



## Patients' experiences and actions when describing pain after surgery – A critical incident technique analysis



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### ABSTRACT

**Background:** Postoperative pain assessment remains a significant problem in clinical care despite patients wanting to describe their pain and be treated as unique individuals. Deeper knowledge about variations in patients' experiences and actions could help healthcare professionals to improve pain management and could increase patients' participation in pain assessments.

**Objective:** The aim of this study was, through an examination of critical incidents, to describe patients' experiences and actions when needing to describe pain after surgery.

**Methods:** An explorative design involving the critical incident technique was used. Patients from one university and three county hospitals in both urban and rural areas were included. To ensure variation of patients a strategic sampling was made according to age, gender, education and surgery. A total of 25 patients who had undergone orthopaedic or general surgery was asked to participate in an interview, of whom three declined.

**Findings:** Pain experiences were described according to two main areas: "Patients' resources when in need of pain assessment" and "Ward resources for performing pain assessments". Patients were affected by their expectations and tolerance for pain. Ability to describe pain could be limited by a fear of coming into conflict with healthcare professionals or being perceived as whining. Furthermore, attitudes from healthcare professionals and their lack of adherence to procedures affected patients' ability to describe pain. Two main areas regarding actions emerged: "Patients used active strategies when needing to describe pain" and "Patients used passive strategies when needing to describe pain".

Patients informed healthcare professionals about their pain and asked questions in order to make decisions about their pain situation. Selfcare was performed by distraction and avoiding pain or treating pain by themselves, while others were passive and endured pain or refrained from contact with healthcare professionals due to healthcare professionals' large work load.

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## What is already known about the topic?

- Dialogue between patients and healthcare professionals is often one-way communication in which patients respond to delivered questions.
- Patients who consider their communication with healthcare professionals to be good are more satisfied with their pain relief.
- Patients able to use the numeric rating scale find pain ratings facilitate dialogue with healthcare professionals.

## What this paper adds?

- Patients do not know how much pain they are expected to tolerate when healthcare professionals encourage them to ring the bell when in pain.
- Patients rely on healthcare professionals' knowledge of what is the best care for them, but long waiting times for analgesics affect their confidence in healthcare professionals.
- Patients with inadequate pain relief may take their own analgesics without informing healthcare professionals.

## 1. Introduction

Postoperative pain assessment remains a significant problem despite research leading to improvements regarding clinical routines (Dihle et al., 2006; Lorentzen et al., 2012). Pain assessments include patients' self-reports together with additional questions focusing on pain characteristics, management strategies, the impact of pain, as well as patients' expectations of pain and its treatment (American Pain Society, 2015). According to Swedish guidelines, pain assessment should be performed every 3–4 h (SFAI, 2011). Regular pain assessment is stressed as being an aspect of good quality care (Gordon et al., 2010), but to measure quality in terms of patients' satisfaction with pain management is difficult since several factors are of importance (Phillips et al., 2013). One factor of significance is communication between patients and healthcare professionals (Gupta et al., 2009). It is important to allow patients to describe their pain (i.e., to have a dialogue about pain, including a pain rating) (Beck et al., 2010) since Gupta et al. (2009) showed that communication was a greater indicator of satisfaction with care than pain relief itself. Describing pain in words is sometimes difficult; therefore, patients may instead use metaphors to strengthen the words (Schott, 2004). The risk is that patients might respond to questions about pain in a socially accepted way instead of saying how they really feel (McDonald et al., 2007; Rogers and Todd, 2000). Consequently, to be believed and to be able to describe what they really feel is highlighted by Beck et al. (2010). Moreover, allowing time for the dialogue about pain has also been shown to be crucial, along with taking account of individual needs (Beck et al., 2010; Idvall et al., 2008).

Assessment with a pain scale facilitates communication between patients and healthcare professionals (Eriksson et al., 2014; Hansson et al., 2011). As poor communication is a cause of patients' dissatisfaction with pain management (Beck et al., 2010), regular assessment of postoperative pain,

including use of a self-reported scale, is recommended to allow patients to describe their experience (Gordon et al., 2010; SFAI, 2011). The numeric rating scale 0–10, a self-report pain scale, is widely used in clinical practice (Hjermstad et al., 2011). This scale, which is often preferred by patients, makes it easier for patients to describe pain after surgery, increases their involvement, and creates a structure that improves confidence in healthcare professionals (Eriksson et al., 2014; Hjermstad et al., 2011).

The numeric rating scale and the patients' own descriptions form a starting point for further dialogue in order to achieve improved treatment (McDonald et al., 2007; Wikstrom et al., 2014). One identified problem is that dialogue is often based on one-way communication, in which healthcare professionals ask questions and patients answer (Agledahl et al., 2011; Rogers and Todd, 2000). As argued above, patients want to participate in their care, which implies allowing them to describe their pain (Eriksson et al., 2014). However, knowledge about patients' actions when in pain is limited. Few studies have used in-depth descriptions of patients' perspectives of pain assessments in postoperative settings (Idvall et al., 2008; Rejeh and Vaismoradi, 2010). Deeper knowledge about patients' experiences could help healthcare professionals to improve their handling of pain assessments and increase patients' participation. The aim of this study was, through an examination of critical incidents, to describe patients' experiences and actions when needing to describe pain after surgery.

## 2. Methods

### 2.1. Design

An explorative design employing the critical incident technique was used to explore patients' experiences and actions when they needed to describe pain. A critical incident is a crucial event that affects subsequent behaviour and actions. The critical incident technique was developed during World War II by a team led by Flanagan (1954) to analyze specific well-defined critical situations. The method was later used in different settings, for example in nursing research (Norman et al., 1992; Sharoff, 2007). The method implies that distinct questions are asked, which enables patients with acute illness or those who are weakened by surgery to describe their experiences of significant incidents, as well as their interaction with healthcare professionals (Kemppainen, 2000). Permission for the study was obtained from the Regional Ethics Committee for Human Research in Linköping, Sweden (2012/40-31).

### 2.2. Participants

Twenty-two patients from one university and three county hospitals in both urban and rural areas in the south of Sweden were included during December 2013 to May 2014. Designated nurses on seven wards asked patients to participate if they met the inclusion criteria. An information sheet clarified that participation was voluntary and could be discontinued at any time, and also that all

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