
Grace Peterson Nursing Research Colloquium

Implementing Positive Language in Anesthesia: Utilizing the Comfort Scale

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Background: Phrases with negative connotations in the assessment of pain can lead to adverse patient perceptions in regard to their surgical experience. Consequently, this can lead to an increase in the amount of analgesic interventions requested & administered. Traditional pain scales, such as the Verbal Numeric Pain Scale (VNRS) from 0-10, can “prime” patients to perceive pain and discomfort. The VNRS Comfort Scale asks about a patient’s comfort or discomfort, bypassing the negative language “pain” altogether. Conventional healthcare training emphasizes the VNRS pain scale, while excluding almost entirely the VNRS Comfort Scale. There is a need for education regarding the VNRS Comfort Scale, as it has a significant positive impact on the perioperative course of many patients.

Objective: *Does a video-based educational tool regarding the use of the comfort scale improve Nurse Anesthesia Trainee (NAT) understanding & knowledge of comfort scales in the perioperative setting?*

Method:

- Pre-test/post-test design comparing NATs’ knowledge regarding comfort scales before and after watching a video-based educational tool
- A convenience sample from NSUHS NATs was used

Results:

- Total of 56 NATs participated in this study
- Majority were women (n=38, 67.9%), and 32.14% were male participants (n=18)
 - Essentially equivalent participation from all NAT years
 - A wide variety of ICU experience, with the majority of participants falling under “3-4 years”
 - Ethnicities of participants included White, Asian/Pacific Islander, & Hispanic
- The majority of participants were aged between 26-30 years old
- The mean score for the pre-test was **65%** (n= 56)
- The mean score for the post-test was **88%** (n=56).
- On average, the post-test scores were **23.03 %** higher than the pre-test scores (95% CI, [18.61, 27.46])
- The paired t-test showed a statistically significant difference in the post-test mean scores ($p = <0.01$.; [-.27456, -.18615] 95% CI)
- Cohen’s d calculated value was 1.45

Discussion/Implications for Nursing:

- The most recent literature widely accepts and endorses the positive outcomes associated with the VNRS comfort scale
- Studies have found that participants in groups utilizing a comfort scale report less pain and more comfort compared to participants in groups utilizing a pain scale
- The comfort scale not only has a positive impact on a patients’ experiences, but can also decrease the amount of narcotics administered within the perioperative period
- By incorporating the comfort scale into CRNA practice, nurse anesthetists can continue to provide the patient-centered, holistic care that they always have.

Conclusions:

- CRNAs provide >49 million anesthetics each year → important for this group to be utilizing the most up-to-date assessment tools
- Underutilization of the comfort scale is widespread d/t lack of education and emphasis on pain-focused assessment (ie, pain if the 5th vital sign)
- Our video-based educational tool had a positive impact on NAT knowledge of the Comfort Scale, with the **100%** stating that they would be willing to incorporate into practice