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*Nurses' experience of children's
postoperative pain at a hospital in
Ghana*





REGISTERED NURSES EXPERIENCE OF CHILDREN'S POST- OPERATIVE PAIN ASSESSMENT AT A REGIONAL HOSPITAL IN GHANA

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Background of the Study

- Postoperative pain refers to the pain experienced after surgery (Strassels, McNicol, & Suleman, 2005).
- Every patient who undergoes any surgical procedure is entitled to proper pain management (Lohman, Schleifer, & Amon, 2010; Wood, 2010).
- Before pain management commences, there should be pain assessment.
- Pain assessment involves the use of subjective (self-report) and objective (behavioural and physiological) measures.
- In assessing pain, pain assessment tools are used.

Problem Statement

- In the Ghanaian context, there is no national guideline for assessing pain.
- In the Effia Nkwanta Regional hospital for instance all documentations focus on the administration of analgesics and excludes how patient's pain is assessed.
- There is also no published literature on pain assessment in this facility.
- Also, the researcher's observations in the hospital suggest that there appear to be no formal pain assessment practices among nurses in the facility for postoperative pain

Purpose of Study

The purpose of the study was to explore the experiences of registered nurses in assessing postoperative pain among children (0-3 years)

Specific Objectives

- Describe the experiences of registered nurses in using subjective measures.
- Describe the experiences of registered nurses in using objective measures.
- Explore the challenges registered nurses face in assessing postoperative pain among children (0- 3 years).

Literature Review

The researcher handpicked books, newspapers and some journal articles

The electronic literature search was also conducted using electronic databases relevant to nursing and health care including EBSCOhost, CINAHL, PubMed, Hinari and search engines such as Google Scholar.

Research Methods

- **Study design** – Descriptive phenomenology
- **Setting** - Effia Nkwanta Regional Hospital (Western Region)
- **Population** – registered nurses who nurse children after surgery
- **Sampling procedure** – Maximum variation purposive sampling
- **Data collection instrument and procedure** - Semi-structured interview guide, face to face indepth interview, audiorecording and field notes
- **Data Analysis:** Colaizzi's (1978) methodological approach to phenomenological inquiry.

Results and Discussion

Demographic characteristics of Participants

NO	ID CODE	GENDER	AGE (YRS)	EDUCATIONAL LEVEL	EXPERIENCE WITH CHILDREN	EXPERIENCE IN NURSING
1	A001	Female	39	Masters	8months	16years
2	A002	Female	31	Bachelor's degree	6 years	10years
3	A003	Female	32	Diploma	3years	5 years
4	A004	Female	31	Diploma	6 years	11years
5	A005	Female	33	Bachelor's degree	4 years	11 years
6	A006	Female	32	Diploma	7 years	10 years
7	A007	Female	30	Diploma	5 years	13 years
8	A008	Female	33	Diploma	1 year	5 years
9	A009	Female	28	Diploma	2 years	2 years

Results and Discussion

- **Theme One: Using subjective measures to assess pain**
 - **Sub theme: Direct communication by children**

*“For some, two years, they are able to say that they feel that pain here or they feel the pain there. **A004***

- This is consistent with studies by Standford et al. (2005) whose findings indicated children 18months and above can use words to indicate pain

Results and Discussion

- **Theme One: Using subjective measures to assess pain**

- **Sub theme: Indirect communication through others**

“Mostly, they {children} use their mothers. You will be there, and the mother of the child will tell you that the child is in pain. And also they know their children better, so you just believe them like that since the children will not tell you that they are in pain.”

A008

- This is supported by Pudina & Silvén (2017) who also found parental involvement in paediatric pain assessment

Results and Discussion

- **Theme Two: Using objective measures to assess pain**

- **Sub theme: Behavioural measures (Unusual facial expression)**

“The facial expression is very helpful. You get the children squeezing their faces just like adults, but for them, if you are not observant, I mean the nurse, you will not be able to see because children have some funny faces that they do.” A008

□ Similar findings reported by Kliegman et al. (2011) and McKinney et al. (2017). However the nurses in this study failed to give detailed description of the unusual facial expression

Results and Discussion

- **Theme Two: Using objective measures to assess pain**

- **Sub theme: Behavioural measures (Unusual and prolonged crying)**

*“Although children normally cry, you realise that the crying is very excessive and also all attempts to calm them down fail, then I know they are in pain. When they start crying, no matter what you do, they will still continue to cry, whether you give them food, whether you change their diapers, they will continue to cry. You also find them shouting, and the mothers usually tell us that this crying is not usual of the child.” **A007***

□ This finding is supported by Silva et al. (2011) revealed that the cry of the child in pain was different from the usual cry of the child.

Results and Discussion

- **Theme Two: Using objective measures to assess pain**

- **Sub theme: Physiological measures (*Increase temperature*)**

“For me like this, I use the temperature a lot. Whenever there is pain, you see the children spiking temperature. Their temperature can go as high as 40 degrees Celsius” **A007**

□ Usman et al. (2003) and Saranya et al. (2018) also reported that elevated body temperature in a child after surgery was an indication of the presence of pain.

Results and Discussion

- **Theme Three: Challenges faced**

- **Sub theme: Inadequate Resources: Unavailability of pain assessment scales**

“Ever since I came here, I have not seen any tool being used to assess pain. Personally, I know there are pain scales for adults, but when you ask me, I can’t tell whether it is the ones we use for adults that we use for children, or there are different ones.” A004

□ The study findings are in agreement with Kholowa et al. (2017), Christie et al. (2018) and Mediani et al. (2019) in Indonesia who all found in their various studies that nurses did not use pain assessment tools in assessing children’s pain.

Results and Discussion

- **Theme Three: Challenges faced**

- **Sub theme: Structural challenges (Heavy Workload)**

“With the number of staff on duty, sometimes you will be three or two, and the patients on the ward will be plenty, maybe 19. At times too we have more than 19. So if one or two or three are complaining of pain, immediately you get to the bedside, you will not even assess the pain. You get check if she is on any pain medication, you give it, then you leave to attend to other patients because the patients are plenty.”

A004

□ This is supported by Ball et al. (2014) who reported that the nurse to patient ratio in the ward forced them to neglect to the assessment of pain in children after surgery.

Conclusion

- Inadequate pain assessment among the children population has existed over decades and is projected to continue if no intervention is given.
- The findings of the study established the existence of inadequate paediatric pain assessment in the ENRH.
- Nurses need to have adequate knowledge of paediatric pain assessment in order to improve postoperative pain management.
- Result of this study emphasizes the importance of paediatric pain assessment tool in assessing post-operative pain.

References

- Colaizzi, P. (1978). Psychological research as the phenomenologist views it. In R. S. Vale & M. King (Eds.), *Existential phenomenological alternatives for psychology*. New York: Oxford University Press.
- Kankkunen, P., Vehviläinen-Julkunen, K., Pietilä, A., Korhonen, A., Nyysönen, S., & Kokki, H. (2009). Promoting Parents' Use Of Non-Pharmacological Methods And Assessment Of Children's Postoperative Pain At Home. *International Journal of Caring Sciences*, 2(1), 11–18.
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. California: Sage Publications.
- Pudina, N., & Silvén, M. (2017). *Pain assessment in infants in 1B ward in Länsi-pohja central hospital*. Lapland University of Applied Sciences.
- Stanford, E. A., Chambers, C. T., & Craig, K. D. (2005). A normative analysis of the development of a pain-related vocabulary. *Pain*, 114(1), 278–284.
- Usman, D. S., Obajemihin, J. O., Adebite, C. O., Bray, M. F., Wilson, K. J. W., & Ross, J. S. (2003). *Ross and Wilson Foundations of Nursing and First aid* (6th ed.). Edinburgh: Pearson Education Limited.

THANK YOU