

# Nurses' Provision of Parental Guidance Regarding School-Aged Children's Postoperative Pain Management: A Descriptive Correlational Study

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## ■ ABSTRACT:

Involving parents in children's pain management is essential to achieve optimal outcomes. Parents need to be equipped with sufficient knowledge and information. Only a limited number of studies have explored nurses' provision of parental guidance regarding the use of nonpharmacologic methods in children's pain management. This study aimed to examine nurses' perceptions of providing preparatory information and nonpharmacologic methods to parents, and how their demographics and perceived knowledge adequacy of these methods influence this guidance. A descriptive correlational study using questionnaire surveys was conducted to collect data from a convenience sample of 134 registered nurses working in seven pediatric wards of two public hospitals in Singapore. Descriptive statistics, independent-samples *t* test, and multiple linear regression were used to analyze the data. Most nurses provided various types of cognitive information to parents related to their children's surgery, whereas information about children's feelings was less often provided. Most nurses provided guidance to parents on positioning, breathing technique, comforting/reassurance, helping with activities of daily living, relaxation, and creating a comfortable environment. Nurses' provision of parental guidance on preparatory information and nonpharmacologic methods was significantly different between subgroups of age, education, parent or not, and perceived knowledge adequacy of nonpharmacologic methods. Nurses' perceived knowledge adequacy was the main factor influencing their provision of parental guidance. More

**attention should be paid to nurses who are younger, have less working experience, and are not parents. There is a need to educate nurses about nonpharmacologic pain relief methods to optimize their provision of parental guidance.**

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## BACKGROUND

Previous studies have reported that children experience moderate to severe pain postoperatively (Fortier, Martin, Kain, & Tan, 2011; He, Vehviläinen-Julkunen, Pölkki, & Pietilä, 2007; Kortessluoma, Nikkonen, & Serlo, 2008; Twycross, 2013; Twycross & Collis, 2013) and that children's pain management practices do not adhere to current guidelines in all areas (Twycross, 2013), which indicates that children's postoperative pain management remains a challenge. To achieve optimal pain management, parents' involvement is highly recommended (Daneman, Macaluso, & Guzzetta, 2003; Kolk, van Hoof, & Fiedeldij Dop, 2000). In fact, most parents have a strong desire to participate and view accompanying their hospitalized child as an unconditional aspect of being a parent (Lam, Chang, & Morrissey, 2006; Lim, Mackey, Liam, & He, 2012). Children also value the care and attention provided by their parents (Kortessluoma et al., 2008).

The benefits of parental participation in children's postoperative pain relief have been demonstrated (Lim et al., 2012; Sng et al., 2013). Parents have an existing trust relationship with their children and they have knowledge of and experience in detecting changes in their children's behavior; therefore, they are the best advocates for their children by bringing their children's concerns to the nurses when their children experience pain (Lim et al., 2012; Simons & Roberson, 2002). Therefore, parental involvement is one of the crucial factors in achieving optimal pain management for children (Kankkunen, Vehviläinen-Julkunen, Pietilä, & Halonen, 2003; Wright, Stewart, Finley, & Buffett-Jerrott, 2007). However, previous studies show that parents often lack information, instruction and knowledge in managing children's postoperative pain (Kristensson-Hallstrom, 2000; Lim et al., 2012), and parents' implementation of nonpharmacologic methods is limited to those that were familiar to them from everyday life (Kankkunen et al., 2003; Lim et al., 2012; Sng et al., 2013). Parents need more help from nurses concerning preparatory information and nonpharmacologic methods (He, Pölkki, Pietilä, & Vehviläinen-Julkunen, 2006; Pölkki,

2002). Nonpharmacologic methods can be divided into the following categories: cognitive-behavioral methods (including preparatory information); physical methods; emotional support; helping with activities of daily living (ADLs); and creating a comfortable environment (Pölkki, Vehviläinen-Julkunen, & Pietilä, 2001).

An observational study conducted in the United Kingdom reported that nurses perceived the use of nonpharmacologic methods to be the parents' role (Twycross, Finley, & Latimer, 2013). Similarly, a survey conducted in Singapore showed that approximately 27% of nurses reported that parents should have the main role in using nonpharmacologic pain relief methods for their children (He et al., 2010).

These studies further indicate nurses' essential role in equipping parents with sufficient knowledge for their children's pain management. Preparing parents well may help to reduce children's postoperative pain. For example, Klemetti et al. (2009) reported that preoperative counseling about active preoperative nutrition significantly reduces the child's pain during the first post-tonsillectomy hours and might prepare the child to better tolerate the stress of potential postoperative nausea and vomiting. According to Kleiber, Craft-Rosenberg, and Harper (2001), parents who received a brief teaching intervention were able to perform significantly more distraction with their children during intravenous line insertion than parents in a control group. Kain et al. (2007) also showed that a family-centered preoperative preparation program was effective in reducing preoperative anxiety and improving postoperative outcomes of children, analgesic consumption and early discharge from hospital. Preoperative face-to-face counseling with written information improves parental knowledge and relieves their anxiety (Klemetti et al., 2010). However, parents are more likely to discuss pharmacologic rather than nonpharmacologic techniques with their health care professionals (Gorodzinsky, Davies, & Drendel, 2014). Therefore, it is essential for nurses to provide information and guidance regarding nonpharmacologic pain relief methods to parents in their children's pain management and remind parents of their role in the management of children's pain (He et al., 2006; He et al., 2007; Pölkki, 2002; Zisk, Grey, Medoff-Cooper, & Kain, 2007).

Previous studies examining nurses' provision of parental guidance (He et al., 2006; Pölkki, 2002) reported similar findings in that most cognitive information was provided to parents, whereas information of nonpharmacologic pain relief methods and sensory information of anxiety and pain were less frequently provided. In terms of nonpharmacologic methods, imagery (a type of cognitive-behavioral

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