



Experienced Nurses' Use of Non-Pharmacological Approaches Comprise More Than Relief From Pain

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This study investigated the use of, and reasoning by, experienced nurses regarding non-pharmacological pain approaches to care for children in hospitals, with the aim of increasing our understanding, and hence optimizing, these approaches. Three focus-group interviews with 14 experienced nurses, were conducted in 2009. Our findings emphasized the role of non-pharmacological methods in building and maintaining cooperation with the child and in caring for the child by individualizing the use of non-pharmacological methods.

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SUCCESSFUL MANAGEMENT OF pain in children is important because children's perception of pain is influenced by their early pain experiences, and this can impact their future responses to painful events (Blount, Piira, & Cohen, 2003; Taddio, Ilersich, Ipp, Kikuta, & Shah, 2009; Walco, 2008). Nurses use different non-pharmacological methods in caring for children during invasive procedures (Polkki, Vehviläinen-Julkunen, & Pietila, 2001), which represent an important aspect of care for children in hospitals (Blount et al., 2003). In addition, pharmacological medicines such as morphine are insufficient in reducing fear, distress or pain during needle procedures in children (Heden, von Essen, & Ljungman, 2011). A combination of both pharmacological medicines and non pharmacological methods are often recommended (Caprilli, Vagnoli, Bastiani, & Messeri, 2012).

There is some evidence concerning types of non-pharmacological methods in use by nurses in general (He, Pölkki, Vehviläinen-Julkunen, & Pietilä, 2005; Polkki et al., 2001), but the existing body of research in this field tends to focus on the effect of non-pharmacological methods themselves rather than how they are applied (Pillai Riddell,

Gerwitz, Uman, & Stevens, 2006; Pillai Riddell et al., 2011). Earlier studies have indicated that the management of pain in children is often inadequate due to lack of experience and knowledge (Hamers, van den Hout, Halfens, Abu-Saad, & Heijltjes, 1997; Karling, Renstrom, & Ljungman, 2002). Although knowledge about the effects of non-pharmacological methods is very important, excellent practice also requires expertise in the appropriate application of this knowledge to specific care situations (DiCenso, Cullum, & Ciliska, 1998; Sackett, Rosenberg, Gray, Haynes, & Richardson, 2007). In order to achieve such expertise, we need a better understanding of how nurses individualize care in children's pain relief. Little is known about how and what types of non-pharmacological methods are used and are considered most helpful in practice by experienced nurses. The purpose of this study was to explore and describe experienced nurses' use of non-pharmacological management in hospitalized children with the aim of increasing our understanding, and hence optimizing, such approaches.

Background

Non-pharmacological pain management includes many different methods, from massage and guided imagery to

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thoroughly researched methods such as distraction and breathing exercises (Maclaren & Cohen, 2007). “Non-pharmacological methods” is a collective term and include a variety of methods (Anderzen-Carlsson, Kihlgren, Skeppner, & Sorlie, 2007; He et al., 2011; Nilsson, Enskär, Hallqvist, & Kokinsky, 2013). Such methods are used by parents to help the child (Cavender, Goff, Hollon, & Guzzetta, 2004; Gorodzinsky, Bernacki, Davies, Drendel, & Weisman, 2012), by the children themselves (Idvall, Holm, & Runeson, 2005), and by children’s nurses. Nurses use these methods in addition to analgesics, for example to help the child during procedures or to manage the child’s postoperative pain (Cohen, Bernard, Greco, & McClellan, 2002; Ellis, Sharp, Newhook, & Cohen, 2004; Sahler, Hunter, & Liesveld, 2003; Sparks, 2001). The effect of some cognitive-behavioral methods, such as distraction, have been well researched and analyzed in systematic reviews, which represent the bulk of research within this area (Carlson, Broome, & Vessey, 2000; Cohen, Blount, Cohen, & Johnson, 2004; Pillai Riddell et al., 2006; Pillai Riddell et al., 2011; Sander Wint, Eshelman, Steele, & Guzzetta, 2002; Tak & van Bon, 2006; Uman et al., 2013). These studies have investigated the effect of distraction on children’s experience related to pain, distress or anxiety (Carlson et al., 2000; Cohen et al., 2004; Pillai Riddell et al., 2006; Pillai Riddell et al., 2011; Tak & van Bon, 2006; Windich-Biermeier, Sjoberg, Dale, Eshelman, & Guzzetta, 2007). The theoretical separation between anxiety and distress on the one hand, and pain on the other, is interesting. One theory is that pain has a mutual and inseparable interaction with anxiety (Montes-Sandoval, 1999). In contrast, the research reported in several reviews (Pillai Riddell et al., 2006; Tak & van Bon, 2006) invites us to consider anxiety and pain separately. This may, however, be less fruitful in some actual patient situations because such an approach risks taking a less holistic view on pain management in children (Kitson, 2002).

Several studies have investigated the extent of nurses’ use of different non-pharmacological methods (Jacob & Puntillo, 1999b; Polkki et al., 2001; Saccenti, 2010). To varying degrees, nurses mostly used distraction, relaxation, preparatory information and positioning (Hatava, Olsson, & Lagerkranser, 2000; He et al., 2005; Jacob & Puntillo, 1999b; Polkki et al., 2001; Saccenti, 2010; Salantera, Lauri, Salmi, & Helenius, 1999). Methods such as the presence of parents, or comforting and helping with daily activities are important methods, but were only measured in two of these studies investigating nurses’ use of different non-pharmacological methods (He et al., 2005; Polkki et al., 2001). The reported differences in the types and frequencies of methods used might be explained by different definitions of non-pharmacological approaches. The overall impression from several self-report surveys is that nurses use non-pharmacological management quite extensively with children (Broome, Richtsmeier, Maikler, & Alexander, 1996; He et al., 2005; Jacob & Puntillo, 1999a; Saccenti, 2010).

Observational studies have, however, showed minimal or no use of non-pharmacological management (Byrne, Morton, & Salmon, 2001; Twycross, 2007; Woodgate & Kristjanson, 1996).

Nurses’ experience and education can affect the use of non-pharmacological methods. Polkki, Laukkala, Vehvilainen-Julkunen, and Pietila (2003) argued that factors related to the nurse had a more substantial effect on the use of non-pharmacological methods in pediatric patients than work-related factors and factors related to the parent or child. They claimed that a nurse’s expertise was clearly beneficial, and they felt that a lack of knowledge and uncertainty could prevent the use of non-pharmacological methods. In studies that mapped the level of knowledge on pain management, non-pharmacological approaches were one of the areas where nurses had the least accurate knowledge (Clarke, French, Bilodeau, Capasso, Edwards, & Empoliti, 1996; Van Hulle Vincent & Denyes, 2004). Saccenti (2010) reported that nurses with a clinical specialization in pediatric nursing used a greater number of non-pharmacological strategies than others. Versatile use of non-pharmacological strategies was in itself conducive to high use (Polkki et al., 2003; Saccenti, 2010).

Earlier research tends to explain the low use of non-pharmacological methods as being due to the nurses’ limited knowledge and experience (Polkki et al., 2003). This overlooks other possible perspectives and understanding that could provide a broader explanation for the rationale of the use or non-use of non-pharmacological methods. Studies are lacking which document a comprehensive understanding of nurses’ use of non-pharmacological methods; similarly, knowledge is lacking regarding application of non-pharmacological methods to specific care situations.

The Study

Aim

The aim of this study was to explore experienced nurses’ use of non-pharmacological pain management approaches with children and thus to provide new insights into lesser known aspects of non-pharmacological pain-management in children.

The following research questions were formulated:

1. How do experienced nurses use non-pharmacological approaches when caring for children in hospitals?
2. How do nurses reason about the benefits and detriments of using non-pharmacological approaches?

Design

A qualitative exploratory design was used. Such a design was considered the most appropriate, since little is known about the situation at hand as scant information is available

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