

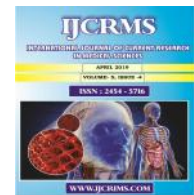


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Pain experience and perception of pain management among post operative patients Imo state University teaching hospital Orlu

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Abstract

This study aimed at assessing pain experience and perception of pain management among post operative patients in Imo State University Teaching Hospital Umuna, Orlu Local Government Area; Imo State. Pain is a subjective and emotional sensation experienced due to potential tissue damage. The research questions were based on research objectives which serves as a guide for data collection. A survey research method was used as a guide for data collection. Data were collected using a self administered structured questionnaire based on the stated objectives to ensure validity and reliability of the data collected. The literature was reviewed using several studies and literature related to the study. Opinions of sixty (60) respondents were sought by the means of questionnaire. The data collected were analyzed using simple percentages, frequency tables and chart, findings reveal that Acute pain, chronic and cancer related pains are the types of pains which patient suffered. Among the pains, acute pain activates the sympathetic nervous system via the reticular activating system causing various physiological responses similar to the fight or fright reactions. The study also found out that patients have pain experience and each time they feel pain on bed, their position are changed. The findings from the study revealed that the type of pain experienced by the patients were slight moderate, severe, excruciating and extreme pain which slight pain has higher percentage. It also showed that non-pharmacological interventions in pain management yielded more impressing outcome than pharmacological interventions. More also, pain management received from the nurses were highly satisfactory as perceived by the patients. The study recommended that proper health education on relevant information for patients regarding their pain experiences should be given to them. And also, pain assessment tools should be directly investigated.

Keywords: pain experience and perception, post operative patients, Imo State.

Introduction

Pain, an ail evasive perpetual experience is not as bad as its name suggests (Lai, 2008). "Pain blindness" describes pain as the normal, predicted physiological response to an adverse chemical, thermal or mechanical stimulus, usually associated with surgery, trauma, burns or acute illness (Coll and Mead, 2004).

The International Association for the Study of Pain defined pain as the subjective sensory and emotional experience with actual or potential tissue damage (IASP, 2008). Post operative pain, according to the International Association for the Study of Pain (2009) presents a complex phenomenon that interconnects

and affects how the pain is perceived, managed and evaluated (Coll, 2004) believes that post operative pain is an expected phenomenon and can have a significant effect on the patient's recovery.

Effective pain management is a critical component of post operative care and contributes to fewer post operative complication and shortened hospital stay, better quality of life and a reduction in post operative incidence (Richman and Wu, 2005).

Apfelbaum et al. (2008), stipulates that excellent understanding of patient's attitudes and concern about post operative pain is prerogative to improving post operative care by health care professionals. Although great strides have been made in the area of post operative pain control, the need for further improvement remains. Research has shown that recovery is faster with fewer complications experienced when post operative pain is aggressively managed (Parvizi et al., 2007). In adults, higher than intensity has been linked to increased anxiety, delirium, decreased ambulation, increased pulmonary complications longer hospital stay and decreased functional status (McDonald, 2006). Post operative pains are affected factors which include age, term-dynamics, ethnic and cultural backgrounds, surgical technique and healthcare settings. Despite increased attention to pain management guidelines, a significant number continues to experience pain after surgery, hence Apfelbaum et al. (2005) submit that extra efforts are required to improve this situation.

Objectives of the Study

The following are the research objectives;
To ascertain the type of post operative pain experienced by these patients?
To ascertain the type of pain management received by these patients,
To ascertain patients opinion on pain management received from the nurse.

Research design

The researcher used the survey design. The survey design is one in which a group of people or items is studied by collecting and analyzing

data from only a few people or items considered as representative of the entire group. This means that survey design is a research method for collecting and analyzing data from a sample representing the entire population. This design enabled the researcher to collect data on the effective care towards pain experience and perception of pain management among post-operative patients in the hospital studied. The survey design was adopted in place of others because of some advantages, firstly, the survey design of investigation is very convenient and easy to use. Secondly it is very reliable and provides unbiased result especially when questionnaire is used to collect data.

Area of study

The study was conducted in Imo State University teaching Hospital Umuna, Orlu.

Population of the study

Male surgical ward	16
Female surgical ward	10
Amenity ward	8
Gynaecology ward	14
Orthopaedic ward	12

The population of the study comprised all patients in the male and female surgical ward, Amenity ward, gynaecology ward and orthopaedic wards in IMSUTH. They are a total of 60 patients as the time of the study (August, 2014).

Sample size and sampling technique

The researcher used the entire population of the study. This was because the population of the study was small. Therefore, the study does not use any sampling method.

Instrument for data collection

This is the tool used to collect data from the respondents. The researcher used questionnaire as for data collection. Questionnaire is a written schedule in which individual is requested to make an independent response either by checking, rating or constructing a brief response (Prema Graky, 2008).

The questionnaire was close-ended, allowing respondents to choose from predetermined options. The questionnaire was designed to elicit vital information from each respondent relating to pain perception/experience among post operative patients in IMSUTH, Orlu.

Validation of the instrument

Validity is the degree to which an instrument measures exactly what it is suppose to measure (Ignaraticus and Workman, 2006). It shows the appropriateness of the instruments. The validation of the instrument was

determined by first of all comparing the objectives of the study with the items in the instruments. Secondly, the validity of the instrument was subjected to face validity tests giving copies of the instrument to research supervisor. Appropriate modifications were made on the recommendation of the supervisor.

Reliability of instrument

Reliability is the extent to which a test or procedure produces a similar result under condition on all occasion i.e. the consistency of measuring instruments. (Ignaraticus and Workman, 2006). The instrument was tried out by the researcher to determine the reliability of the items 10 copies of the questionnaire were distributed to the respondent at male surgical ward IMSUTH.

The same but fresh 10 questionnaires were also distributed to same people at male surgical ward which was collected the next day and analyzed. The first and second tests were correlated. Result of the study was 0.6 which showed highly positive correlation thereby proving that the questionnaire was reliable.

Method of data collection

A letter of identification endorsed by the head of department from which the researcher came with was issued to the respondent which proved that the researcher was a student. The researcher

gained entrance into the hospital through the Chief Medical Director (CMD) and Head of Department (HOD) Nursing, who gave the permission to administer the instrument.

Sixty (60) copies of questionnaire were distributed and each copy was given to each patient. Instructions were given and to supply the necessary information needed and return the questionnaire the next day. On the following day, researcher returned to the wards and collected the data as provided on the copies of the questionnaire by the patients. On the third day; the researcher also returned to the wards and collected the remaining part of the questionnaire.

Method of data analysis

Data analysis is the process by which the researcher summaries and describes the collected data and makes inferences from the study sample. The data obtained was grouped and classified according to the laid down criteria for a clearest understanding of the study at a glance. The data was also analyzed.

The researcher used descriptive data analysis to determine the objective formulated for the study; the researcher used the simple percentages and tables and also charts for easier interpretation.

Ethical consideration

This study was carried under the permission from the ethical committee of the hospital and the head of departments in the surgical, amenity, orthopaedic and gynaecology wards of the hospital introduced the researcher to the patients to avoid bias. However, the study was carried out with the researcher having the following in mind. Firstly, generally, the researcher exhibited a high level of respect for the research subjects while carrying out this study. Secondly, respondents were assured of confidentially as regards their responses and there by were not meant to write their names before and at the end of the questionnaire. Thirdly, voluntary participation by the respondents and no cohesion was attached. This helped the researcher in getting the required

information needed for the study. Fourthly, all respondents were assured of freedom from injury as being part of the study and they were made to understand that study was to help improve standard of care.

Lastly, none of the materials used for this study was plagiarized as information stated were real facts and all authors of the literature used for the study were well acknowledged.

Results

Section A

Table 1: demographic data

	Reponses	Frequency	Percentage (%)
Age (years)	Below 31	15	25%
	31-40	16	26.7%
	40-50	14	23.3%
	51 and above	15	25%
	Total	60	100%
Sex	Male	28	43.3%
	Female	32	56.7%
	Total	60	100%
Marital Status	Single	27	45%
	Married	17	28.3%
	Widowed	15	25%
	Divorced/separated	1	1.67%
	Total	60	100%
Ward	Female surgical	19	31.7%
	Male surgical	18	30%
	Orthopaedic	8	13.3%
	Gynaecology	8	13.3%
	Amenity	7	11.7%
	Total	60	100%

Table 1: based on the age, 15 (25%) of the respondents were below 31years, 16(26.7%) of the respondents were within the age bracket of 31- 40, 14(23.3%) of the respondents were within the age bracket of 41-50, for 15(25%) of the respondents were within the age bracket of 51 and above.

Based on the sex, 28(43.3%) of the respondents were males as against 32(56.7%) of the respondents that were females.

Following the marital status, 27(45%) of the respondents were single, 17(28.3%) of the respondents were married, 15(25%) of the respondents were widowed, 1(1.67%) of the respondents was divorced/separated.

Owing to the ward, 19(31.7%) of the respondents were in female surgical ward, 18(30%) of the respondents were in male surgical ward, 8(13.3%) of the respondents were in orthopaedic ward, 7(11.7%) of the respondents were in amenity ward.

Table 1 above illustrates that the greater number of the respondents age bracket were within 31-40, while the

Section B: answer to research questions

Table 2: Did you experience any pain after surgery?

Responses	No	%
Yes	60	100
No	0	0
TOTAL	60	100

The table above shows that all the respondents 60(100%) experience pain after surgery.

Question 3: How will you define the type of pain you experienced?

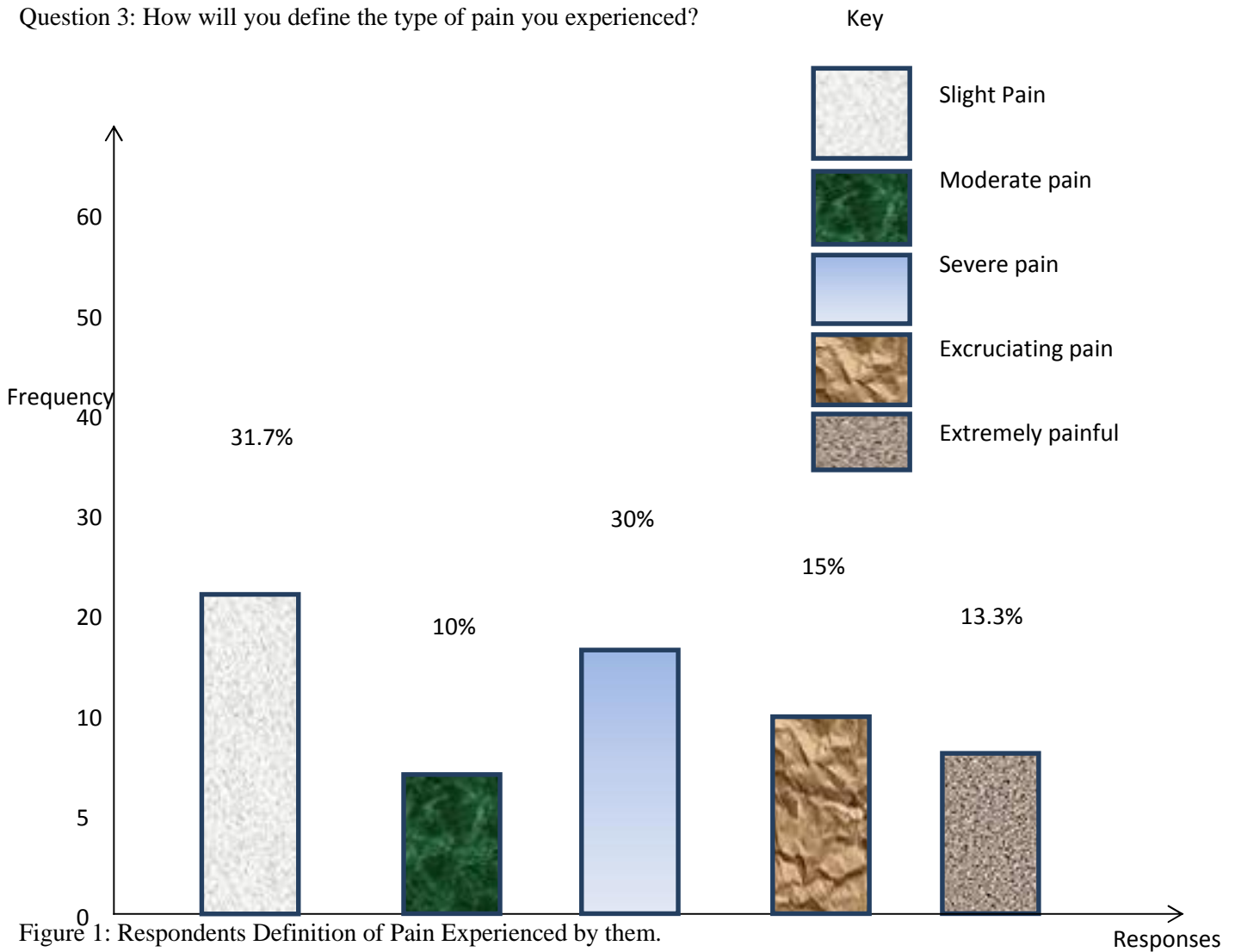


Figure 1: Respondents Definition of Pain Experienced by them.

19(31.7%) of the Respondents experienced slight pain, 6(10%) of the respondents experienced moderate pain, 18(30%) of the respondents experienced severe pain,

9(15%) of the respondents experienced excruciating and 8(13.3%) of the respondents experienced extreme pain.

Question 4: For how long did the pain last?

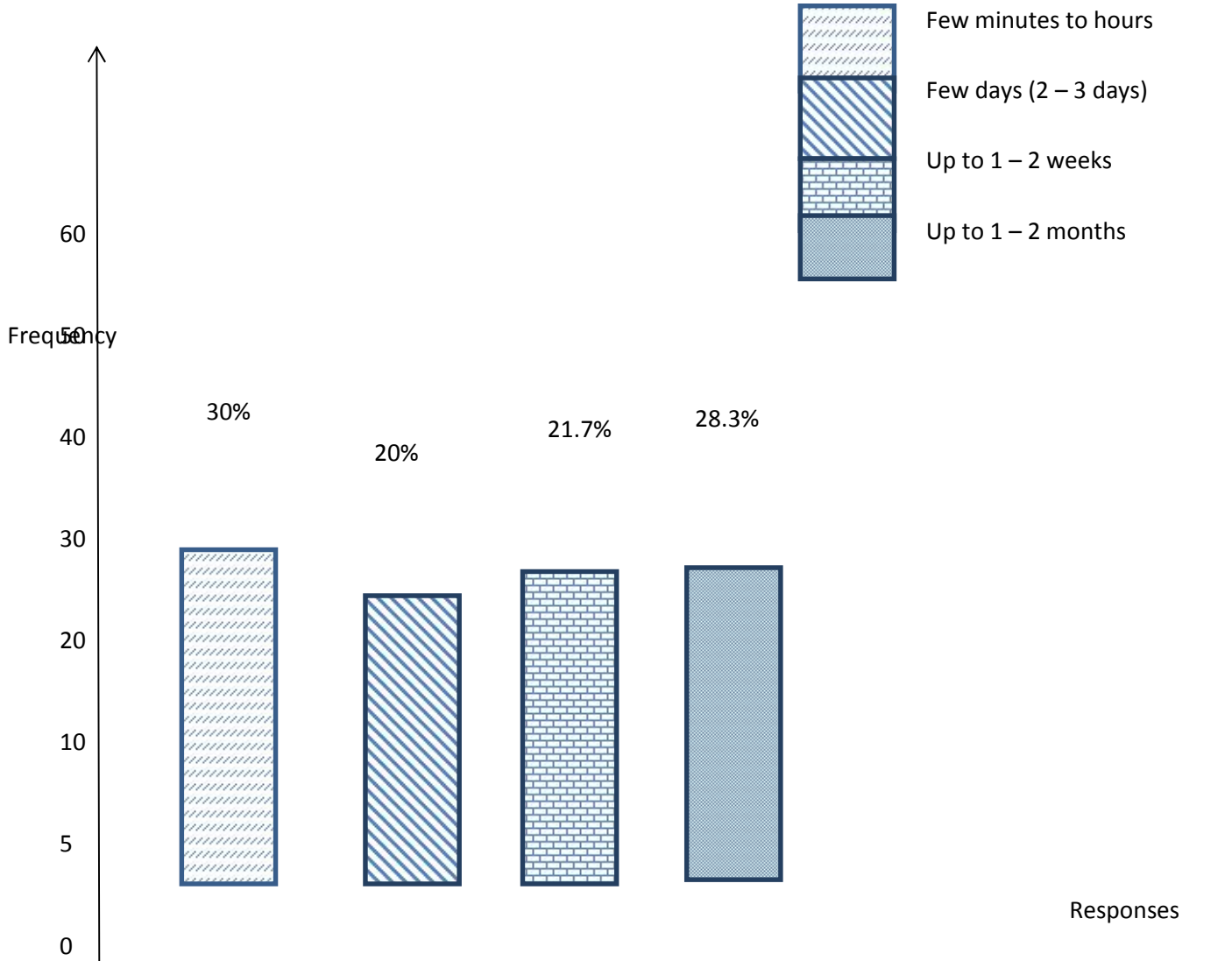


Figure 2: Duration of pain

From figure 2, 18 (30%) of the respondents' pain lasted for few minutes to hours, 12 (20%) of the respondents' pain lasted for few days (2-3days),

13(21.7%) of the respondents' pain lasted for up to 1-2weeks, also 17(28.3%) of the respondents' pain lasted up to 1-2months.

Question 5: Does Pain Affect Your Sleep

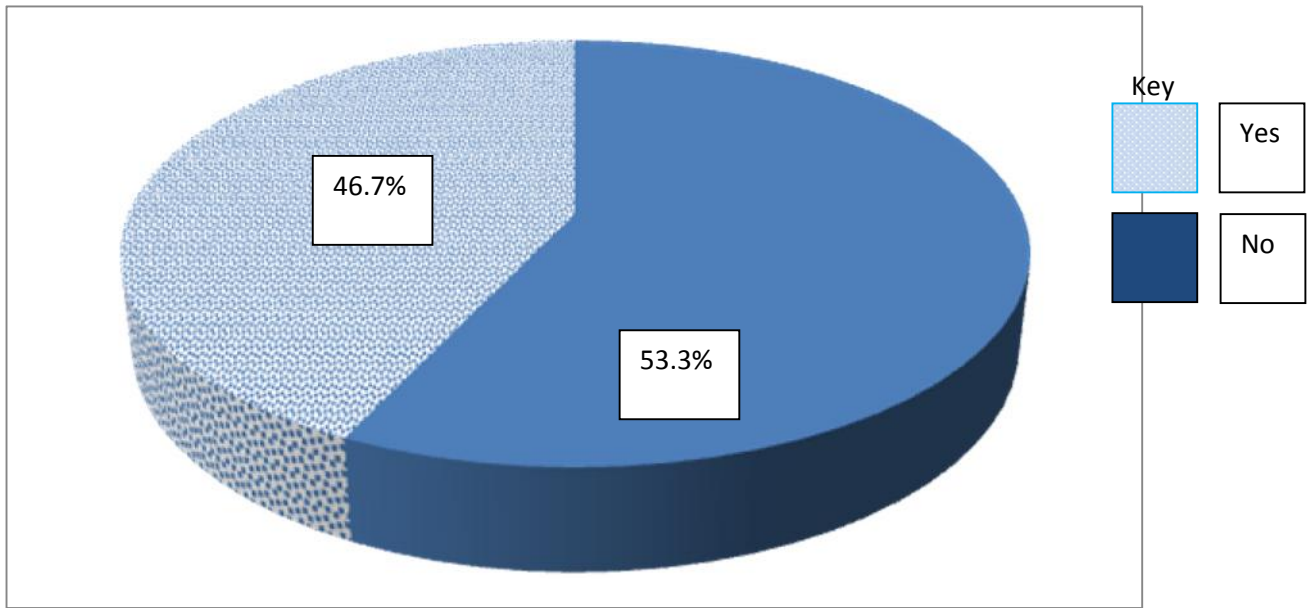


Figure 3: Whether pain affects respondents sleep.

The result of fig 3 above reveals that 28(46.7%) of the respondents' pain affected their sleep as

against the 32(53.3%) of the respondents' pain did not affect their sleep

Question 6: When you experience pain, how long does it take the nurse to give you medications?

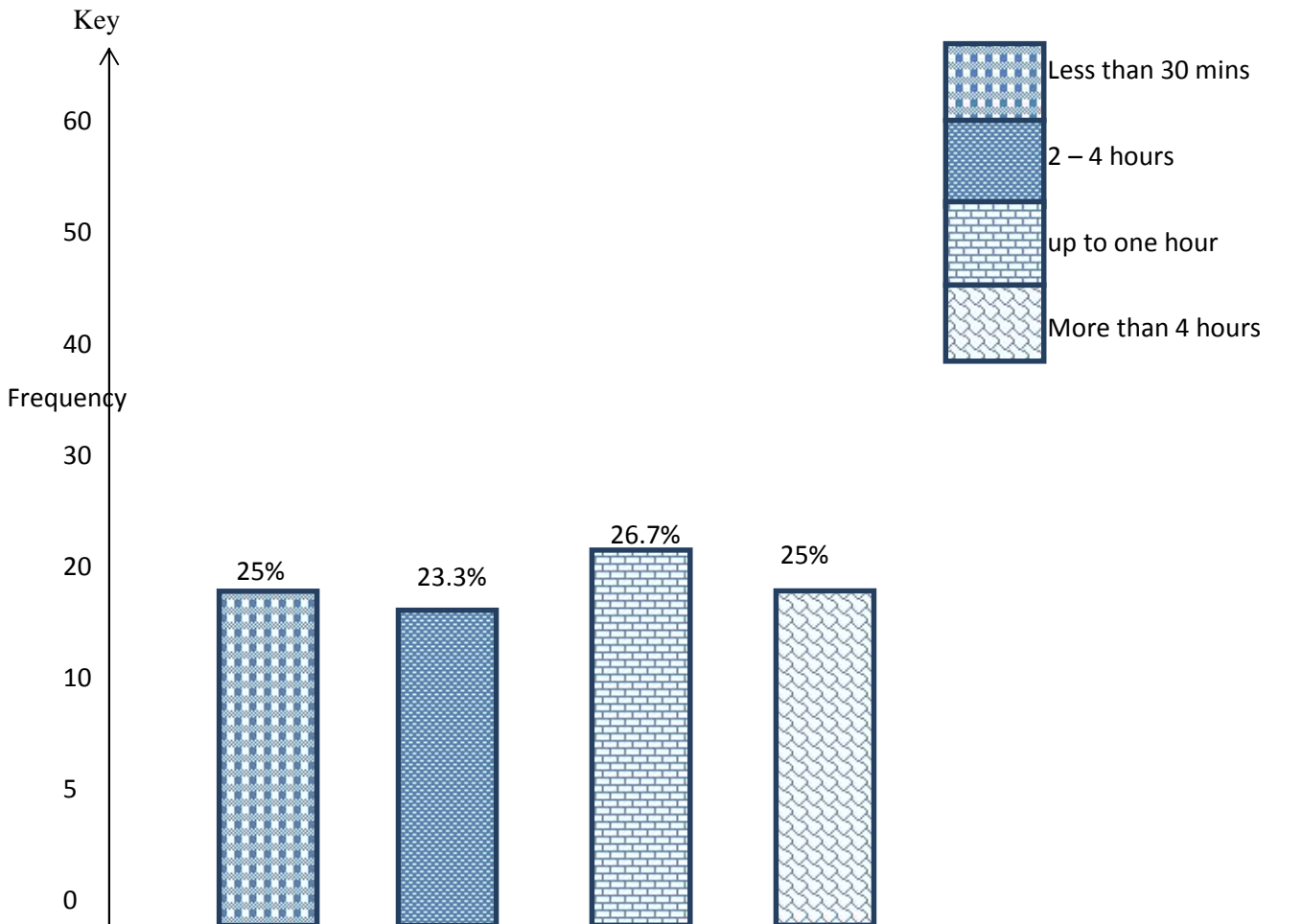


Figure 4: Time it takes to receive medication after pain experience

Responses

The result of fig 4, shows that 15(25%) of the respondents receive medication from nurses for less than 30 minutes after experiencing pain, 16(26.7%) receive theirs up to one hour of pain experience, 14(23.3%) affirmed that they receive

medication from the nurses within 2-4hours after pain experience and the rest, 15(25%) receive medication after pain experience for more than 4 hours.

Table 3: what type of pain medication/management do you normally receive from nurse

RESPONSE	No	%
Reassurance	21	35
Adjust my position	8	13.3
Superficial massage	9	15
Cold/hot compress	8	13.3
Distract my attention	3	5
Health education	2	3.3
Pain drug	8	13.3
Negative attitude/non-challant	1	1.67
TOTAL	60	100

The table 3 above illustrates clearly that 21(35%) of the respondents received reassurance as a type of pain medication/management from nurses, 8(13.3%) of the respondents positions were adjusted, 9(15%) of respondents received superficial massage as pain treatment from the nurse, 8(13.3%) of the respondents were given

hot/cold compress, 3(5%) of the respondents affirmed that nurses distract their attention, 2(3.3%) of respondents received health education, 8(13.3%) of respondents were given pain drugs, and finally 1(1.67%) of respondents claimed that nurses gave them negative/non-challant attitude.

Question 7: How will you rate pain management you receive from nurses?

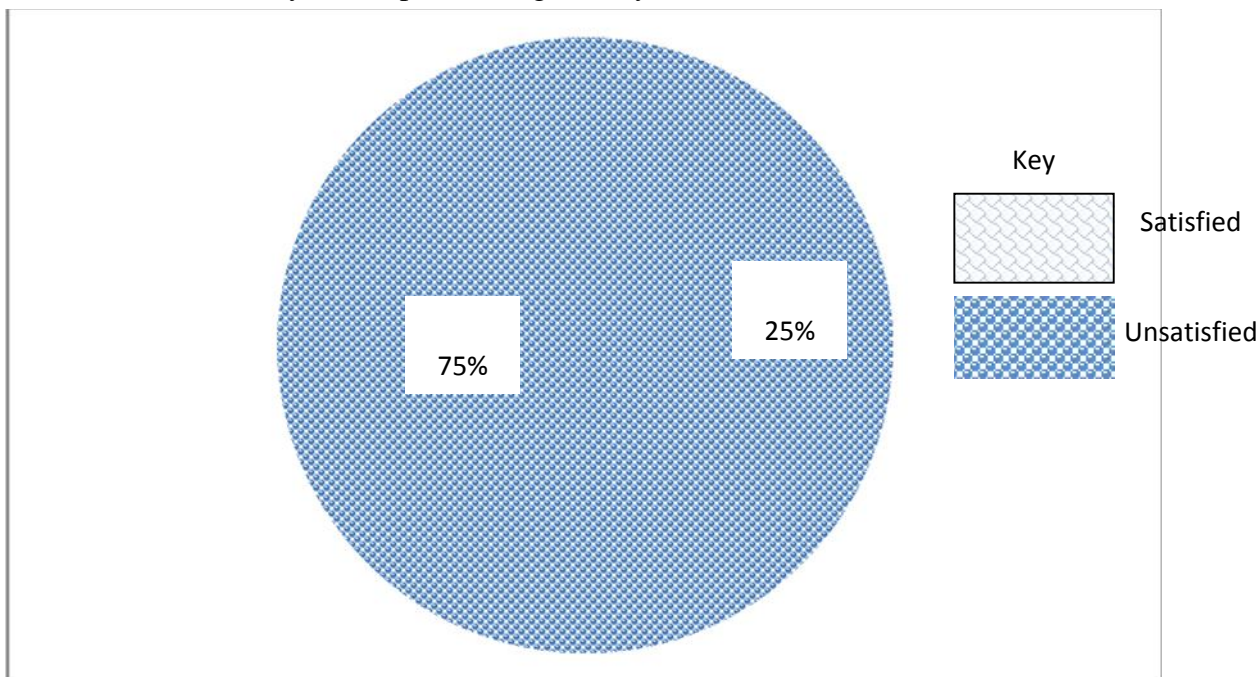


Figure 5: respondents rating of pain management

Figure 5 above shows that 45 (75%) of respondents were satisfied from pain management they received as against the 15 (25%) who

claimed that they weren't satisfied with the type of pain management they received.

Question 8: To what extent are you satisfied with the nurse on how they manage your pain?

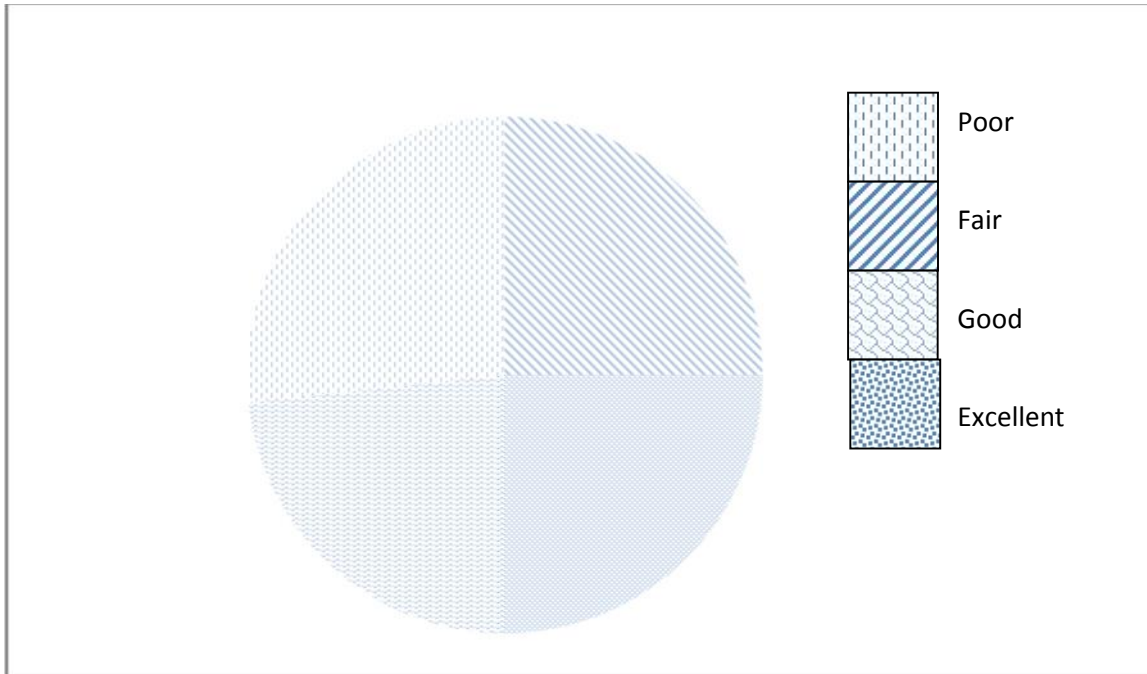


Figure 6: Extent of satisfaction

The figure above shows that 16(26.7%) of respondents have poor satisfaction with the type of pain management they received, 15 (25%) have both fair satisfaction and good satisfaction whereas, 14 (23.3%) of respondents have excellent satisfaction.

Discussion

The findings of this research work were discussed with respect to the specific objectives and research question of the study in relation to the findings of previous studies.

The data analyzed in table 4, discovered that 19(31.7%) of the respondents experienced slight pain, 6(10%) of the respondents experienced moderate pain, 18(30%) of the respondents experienced severe pain, 9(15%) of the respondents experienced excruciating pain, 8(13.3%) of the respondents experienced extreme pain.

Furthermore, it can be seen that the number of respondents that had high percentage response were Acute and lesser percentage was that of moderate to severe pain. Pain generally, activates the sympathetic nervous system via the reticular activating system (RAS) causing various physiological responses similar to the fight or fright reactions. (Smeltzer and Bare, 2004).

Kozier, et al. (2004). Pain also stretches all available professional intervention experienced with personal relationship and activity of the daily living (ADL).

From table 5, 21(35%) of the respondents stated the type of pain management received which was reassurance, 8(13.3%) of the respondents received pain management by adjusting their position, 9(15%) of the respondents received pain management by hot/cold compress, 3(5%) of the respondents received pain management by distraction of attention 2(3.3%), 8(13.3%), 1(1.57%) of the respondents received pain management by health education, pain drug and negative/non-challant attitude respectively.

The findings of the study above, contradicts the study of Gelinas et al. (2004), Slogan (2005), and Manias, Bucknall & Botti (2005) which showed that pharmacological interventions rated higher in pain management. The finding of study also agrees with Gelinas et al. (2004).

However, large proportion 21(35%) of the respondents identified that reassurance is the major type of pain management received by the patients.

From the nurse Table 4 showed that 45(75%) of the respondents opined that, pain management received from nurse were satisfactory while 15(25%) of the respondents opined that they were not satisfied with the pain management received from the nurses.

This is in line with a study carried out by Apfelbauhn et al. (2008) who reported that 90% of patients express satisfaction with pain management they receive from nurses.

Carr and Goudas (2010) described pain as the normal physiological response to an adverse chemical thermal or mechanical or acute illness.

The international association for study of pain (IASP) (2008) came up to a more unifying definition of pain as the unpleasant sensory and emotional experience associated with actual or potential tissue damage.

Conclusion

The study is on pain experience and perception of pain management among post operative patients at Imo State University Teaching Hospital Orlu. Since the setting of the study is the hospital, the study took time to examine the concept of pain, types of pain, dimension of pain and pain process, gate control theory of pain, factors affecting the experience of pain, post operative pain, factors

affecting post operative pain experience, post operative pain management, empirical studies and theoretical framework. The sample population was 60, questionnaire was the instrument used to collect data.

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