

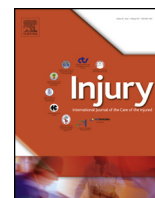


ELSEVIER

Contents lists available at ScienceDirect

Injury

journal homepage: www.elsevier.com/locate/injury



Full length article

The experience and understanding of pain management in recently discharged adult trauma patients: A qualitative study

Helen Goldsmith^{a,b,*}, Andrea McCloughen^a, Kate Curtis^{a,c}

^a Sydney Nursing School, University of Sydney, NSW, Australia

^b Trauma Service, St George Hospital, NSW, Australia

^c Emergency Service, Illawarra Shoalhaven Local Health District, NSW, Australia

ARTICLE INFO

Article history:

Accepted 27 September 2017

Keywords:

Trauma
Injury
Pain
Experience
Discharged patient
Pain management
Education
Information

ABSTRACT

Introduction: Pain following injury is often intense, prolonged and debilitating. If poorly managed, this acute pain has the potential to delay rehabilitation and lead to chronic pain. Recent quantitative Australian research recommends implementing further information and interventions to improve trauma patient outcomes, however, to ensure effectiveness, exploration of the patient perspective is imperative to ensure the success of future pain management strategies. This study aimed to gain understanding about the experience of pain management using prescribed analgesic regimens of recently discharged adult trauma patients.

Method: Semi-structured interviews were used to explore the experiences and understandings of trauma patients in managing pain using prescribed analgesic regimens during the initial post-hospital discharge period. Twelve participants were purposively selected over a 6-month period at a level one trauma outpatient clinic based on questionnaire responses indicating pain related concerns. Qualitative data were thematically analysed.

Results: The overarching finding was that injuries and inadequate pain management incapacitate the patient at home. Four main themes were developed: injury pain is unique and debilitating; patients are uninformed at hospital discharge; patients have low confidence with pain management at home; and patients make independent decisions about pain management. Patients felt they were not given adequate information at hospital discharge to support them to make effective decisions about their pain management practices at home.

Conclusion: There is a need for more inclusive and improved hospital discharge processes that includes patient and family education around pain management following injury. To achieve this, clinician education, support and training is essential.

Crown Copyright © 2017 Published by Elsevier Ltd. All rights reserved.

Introduction

Injury is generally unexpected and physically and emotionally challenging for the individual [1]. The pain associated with physical injury is commonly intense, prolonged and debilitating [2]. When left untreated, acute pain has the potential to not only delay rehabilitation [3] but also progress to chronic pain [4]. Identification and resolution of acute post discharge pain-related problems in the trauma patient are necessary to prevent their escalation to more detrimental and long-term effects [5].

A recent investigation of 82 recently discharged trauma patients [2] highlighted that while trauma patients commonly

experience ongoing pain that interferes with their daily life, some patients do not take their analgesic medication as prescribed [6]. Reasons for this non-adherence are not well understood. Patients are routinely given information at hospital discharge that include pain management instructions [7,8]; however the quality of information and adequacy of analgesics provided at hospital discharge varies and may be compounded by inconsistent and incomplete discharge processes which potentially fail to equip trauma patients to effectively manage their pain at home [6].

Limited information, inadequate analgesic prescriptions and deficient discharge processes can result in avoidable hospital representations, poorer patient outcomes and an increase in social and financial burdens for healthcare services and the individual [9]. An understanding of the patient perspective of pain management and discharge processes following injury will enable clinicians to be more informed and responsive to the needs of

* Corresponding author at: St. George Hospital – Trauma Services, Level 2 – Tower Ward Block, Gray Street, Kogarah, NSW, 2217, Australia.
E-mail address: helen.goldsmith@health.nsw.gov.au (H. Goldsmith).

<https://doi.org/10.1016/j.injury.2017.09.027>

0020-1383/Crown Copyright © 2017 Published by Elsevier Ltd. All rights reserved.

the patient [10] and will facilitate refinement of hospital processes to better meet the needs of the adult trauma patient and their family.

The aim of this study is to gain understanding of the experience of managing pain using prescribed analgesic regimens in recently discharged adult trauma patients.

Research questions

- (1) What are the experiences of recently discharged adult trauma patients with managing pain using prescribed analgesic regimens?
- (2) What are the understandings of recently discharged adult trauma patients about managing pain using prescribed analgesic regimens?

Methods

This study forms the qualitative component of a larger convergent parallel mixed methods study that was conducted at a level one trauma centre in Australia. In the previous quantitative phase of the study, the incidence of pain in adult trauma patients and barriers to adherence with prescribed analgesic regimes were quantified using a trauma registry, medical records and questionnaire data [2,6]. During this qualitative phase, semi-structured interviews were used to explore the experiences and understandings of trauma patients in managing pain using prescribed analgesic regimens during the initial post-hospital discharge period. The interviews were guided by a combination of open-ended and focused questions, with associated prompts, with the aim to develop a conversational style that would elicit rich descriptions. The interviews also incorporated questions related to responses from the questionnaire. This paper reports on the findings of the qualitative study.

Participants and recruitment

Alert, orientated, English speaking adult patients, who attended the trauma outpatient clinic for the first time since hospital

discharge, were invited to participate in this study. The trauma outpatient clinic caters for patients who have had a trauma hospital admission and sustained potentially life-threatening injuries, and required complex management or ongoing monitoring of injury following discharge. Participants were purposively recruited for the qualitative phase of the study according to criteria identified during completion of a questionnaire in the quantitative phase. Patients who reported (all/any of) the following issues were invited to participate in the qualitative study:

- pain >4 on a Visual Analogue Score (VAS);
- not taking their pain medication as prescribed, or unsure about whether they had been taking their pain medication as prescribed;
- pain getting worse since discharge;
- needing more information about their pain medications;
- visiting or speaking with any health care professional since discharge; and/or
- any other areas of concern.

Participants provided written and verbal consent and were informed that the interview was completely voluntary and they were free to withdraw consent at any time without affecting care. The study site Human Research Ethics Committee approved this research (13/284 [LNR/13/POWH/626]). During the study period, 18 patients were invited to participate; four were unable to be involved due to time constraints, and two were not included because family members wanted to be present during the interview. Recruitment continued to data saturation, that is, until no further information significantly contributed to the data already gathered.

Data collection

Interviews were conducted face to face in a quiet room at the study site, by the primary researcher who undertook research interview training prior to the commencement of data collection. The primary researcher had no contact with participants during their hospital stay. Interviews took place on average 16 days (range 7–33 days) after discharge from hospital. During the data

Table 1
Interview guiding questions and prompts.

Around the time you were discharged:

- Tell me about your discharge from hospital.
 - Prompt: encourage illustrative examples (who, what, when, how)
- Were you told anything about your pain or how to manage it?
 - Can you tell me a bit more about that?
 - Prompt: encourage illustrative examples (who, what, when, how)
 - Prompt: explore understanding (What did you think about that? How did you feel about that? Expectations?)
- Were you given a script or any pain medications to take home?
 - Can you tell me a bit more about that?
 - Prompt: encourage illustrative examples (who, what, when, how)
 - Prompt: explore understanding (What did you think about that? How did you feel about that? Expectations?)

When you were back at home:

- Tell me about how things went for you when you got home from hospital.
 - Prompt: encourage illustrative examples (who, what, when, how)
 - Prompt: explore understanding (What did you think about that? How did you feel about that? Expectations?)
- Tell me about how your pain was when you were back home.
 - Prompt: encourage illustrative examples (what, when, how)
 - Prompt: explore understanding (What did you think about that? How did you feel about that? Expectations?)
- Tell me about how you managed your pain when you were at home.
 - Prompt: encourage illustrative examples (who, what, when, how)
 - Prompt: explore understanding (What did you think about that? How did you feel about that? Expectations?)
- What are your overall impressions about your experience of managing pain and using pain medication?
 - Prompt: Explore what things helped or hindered the experience.

متن کامل مقاله

دریافت فوری ←

ISIArticles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات