

Validation Study of the Strategic and Clinical Quality Indicators in Postoperative Pain Management Questionnaire in Turkish Surgery Patients

■ ■ ■ *Nursel Aydın Vatansever, RN, PhD,
and Neriman Akansel, RN, PhD*

■ ABSTRACT:

Determining patient satisfaction with postoperative pain management is an important intervention to improve strategies for effective pain control. The aim of this study was to validate an English version of the 14-item Strategic and Clinical Quality Indicators in Postoperative Pain Management questionnaire in Turkish language. The study included 113 patients who underwent elective surgeries at a university hospital in Bursa, Turkey. The data were collected after translation procedures and final adjustments were done on the original instrument. For the total scale, Cronbach's coefficient α was 0.81 and the main score obtained from the scale was 45.8 ± 10.8 . Included were three subscales: nursing interventions, pain management, and environments. Of the patients, 40.7% reported more pain than expected in the postoperative period and their satisfaction with pain relief was 7.4 ± 2.5 . This instrument is a reliable and valid instrument in Turkish language and can be used to evaluate the effectiveness of postoperative pain management.

© 2014 by the American Society for Pain Management Nursing

INTRODUCTION

Surgical procedures are widely used techniques for maintaining health, improving quality of life, regulating organ functions, and relieving patients' pain. However, while trying to control patient's pain by surgical interventions, the procedure itself could be the cause of unbearable pain (Aslan, 2006). Although postoperative pain is an expected outcome caused by tissue damage related to surgery, complications of surgical interventions or other invasive procedures (American Society of Anesthesiologists, 2004), patient readiness for

From the Department of Surgical Nursing, Uludag University School of Health, Bursa, Turkey.

Address correspondence to Neriman Akansel, RN, PhD, Uludag University School of Health, Department of Surgical Nursing, Gorukle Campus, Bursa, 16059 Turkey. E-mail: nakansel@uludag.edu.tr

*Received September 12, 2012;
Revised January 21, 2014;
Accepted January 23, 2014.*

*1524-9042/\$36.00
© 2014 by the American Society for
Pain Management Nursing
[http://dx.doi.org/10.1016/
j.pmn.2014.01.003](http://dx.doi.org/10.1016/j.pmn.2014.01.003)*

surgical procedure, the site of incision, degree of surgical trauma, quality of care given postoperatively, and patient anxiety are some of the reasons affecting duration and severity of postoperative pain (Aslan, 2006).

Although poor postoperative management greatly influences patient mobility, patient well-being and quality of life, also can cause an increase in hospital length of stay (Aslan, 2006; Gordon, Pellino, Miaskowski, Mc Neill, Paice, et al., 2002; Kocaman, 1994). Although it is impossible to relieve postoperative pain completely, it can be reduced to a reasonable level to ensure high quality of care and patient comfort during the hospital stay. The most significant goals in management of postoperative pain are minimizing or eliminating discomfort, facilitating the patient's recovery process, and avoiding the development of complications (International Association for the Study of Pain, 1992). Therefore, nurses are in the position of relieving patient's pain and pain management strategies used by health care professionals can provide good data in evaluating the effectiveness of nursing care (Aslan, 2006). According to research studies, the attitudes of health care providers toward pain, their skills and knowledge, and their responses to patient pain are extremely important (Aslan, 2006; Edwards, Nash, Najman, Yates, Fentiman, et al., 2001; Sherwood Adams-McNeill, Starck, Nieto, & Thompson, 2000). However, research results report that nurses' knowledge regarding pain management is not sufficient, their attitudes toward pain management are inappropriate, their theoretical understanding of pain control is minimal, and they tend to underestimate patient pain (Aslan Badir, & Şelimen, 2003; Dihle, Bjølseth, & Helseth, 2006; Idvall, Berg, Unosson, & Brudin, 2005; Idvall, Hamrin, Sjöström, & Unosson, 2002; Lui So, Fong, 2008). Although pain assessments given by patients and nurses differ from each other (Idvall et al., 2005; Idvall, Hamrin, Sjöström, et al., 2002), only professionals who experienced pain previously tend to be sensitive toward relieving patient pain (Aslan, 2006).

Pain management is an important indicator of health care quality and is considered a health care accreditation standard. Therefore, the importance of the quality of postoperative pain management in patient care is undeniable. The American Pain Society (APS) and the Agency for Health Care Research and Quality (1992) recommendations emphasize the need for interdisciplinary collaboration and clarification of responsibilities for pain management.

The APS (1995) suggested that pain intensity and effects of pain on function are the areas of focus to reach high-quality pain management. The development of valid

self-reported instruments, particularly those that can be used with confidence across different cultures, to access the quality of postoperative pain management remains a challenge. The Strategic and Clinical Quality Indicators in Postoperative Pain Management (SCQIPP) instrument, which was developed by Idvall, Hamrin, Sjöström, et al. (2002), was shown to have reliability and validity (Cronbach's $\alpha = 0.84$) in a Swedish population, has been shown to be reliable for assessing the quality of postoperative pain management (Idvall, Hamrin, Sjöström, & Unosson, 2001). The same instrument also was used in other studies to determine the quality of postoperative management from the perspective of patients, nurses, patient records (Gunninberg & Idvall, 2007), and showed differences in nurse and patient assessments of postoperative pain (Idvall et al., 2005).

To our knowledge, no previous studies have been conducted in Turkey to assess the quality of postoperative pain management in surgical patients. However, there are some studies that focus on nurses' assessment of pain, knowledge, and attitudes about pain management (Akbaş & Öztunç, 2008; Aslan et al., 2003; Yava, Çiçek, Tosun, Özcan Yıldız, & Dizer, 2013; Yıldırım, Fadiloğlu, & Uyar, 2008) and one study that addresses validation of Brief Pain Inventory in Turkish surgical patients (Dicle, Karayurt, & Dirimese, 2009). The aim of this study is to:

1. Adapt SCQIPP to use in Turkey.
2. Test the validation of SCQIPP in Turkish surgical patients.
3. Determine the satisfaction of this population with postoperative pain management strategies used in wards.

MATERIAL AND METHODS

Study Design and Participants

A cross-sectional, descriptive survey design was used for this study. Data were collected 5 days a week from October to December in 2010. The study was conducted with patients from seven surgery wards (orthopedics; general surgery; plastic surgery; neurosurgery; ear nose and throat [ENT] surgery clinic; coronary artery and graft surgery; and urology clinics) in a university hospital in Bursa. The study included 113 consecutive surgery patients. Inclusion criteria were as follows: age 18 years or older; scheduled for elective surgery; no chronic diseases like diabetes mellitus; oriented to person and place; able to communicate and to understand and speak Turkish; able to understand instructions; and at least a 24-hour stay in the surgical ward after the procedure. Patients who met selection criteria were informed about the study and were asked to answer the 14-item questionnaire.

Download English Version:

<https://daneshyari.com/en/article/2677997>

Download Persian Version:

<https://daneshyari.com/article/2677997>

[Daneshyari.com](https://daneshyari.com)