Pediatric Patient, Parent, and Nurse Perceptions of Satisfaction with Pain Management

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Introduction

This study examines congruence of perceived pain control and perceived satisfaction with pain management between three vital team members of pediatric patient care: the patient, parent/guardian, and nurse. Study results will provide baseline measures for future pain management planning and interventions.

Methods

A survey adapted from Bozimowski assessed perceived pain control on a scale of 0 to 10 and satisfaction with pain management on a scale of 0 to 5.¹ It was administered to patient, parent, and nurse triads and analyzed for differences between group members. Eligible patients were between 10-18 years of age, admitted to general medical-surgical level of care for at least 24 hours at Penn State Children's Hospital, were experiencing pain, and had a parent/guardian present. Participants needed to speak and read English. The patient's nurse at the time of present. Participants needed to have a parent/guardian and were analyzed using paired t-tests.

Study Population

Total Triads (n) 31
Patient Gender
Female 19
Male 11
Unspecified 1
Mean Patient Age (yrs) 14.2
Service
Pediatric Heme/Onc 21
Pediatric Acute Care 10
Primary Pain Type
Acute on Chronic 9
Surgical 8
Acute 5
Chronic 3
Nurse Experience
<5 years 12
5-10 years 8
11-15 years 4
>15 years 7

Results

Pain Scores: Patient vs Parent
As shown in Figure 1, parents over-estimated lower range pain scores (≤3) and under-estimated higher range pain scores (>7) compared to patients. The difference of mean pain scores was not significant.

Mean difference: 0.43
p=0.02 (95% CI: 0.1 to 0.8)

Overall Satisfaction: Parent vs. Nurse
Parents/guardians scored their overall satisfaction significantly higher than the nurse’s perception of their satisfaction.

Mean difference: 0.43
p=0.02 (95% CI: 0.1 to 0.8)

Discussion

Pain is a complex issue that is difficult to quantify due to its subjectivity, with added complication in the context of the pediatric patient with the influence of the parent. In this study, nurses underestimated pain levels of the patient. In other studies, this phenomenon has been attributed to nurses using children’s behavior instead of assessment tools to estimate pain,² use of parental input,³ or a misconception that children experience pain to a lesser degree than adults.³ The primary reasons that patients and parents listed for lower satisfaction was that medication did not help; setting better pain expectations may help nurses, patients, and parents achieve better congruence in perceived pain control and satisfaction scores.

Conclusions

In this small sample, nurses underestimated perceived pain compared to pediatric patients’ pain scores. However, no difference existed between nurse and patient in overall satisfaction with pain management. In fact, parents scored their overall satisfaction with pain management higher than nurses perceived. Appreciating the influence perception plays regarding satisfaction with pain control is important to the provision of patient centered care and quality of life.

References


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Table 1. Mean Satisfaction Scores by Pain Plan Components

<table>
<thead>
<tr>
<th>Component</th>
<th>Patient</th>
<th>Parent</th>
<th>Nurse</th>
<th>p-value (one-way ANOVA)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication</td>
<td>4.4</td>
<td>4.4</td>
<td>4.2</td>
<td>0.54</td>
</tr>
<tr>
<td>Ability to make choices</td>
<td>4.4</td>
<td>4.3</td>
<td>3.9</td>
<td>0.14</td>
</tr>
</tbody>
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