BACKGROUND AND SIGNIFICANCE

More than 51.4 million procedures performed in US hospitals

- Surgical procedure performed on almost half of all patients prior to being discharged

Over 80% of patients affected by acute pain after surgery

- Mismanaged acute pain contributes to chronic pain, costing up to $635 billion annually

Hispanics, in particular, disproportionately experience pain treatment disparities

- Ethnicity and culture need to be considered when assessing for pain to prevent inappropriate pain treatment

- Gap in knowledge regarding the experience after surgery among Hispanic adults

PURPOSE AND LINE OF INQUIRY

Purpose

- To describe the lived experience after surgery among Hispanics adults

Line of Inquiry

- To reveal more fully the meaning and essence of the experience

METHODS

Approach: Husserl Phenomenology

Setting: Academic medical center in California

Sample: 10 Hispanic adults (5 females), 23 to 83 years of age

- Interviewed 1 to 15 days from most recent inpatient surgical procedure

- 7 preferred speaking Spanish

IMPLICATIONS

- Explore experience after surgery among other populations to make known similarities and differences across cultures, geographic areas, and care delivery models

- Examine relationship between the meaning and essence of the experience after surgery and the known treatment disparities among populations, like Hispanic adults

- Modify existing or develop new instruments used during routine pain assessments in order to improve subsequent treatment

REFERENCES

Following Colaizzi’s procedural steps for analyzing phenomenological data, 5 clusters of themes emerged and represented the fundamental structure of the phenomenon.

FINDINGS

- Uniquely distressing and individually defined

  - “It’s hard for everybody. I think I’ve heard these stories. Like, someone, just—to be honest (coughing) being in the hospital was kind of new to me because I haven’t experienced a lot of it. Everything I’ve read about recovery, they’re just not as bad as they say.”

- Conflicting emotional, psychological, and spiritual needs

  - “Oh no, let me tell you, what horror, what night, it was—nightmare for me. It was seven days I stayed in it. But for me it was—scare. So, I felt very good when they take it off you, because one counts the right, the heart, and you feel like the hours are never-ending, that the time that the days end that the day never will come, that the night will not arrive.”

- Extreme vulnerability and psychologic stress

  - “I started bringing on some depression. It’s not my nature to be depressed, and I know that’s a symptom of, oh, of recovery. Oh, but, I started getting very depressed. And, and I felt like I was losing my mind.”

- Underlying inequality in knowing and being

  - “It’s kind of a double-edged sword. They’re there to help you, you just don’t have them too much, when I can see somebody and I want to get help. I was the one that was there.”

- Awareness of mortality

  - “It’s crazy. What situations like this, it’s going to be a worse chance in life. I got that removed and now I get my life back and I get to be a mother to her again.”

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.

References available upon request.