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Research and Commentary: December 2013

Reviewer

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Topic: Children's post-operative pain management

Research:

Twycross, A. & Finley, G.A. (2013) Children's and parent's perceptions of post-operative pain management: a mixed methods study. *Journal of Clinical Nursing*. 22: 3095- 3108. DOI: 10.1111/jocn.12152

Background

While there is evidence to support effective pain management, children continue to experience unrelieved pain. The impact of ineffective pain management has profound short and long term consequences for the child and family. Evidence suggests that nurses find pain management complex due to a number of factors, including differences in children's reported pain and nurse's perception of the child's pain related behaviour. Nurse's expectations of pain management interventions also vary. For example, some nurses aim to enable the child to be comfortable and mobilise within the confines of their pain, and others expect children to tolerate a certain degree of pain. Evidence suggests children want to be listened to regarding their pain experience and parents would like more involvement in their child's pain management. There is a paucity of research exploring children and parents' views of post-operative pain experiences in children.

Study aim

To explore children's and parent's views of post-operative pain management experience in children aged 5- 16 years of age.

Design and methods

A mixed method exploratory study was undertaken involving eight children and ten parents. Children's views were captured by draw and write technique, semi-structured

interview or written answers to questions, depending on their age and surgical condition. Parents completed the Foster & Varni (2002) "Information about pain" questionnaire. Data were collected on the second and third post-operative day. Data analysis included content analysis for child data and descriptive statistics, primary frequencies for parent data.

Findings

Four themes emerged from the child data; 'my pain whilst in hospital', 'who asked about my pain and how', 'what happened when I was in pain' and 'things that could have been done differently'. Children reported that they experienced severe pain and that nurses asked about their pain more than doctors and parents. While children received analgesia or analgesia combined with non-pharmacological interventions, one child believed that their pain was not managed. Children indicated that nurses did all that could be done for their pain. Parents stated that they were provided with information about pain management that was easy to understand. In general parents were satisfied with their child's pain management. Most children and parent responses indicated that they believed nurses had done all they could to manage the pain. Parent pain ratings were found to correspond with child pain ratings.

Conclusion

Children continue to experience moderate to severe pain post-operatively despite a wealth of guidance about effective pain management. Although children reported moderate to severe pain, parents and children were satisfied with their pain management and believed that nurses did all they could to relieve pain. Setting pain goals with parents, preparing children better for surgery and promoting the use of evidence to support practice is recommended.

Commentary

Effective pain management should be a fundamental right of the child (United Nations, 1989) and nurses are best placed to facilitate this (Lim et al, 2011). Improving pain management for children has been debated and explored widely over past decades. Although this has resulted in some improvements in pain management there remains

room for improvement, with children still reporting moderate to severe pain post-operatively.

Children and parents views are not commonly explored, which is surprising as they are most affected by the pain experience (Kortesluoma, Nikkonen & Serlo, 2008). Despite children experiencing moderate to severe pain, children and families in this study felt that nurses did all they could to help with pain management. Acceptance that pain is inevitable is worthy of further exploration. Parents reported that they were provided with information that was easy to understand. Discussions about how pain will be managed could include examining parent expectations of pain management interventions and enabling and empowering parents to recognise and report when pain is not being effectively managed, rather than accepting pain as inevitable.

Acceptance of some pain following surgery remains an entrenched view. Changing nurse's perception of acceptable pain management practices may facilitate a more informative and candid discussion with parents. Knowledge deficits have been identified as creating barriers to effective pain management (Simons & Roberson, 2002). If nurses do not have clear aims they will not be in a position to provide realistic pain management goals. As nurses are often the instigators of pain management, they are ideally positioned to provide parents with information about evidence based outcomes. Nurses need to be able to identify and address their knowledge deficits in order to support parents in managing their child's pain experience.

The study is timely and valuable in adding further insight into the expectations of children and families. Knowledgeable and empowered nurses are needed to foster empowerment in children and parents which can be achieved by setting realistic informed goals to effectively manage children's post-operative pain. Based on the findings reported by Twycross and Finley, perceptions about children's pain experiences need to change and nurses are in a position to facilitate this.

References

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