Nurse's Compliance with Pain Assessment Documentation at Aceh General Hospital

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Abstract:

Improper documentation of pain may affect pain interventions in patients because errors in the documentation of pain may increase the risk of morbidity. The purpose of this study was to determine the relationship between nurses' compliance in documenting pain assessment at the Aceh General Hospital. Quantitative study with data collection using a questionnaire. The number of samples as many as 253 respondents obtained using accidental sampling technique. The data analysis utilized univariate, bivariate, multivariate data. The results showed that there was a relationship between the nurse complied with the documentation of the pain assessments ($p = 0.000$). There is a relationship between nurse complied in documenting pain assessment with perception (p-value = 0.003), motivation (p-value = 0.002), and reward (p-value = 0.000). On the other hand, there is no relationship between nurse complied in documenting pain assessment with age (p-value = 0.878), gender (p-value = 0.587), education (p-value = 0.852), length of work, pain (p-value = 0.076), pain attitude (p-value = 0.610), human resources (p-value = 0.933) and leadership (p-value = 1,000). Based on the results of multivariate analysis, it was obtained that reward was the variable that most influenced nurses' compliance in documenting pain assessment (OR=2,950). There is a need for regular training, monitoring and improvement of pain assessment guidelines with respect to nurse compliance with

documentation of pain assessments.

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Introduction

Pain is one of the vital signs that health care workers must consider in their efforts, including screening and documentation of patient re-evaluation. It is meant to ensure that pain can be resolved or controlled. (Potter, 2008). Inadequate pain management in hospitals is going to have negative consequences, not only for patients because it can cause morbidity and mortality, but also for hospitals (Minister of Health, 2019).

Nurses are one of the health workers who are often involved in health services. Nurses must worry about pain management in order to improve patient quality and safety (Joint Commission International, 2017). Inadequate pain management in the hospital will lead to adverse effects. Not only for patients who may cause morbidity and death, but also for hospitals in terms of funding expenses used to overcome complications due to pain management. Inadequate pain management will decrease the quality of services and the level of patient satisfaction in hospital services (Minister of Health, 2019).

The quality of pain management can be illustrated by the nurse's compliance in documenting the pain assessment. Timothy, Amiegheme, and Ogbogu (2018) reported in their study that only 58% of nurses performed a full pain assessment. Nuseir, Kassab, and Almomani (2016) found that nurses' non-compliance in pain assessment and management was due to their lack of knowledge. Shugarman et al. (2010) found that most nurses were still not compliant in using formal pain screening and did not follow established pain protocols. Ilmiasih, Nurhaeni, and Waluyanti (2015) Inappropriate documentation of pain may lead to inappropriate pain interventions in patients, which may result in injury to patients.

The Committee on Hospital Accreditation requires regular accreditation at least every three years to improve the quality of services in hospitals. Pain is an element that is evaluated in improving the quality of hospital services. Pain documentation is included in the evaluation of the National Standards for Accreditation of Hospitals (SNARS) and the Standards Joint Commission International (JCI). The use of pain documentation as a reference for hospital staff in pain management. Nurses are expected to have the ability to communicate and inform patients and families about pain. However, incomplete documentation of pain will have an impact on delaying the patient's discharge. The purpose of this study was to determine the relationship between nurses' compliance in documenting pain assessments at the Aceh General Hospital.

Methodology

A quantitative study with analytical descriptive design through a cross-sectional approach was carried out to determine the relationship of nurse compliance in documenting pain assessments at the Aceh Government Regional General Hospital. The sample size was 227 respondents, and to anticipate sample drop out, 10% was added to 250 with accidental sampling technique. Collecting data using a questionnaire where data analysis using multiple logistic regression.

Results

Table 1 shows that most respondents were 35 years old and could count up to 203 people (80.2%). Most of the sexes are female as many as 236 people (93.3%). The most marital status is married with a frequency of 234 nurses (92.5%). At the educational level, most of them graduate from nursing up to 177 people (70%). Most of the working experience as nurses are 10 years as many as 208 people (82.2%). Most of the job positions obtained were nurses as many as 186 people (73.5%). The largest number of samples was the Arafah 2 ward as much as 15 people 5.9%. All respondents have received pain training (100%). Most of the clinical nurse's level were level 1 as many as 120 people (47.4%).

Table 1. Demographic Data of Nurses in Inpatient ward Aceh General Hospital (n=253)

No	Characteristics	Frequency	Percentage
1.	Attitude		
	35 years old	203	80.2
	>35 years old	50	19.8
2	Gender		
	Man	17	6.7
	Woman	236	93.3
3	Marital status		
	Not married yet	19	7.5
	Marry	234	92.5
4	Education		
	Diploma Nursing	177	70
	Undergraduate Nurses	76	30
5	Length of working		
	10 years	208	82.2
	>10 years	45	17.8
6	Nurses Job position		
	Executive nurse	186	73.5
	Team leader	67	26.5
8	Pain training		
	Already training	253	100
	Not training yet	0	0
9	Clinical Nurse		
	1st level of Clinical Nurse	120	47.4
	2nd level of Clinical Nurse	110	43.5
	3rd level of Clinical Nurse	23	9.1
	Total	253	100

Table 2 indicates that 52.6% of nurses have good attitudes, 54.9%, good perceptions, 57.7%, strong motivation, 61.3%, good human resources, 59.3%, good leadership and 58.9% and good rewards.

Table 2. Compliance in Pain Assessment in the Inpatient Ward of Aceh General Hospital (n=253)

Variable	Frequency	Percentage
Attitude		
Good	133	52.6
Not enough	120	47.4
Perception		
Good	139	54.9
Not enough	114	45.1
Motivation		
Tall	146	57.7
Low	107	42.3
HR		
Good	155	61.3
Not enough	98	38.7
Leadership		
Good	150	59.3
Not enough	103	40.7
Rewards		
Good	149	58.9
Not enough	104	41.1

Table 3 shows that there is no relationship between age (p value = 0.878), gender (p value = 0.587), education (p value = 0.852), length of work (p value = 0.076), attitudes (p value = 0.610), human resources (p value = 0.933), and leadership (p value = 1) with nurses' compliance in documenting pain assessments. On the other hand, there is a relationship between perception (p value = 0.003), motivation (p value = 0.002), reward (p value = 0.000) and compliance (p value = 0.000) with nurses' compliance in documenting pain assessments.

Table 3. Factors Related to Nurse Compliance in Documenting Pain Assessment

Variable	P-Value
Age	0.878
Gender	0.587
Education	0.852
Length of working	0.076
Attitude	0.610
Perception	0.003
Motivation	0.002

Variable	P-Value
HR	0.933
Leadership	1
Rewards	0.000
Obedience	0.000

Table 4 shows that the multi-variate final modelling in which the perception and motivation variables should be excluded as p > 0.05. The analysis in Table 4 shows that the reward variable is the most important variable associated with nurse compliance in documenting pain assessments with a Wald value of 15.365. Reward has a 2,950 times greater chance of increasing nurse compliance in documenting pain assessments.

Table 4. The Multivariate final modeling of perception variables, motivation and rewards (n=253)

Sub Variable	B	Wald	pvalue	Exp (B)	OR 95% CI
Perception	,476	2.035	,154	1,610	,837
Motivation	,473	1,989	,158	1,604	,832
Rewards	1.082	15,365	,000	2,950	1,718
constant	-3,435	31,134	,000	0,032	

Discussion

Multivariate final modelling where perception and motivation variables should be excluded because p > 0.05. The analysis in Table 4 shows that the reward variable is the most important variable related to nurse compliance in documenting pain assessments with a Wald value of 15.365. The reward is 2,950 times more likely to increase nurses' compliance in documenting pain assessments.

Pain documentation is a record of the pain experienced by the patient, performed by the medical team, in particular the nurses. Documentation of the pain assessment is helpful for understanding the patient's response in order to the provision of care, treatment, and services and for determining whether the care decisions provided are adequate and effective (Sutoto, 2017).

According to Nazvia, Loekqijana, and Kurniawati (2014), motivation and perception are one of the factors that affect nurse compliance in the implementation of nursing treatment. The motivation given can be in the form of awards. Nurses' perceptions of their work significantly influence respect for nursing intervention. Short training time, the patient's culture that influenced his belief in pain management, the low supervision of nursing supervisors to the difficulty of assessing pain that could not be assessed were some of the things that hindered nurses' compliance in filling out pain assessments. This challenge is a task for hospitals to improve nursing

management leadership skills to supervise nurses in conducting pain assessments which are documented in medical records.

Inappropriate documentation of pain may lead to inappropriate pain intervention for the patient, which may result in injury to the patient. Thus, if this pain problem cannot be handled properly due to errors in re-documenting pain, it may lead to chronic pain, increase additional inflammatory responses, and increase the incidence of morbidity. In addition, wound healing time also increases, increases length hospitalization and leading to an additional risk of nosocomial infection (Silitonga, Natalia, & Silalahi, 2021).

In an attempt to enhance pain management services in hospitals, decision-makers and healthcare workers need to understand the basic concepts of pain and pain management, consistent with scientific and evidence-based medical knowledge. All nurses working on the inpatient ward received pain management training organized by the hospital in accordance with hospital accreditation standards and the JCI. But this training is deemed necessary to be carried out on an ongoing basis to nurses. This means that the knowledge associated with pain becomes more up-to-date to be applied in inpatient ward.

Conclusion

Rewards is the variable that has the most influence on nurse compliance in documenting pain assessments at the Aceh Government Regional General Hospital. Rewards 2.950 times greater chance of increasing nurse compliance in documenting pain assessments.

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