age		
20-30years	145	49.2
31-40years	119	40.3
51-60years	31	10.5
X = 28.6 ± S.D 2.5		



Gender		
Female	281	95.3
Male	14	4.7
Designation		
Nursing Officer II	73	24.8
Nursing Officer I	48	16.3
Principal Nursing Officer 1	65	22.0
Assist. Chief Nursing Officer	55	18.6
Chief Nursing Officer	54	18.3
Highest level of Education		
Diploma in Nursing	140	47.4
BSc Nursing Science	107	36.3
MSc Nursing Science	48	16.3
Years of Experience		
1-10years	216	73.2
21-30years	79	26.8
Ward		
Surgical Ward	72	24.4
Emergency ward	35	11.9
Pediatric ward	103	34.9
Gynecological ward	6	2.0
Maternity ward	48	16.3
Operating theatre	31	10.5
Graduating Institution		
Private institution	66	22.4
Government	229	77.6
Tribe		
Yoruba	295	100.0

Nurses' Attitude Towards Effective Pain Management

The table presented in 3 indicated that majority of the nurses 69.8% agreed that pain is seen in the patient's behavior. More than eighty percent of the nurses also agreed that distraction reduces pain intensity in patient. Also, 84.1% of the nurses agreed to the use of placebo as instrument in determining if the patient's pain is real or not while less than 15% disagreed. Over sixty percent of the nurses disagreed that medical patients do not experience pain which was intense as that experienced by surgical patients. Over seventy percent of the nurses agreed that whenever patients complains of pain the best management is to assess the genuineness of the pain. 79.7% of the nurses agreed that nurses are the best judges of patient's pain intensity because they spend 24hours with the patient. More than seventy percent of the nurses agreed that Observable changes in vital signs must be relied on to verify patients complain of severe pain. More than fifty percent of the nurses disagreed that because patients are not medically educated, they cannot give a reliable report of their pain. Also, more than fifty percent of the nurses disagreed that patient may sleep in spite of their severe



pain. Most of the nurses 51.6% of the nurses agreed that patient who can be distracted from pain usually do not have severe pain.

Table 3: Showing Nurses' Attitude Towards Effective Pain Management N= 295

ITEMS	Strongly Disagree	Disagree	Agree	Strongly Agree	X
Pain is seen in the patient's behavior	30(10.1%)	60(20.1%)	78(26.3%)	127(43.5%)	3.03
Distraction reduces pain intensity	24(8.1%)	0(0%)	143(48.5%)	128(43.4%)	3.27
The use of placebo is important in determining if the patient's pain is real	30(10.2%)	17(5.8%)	133(4.1%)	127(43.1%)	3.16
Medical patients do not experience pain which was intense as that experienced by surgical patients	36(11.9%)	151(51.2%)	48(16.3%)	61(20.7%)	2.81
When patients complain of pain the best management is to assess the genuineness of the pain	0(0%)	54(18.3%)	162(54.9%)	79(26.8%)	3.08
Nurses are the best judges of the patient's pain intensity because they spent 24hours with the patient	6(2%)	54(18.3%)	72(24.4%)	163(55.3%)	3.33
Observable changes in vital signs must be relied on to verify patients complain of severe pain	24(8.1%)	49(16.6%)	120(40.7%)	102(34.6%)	3.02
Because patients are not medically educated, they cannot give a reliable report of their pain	133(45.1%)	49(16.6%)	113(38.3%)	0(0%)	3.29
Patient may sleep inspite of severe pain	0(0%)	30(10.2%)	137(46.4%)	128(43.4%)	3.33
Patient who can be distracted from pain usually do not have severe pain	35(11.9%)	78(26.4%)	127(43.1%)	55(18.6%)	2.69

Research Question on Level of Attitude of Nurses Towards Effective Pain Management

This study asked 10 questions relating attitude of nurses towards pain management among nurses in selected hospitals in Ibadan metropolis. The twenty questions were coded strongly agree (4) Agree (3) Disagree (2) Strongly disagree (1) therefore the minimum score obtainable is 1 while the maximum score 40. The mean score for level of attitude of nurses towards pain management among nurses in selected hospitals in Ibadan metropolis is 31.00 with standard deviation of 3.25. This was done on a scale point of 40 of 10 items. The mean score signifies negative attitude towards effective pain management. The maximum score obtainable was 40 point while minimum score was 1 point. The score was classified into 2 categories in which 1-20 (68.5%) are poor and 21-40 (31.5%) are good attitude of nurses



towards pain management among nurses; based on the result presented in the table below which indicated that 68.8% of the nurses reported negative attitude towards effective pain management while 31.2% of the nurses reported positive attitude towards effective pain management of patient in selected hospitals in Ibadan metropolis.

Table 4 Level of Attitude of Nurses Towards Effective Pain Management N= 295

Level of attitude	Frequency	Percentage
Positive (Good)	93	31.5
Negative (Poor)	202	68.5
Total	295	100.0

Source: Researcher's Survey and Computation, 2020

Knowledge of Nurses Towards Effective Pain Management

Table 5 showed that majority 216 (73.2%) of the nurses approved that pain is an unpleasant and a subjective symptom while 79 (26.8%) disapproved. Few numbers above average 157 (53.2%) of the nurses were of the opinion that effective and adequate pain assessment management is the right of every patient while less than average of nurses did not support. Majority 217 (73.6%) of the nurses support that drug is useful for treating mild pain only while few 78 (26.4%) did not support. Larger number 217 (73.2%) of the respondents are of the opinion that adjuvant therapy is essential in pain management while minute of them disagreed. Majority 241 (81.7%) of the respondents' view that the combination of analgesics that works by different mechanisms (e.g. combining an opioid with non-steroidal anti-inflammatory drugs, NSAIDs) may results in better pain control with fewer side effects than using a single analgesic agent while few of them 54 (18.3%) have different opinion. Above average 157 (53.2%) of the respondents are aware that ongoing education on assessment methods and pain management methods has impact on nurses' attitude to effective pain management while 138 (46.8%) are unaware.

Table 5: Showing Knowledge of Nurses Towards Effective Pain Management N= 295

ITEMS	Yes (%)	No (%)	X
Pain is an unpleasant and a subjective symptom	216(73.2)	79(26.8)	1.27
Effective and adequate pain assessment management is the right of every patients	157(53.2)	138(46.8)	1.46
Drugs are useful for treating mild pain only	217(73.6)	78(26.4)	1.27
Adjuvant therapy is essential in pain management	216(73.2)	79(26.8)	1.27
Combining analgesics that works by different mechanisms (e.g. combining an opioid with non-steroidal anti-inflammatory drugs, NSAIDs) may results in better pain control with fewer side effects than using a single analgesic agent.	241(81.7)	54(18.3)	1.18
Ongoing education on assessment methods and pain management methods can have impact on nurses' attitude to effective pain management	157(53.2%)	138(46.8%)	1.00



Research Question on Level of Knowledge of Effective Pain Management

This study asked 6 questions relating knowledge of effective pain management among nurses in selected hospitals in Ibadan metropolis. The twenty questions were coded Yes (2) No (1), therefore the minimum score obtainable is 1 while the maximum score 12. The mean score for level of knowledge of effective pain management among nurses in selected hospitals in Ibadan metropolis is 8.72 with standard deviation of 0.86. This was done on a scale point of 12 of 6 items. The mean score signifies good level of knowledge of effective pain management. The maximum score obtainable was 12 points while minimum score was 1 point. The score was classified into 3 categories in which 1-4 (11.4%) are poor, 5-7(20%) are fair knowledge and 8-12(62.3%) are good knowledge of effective pain management. Based on the result presented in the table above 59.7% of the nurses have good knowledge of effective pain management, 28.8% of the nurses have fair level of knowledge of effective pain management and 11.5% of the nurses have poor level of knowledge of effective pain management.

Table 6: Level of Knowledge on Effective Pain Management N= 295

Level of Knowledge	Frequency	Percentage
Good	176	59.7
Fair	85	28.8
Poor	34	11.5
Total	295	100.0

Source: Researcher's Survey and Computation, 2020

H₀₁: - there is no significant relationship between level of knowledge of pain and attitude of nurses towards effective pain management in selected hospitals in Ibadan

Table 7: Correlational Analysis showing relationship between Knowledge

Level of Attitude	Level of Knowledge			Total	R (sig.)	Remark
	Good	Fair	Poor			
Positive	113(64.2%)	67(78.8%)	22(64.7%)	202(68.5%)		
Negative	63(35.8%)	18(21.2%)	12(35.3%)	93(31.5%)		

Table 7 showed that there is a significant relationship between level of knowledge of pain and attitude of nurses towards effective pain management in selected hospitals in Ibadan. The p-value is less than 0.05, therefore the null hypothesis is rejected while the alternate hypothesis was accepted which states that there was a significant relationship between level of knowledge of pain and attitude of nurses towards effective pain management in selected hospitals in Ibadan.

DISCUSSION OF FINDINGS

The findings revealed that majority of the respondents 205 (68.8%) have negative attitude towards effective pain management while 90 (31.2%) have positive attitude towards effective



pain management of patient in selected hospitals in Ibadan metropolis. The total mean score for the level of attitude of nurses towards effective pain management was 31.00 with standard deviation of 3.25. This is in line with the findings of Karamjeet, (2017), where the total mean score was 28.84, majority of respondents 37(74%) was having a negative attitude towards pain management. The results showed that majority of the respondents have poor attitude towards effective pain management as inappropriate answer were provided to items. For example, 260 (84.1%) agreed that the use of placebo is important in determining the genuine of patient pain experience which is unethical practice to the patients who are suffering from pain, also, 241 (81.7%) agreed that patients complain of pain should be assessed for genuineness before instituting interventions, this is also an unethical practice. Majority of respondents 235 (79.7%) likewise agreed that nurses are the best judges of patients Pain intensity having staying with them for 24 hours, this is a wrong practice as the patient is the only one that can accurately describe their pain intensity because pain is subjective and it is what the patient say it is. This was against Issa, Awajeh, & Khraisat, (2017), opinion who said that pain is subjective and complicated experience and it is the right of every patient to have their pain addressed by nurses.

Majority 222 (75.3%), is of the opinion that changes in vital signs must be relied on to verify severity of pain which is a bad practice. Patients are at the centre of the pain experience nobody is supposed to argue with whatever they pronounce the intensity to be. These findings are consistent with Issa et.al. (2017), in their study respondents' answers showed poor attitude regarding pain management as 65% of attitude questions were answered incorrectly by more than 50% of the nursing staff. This poor nursing attitude towards pain management were evident by wrong answers by all the respondents, the poor attitudes were evident by the tendency to ignore the patients complain in favor of the clinical assessment. 90.4% of nurses reported using placebo as a test for pain management, which is unethical practice to the patients who are suffering from pain, 82% of the nurses reported accepting to keep the patient in pain to seek its source which is not ethical practice.

It is inconsistent with the findings of Karamjeet, (2017), where majority of respondents 37(74%) was having a negative attitude towards pain management. Also, findings of Issa, et. Al., (2017). showed poor attitude of respondents regarding pain management as 65% of attitude questions were answered incorrectly by more than 50% of them. A study conducted in Zimbabwe as cited by Karamjeet, (2017), showed that nurses have inadequate attitude towards pain management with mean score of 56%, also a study done in Hong Kong showed that nurse's attitude towards pain was very poor. This implies poor and low level awareness of nurses in the selected hospitals on the importance of their roles in pain management which can only be possible through positive attitude to enables them show some level of compassion to care, showing traits of respect, compassion, empathy, sensitivity and kindness while caring for pain patient for quick recovery and satisfactory pain relief. Inadequate pain management is a problem in hospitalized patient and this has been associated with poor attitude of nurses which usually results to negative outcomes such as delayed recovery and likelihood of death especially those with chronic disease such as cancer.

The result of the findings on the level of knowledge towards effective pain management indicated that 59.7% of nurses have good knowledge about pain management, 28.8% have fair level of knowledge while 11.5% have poor level of knowledge towards effective pain management. The result of the findings corroborates with the findings of Issa, Awajeh, & Khraisat, (2017) that there is good level of knowledge about pain assessment and



management among nurses because of it very essential during basic nursing training program. The implication is that, since it is part of the basic training requirement for nurses, it is practically unethical to allow patient suffer from pain without taking appropriate measures to relieve his or her pain. Furthermore, Fatemeh, (2019) also reported good level of knowledge about pain assessment among nurses because; understanding of pain management is one of the most important component of nursing care. Good knowledge of pain management by nurses has positive impact on recovery of patients with chronic health condition.

The result of the hypothesis indicated that there was significant relationship between knowledge of pain and attitude of nurses towards effective management of pain in selected hospitals in Ibadan metropolis. The result of the analysis corroborates the findings of Hsiao, (2013) that knowledge of pain is significantly associated with attitude towards effective management of pain in low and middle-income countries. This implies when nurses have improved knowledge about the management of pain, there are possibility for positive attitude towards the management of pain of patients especially in resource constraints environment. Similar study Sandy, (2014), that knowledge of nurses is important in creating positive attitudes the management of pain in developing African countries where is limited resources for the measurement of pain in patients. The result is also consistent with that of Alqahtani, Jones & Holroyd, (2016) pain is subjective to several factors including knowledge of the nurses.

CONCLUSION AND RECOMMENDATION

Pain is the most common reason why individuals visit a health care professional, and their health outcomes lie with the kind of treatment rendered by nurses as they play significant roles in healthcare system. The nurses attitude determines the kind of care patient will received (Positive or Negative attitude). The negative attitude of nurses towards pain management was attributed to socio-cultural, demographic, personal, and environmental factors and, lack of adequate knowledge of pain management. The study also found that there was a major relationship between knowledge of pain and attitude towards effective management of pain in selected hospitals in Ibadan. It is hereby recommended that: there is need for nurses to understand that pain management should be person centered care. There is need for training and re-training of nurses on the effective management of pain considering the socio-cultural factors of the patient

REFERENCES

- American Academy of Pain Medicine, (2017). Focusing on Pain as a Public Health Issue. *Pharmacy Times*. Retrieved from [https://www. Pharmacytimes.com](https://www.Pharmacytimes.com).
- Ancia, M., Tirivanhu C., Maceline M. M., & Geldine C., (2015). Knowledge and Attitude of Registered Nurses Towards Pain Management of Adult Medical Patients; A Case Study of Bandura Hospitals, Zimbabwe. *Dimensions of Critical Care Nursing* 38(5)
- Anne-Laure, T., Anne Gerber, & Anne-Sylvie, R., (2014). Expert clinical reasoning and pain assessment in mechanically ventilated patients: A descriptive study. *Australian Critical Care, official journal of the Australian College of Critical Care Nurses*. Retrieved from <https://doi.org/10.1016/j.aucc>.



- Fatemeh, M. & Ali, K., (2019). Effect of Training on Knowledge and Attitude of Nurses toward Pain Management: A Quasi-Experimental Study. *Journal of Pain and Symptom Management*, 36(6), 616–627.
- Ferrell, B. & McCaffery, M., (2012).” Knowledge and Attitude Survey Regarding Pain”. *City of Hope Pain & Palliative Care Resource Center*. Retrieved from <https://dx.doi.org/10.13072/midss.341>.
- GlaxoSmithKline, (2017). Global Research Report and In-depth global looking into attitude towards physical pain, and the impact that physical pain has on people’s lives around the world. *Global Pain Index Journal*. Retrieved from <https://doi.org/10.3389/fpubh.2018.00229>
- Gugsa, N. Germossa, Ingeborg, Stromseng Sjetne & Ragnhild Helleso, (2018). The impact of an In-Service Educational Program on Nurses’ Knowledge and Attitude Regarding Pain Management in an Ethiopian University Hospital. *Front Public Health* retrieved from <https://doi.org/10.3389/fpubh.2018.00229>
- Hrabe, D., Melynk, B.M. & Neale, Susan, (2018). Spiritual wellness: A journey towards wholeness, Mind/Body/Spirit Wellness 101. 13(10) *American Nurse Today*.
- Issa, M. R., Awajeh, A. M., & Khraisat F. S., (2017). Knowledge and Attitude about Pain and Pain Management among Critical Care Nurses in a Tertiary Hospital. *Journal of Intensive & Critical Care*, 3(1) 32–40.
- Jackson, T., Stable, V., & McQueen, S., (2017). The Global Burden of Chronic Pain retrieved from [https://monitor.pubsachet.org/article.aspx?articleid=2432061\(Refls\)](https://monitor.pubsachet.org/article.aspx?articleid=2432061(Refls))
- Kholowa, E.T., Chimwaza, A.F., Majamanda, M.D., Maluwa, O.O., (2017). Nurses’ Knowledge and Attitudes towards Pain Management in Children Admitted in the Paediatric Department of Queen Elizabeth Central Hospital, Blantyre, Malawi. *Journal of Bio - sciences and Medicines*, 5: 46-59.
- National Institute of Health, (2017). Prevalence of chronic or severe pain in US Adults. *The Journal Pain American Pain Society*: <https://www.americanpainsociety.org>. Retrieved from: <https://www.newswise.com> ›
- Shakya, B.M. & Shakya, S., (2016). Knowledge and Attitude of Nurses on Pain Management in a Tertiary Hospital of Nepal. *International Journal of Nursing Research and Practices*. 3(1). Retrieved from <https://www.uphr.com/IJNRP/home>.
- World Health Organization, (2019). Pain ladder Retrieved from: <https://en.m.wikipedia.org> ›