

Realities of post-operative pain management in Ghana: Evidence from method and participant triangulation

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Outline

- Introduction
- What does the literature say?
- Methods
- Findings
- Implications and recommendations
- Conclusion



Learning Objectives

- Discuss the tenets of ethnography that is necessary to understand a particular issue within a particular culture
- Gain a comprehensive knowledge on factors that influence inadequate post-operative pain in Ghana



Introduction

- What is pain?
 - Abstract in nature
 - Individual and subjective
- Influencing factors?
 - Several – physical, psychological, socio-cultural, environmental etc.
 - Previous experience, cause of pain, health professional attitude, method of pain management
- (Pasero & McCaffery, 2011)



What does the literature say?

- Inadequate post-operative pain (POP) management
- Systematic review
- Guideline development:
- NICE, (2011) - National Institute for Clinical Excellence,
- AGREE, (2004) -The Appraisal of Guidelines Research and Evaluation in Europe collaboration
- SIGN, (2004) - Scottish Intercollegiate Guidelines Network)



Why this study?

- Lymphedema after breast surgery
- Teach surgical nursing
- Personal POP experience



Research Question

- What are the factors that contribute to ineffective post-operative pain management in Ghana?



Methods

- Design: A focused ethnography
Multi-stage focused ethnography
 - STEP 1: Exploration of the local medical, social, and cultural factors
 - STEP 2: Systematic literature review
 - STEP 3: Identify multidisciplinary team
 - STEP 4: Seek and incorporate experts' opinion
 - STEP 5: Finalize, publish, and disseminate guidelines
- Setting: Two Hospitals in Accra, Ghana.
- Sampling: Purposive



Sample

- Patients (13),
- Nurses (11), Surgeons (3),
- Pharmacists (1), Anesthetist (1).
- Participant observations with partial immersion (16)
- Nurses' documentation review (44)



Methods contd.

- Data collection - multiple data collection methods - individual interviews, observation, and documentary review
- Individual Interviews; audio-taped and transcribed.
- Place and time convenient to the participants.
- Duration: 45 to 60 minutes
- Ethical considerations



Rigor and Analysis

- Member checking
 - Prolonged engagement
 - Detailed audit trail
 - Triangulation
-
- Concurrent analysis
 - Content analysis
 - NVivo software version 9



Key findings

- Individual factors: socio-cultural, psychological, and inadequate knowledge
- Health system factors - negative attitude, poor supervision and team work.
- National factors included lack of policies and unavailability of opioids



Patients' response and description

Subjectivism:

MP3 *'as for pain, it depends on what is happening to you'.*

- **Dimensions:** The intensity of pain was described as *'severe'*, *'much'*, and *'terrible'*.

More severe pain at night

Quality or nature of pain- *'burning'* and *'pulling'*

- **Pain communication** -verbal and non-verbal behaviours



Influencing factors - patients

Psycho-socio-cultural factors

- Personal inclinations: *'I just don't want people to know a lot about what is happening to me'* (MP1)
 - Preconceived ideas and previous experiences (information gap)
- Socio-cultural effect – social interactions and cultural background

Health system factors

- Personnel attitude – positive and negative
- Health financing – NHIS, family/self



Information Gap

- *'...If I complained to the doctors about a problem, they would prescribe a drug for my relations to buy but they didn't tell me what kind of drug, its effect or side effect; I also don't know what drugs they give me; when they give me the drugs I take it; I didn't ask them because I think they know the best drugs to give me' (MP5).*



Nurses' perception and response patients' post-operative pain

- Individual differences
- *'Some do take it calmly but others do not; they normally shout' (NN3)*
- Pain interventions – Pharmacologic and non-pharmacologic
- *'...most of the time, they put the patient on both injection and the suppository; but the day of operation, when I am on duty, I give the pethidine and start the suppository the next day; that is what I do' (NN1)*



Factors influencing nurses' responses and perceptions of POP

Individual Factors

- Commitment (previous surgery or pain; personal decision- prioritization)

Discretion - Experience

- Fear of addiction

Organizational Factors

- Organizational laxity – lack of accountability, loafing
- Challenges of team work – communication



Commitment

- *‘The individual commitment is key; because if the individual is not committed, no matter the work load he/she will be making flimsy excuses for everything’ (DN2).*



Fear of Addiction

- *‘Some patients also become addicted to pethidine; in fact, I’ve observed that some patients become addicted to it; especially those who cannot cope with pain at all; they become attached to it; ...sometimes they even tell you that ‘oh nurse, won’t you give me the injection?’ (DN3).*
- *‘I know that if you take it for a long period then it can cause addiction; not the 24hrs or 48hrs’ (DN2).*



Documentation Gap

- 3 pain reports by night nurses
- *'please to prescribe analgesics for patient'* when pethidine and suppository paracetamol were indicated 'NIL' first night after surgery' (Chart F16 -Appendicectomy).
- *'patient complained of pain; please inform doctor'* (Chart M16 – haemorrhoidectomy).
- *'patient complained of severe pain'* (Chart M21 – Laparotomy).

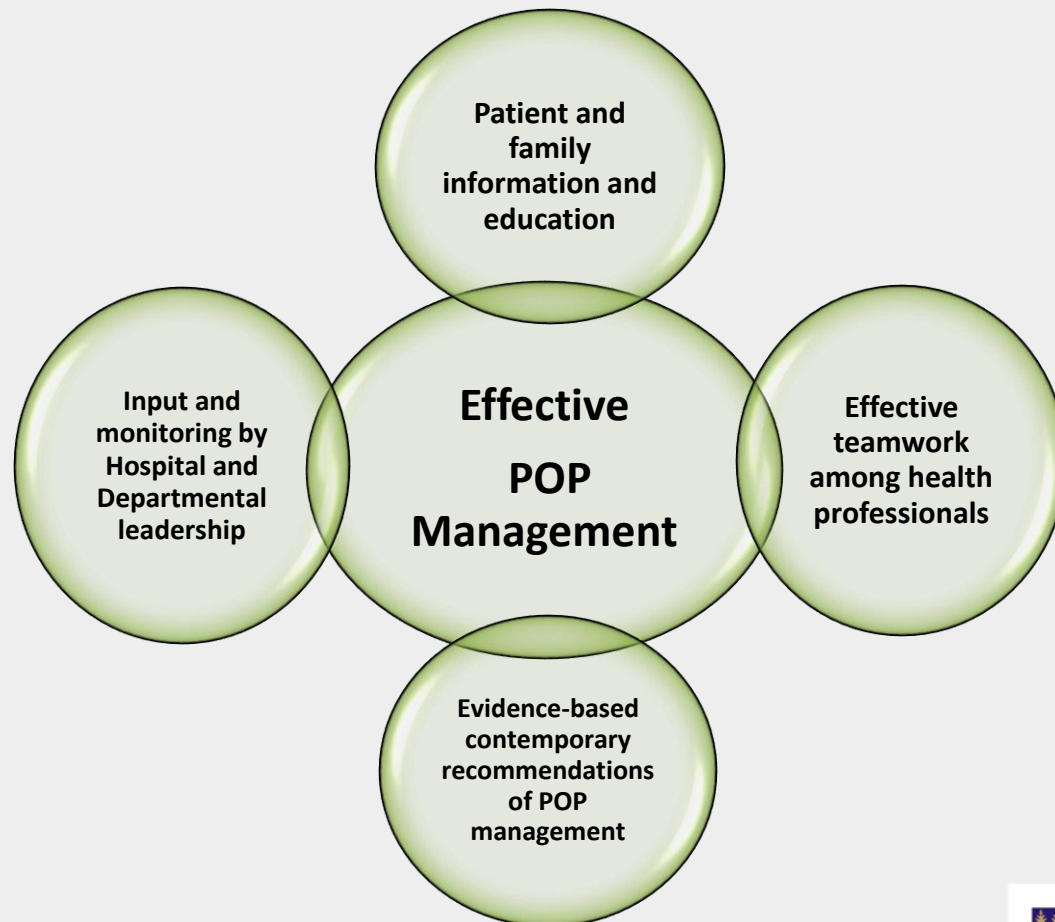


Other Team Members

- Surgeons and anaesthetists practiced pre-emptive analgesia intra-operatively - nerve blocks, and infiltrating surgical wounds.
- Sometime epidural analgesia and perfusers were used for patients who could afford
- Challenges
 - inadequate personnel, opioid effect and availability, inadequate training and collaboration, and effects of organisational culture



Framework for Guidelines



Implications and Recommendations

- Continuing education for nurses
- Curriculum review to include courses on pain
- Enhanced team work
- Improved patient education and inclusion in pain management decisions
- Use evidence-based recommendations



Conclusion

- Effective POP management is achievable
- Context appropriate interventions should be used
- Nurses should prioritize pain management
- Researchers should continue to explore various dimension of the pain phenomenon



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THANK YOU FOR YOUR ATTENTION



- Suggestions and Comments????



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