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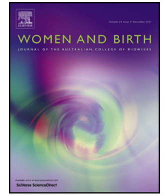

Midwifery students' conceptions of worst imaginable pain

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ABSTRACT

Background: The Visual Analogue Scale (VAS) is one of the most widely used pain assessment scales in clinical practice and research. However, the VAS is used less frequently in midwifery than in other clinical contexts. The issue of how people interpret the meaning of the VAS endpoints (i.e. no pain and worst imaginable pain) has been discussed. The aim of this study was to explore midwifery students' conceptions of 'worst imaginable pain'.

Methods: A sample of 230 midwifery students at seven universities in Sweden responded to an open-ended question: 'What is the worst imaginable pain for you?' This open-ended question is a part of a larger study. Their responses underwent manifest content analysis.

Results: Analysis of the midwifery students' responses to the open-ended question revealed five categories with 24 sub-categories. The categories were *Overwhelming pain*, *Condition-related pain*, *Accidents*, *Inflicted pain* and *Psychological suffering*.

Conclusions: The midwifery students' conceptions of 'worst imaginable pain' are complex, elusive and diverse.

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1. Introduction

The Visual Analogue Scale (VAS) is regarded as the "gold standard" in pain assessment and is also a component of more multi-dimensional pain scales such as the McGill Pain Questionnaire (MPQ),[1] the Short Form of the McGill Pain Questionnaire (SF-MPQ)[2] and the Pain-o-Meter.[3] The VAS is designed as a 100-mm horizontal or vertical straight line, where the end-points are labelled with words representing the two extremes of the experience to be assessed,[4] e.g. 'no pain' and 'worst imaginable pain'. Most people have a similar understanding of the meaning of 'no pain', while 'worst imaginable pain' is more complex.[5] The term 'worst imaginable pain' has been highlighted in few studies, but has been found to be related not only to concrete physical pain but also described in terms of 'deeper emotional and existential distress such as hope of relief, grief, control over the situation, powerlessness and empathy and suffering with other people's pain'.[6] It is not surprisingly, then pain is considered to be a multidimensional phenomenon consisting of physiological, sensory, affective, cognitive, behavioural[7] and socio-cultural dimensions,[8] which result in an overall experience.[9] The meaning of 'worst imaginable pain' thus varies considerably between individuals and situations.[5]

In this article, we will focus on midwifery student's conceptions of worst imaginable pain (i.e. the end point of VAS) then in their future profession as midwives they may use VAS to assess labour pain. Labour pain is complex to assess, it usually accelerates in a short period of time and is often described in terms of 'worst imaginable pain'.[10] During labour, a woman's interpretation of the end-point 'worst imaginable pain' may shift when pain increases as labour progresses,[11] a phenomenon that might be more pronounced in nulliparous women with no previous labour pain experience.[12] The fixed endpoint can affect the usability of the VAS if the woman has already rated her pain as worst imaginable at an earlier stage.[11] The experience of 'worst imaginable pain' during labour is strongly associated with a negative evaluation of childbirth as long as after 1 year after delivery.[13] Pain assessment is therefore one of the most important tasks in midwifery, as it is critical for successful pain management.[14]

The midwife often uses verbal[15–17] and/or non-verbal strategies (i.e. behavioural signs)[16,18] in the pain assessing process. This approach is based on the assumption that the midwife and the birthing woman can interact with each other; otherwise, the pain can be misunderstood and misjudged.[19] Different types of pain-rating scales are widely used in other clinical settings than midwifery.[20] However, few studies have explored pain assessment and evaluation of administered pain relief in clinical midwifery.[14,18,21] Rosemary Mander even states, that pain rating scales "...appear to have no place in labour" (p. 37) and that "In view of these omissions, it is necessary to examine the reasons for using such tools and what form

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they take, before considering their place in maternity care'' (p. 37).[14] It is therefore of great importance to further investigate available pain assessment tools, such as the VAS, in order to improve their effectiveness and to minimise their shortcomings, as well as to create awareness of both. Investigating caregivers' conceptions of the 'worst imaginable pain' is thus important, especially in midwifery. Therefore, the aim of this study was to explore midwifery students' conceptions of 'worst imaginable pain'. The following research question was addressed:

- What do midwifery students describe as the worst imaginable pain for them?

2. Methods

A cross-sectional survey including an open-ended question was found to be the most suitable data collection method for this study. In order to avoid limiting their thinking, midwifery students were asked an open-ended question, with the aim of elucidating their conceptions of 'worst imaginable pain'. Data was analysed by manifest content analysis.[22]

2.1. Environment

In Sweden, midwifery programmes are offered at the advanced level at eleven universities. Applicants to the programme must be registered nurse (which means 3 years at the university level) and ten of the eleven universities also require at least 1 year of professional experience as a nurse. The midwifery programme comprises 1.5 years and includes both theoretical and clinical courses. Programme graduates become registered midwives and receive a Master of Science degree.

2.2. Participants and data collection

This study was undertaken during 2010–2011. The 250 questionnaires were mailed to seven universities in different geographic parts of Sweden. The questionnaire consisted of eleven questions. It is almost identical to that described by Bergh and Sjöström,[23] but with some modifications. It was adapted to the midwifery field and the students were asked to report the duration of their clinical experience as nurses. Questions on demographic data, such as age, gender and midwifery programme semester, were also included and have been reported previously.[24] Also published elsewhere are the results from another part of the questionnaire, related to how midwifery students quantitatively describe the concept of pain in terms of hurt, ache and pain.[24] In this paper, we focus on the open-ended question 'What is the worst imaginable pain for you?'

The university teachers (who were not involved in the research) handed out the questionnaires to all students attending the midwifery programmes (n = 250). A total of 230 (women: n = 229; men: n = 1) students anonymously filled out and returned a completed questionnaire, yielding a response rate of 92%. A few students did not respond to the question about worst imaginable pain (n = 7). The students' mean age was 32.5 years, ranging from 22 to 51 years, and the mean duration of their clinical experiences as nurses was 5.6 years, ranging from 1 to 25 years.

2.3. Data analysis

Content analysis is a stepwise process of categorization based on the expression of thoughts, feelings and actions described throughout the text. The intentions of the analytical process are to remain close to the words of the text and to bring out the contextual meanings. Content analysis can be either manifest or latent, depending on the depth and level of abstraction. Manifest content is about the visible and obvious in the text, while latent content describes the underlying meaning in the text.[22]

The responses to the worst imaginable pain question underwent manifest content analysis, as described above.[22] A table was created to serve as the basis for analysis and to enable a general view of the material. The material was read several times, in order to gain an overall impression of the content. The data were coded and sorted according to the content area. The codes with common elements were grouped into sub-categories. Sub-categories with the same content were then grouped into categories and named. The sub-categories and categories were repeatedly re-defined and modified, and shifts were made until the most suitable or descriptive sub-categories and categories emerged (Table 1). This level of abstraction can be referred to as manifest content analysis.[22,25] In order to achieve trustworthiness, the various steps of the analysis were scrutinised and discussed according to the concepts credibility, dependability, and transferability.[22,26] During the process we made sure that the analysis was in agreement with the purpose and the entire material was analysed simultaneously, with all the authors together. Further, the context and the participants are described as clearly as possible to facilitate the transferability of the results.

Table 1
The midwifery students (n = 223; non-respondents = 7) conceptions[a] about worst pain imaginable were described as.

Categories	Sub-categories
Overwhelming pain (n = 138)	Uncontrollable pain (n = 56) Persistent pain (n = 22) Unrelievable pain (n = 18) Fear of dying (n = 18) Undiagnosed pain (n = 13) Neglected pain (n = 11)
Condition-related pain (n = 95)	Labour pain (n = 56) Cancer pain (n = 12) Neurogenic pain (n = 6) Migraine and headache (n = 5) Gallstone or kidneystone pain (n = 5) Gynaecological pain (n = 4) Abdominal pain (n = 2) Toothache (n = 2) Backpain (n = 2) Infection pain (n = 1)
Accidents (n = 47)	Severe wounds and injuries (n = 21) Fractures (n = 14) Burns (n = 12)
Inflicted pain (n = 29)	Medical or surgical examination or treatment with or without analgesia (n = 17) Torture (n = 6) Deliberate violence (n = 6)
Psychological suffering (n = 26)	Grief (n = 18) Psychological pain (n = 8)

[a] Several students responded with multiple conceptions.

2.4. Ethical considerations

Permission to carry out this study was given by the programme director at each university. This study does not include patients and approval from the Ethics Committee was therefore not necessary under Swedish law.[27] The study was carried out according to the guiding principles of the 'Declaration of Helsinki'.[28] The participants received written information, together with the questionnaire, conforming to the four ethics principles, i.e. autonomy, beneficence, non-maleficence and legality. The

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