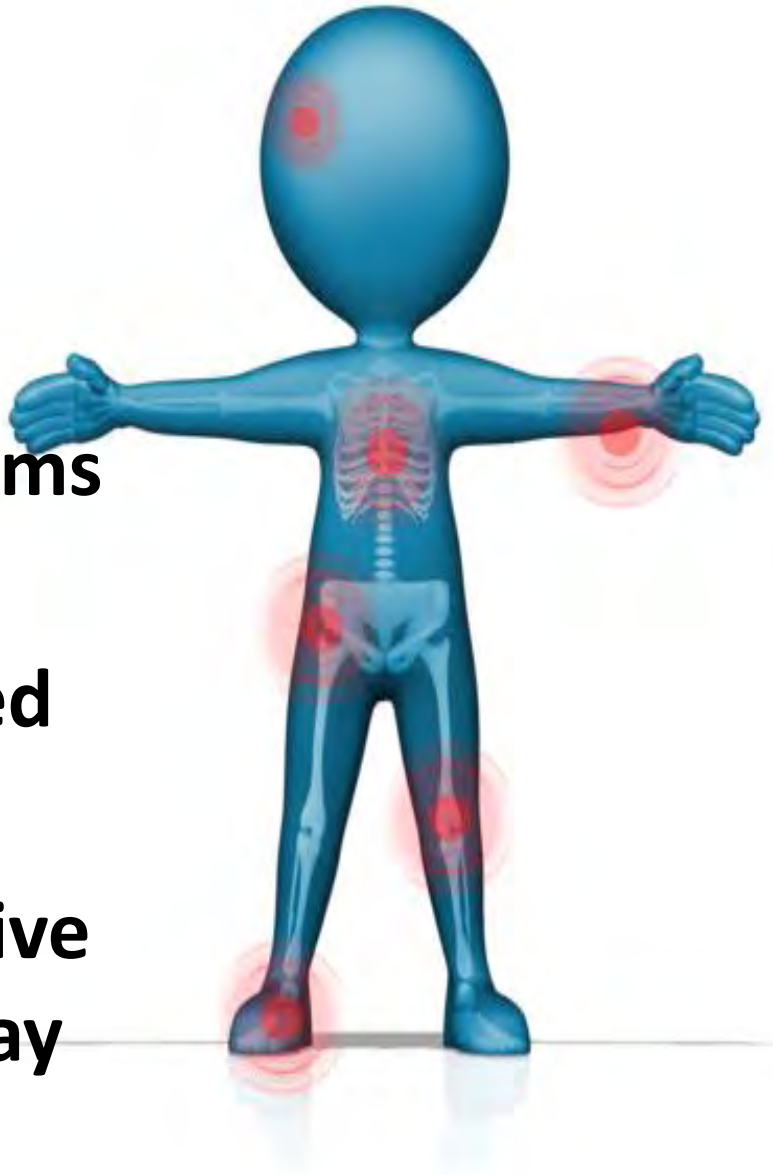
Northumbria University
NEWCASTLE

A critical ethnographic view of preoperative pain planning and management for day surgery patients

Claire Ford, PGD, BSc(Hons), RN.
Lecturer, Northumbria University, Department of Nursing, Midwifery and Health
claire.ford@northumbria.ac.uk

Introduction

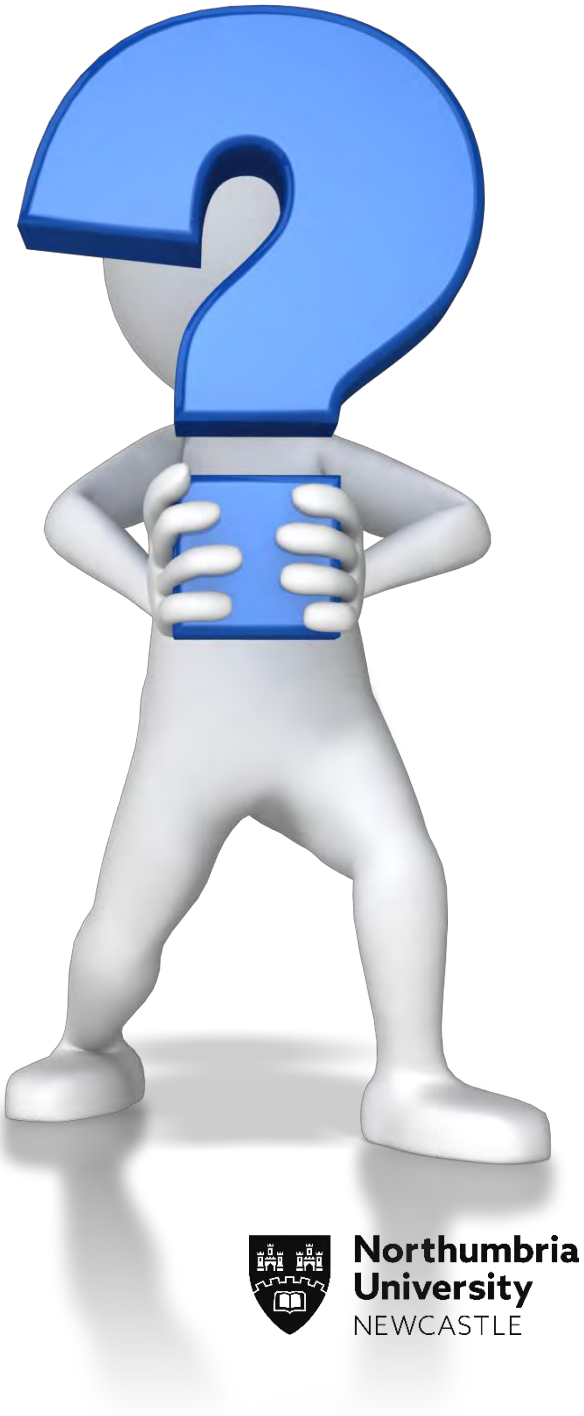
- Pain is a universal phenomenon, which in the case of surgery, is often predictable
- Surgery is one of the most common mechanisms for causing pain (Ward, 2014)
- Individualised analgesic requirements explored preoperatively (Pinto *et al.*, 2012)
- Abundance of literature examining preoperative pain planning for inpatients, but limited for day surgery patients
- 80% of UK surgical procedures day case (AAGBI, 2011a)



Northumbria University
NEWCASTLE

Research Question

"How does the underpinning culture of the perioperative department impact on pain and its priority within preoperative practice for day case surgical patients?"



Northumbria University NEWCASTLE

Overall aims and objectives

- To examine the current practices of a preoperative surgical department within one NHS Hospital Trust
- To ascertain the level of preoperative pain planning undertaken by nursing and anaesthetic staff
- To challenge the status quo, and examine how control and power impact on preoperative pain planning practices for day case surgical patients
- To explore the extent to which the culture of the department influences individual practices and shapes the care that day case patients receive
- To look beyond the external cultural surface and explore factors which underpin practice

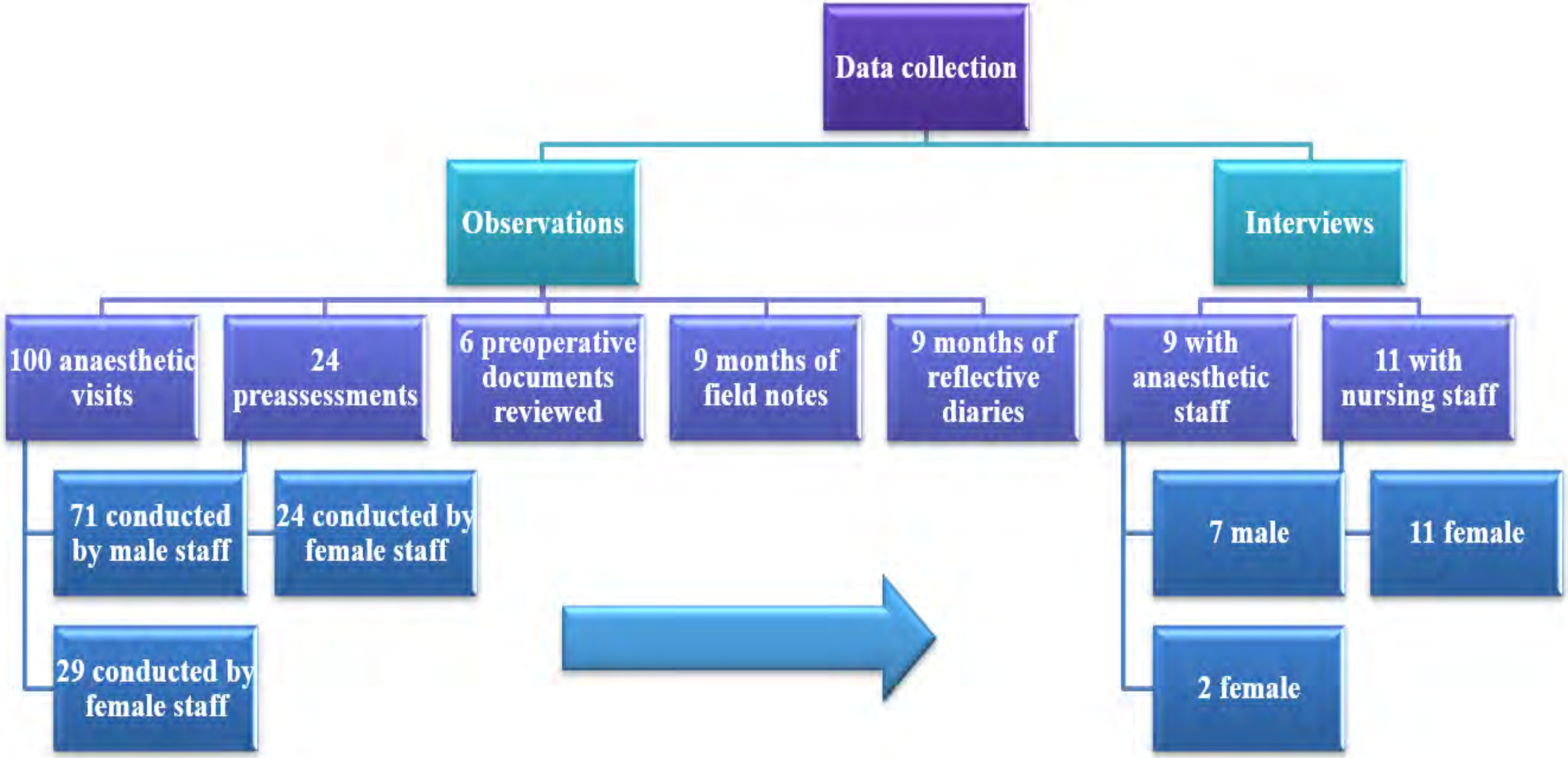
Northumbria University
NEWCASTLE

Research methodology and methods

- Critical ethnography
- Critical social theory – **Bourdieu's 'Theory of Practice'**
- Carspecken's five stage critical enquiry framework
- Ethical approval from University, Trust and IRAS
- Exclusion and inclusion criteria for staff and patients
- **Data collection** – observations, field notes, reflective diaries, auto-recorded interactions and staff interviews
- Qualitative and quantitative data - analysed, triangulated and member checked

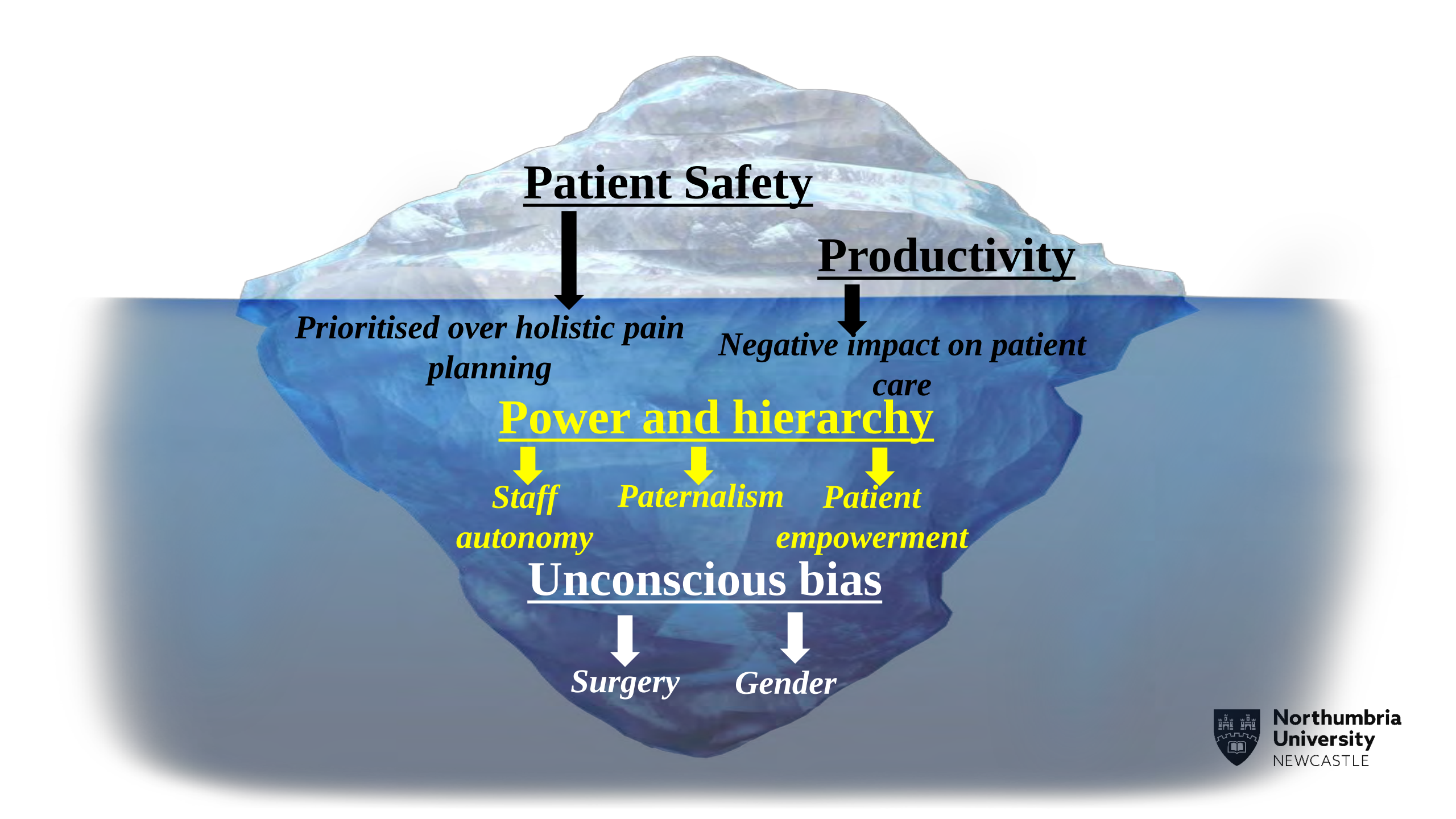
Northumbria University
NEWCASTLE

Data collection



Data findings

Northumbria University
NEWCASTLE



Northumbria University
NEWCASTLE

Theme 1) Prioritisation of Patient Safety

Northumbria University
NEWCASTLE

S21: “So, my priority is always safety! Is it safe to proceed?”

S5: “My main priority is to get them through their operation safely!”

S6: “(Sigh) safety that’s what I want. We’re obsessed with their safety. Patient safety’s huge.”

Time (3.38 seconds)

S28: "We'll try and get you as comfortable as we can before you wake up."

S23: "Are you okay with paracetamol?

P29: Yes.

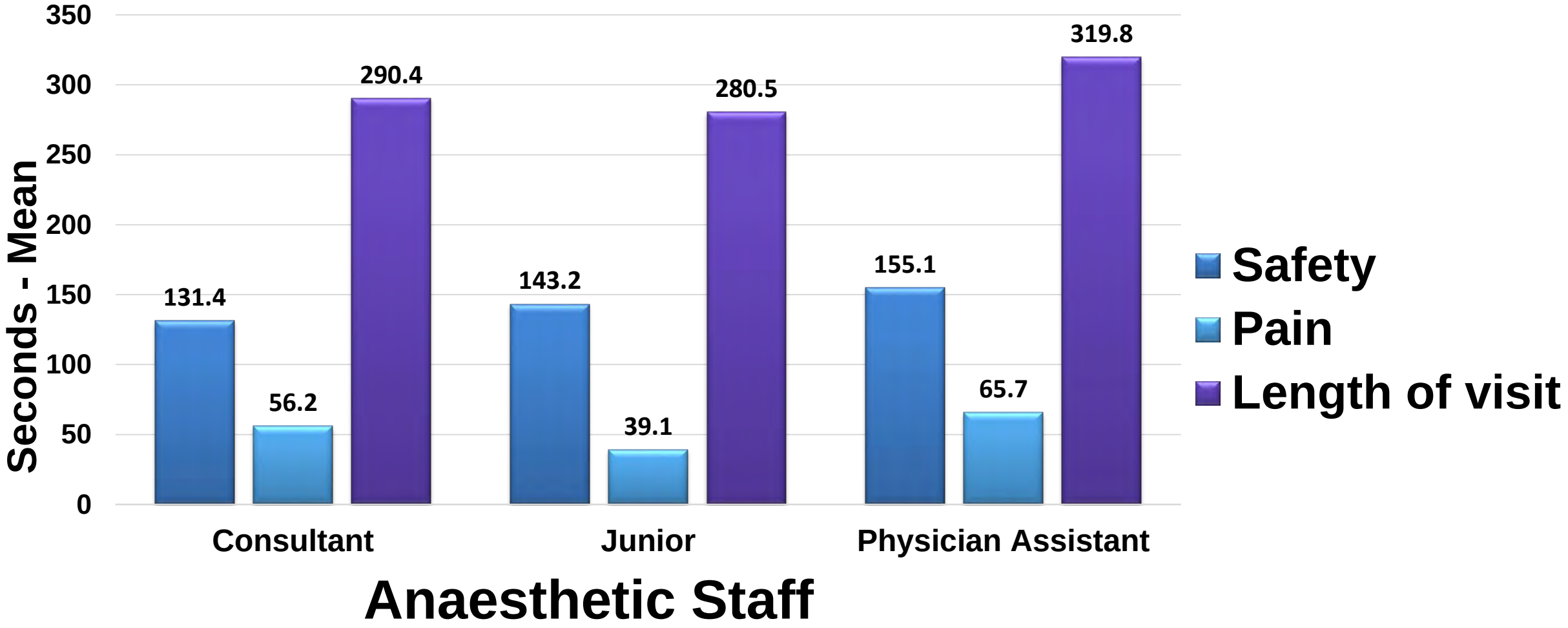
S23: Are you okay with Ibuprofen?

P29: Yes."

I: "So with regards to pain, what would you normally say?

S9: It's normally at the end of the assessment".

Pain versus patient safety – time in seconds



100 visits r_s = -.104, n=100, p = 0.3 **negative relationship**

Junior staff only r_s = -.430, n=48, p = 0.002 **negative relationship**

Theme 2) Productivity

Northumbria University
NEWCASTLE

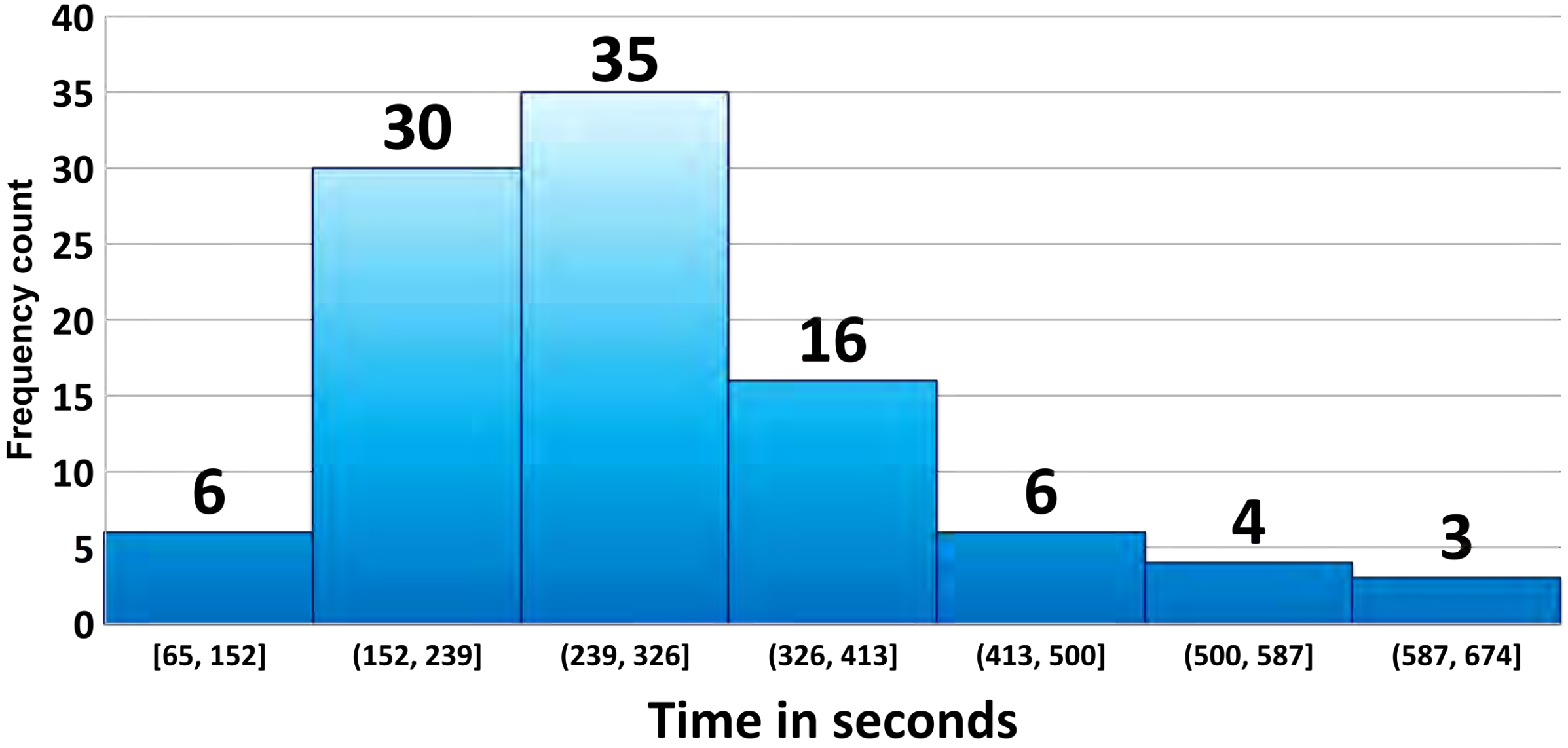
S3: “The workload when I came 10 years ago was much quieter than it is now. I would say we used to have maybe 15 to 20 patients per day then, now it has doubled.”

S6: “I'm just thinking you know from the patients perspective, we’re so tunnel visioned. What are patients thinking when they are coming in nervous and there is all this activity going on.”

P18: “I feel like we’re being herded like cattle”.

S8: “I feel that sometimes it’s a bit like a conveyor belt”.

Duration of anaesthetic visits in seconds

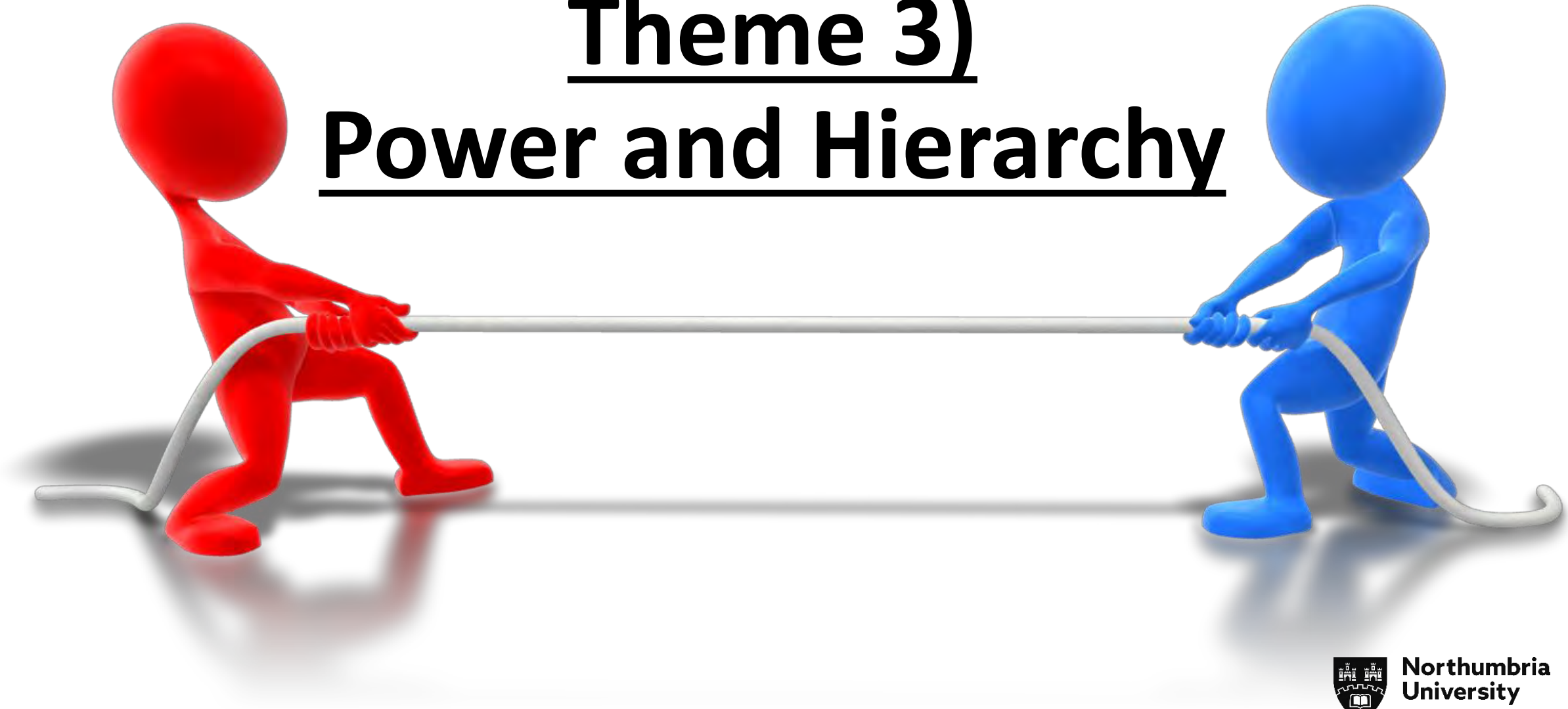


S5: “It is frustrating that you can only spend a certain amount of time with the patient, and you do feel like you’re rushing through everything”.

<u>Time spent discussing pain (4.5 seconds)</u>

S27: “Lots of pain relief and anti-sickness medications whilst you’re asleep, okay?”

Theme 3)
Power and Hierarchy



Northumbria University
NEWCASTLE

S10: “Things happen that we don’t know about until a later date. I just think that people who are meant to give the information to patients should be told first…. I think people tend to forget preassessment and they will tell wards, they will tell managers and everybody else kind of knows”.

S1: “I would like to see nurses have more of a role in decision-making about what pain relief would be appropriate for the patient, especially when you’re the one looking after the patient.”

S18: “I don’t think anaesthetists are valued as highly as, well as surgeons, by the Trust. I’m not sure they are even thought of as doctors by many patients”.

<u>Field note – January AM - day surgical ward</u>

“The surgeon came entered the closed curtain around the patient’s bed unannounced and without asking jumped into the consultation. The anaesthetic member of staff stopped what they were doing and conceded so the surgeon could continue getting the consent form signed”.

S22: “It shouldn’t be too sore, paracetamol, brufen, and wouldn’t even think you need much more than that really.

P65: Just I’m a bit apprehensive cos I’ve never been under anaesthetic before.

S22: Well it's not a proper anaesthetic, erm.... I'm not sure if that’s gonna make you more or less.... but don’t worry about it”.

S23: “Are you okay with paracetamol?

P29: Yes.

S23: Are you okay with Ibuprofen?

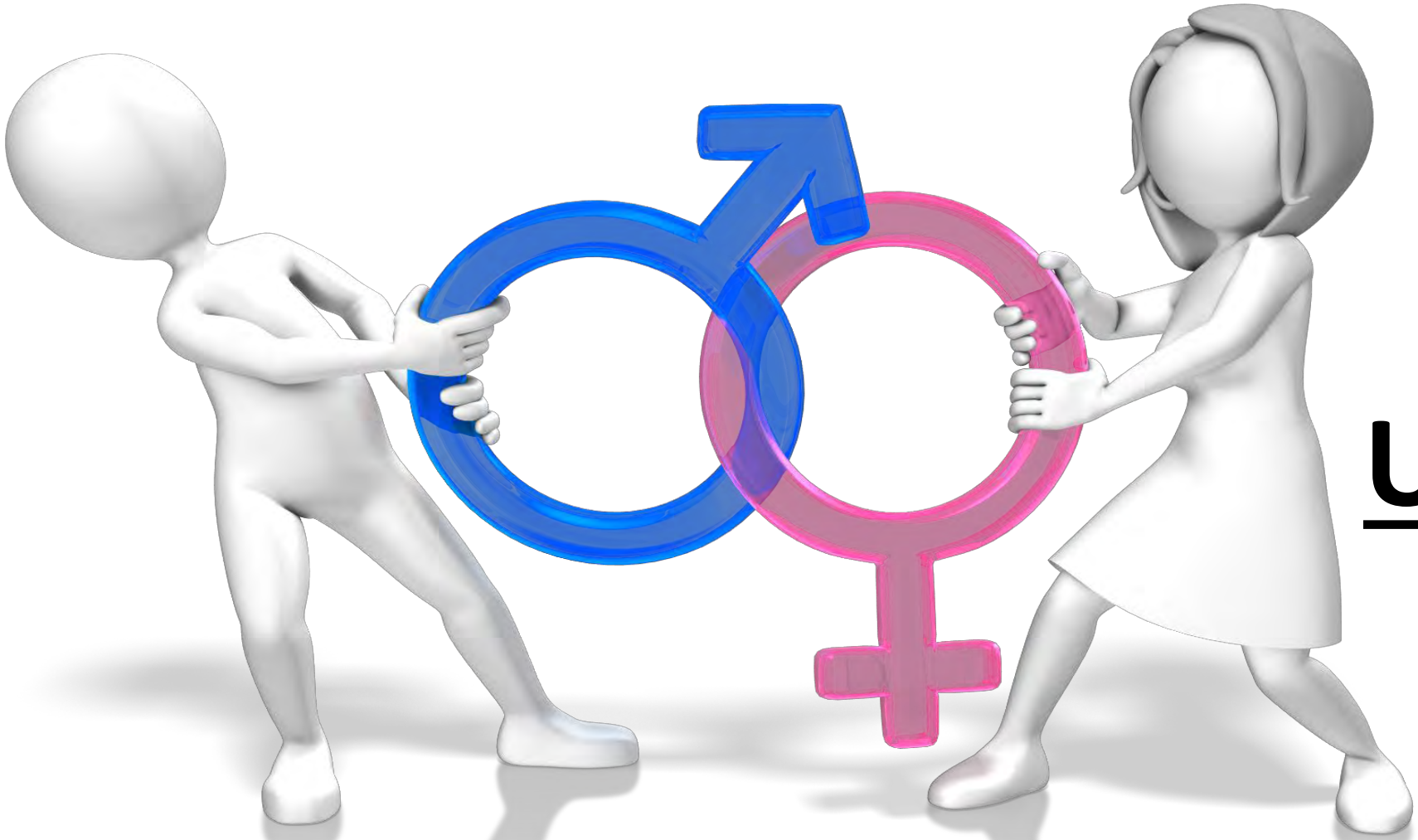
P29: Yes.

S23: And are you okay with codeine?

P29: Yep.

S23: These are your medications for afterwards

P29: Right, okay”.



Theme 4) Unconscious Bias

Northumbria University
NEWCASTLE

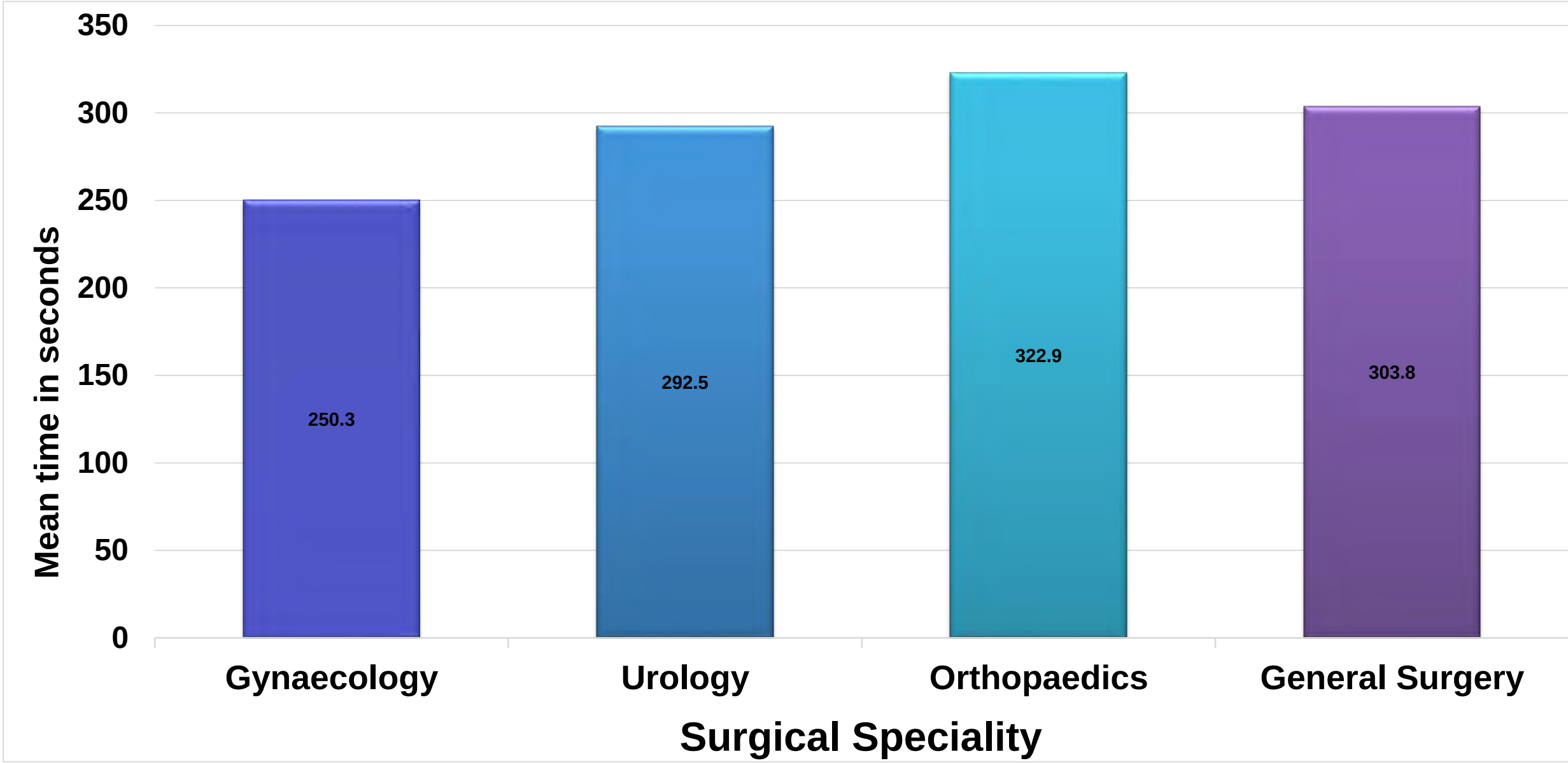
S22: “So this is pretty straightforward stuff. It’s not a major procedure shouldn’t be too sore afterwards, it should settle down quickly.”

S29: “Getting into the theatre and recovery room are actually longer than the surgery itself.”

S16: “Well, this isn’t really a particularly big job, you know. I mean in some parts of the world you'd just be awake and in clinic anyway so.”

S13: “I'll be looking after you while you’re asleep having this minorish operation from our perspective.”

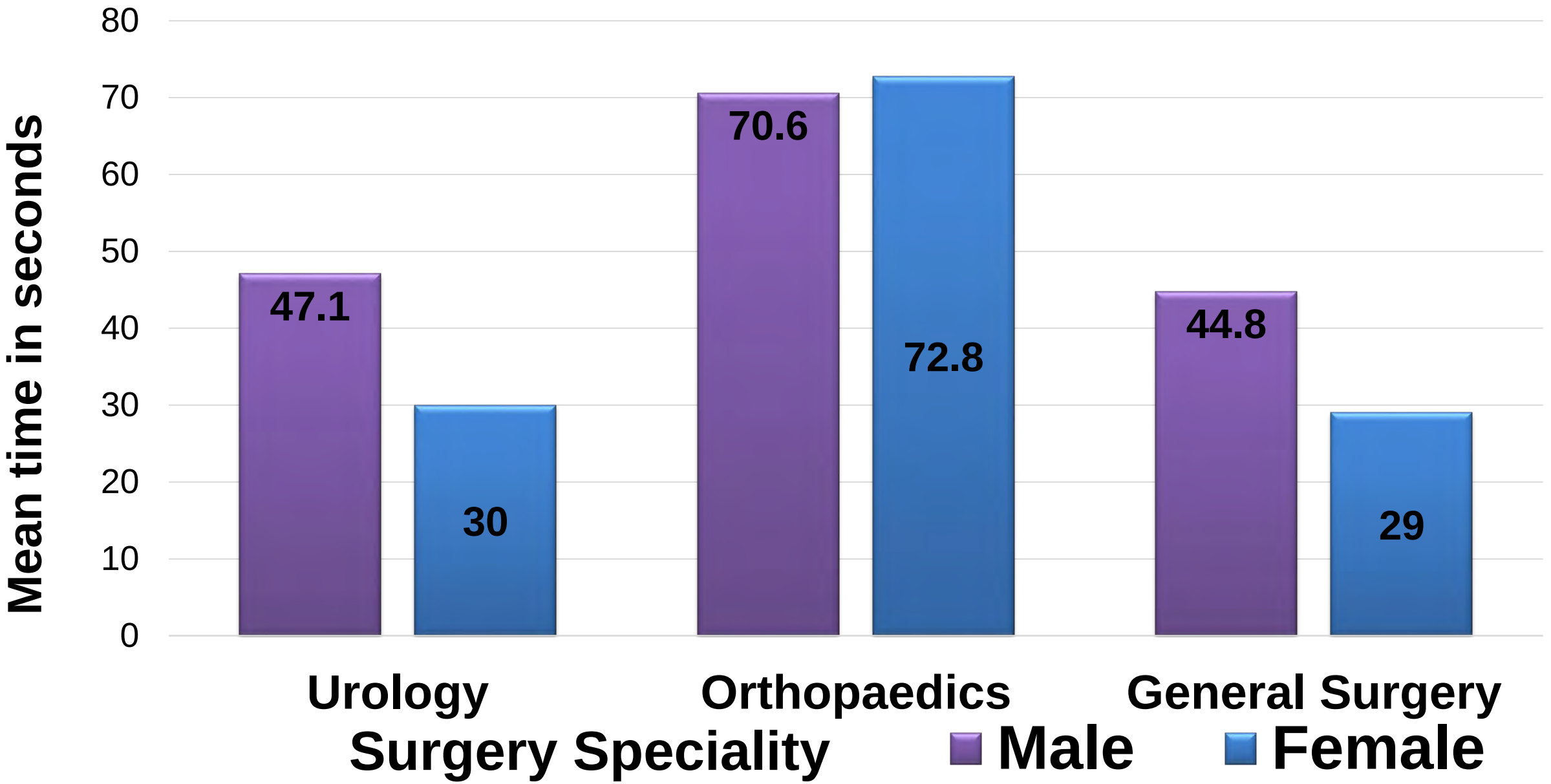
Time spent with patients – surgical speciality



S20: “I think that the majority of gynae surgeries are just minor and trivial”.

S19: “I mean it is all to do with resources and money. Orthopaedics make an enormous amount of money and therefore have an enormous amount of resources, the gynaecologist don’t make any money at all, in fact they lose a vast amount of money, so therefore the resources aren’t really there for them. So I guess in a little way they might be slightly disadvantaged.”

Time spent with patients – staff gender



MALE UROLOGY PATIENT

S26: "You're having an operation in a delicate area, so it can be sore."

FEMALE GYNAECOLOGY PATIENT

S26: "From our perspective. It'll be kind of like period pains, if that!."

S4: “I find I have a lot more patients who’ve had gynae procedures who’ve had a lot more pain than they expected to have. In the last lady who’d had an ablation…. she had everything from the drug chart that I could give her.”

S13: “To be honest I think sometimes gynae patients might get a slightly raw deal, because some people see gynae as less major than general surgery. So I think those patients tend to probably get a worse deal for postop analgesia.”

S29: “Just let the girls in there know, and there’ll be some more pain medication written up for you.”

S32: “Blood pressure, the girls, will take that.”

S25: “You could ring up if you want, if you ask the girls they’ll give you the direct number for the ward, and you could ring up.”

Summary

Northumbria University
NEWCASTLE

Questions

Claire Ford

Tel: 0191 215 6345

Email: claire.ford@northumbria.ac.uk

Northumbria University
NEWCASTLE

References

- Ward, C. W. (2014) 'Procedure-specific postoperative pain management', *MEDSURG Nursing,* 23(2), pp. 107-110.
- Pinto, P. R. *et al.* (2012) 'The mediating role of pain catastrophising in the relationship between presurgical anxiety and acute postsurgical pain after hysterectomy', *Pain,* 153, pp. 218-226.
- The Association of Anaesthetists of Great Britain, Ireland and The British Association of Day Surgery. (2011a) *Day case and short stay surgery*. London: The Association of Anaesthetists of Great Britain, Ireland and The British Association of Day Surgery.

Northumbria University
NEWCASTLE