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,
  • 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 – haemorrhoidectomoy).
- ‘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
Effective POP Management

- Patient and family information and education
- Input and monitoring by Hospital and Departmental leadership
- Evidence-based contemporary recommendations of POP management
- Effective teamwork among health professionals
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
Some References

THANK YOU FOR YOUR ATTENTION

• Suggestions and Comments????