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Neglect of Postoperative Pain Management in Children: A Qualitative Study Based on the Experiences of Parents¹

Fateme Valizadeh PhD (Candidate in Nursing)^a,
 Fazlollah Ahmadi BScN, MScN, PhD (Professor)^b,
 Kouros Zarea BScN, MScN, PhD (Assistant Professor)^{a,*}

^a*Nursing Care Research Center in Chronic Disease, Department of Nursing, School of Nursing and Midwifery, Ahvaz Jundishapur University of Medical Sciences, Ahvaz, Iran*

^b*Nursing Department, Faculty of Medical Sciences, Tarbiat Modares University, Tehran, IR Iran*

Received 19 October 2015; revised 23 February 2016; accepted 29 February 2016

Key words:

Postoperative pain management;
 Barrier;
 Children;
 Parent;
 Qualitative research

Purpose: Identifying parents' experiences of barriers to optimal postoperative pain management in children.

Design and Methods: This qualitative-content analysis study was conducted with 16 parents whose school-age children had undergone emergency abdominal surgery in university hospitals of Ahvaz, southern Iran. A purposive sampling method was used to select the participants. The semi-structured interviews with all of the participants were recorded, transcribed, and analysed.

Results: After data analysis, neglect emerged as the main theme. This neglect consisted of three categories including the healthcare system's disregard, insufficient sensitivity of the healthcare providers, and hesitance or delays of parents and children in asking for care.

Conclusion: The optimal management of children's postoperative pain requires the provision of relevant infrastructures by the healthcare system, responsible performance of the health professionals beyond the routine, and active and informed participation of both parents and children.

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Pediatric surgery is a stressful experience with profound effects on both children and their parents (Li, Lopez, & Lee, 2007). A number of factors, such as fear of pain, can evoke feelings of tension in children (Pritchard, 2009). Unrelieved pain may exert undesirable and long-term physical, mental, and behavioural effects on the current and future life of a child (Bowden & Greenberg, 2010; Fortier, Chou, Maurer, & Kain, 2011). Therefore, all health professionals should consider easing the children's pain and ensuring their comfort as a major care priority (Bowden & Greenberg, 2010). Nonetheless, despite recent advances in pain management, children still experience moderate to severe postoperative

pain and postoperative pain management is a challenge in many countries (Chieng et al., 2013; He et al., 2015; Shrestha-Ranjit & Manias, 2010; Twycross & Collis, 2013).

Numerous factors can contribute to inadequate pain management. Relevant organizational factors include the inaccessibility of some drugs, shortages in staff, the staff's lack of time, and tasks with competing priorities (Gimble-Berglund, Ljusegren, & Ensker, 2008; Twycross & Collins, 2013). Healthcare provider related factors include more focus on the reason for the pain than on its management, insufficient prescribing of analgesics, fear of children's poisoning or addiction and believing in children's exaggeration of pain (Czamecki et al., 2011; Gimble-Berglund et al., 2008; Mathews, 2011; Twycross & Collins, 2013). The child's age, especially in children without verbal communication

¹ The authors report no actual or potential conflicts of interests.

* Corresponding author: Kouros Zarea.

E-mail address: kouros1685@gmail.com.

skills, can be another barrier to effective pain management (Gimble-Berglund et al., 2008). Parents' lack of knowledge regarding analgesics fear of the children's addiction and believing that children always cry or tell their parents when they are in pain, are also associated with undesirable postoperative pain management in children (Kankkunen, Pietila, & Vehvilainen-Julkunen, 2004; Rony, Fortier, Chorney, Perret, & Kain, 2010; Zisk, Grey, MacLaren, & Kain, 2007).

Today, based on the principles of family-centred care (FCC), parents accompany their hospitalized children (Power & Franck, 2008). In Iran, both pediatric and adult surgical wards provide children's surgical services. In pediatric wards, the mother is allowed to accompany the child, while in adult wards the father or the mother, but not the two of them together, are allowed to accompany the child. During their presence, parents provide psychological support and security to their children, and they perform some of the child's care as well (Aein, Alhani, Mohammadi, & Kazemnejad, 2011). Therefore, during their participation in their children's postoperative care, the parents gain some experience with the various factors affecting postoperative pain control in children.

Studies have explored parents' perceptions about how their children's pain is managed in the hospital. Parents ($n = 20$) were interviewed about their perceptions of children's postoperative pain management as part of a phenomenological study in the U.K. Those parents reported that they had a passive and limited role in their children's pain management. They felt that nurses' poor communication and disrespect to their concerns were the major obstacles in the provision of pediatric postoperative pain management (Simons, Franck, & Roberson, 2001). In research by Polkki, Pietila, Vehvilainen-Julkunen, Laukkala, and Ryhanen (2002), parents ($n = 192$) completed a questionnaire about their perceptions of their child's pain management in Finland. Parents reported that they had adequate opportunities for involvement in their child's care (98%) and pain management (86%). Nevertheless, the nurses' shortage of time (32%) and their negative feelings (19%) were reported to prevent the parents' participation. The study of Nascimento et al. (2010), in Brazil, explored mothers' ($n = 17$) appraisal of their children's pain management in the late postoperative phase of cardiac surgery. These mothers reported that improper children's pain care was due to a combination of their own lack of information and the nurses' insufficient communication with them. They reported that the nurses did not ask them about their child's pain and that they did not trust their doubts regarding the presence of pain. Lim, Mackey, Liam, and He's (2012) research explored Singaporean parents' ($n = 14$) experiences of their school age children's postoperative pain management. The negative feelings and knowledge deficits of the parents and the busy schedules of the nurses were all hindering factors to the children's postoperative pain management. For more participation in their child's care, parents stated the need for adequate rest, information, and support from nurses. In part of the research by Twycross and Collis (2013), parents

($n = 17$) completed a questionnaire about how well their children's pain had been treated in an English hospital. More than half of the parents reported that nurses took their child's pain history and used a tool for pain assessment. However, non-pharmacological strategies were only suggested for 19% of the children. In part of Twycross and Finley's (2013) research, in Canada, parents ($n = 10$) were asked to fill in the Information about Pain Questionnaire. Despite the fact that their children had experienced moderate to severe pain, most of the parents were pleased with the provided pain care. The authors concluded that this may have been the result of the parents' relief due to the success of the surgery or their opinions that postoperative pain is anticipated and that nurses do everything they can to manage pain.

The results of the most frequently mentioned studies indicated that parents believe that healthcare professionals do not manage postoperative pain effectively and that they do not involve them in children's postoperative pain management. Our review of the Iranian literature shows that postoperative pain management has received no attention and no qualitative research has ever explored Iranian parents' perceptions of their children's postoperative pain management in the hospital. Considering the fact that postoperative pain remains a fundamental postoperative challenge, and that parents are important assistants to healthcare providers in children's postoperative pain management, this research conducted to explore parents' experiences of their child's postoperative pain management. The research questions were how did parents assess their children's postoperative pain management? Moreover, what are the barriers to managing postoperative pain effectively according to the parents' experiences?

The conceptual framework that guided this study was a combination of an interpretive paradigm and the FCC model. The study was based on the interpretive paradigm because it focuses on the exploration of human experiences through the parents' descriptions based on their personal interpretation of the events (Taylor, Kermod, & Roberts, 2006). FCC includes a unique and dynamic care method that provides a close relationship between the family and the healthcare providers (Jolley & Shields, 2008). According to FCC, healthcare systems and providers should have an attitude and practice of support, collaboration, and respect to facilitate family participation on policy and decision-making (Harrison, 2010). While a child is hospitalized for surgery, the resident parents participate actively in providing care to their children. Understanding the parents' experiences of barriers to their children's postoperative pain management is essential for health professionals, as it could provide some indications to eliminate the barriers to children's postoperative pain management through the development of appropriate FCC based interventions.

Materials and Methods

Design

Consistent with the research paradigm, this study applied a qualitative descriptive design using interviews for data collection and conventional content analysis influenced by Graneheim and Lundman (2004).

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