

EDITOR'S  
CHOICE

## Survey

# Pain prevalence at a Swedish university hospital: 65% of inpatients reported pain in the past 24 h

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Commentary on: **Wadensten B, Fröjd C, Swenne CL, et al.** Why is pain still not being assessed adequately? Results of a pain prevalence study in a university hospital in Sweden. *J Clin Nurs* 2011;20:624–34.

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## Implications for practice and research

- Patients with severe pain are found in all clinical settings;
- The use of pain assessment tools by nurses is generally poor;
- The use of a pain assessment tool is a means of involving patients in their pain management;
- Patients' satisfaction with involvement in their pain management is an area worthy of further research.

## Context

Pain assessment, using an appropriate assessment tool, is a quality of marker<sup>1,2</sup> and provides a method of evaluating the effectiveness of pain treatment. Best practice in the measurement of pain is patient self-report.<sup>3</sup> Previous studies demonstrate that nurses do not routinely conduct pain assessment,<sup>4</sup> pain tools are not used for assessment<sup>5</sup> and that nurse and patient scores do not match.<sup>6</sup>

## Methods

Wadensten *et al* used a questionnaire designed specifically for this study to carry out a survey of pain, on 1 day, among inpatients at one hospital in Sweden. A non-probability sample of 759 patients from a total population of 1112 was obtained. Questionnaires were distributed to patients by a nurse chosen by the respective head nurse on each ward. Patients were asked to complete the forms themselves, but help was offered if they had difficulty. Non-Swedish speakers were excluded and forms distributed to children were designed to be completed by their parents. Researchers analysed data using descriptive methods.

## Findings

The majority of patients in all clinical areas had experienced pain in the previous 24 h. Of these, most had a pain score <3 on a 0–10 numerical rating scale (NRS) with a large number (42%) having a score <7. The majority of these patients (82%) had been asked about their pain but only 39% had been asked to use the NRS. Patients on surgical wards were more likely to be assessed using a scale. Patient satisfaction with participation in pain management was also higher on surgical areas.

## Commentary

Although Wadensten *et al* aimed to investigate the prevalence of pain and pain assessment, the design chosen did not meet the best criteria for a prevalence study. A prevalence study should use random sampling, consistency in response rate and follow-up of non-responders and non-biased observation as mandatory elements.<sup>7</sup> The use of the pain ombudsman as a data collector without discussing how this likely cause of bias will be controlled is a weakness. However, despite deficiencies, many of which are acknowledged by the authors, the paper is of interest as it represents a snapshot of pain assessment, pain severity among participants and their satisfaction with involvement in their pain management. The questionnaire used in this survey was not validated but was inspired by the well-validated Strategic and Clinical Quality Indicators in Postoperative Pain Management.<sup>1</sup>

If the results of this paper are examined in the light of established quality criteria for acute pain management, for example, those laid out by the Royal College of Anaesthetists,<sup>8</sup> then the concerns that pain management was deficient are substantiated. This is an ongoing issue in the field of pain management. In this study a particular concern was the underuse of a specific pain assessment tool (NRS) particularly in non-surgical areas. Although a relatively high number of patients were asked at some point about their pain, this was not captured using the NRS in most patients. What is unique about this study is it seeks information from patients on their satisfaction with participation in pain assessment. Patient perception of involvement in pain assessment is rare and is an area that requires further exploration.

Competing interests None.

## References

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