

Postoperative pain experience among elders: A phenomenological approach

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Abstract: Pain in elderly postoperative patients is not completely managed. Learning about the pain experience of the elderly patients will enable the nurses and other health team members to plan for multimodal holistic pain management to this population. The aim of this study was to explore the experience of pain and pain management among the elderly patients undergoing orthopedic surgeries. Five elderly patients above the age of 60 years who were undergoing orthopedic surgeries were selected through convenience sampling and interviewed after their third postoperative day to know their pain experience in the hospital. The information was tape recorded and transcribed into verbatims. The interview was subjected to qualitative content analysis. Five major themes emerged from the interview: type of pain, pain relief, hopelessness, spiritual strength, and psychological impact. The participants felt that pain produced a feeling of neglect and prevented them from socialization. When caring for elderly people with pain, it is important to assess the pain frequently and evaluate the therapy provided to ensure that the elderly people have a good quality of life. Psychological impact of pain should never be ignored by the health professionals.

Keywords: postoperative pain, phenomenological approach, elderly, orthopedic, pain experience

I. Introduction

Pain management among elderly is a great challenge for health care members. The health care team needs to be alert in choosing the mode of therapy to manage pain. According to Aubrun and Marmion (2007) it is difficult to manage postoperative pain in elderly patients as they are at high risk for adverse consequences from analgesics and other concurrent medications given for co-existing diseases.

Pain in elderly patients is under assessed and undertreated owing to the myths and facts about the pain experience of the elderly population. It is believed that pain sensitivity and perception decreases with aging. Also, older adults choose to suffer pain thinking it is part of aging and it is not normal to report the pain during the old age (Registered Nurses Association of Ontario, 2007). Undertreated pain may lead to complications such as delay in recovery, development of chronic pain, disturbed sleep pattern, and may even lead to depression (Brown, Kirkpatrick, Swanson, & McKenzie, 2011; Nett, 2010). Patients are dissatisfied with the therapy due to the presence of pain (Parvizi, 2013). It is important to know the pain experience among the elderly patients in order to provide appropriate treatment. Hence this study aims to explore the experience of pain and pain relief in the elderly patients undergoing orthopedic surgeries.

II. Methodology

Sample and sampling

Purposive convenience sampling technique was used to recruit patients for the study. Five elderly patients, above the age of 60 years, undergoing orthopedic surgeries were interviewed to obtain data regarding their experience of pain during the postoperative period. Conscious and oriented patients who were willing to share their experience of pain and those who could understand and speak Tamil or English languages were selected for the study.

Data collection

Subjects were recruited on the day of discharge which ranged from four to seven days. The investigator introduced self and explained the study including the outcomes of the study to the patient. Verbal consent was obtained from the patient before the interview. The participants were asked to share his/her experience and the conversation was tape recorded. Privacy was provided and patient was kept comfortable to share. The interview was done for a period of 15 minutes to 30 minutes till the participant felt she/he had nothing much to share. The investigator used open ended questions to prompt the participant.

Data analysis

The recorded interviews were transcribed into verbatim. Verbatim written in Tamil were translated to English. The transcriptions were compared with the tape for accuracy. The transcripts were read and significant statement was extracted from each description. Clusters of themes were organized for each participant and compared with other participants to formulate common emerging themes.

Ethical clearance

Approval was obtained from the Institutional Review Board. Permission was obtained from the Nurse Managers and In-charges of the orthopedic wards where data was collected. Participants were explained about the study, the confidentiality of data, the purpose of the study, and the benefits of the study and verbal consent was taken from the participants. Only the willing participants were included in the study.

III. Findings and Discussion

Five subjects were interviewed till there was data saturation. Majority of the participants were in the age group of 60 – 70 years (60%), male (60%), Hindu (100%), and had no family support (60%) (see Table 1).

Table 1

Demographic Characteristics of the Participants		(n = 5)	
S. no	Characteristics	n	%
1	Age		
	60 – 70	3	60
	71 – 80	1	20
	81 – 90	1	20
2	Sex		
	Male	3	60
	Female	2	40
3	Religion		
	Hindu	5	100
	Christian	0	0
4	Financial support		
	Family	2	40
	Self	2	40
	Other	1	20
5	Family support		
	Yes	2	40
	No	3	60

On exploring the personal experiences of the five participants, five major themes were evident that can be categorized as type of pain, pain relief, hopelessness, spiritual strength, and psychological impact.

Type of pain

The participants expressed that the pain was gnawing, pulling, or pricking and was more evident on moving. They felt that the pain was under control with continuous analgesics like epidural analgesia but the pain aggravated on movement.

“The pain is continuous and gnawing but felt more while walking”

“It is a pulling type of pain”

“I felt a pricking pain which aggravates on movement”

It is reported that pain is severe during the first postoperative day but though gradually decreases it is severe enough to affect the daily activities (Beauregard, Pomp, & Choiniere, 1998).

Pain Relief

All the participants felt that pain relief was adequate for the first 24 to 48 hours, however, it did disturb sleep in few patients. Two of the patients expressed that massaging helped in reducing the pain

“When my daughter massages my hands or the leg which is not operated, I feel little relieved of the pain”

“It is soothing while massaging”

Hopelessness

“I am reminded of the incident of how I fell down and I feel why this should happen to me at this old age?”

“Even now when I think of the severe pain I feel I should die..... I feel it is better to die than bear such pain”

“When I think of the pain I feel it’s all fate.....God has written it like that for me”

“I feel it is better to die, when I get the pain”

The above statements reveal the lack of hope in the participants. The thought of pain causes hopelessness and they blame themselves for the suffering. Depression is found to be frequent among elders suffering from pain (Hallingbye, Martin, & Viscomi, 2011).

Spiritual Strength

Though two of the participants expressed hopelessness the remaining three trusted in God and said that they call on to God during pain.

“This is a major surgery, so I will have pain, but I call on to Jesus and feel relaxed”

“Whenever I have pain I call on to God”

A study by Wachholtz and Pargament (2005) on comparing the effects of spiritual meditation with secular meditation revealed that pain tolerance was greater among the participants of the spiritual meditation group ($r = .35, p < .05$).

Psychological Impact

There was a little hesitancy by the participants in expressing their pain to the health care workers. All of them felt that they should bear the pain. Some of them felt angry during severe pain.

“I can’t bear the pain, but I try to bear. I don’t disturb anyone because I feel they are doing what they have to”

“What to do if I have more pain or less pain, I need to bear”

“I have pain on walking, I can bear since it is only mild pain”

“I try to bear my pain, since I want to go home”

“I get angry and irritated when I have pain, so I try to keep quiet and avoid talking”

Elderly people feel that it is below their esteem to express pain and they need to bear the pain. It is a general understanding that postoperative pain is inevitable and the patients need to bear it. According to Loggia, Schweinhardt, Villemure, and Bushnell (2008) psychological factors influence the pain perception. It is reported that positive emotions have a positive effect and negative emotions have a negative impact on pain perception.

Conclusion

Pain management continues to be a challenge among the health care professionals. With the advancement of pain medication and the various modalities of therapy patients are still suffering from pain. Especially in the older age group pain management seems to be neglected due to the cultural differences and the unexpressed pain by the older age group. Regular pain assessment and education of patients on pain management will help to provide comfort to patients suffering from pain. Patients should be encouraged to express their pain as the consequences of untreated pain may lead to complications.

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