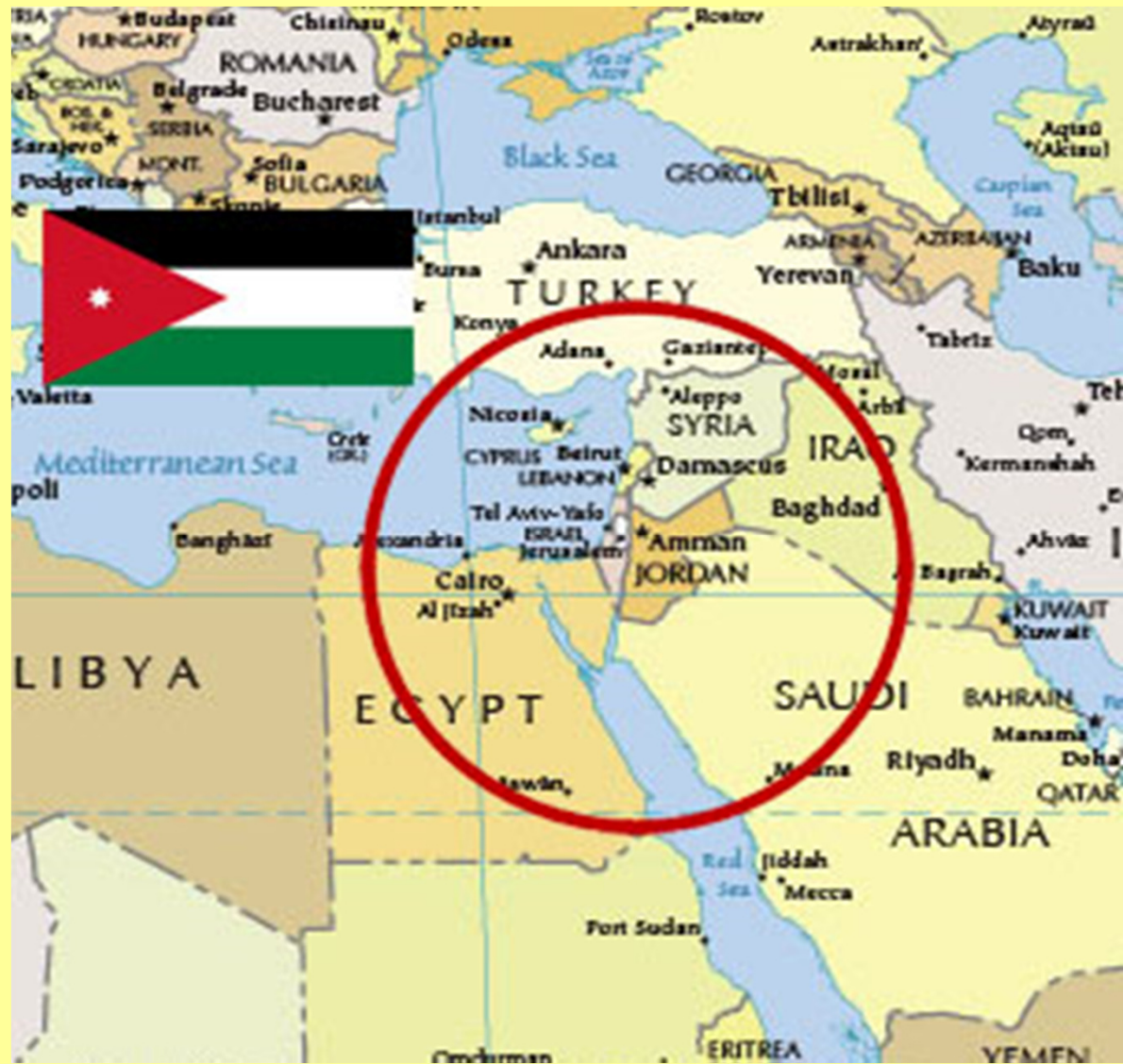




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Presentation Title:

**“Sleepless nights and sore operation site”:
Patients’ experiences of nursing pain
management following surgery in Jordan**





Overview

- 1- Background
- 2- Gaps in the literature
- 3- Research Aim
- 4- Methods
- 5- Main Findings
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- 7- Study Limitations
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Background

Pain is a complex experience that embraces physiological, emotional, cognitive and social dimensions (Manias, Botti, & Bucknall, 2002; Stannard, et al., 1996), and it is determined by patients and specific contexts (Anoosheh, & Kazemnejad, 2008).



Many patients continue to experience moderate to severe pain following surgery (Schafheutle, et al 2001; Wadensten et al , 2011).

Postoperative pain assessment and management remains a major clinical challenge confronting health-care professionals (Bell& Duffy, 2010).



Despite decades of research and the availability of effective analgesic approaches, many patients continue to experience moderate to severe pain following surgery (Schafheutle, Cantrill, & Noyce, 2001; Wadensten, Fröjd, Swenne, Gordh, & Gunningberg, 2011)



Postoperative pain treatment is an essential component to nursing care, and it is unethical to let patients suffer from pain without sufficient efforts to provide pain relief treatment (Bell & Duffy, 2010; Ferrell, 2005)



Gaps in the literature

International studies have focused on chronic pain and that of patients with cancer in particular (Susan Broekmans, Dobbels, Milisen, Morlion, & Vanderschueren, 2009), but many patients suffer from acute pain following surgery, which is often poorly managed by nurses (Manias, Bucknall, & Botti, 2004; Wadensten, et al., 2011).



Gaps in the literature

Previous studies are old and have not been well replicated to verify their findings (McCaffrey & Ferrell, 1997; Shapiro, Cohen, & Howe, 1993; Stannard, et al., 1996).



Gaps in the literature

- The existing evidence so far about patients' experience of pain management came from Western countries, and due to differences in culture and hospital policies, its applicability to the other contexts might be debated



Research Aim

The study explores patients' experiences of nursing pain management, and identifies contributing factors in Jordan



Method

A qualitative research design was used. Data were collected through focus group discussions (n=4). A total number of 31 patients were purposively selected.

Setting

The study was in a 250 bed Jordanian public hospital.



Sample Profile

The total sample (n= 31) included sixteen men and fifteen women.

The mean age was 51.8 years. Most participants were married (n=26) and retired (n=23); three were university students, and five were employed.

The sample included diverse surgical cases, including wound debridement, appendectomy, hemorrhoidectomy, lumpectomy and cholecystectomy



Data Analysis

Qualitative data were analyzed using thematic analysis approach. The software N-Vivo 9 was used.

Trustworthiness

1- Three qualitative research experts and three non-participants reviewed the interview items and assessed its validity

2- Participants were given chance to correct the summary following each interview and following the transcription process.



3- Transferability was assured by offering the reader sufficient details about the research.

4- The involvement of an independent researcher in the process of translation and data analysis achieved conformability.



Findings:

Theme one: Living in Pain

Sub-theme 1: From Sleep Disturbances to the Fear of Addiction

“... I did not sleep for three nights.., You know I am scared that if I take more pain kills or sleep pills I will be addicted... I do not want to have another problem when leave the hospital! [Laughing]” (Male patient 5).

“Addiction is worse than pain” (Male patient 2).



Theme one: Living in Pain

Sub-theme2: From Dependence to Uncertainty

“I am afraid that following the spinal cord surgery the pain will not go away... I might be disabled in the future and become jobless...” (Male patient 5).

“...That is true I think that I will not be able to look after my family and do the shopping, washing and cooking” (Female patient 3).



Theme Two: Barriers to Nursing Pain Management “three “NOTS”.

Sub-theme 1: Not being well-informed

“I expected nurses to sit down with us and tell about the possible pain killers and its side effects before and after the surgery but they did not... They bring the medication trolley, ask about your name and give the injections... it is a fast service... like takeaway food [laughing]!” (Female patient1).



Theme two: Barriers to Nursing Pain Management

Sub-theme 2: Not being believed

“...I complained last night from severe pain and the nurse told me that I was given enough of pain killers... she went further to tell me that pain killers are not like having a glass of water” (Male patient 3).

“... I think that they [nurses] do not believe us ... no need to complain and I have to cope with little pain killers” (Male patient 6).



Theme two: Barriers to Nursing Pain Management
Sub-theme 3: Not being privileged

“There was a lady on the next bed and she is a mum of a consultant in this hospital... all nurses kept checking on her, when she complained of pain all medical staff rushed to her with smiles and support... I do not know anybody here, nurses do not treat me in the same way...” (Female patient 7).



Implications and Recommendations

1- Nurses spend much of their time with patients and therefore should make every specific effort to initiate and encourage patients following surgery to report and share their personal pain concerns and fears

2- Nurses are urged to look beyond standardized assessment tools and to utilize patients' experiences and voices as priceless evidence contributing to more effective pain management



3-Educational interventions for nurses need be developed to meet specific patient populations, particularly those who described themselves in this study as not being privileged, and at a possible risk of poor pain assessment and management.



Study limitations

Participants were purposively selected, and the sample itself might not be representative of all patients following surgery. The findings however might be considered as a benchmark against which further research in this area can be developed



Conclusion

The study concluded that patients' experiences of nursing pain management are a complex world that goes beyond medically orientated care.

Nurses therefore are urged to look beyond standardized assessment tools and employ patients' experiences and voices as priceless evidence contributing to more effective pain management





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Thank you!



Questions

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