The socialisation of registered nurses responses to post operative pain: a descriptive qualitative study.

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Professional Socialisation

“A complex interactive process by which the content of the professional role (skills, knowledge, behaviour) is learned, and the values, attitudes and goals integral to the profession and sense of occupational identity which are characteristic of a member of that profession are internalised.”

(Goldenberg and Iwasiw 1993 pg 4).
Process of Socialisation

- This process has largely been recognised as one way, whereby individuals have to fit into the system and comply with it to gain acceptance. (Ichilov and Dotan 1980, Melia 1983 and 1987, Wilson and Startup 1991, Day et al 1995, Fitzpatrick et al 1996, Mannien 1998).

- The final part of this process is known as internalisation whereby individuals take on the characteristics, attitudes and values of a given profession as their own.
Consequences of Socialisation

• This can have positive and negative consequences for nursing.
• Negative consequences are most commonly reported;
  1. Lack of critical awareness of practice.
  2. Continuance of ritualised practices.
  3. The importance of an assumed set of professional characteristics.
  4. The loss of idealism.

Socialisation and Pain.

- Management of pain has been consistently problematic since earliest papers (Marks and Sacher 1973).
- It is increasingly clear this persistence is unrelated to levels of knowledge or education held by nurses (Chadwick 1994, Langeveld et al 1997, Watt Watson et al 2001, Allcock and Taft 2003, Twycross 2002, Brockopp et al 2006).
Methodology

- A longitudinal qualitative study using a purposive sample of qualified nurses working in surgical areas of a District General Hospital in the UK.
- 16 nurses took part, with 10 completing both stages of data collection.
- Data was collected at two stages: an initial interview and then a repeated interview 18 months later.
- Data was collected using semi-structured interviews, which occurred in the participants work place.
- Interviews were tape recorded and transcribed verbatim.
Methodology

- Interviews were based on the same thematic interview schedule unchanged at either data collection point. With themes identified from the preceding literature review.
- Full ethics committee approval was given with confidentiality and anonymity assured to all participants.
- Findings were analysed using the four stages of; Comprehending, Synthesising, Theorising and Recontextualisation as outlined by Morse and Field (1996).
Findings

Findings at both stages identified five key themes:

1. The Normality Of Pain,
2. Practical Management,
3. Pathological Indicators,
4. The Effectiveness Of Management
5. Change.
The Normality of Pain

- Participants were all in agreement at both data collection stages that pain following surgery was normal and expected;
- “I think I would expect people that have had surgery to be in some degree of pain …… and I would expect that most people would have some pain at some point.” (1)
- However the routine nature of this expectation meant that pain could be taken for granted;
- “It’s only like now and again that it comes to the forefront when you have trouble getting somebody comfortable for whatever reason and you have to keep messing about with the analgesia and changing it and getting the doctors and perhaps get the pain team. So you only tend to think about it when it isn’t alright.” (2)
Practical Management

- The routine nature of pain meant that the key focus at both stages was on practical management;
- “They have paravertabals for four days, and they usually have PCAs as well, they then go on tramadol and they also have non-steroidal anti-inflammatories (NSAIDs) as well as paracetamol.” (3)
- When discussing management no participants mentioned pain assessment, either as informal or using an assessment tool (although one was available), nor any form of holistic approach to pain management.
Pathological Indicators

• Participants in stage one all focused on the use of pathological indictors as a key measure of pain intensity.

• “I think you get cynical into what does hurt and what doesn’t hurt, without really taking into account they’re separate patients. You just think of the operation ….. “(4)

• “It's almost like part of the equation – this much damage will cause that much pain.” (3)
Pathological Indicators (2)

• However at stage two some participants were critical of this stance;

• “And she said, well he's only had a biopsy. I said well pain is what the patient says it is, I actually quoted that at her, you know.” (5)

• “I think we will take the patient’s word more, rather than what we think they look like. Nurses nowadays are more likely to believe the patient if they say they’ve got pain.” (6)
Interestingly nearly all participants felt that pain was well managed in their own particular area;

“we do give a lot of pain relief down here, things like, things that necessarily don’t properly get addressed ……elsewhere.” (7)

“But on here they seem to deal really well with pain, on here, so it’s not really that important because they're pain free most of the time.” (8)

It would have been interesting to contrast this with their patients views at the time. Although this was not part of the study, later audits of post operative pain within this DGH revealed high levels of patient dissatisfaction with post operative pain management.
Many participants at stage two identified that practices were changing;

“Certainly it’s a lot more prevalent, you know, hospitals employing pain nurses and such like. It’s certainly an issue that most people are aware of and we do try to ensure people are covered adequately with analgesia.” (9)

Although some participants felt the pace of change could be faster;

“….in a way I find it frustrating because I don’t think its fast enough – change takes time (in the context of improving post-operative pain management).” (10)
Discussion

- Qualified nurses appear to hold a number of consistent views about post operative pain:
  1. It is routine and should be expected.
  2. A reluctance to let go of the link between pain and pathology.
  3. Confidence in their own clinical areas ability to manage pain (which may be misplaced?).
- These potential negative attributes contrast with the more positive realisation of the need for change in both practice and priorities.
Conclusion

• Professional socialisation can lead to the unquestioning continuance of beliefs and practices which may result in poor patient care.
• This study identified the continuance of erroneous beliefs about post operative pain and its management.
• It is likely that these are a product of socialisation.
• This socialisation process can account for the difficulties and limited effectiveness of previous attempts to improve pain practice through education.
• Some positive change in practice was identified, but in order to produce more, the internalisation of socialised practices must be addressed.
References.

References

References