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Lived Experience After Surgery Among Hispanic Adults

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BACKGROUND: In 2010, more than 51.4 million procedures were performed in hospitals in the United States and this number is steadily increasing. Almost half of all patients had a surgical procedure prior to their hospital discharge and over 80% of patients experienced acute pain after surgery. When acute pain persists for two or more months after surgery, chronic pain develops, costing the US up to \$635 billion annually. Hispanics, in particular, disproportionately experience disparities in pain treatment as they are less likely to receive analgesics, more likely to receive inadequate analgesic dosing, and more likely to wait longer for analgesics in hospitals. Routine pain assessments conducted using instruments may be inaccurately capturing the pain experience of Hispanic adults as population-specific instruments have not been developed for this group. There is a gap in knowledge regarding the experience among Hispanic adults while hospitalized after surgery to gain an understanding of the essence of their experience.

PURPOSE: To describe the lived experience after surgery among Hispanics adults.

SPECIFIC LINE OF INQUIRY: To reveal more fully the meaning and essence of the experience.

METHODS: This qualitative study followed a descriptive phenomenological approach, viewed through a social constructivist lens. Participants included 10 Hispanic adults, from 23 to 83 years of age, who experienced and communicated pain after surgery. Participants, of whom five were female, were interviewed, in English or Spanish, while hospitalized at an academic medical center in Southern California. In-person, semi-structured interviews occurred 1 to 15 days from the most recent inpatient surgery. Seven participants preferred speaking Spanish over English. Interviews were digitally recorded and transcribed. Purposive, criterion sampling continued until data saturation was reached. A descriptive identification of the lived experience was formulated following Colaizzi's procedural steps for analyzing phenomenological data. Trustworthiness criteria was addressed using constant review, reflexivity, audit trail, and dissertation committee review.

FINDINGS: Five clusters of themes emerged and represented the fundamental structure of the phenomenon: (1) uniquely distressing and individually defined, (2) conflicting emotional, psychological, and spiritual needs, (3) extreme vulnerability and reliance on others, (4) underlying inequality in knowing and being, and (5) awareness of

mortality. A descriptive identification of the phenomenon was formulated from the themes and revealed the meaning and essence of the lived experience after surgery among Hispanic adults.

CONCLUSION: The lived experience after surgery among Hispanic adults exposes a dichotomy between recipients and providers of care within the hospital that must be addressed to promote compassion and alleviate suffering. Within the narrow context of pain after surgery among Hispanic adults, further research is needed to modify existing or develop new instruments used for routine pain assessments in order to improve subsequent treatment. The trustworthiness of inquiry for this study was established as elements of credibility, dependability, transferability, and confirmability were achieved.

Title:

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References:

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Abstract Summary:

An overview of the phenomenological study is presented. The background and significance of assessing pain among Hispanics are described first. Next, the study purpose and plan of inquiry are outlined. Then, the lived experience after surgery among Hispanic adults is represented. Lastly, the implications of the study findings are discussed.

Content Outline:

- I. Background and Significance
- 1. Prevalence of acute pain after surgery
- 2. Significance of mismanaged acute pain
- 3. Disparities in pain treatment among Hispanic population
- 4. Problem statement
- II. Line of Inquiry
- 1. Purpose of phenomenological study
- 2. Specific line of inquiry for the study
- 3. Methods
- 1. Setting
- 2. Sample
- 3. Data Collection
- 4. Data Analysis
- III. Findings
- 1. Clusters of Themes
- 1. Uniquely distressing and individually defined
- 2. Conflicting emotional, psychological, and spiritual needs
- 3. Extreme vulnerability and reliance on others
- 4. Underlying inequality in knowing and being
- 5. Awareness of mortality
- IV. Conclusion
- 1. Strengths and Limitations

1. Trustworthiness criteria
2. Implications