

**Title** – Study of Nurses’ Attitudes and Practices towards Pain Evaluation in Nonverbal Patients

**Program of Study** – Nursing

**Presentation Type** – Print Poster

**Mentor and Mentor Email** – Dr. Mary Highton (mahighton@liberty.edu)

**Student name and email** – Rebekah Lovin (rlovin@liberty.edu)

**Category** – Applied

**Abstract:** Pain, and the appropriate treatment of it, has recently come to the forefront of issues addressed with healthcare providers. Since the cornerstone of pain management is an appropriate assessment of pain, methods of accurate pain assessment are necessary. This need is particularly important in the population of patients who cannot express their pain. While pain assessment tools are available for use with nonverbal patients, and hospitals typically mandate the use of one of these tools, actual compliance with such policy may not occur. Various barriers, such as nurse workload, availability of pain assessment tools, and education in the use of a tool, may interfere with their use. This study utilizes a survey to evaluate the attitudes and practices of ICU nurses towards the use of pain assessment tools in nonverbal patients. It evaluates whether or not nurses use a pain assessment tool, how frequently such a tool is used, and the perceived importance of such a tool. It also assesses specific barriers which may be present to the use of these tools. Finally, the survey collects demographic information to examine correlations between factors such as years of experience and education and specific pain assessment practices. While no direct benefit is received by the study participants, the data collected in this study identifies current nursing practice regarding the use of pain assessment tools in non-communicative patients and factors involved in the use of such tools by nurses. Future research will be necessary to address limitations of this study, such as inconsistencies between reported actions and actual

clinical practice, as well as to identify specific strategies to overcome the barriers identified to the use of pain assessment tools.

**Christian worldview integration:** In Psalm 82:3, the psalmist says to “vindicate the weak and fatherless; do justice to the afflicted and destitute.” It is hard to imagine individuals who are weaker and more helpless than those who cannot communicate for themselves. Patients who are unable to communicate due to decreased level of consciousness, sedation, or intubation fall into this category. As such, they cannot express their needs, their preferences, or their pain. As a Christian, I believe that I have a duty to advocate for such patients that goes beyond prevention of the many negative patient outcomes associated with untreated pain. It is my duty before God to provide care for my patients that recognizes them as His unique and dignified creations. In Matthew 25:40, Jesus tells His disciples that when the Judgement Day comes, “to the extent that you did it to one of these brothers of Mine, even the least of them, you did it to Me.” According to this passage, when Christ looks at my life, to the extent that I have or have not provided compassionate care for my patients, I have or have not showed mercy and care for Him. My Christian worldview holds me accountable to advocate for those who cannot speak for themselves. My research on pain assessment tools for the nonverbal population is designed to facilitate more accurate pain assessment and subsequent treatment. I plan to work in an ICU after I graduate with patients who are frequently non-communicative. Dissemination of my findings from this study and further research will be carried out in such a setting. As I share my research and pursue it in the future, I hope that it will foster an environment of compassion and increased quality of care within the ICUs at Lynchburg General Hospital and at other locations at which I may present my research.