

# Patients' Experiences of Pain Have an Impact on Their Pain Management Attitudes and Strategies



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## ■ ABSTRACT:

**Objectives:** Postoperative pain remains undermanaged in orthopedic surgery. To identify areas of improvement for future structural changes in pain management, patients' experiences of pain and pain management when undergoing elective lumbar spine surgery were explored, using a qualitative method with focus group interviews.

**Setting:** The study setting was an orthopedic spine surgery department at a University Hospital in Sweden. **Methods:** This study consisted of two focus group interviews with patients ( $n = 6/\text{group}$ , a total of 12 patients) who had undergone lumbar spine surgery 4 days to 5 weeks prior to the focus group interviews. The interviews were semi-structured, and the analysis was performed using qualitative content analysis. **Results:** The main result of this study revealed that patients' experiences of pain influenced their attitudes and strategies for pain management. Three main categories emerged from the focus group interviews: I. Coping with pain while waiting for surgery; II. Using different pain-relieving strategies after surgery; and III. How organizational structures influence the pain experiences. **Conclusions:** In conclusion the results from this study acknowledge that postoperative pain experiences and coping strategies after spine surgery are highly diverse and individual. This calls for staff having a more personalized approach to pain management in order to optimize pain relief, which was stressed as highly valued by the patients.

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Lumbar spine surgery is a commonly and increasingly performed surgical procedure, both internationally and in Sweden. In 2015, more than 8,400 patients underwent lumbar spine surgery in Sweden (Deyo et al., 2010; Swespine, 2017; Weinstein et al., 2006). Studies have found that postoperative experiences of moderate to moderately severe pain are frequent (Apfelbaum, Chen, Mehta, & Gan, 2003). Pain often persists at a 1-year follow-up (Kim et al., 2015; Swespine, 2017), and many patients still need routine pain

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Received August 14, 2017;  
Revised January 13, 2018;  
Accepted February 17, 2018.

The research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

1524-9042/\$36.00  
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<https://doi.org/10.1016/j.pmn.2018.02.067>

medication (Swespine, 2017). What is not known is how to provide good postoperative pain management (Apfelbaum et al., 2003), which is of significance to patients, medical staff, and health care organizations, especially as studies report that postoperative pain is often undertreated, leading to suboptimal pain management (Apfelbaum et al., 2003; Fletcher, Fermanian, Marday, & Aegerter, 2008).

In understanding how to optimize post-operative pain management, there is also a need to understand how the waiting time for surgery affects the patients' pain experience and attitudes towards pain and pain management. Current healthcare systems often involve having to wait for surgery, and this has been shown to have a negative effect on patient outcomes, such as a decrease in physical function and an increase in subjective pain severity (Braybrooke et al., 2007; Okoro & Sell, 2009; Quon et al., 2013).

Pain is a subjective emotional experience, with or without tissue damage, which necessitates personalized care in pain management (Grondahl, Wilde-Larsson, Karlsson, & Hall-Lord, 2013). As such, it demands a model of care that can be combined with a structured approach to promote patient participation in health care: the person-centered care approach. Person-centered care is largely recognized today as an important constituent of health care (Ekman, Hedman, Swedberg, & Wallengren, 2015). One of its core elements is to move from standardized to personalized care, starting with the establishment of a caring relationship in contrast to solely focusing on the tasks that should be accomplished. To promote shared decision making, the patient is given a profound and active role through dialogue, where contractual arrangements are made between the patient and health care personnel to achieve personalized care (Ekman et al., 2011). This approach could improve pain management by enhancing the partnership between patients and health care staff.

Insights into and understanding of patients' experiences of pain, and pain management strategies for elective lumbar spine surgery, are relatively sparse and little research has been conducted in the area (Pöpping et al., 2008). However, there is research in adjacent fields relating to pain intensity levels and pain management that provides valuable information, and this offers an understanding of the surgical patients' pain treatment after undergoing major surgery (Dolin, Cashman, & Bland, 2002). However, as far as we know, such research has not yet been conducted in the field of lumbar spine surgery, which was the argument for performing this study. Gaining knowledge about how patients who are undergoing spine surgery perceive and experience pain is

necessary to understand the needs and requests of the patients, as a basis for the improvement of the quality of care.

The purpose of the present study was to explore and describe patients' experiences of pain and pain management and the impact of these on daily life and activities before and after planned lumbar spine surgery. The rationale for exploring this issue is to provide a basic understanding before a tailored structural change program is initiated in orthopedic spinal surgery care in relation to postoperative pain management.

## METHODS

### Participant Inclusion and Exclusion Criteria

Patients who underwent surgery at a department of orthopedic spine surgery unit at a university hospital in Sweden, during April and May of 2016, were asked to participate in the present study. Potential participants were identified in the surgery software records and by the ward nurse coordinator after their surgery was complete. A minimum of 10 patients were needed to form two focus group interviews (FGIs). A convenience selection method, regarding gender, age, and type of surgery, was used to establish variation among the participants and to ensure that each FGI was as representative as possible of the spine surgery patient group. The patients were contacted by the first author by phone, informed about the study procedure, and invited to participate. For the inclusion criteria, the participants had to be adults (>18 years of age) who spoke, read, and understood Swedish and who had the cognitive ability to participate in an FGI. The participants should have undergone their surgery recently, that is, no longer than 3 months prior to the date of the FGIs. Preoperative exclusion criteria were stroke, rheumatoid arthritis, primary infections, cancer, scoliosis, and endoscopic disk rupture surgery. Postoperative exclusion criteria were: complications leading to reoperation, wound infection, and hospital stay less than one day.

### Participants

Twenty-eight patients were contacted in total, of whom 13 agreed to participate in the study. The patients had suffered from pain prior to their surgery for a wide range of time (between 5 weeks and 5 years), and some of the participants also had experience with previous lumbar spine surgeries. The patients had undergone diverse spinal surgical procedures. One of the participants was unable to attend at the last minute for personal reasons; thus, the final number of participants was 12. The mean age was 60 years (range: 30-77 years). Two FGIs, including 6 patients per group,

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