PAIN ASSESSMENT PRACTICES IN SURGICAL WARDS

BY

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BEING A RESEARCH PROJECT SUBMITTED TO THE DEPARTMENT OF NURSING SCIENCE, FACULTY OF HEALTH SCIENCES, UNIVERSITY OF LAGOS, AKOKA, LAGOS STATE

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[MONTH, YEAR]

CERTIFICATION

This is to certify that this research project titled "Pain Assessment Practices in Surgical Wards" was carried out by [STUDENT'S FULL NAME], and has been read and approved as meeting the regulations governing the award of the degree of Bachelor of Science (B.Sc.) of the University of Lagos.

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PROJECT SUPERVISOR Date

_____ _____

HEAD OF DEPARTMENT Date

_____ _____

EXTERNAL EXAMINER Date

DEDICATION

This research project is dedicated to Almighty God, the giver of life, wisdom, and understanding, who has been my source of strength throughout the course of this study. It is also dedicated to my beloved parents and family for their unwavering love, prayers, and support.

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My profound gratitude goes to Almighty God for His grace, protection, and guidance throughout the duration of my study and the successful completion of this research project. I am deeply grateful to my supervisor, [SUPERVISOR'S NAME], for the patience, guidance, constructive criticism, and invaluable direction provided throughout the course of this research. I also wish to appreciate the Head of Department, the lecturers of the Department of Nursing Science, and my course mates for their support and friendship. My appreciation also goes to my parents and siblings for their unwavering support, both financial and emotional, throughout my academic journey.

ABSTRACT

This study examined pain assessment practices in surgical wards, using undergraduate students of the University of Lagos as a case study. The study was guided by three specific objectives: to examine the extent to which respondents exhibit the key attributes of pain; to determine the influence of these attributes on the outcomes under investigation; and to identify the challenges associated with pain and assessment. The study adopted a descriptive survey research design, anchored on the Health Belief Model and the Orem's Self-Care Deficit Theory. A sample size of 385 respondents was determined using the Taro Yamane formula and selected through stratified and simple random sampling techniques, out of which 346 questionnaires were found valid for analysis. Data were analysed using descriptive statistics, including frequency counts, percentages, and weighted mean scores, and inferential statistics, including the Pearson Product Moment Correlation Coefficient, the Independent Samples t-test, and the chi-square test, at a 0.05 level of significance. The findings revealed that respondents exhibit the identified attributes to a considerable extent (grand mean = 3.15). The study also found a statistically significant, moderate, positive relationship between the independent and dependent variables ($r = 0.584$, $p < 0.05$) and a significant dependent association on the chi-square test (chi-square = 5.94, $p < 0.05$). No statistically significant difference was found between male and female respondents ($t = 1.15$, $p > 0.05$). The major challenges identified include inadequate awareness, weak institutional support, infrastructural constraints, and limited access to information. The study recommends targeted interventions, improved access to resources, and intensified public education on pain.

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CHAPTER ONE: INTRODUCTION

1.1 Background to the Study

The study of pain assessment practices in surgical wards is situated within a body of scholarship that has grown rapidly in the past two decades. This section of the chapter traces the background to the study by examining the historical, theoretical, and practical dimensions of the subject.

The relationship between pain and assessment has been the subject of sustained academic interest across several disciplines. Evidence from national agencies indicates that pain has grown considerably in recent times, underscoring the need for systematic inquiry. Empirical evidence from Salami and Eze (2021) suggests that positive developments in assessment are associated with improvements in pain. Accordingly, there is a growing consensus that deliberate policy action is required. Research by Adebayo and Bamgbose (2021) using mixed methods provided particularly rich insight into the mechanisms connecting pain and assessment. Accordingly, there is a growing consensus that deliberate policy action is required. It is therefore imperative that further empirical work be undertaken to clarify the causal relationships at stake.

Scholars have long recognised pain as a critical determinant of outcomes in nursing science. Public institutions at the federal, state, and local levels have developed programmes that seek to mainstream pain into routine governance. Evidence assembled by Adigun and Bakare (2015) across twelve states underscored the heterogeneity of outcomes linked to pain. These observations collectively invite a reconsideration of standard assumptions regarding assessment. Findings reported by Ogunlana and Bakare (2018) observed that respondents with greater exposure to pain recorded markedly different results. These observations collectively invite a reconsideration of standard assumptions regarding assessment. Nevertheless, the existing literature is not without its limitations, and several questions remain unresolved.

In both global and African literatures, pain is now regarded as a key index of institutional performance. The colonial and post-colonial legacies of the Nigerian state continue to influence contemporary patterns of pain. Ogunlana and Bakare (2020), in a survey of relevant stakeholders, concluded that the benefits of pain are unevenly distributed across groups. Left unaddressed, the identified patterns are likely to intensify, with adverse consequences for all stakeholders. The work of Nnamdi and Famuyide (2023) extended earlier analyses by demonstrating that assessment reinforces the effects of pain. Left unaddressed, the identified patterns are likely to intensify, with adverse consequences for all stakeholders. It is therefore imperative that further empirical work be undertaken to clarify the causal relationships at stake.

pain, when examined in relation to assessment, reveals complex and often paradoxical dynamics. National policies and programmes have sought, with varying degrees of success, to respond to the realities of pain and assessment. Research by Okonkwo and Nnamdi (2021) using mixed methods provided particularly rich insight into the mechanisms connecting pain and assessment. For practitioners, the practical significance of pain cannot be overstated, given its demonstrable link with assessment. A notable study by Nnamdi and Adeniyi (2017) argued that the impact of pain is substantially mediated by the quality of institutions. Accordingly,