

NON - PHARMACOLOGICAL PAIN MANAGEMENT IN POSTOPERATIVE CARE OF SCHOOL - AGE CHILDREN

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Summary

The aim of this study was to evaluate children's postoperative pain assessment and management methods applied in practice by nurses from Lithuania and Finland.

Methods. Individual in - depth semi - structured interviews by non - probabilistic snowball (network) and purposive sampling, data content analysis. 20 nurses in Lithuania and 5 nurses in Finland, who work at pediatric surgical and pediatric wards, where children after surgeries are treated.

Results. The research has shown differences between postoperative school - age children's pain management practise by Lithuanian and Finnish nurses. Lithuanian nurses use smaller variety of these methods than nurses from Finland. All nurses agree that non - pharmacological children pain management is effective and useful.

Conclusions. The usage of subjective and objective pain assessment methods by Finnish and Lithuanian nurses is similar, just Lithuanians mostly trust subjective verbal and objective behavioral, appearance pain assessment methods, whereas Finnish combine and use all the subjective pain assessment methods like verbal, parental assessment and using scales as well as objective behavioural assessment. There is a difference between pain management practise by Finnish and Lithuanian nurses. Finnish nurses evenly use all of non - pharmacological methods, whereas Lithuanian nurses mostly trust on physical and rehabilitation methods as well as communication.

Introduction

Postoperative pain management has improved tremendously during the last few decades. Despite of this progress and the increasing interest in the management of pain in children, many studies have shown that children experience moderate to severe pain after the surgery and the pain is still undertreated especially when compared to adults [4;6;9].

Pediatric pain is more than simply a sensory experience, it's a complex, multidimensional phenomenon and the emotional component of pain is particularly strong in children, because they are not young adults, so the management of pain should involve various interventions, both pharmacological and non - pharmacological [7;8].

The use of non - pharmacological methods can help reduce opioid intake and potentially harmful physiological and psychological responses to pain. Non - pharmacological methods, which do not include the use of medications involve such strategies as cognitive - behavioral, physical methods, emotional support, help in daily activities and creating a comfortable environment can change children's pain perception and alter pain behaviour as well as pain more tolerable and give school - age children a sense of control over the painful situation and their experience [3].

44 - 93% of pediatric patients have been reported to experience postoperative pain [1; 6]. According to research undertreated postoperative pain may prolong recovery, lead to negative effects on respiratory and gastrointestinal function and suppress immune function, result in short - time pain experiences, interfere with sleep and general activity even after discharge. When surgical pain is not treated adequately, it can result in longer hospitalization and increased medical costs, unrelieved pain may also exert undesirable and long-term physical, mental and behavioural effects on the current and future life of a child [9].

Previous reviews described effective non-pharmacological pediatric pain management approaches, such as distraction, relaxation, psychological preparation, and hypnosis [5;]. Researches have been performed in Finland and other European and World countries by He et al. (2010), Svendsen & Bjørk (2014), Thrane et al. (2016) showing that non-pharmacological methods are used and they are

effective methods for relieving pediatric pain [2;7;8].

But there are lack of the researches performed in Lithuania about pediatric postoperative pain management using non-pharmacological methods. So this topic and research would be very beneficial for Lithuanian pediatric postoperative nursing practice.

The aim of this study was to evaluate children's postoperative pain assessment and management methods applied in practice by nurses from Lithuania and Finland.

Table 1. Sociodemographic data (LT: N=20; FI: N=5)

Sociodemographic characteristics		Lithuanian data (N=20)	Finnish data (N=5)
Education	Higher education	16	4
	Bachelor degree	4	
	Master degree		1
Working experience (experience with children)	< 10	2 (3)	(2)
	10 - 19	2 (2)	1 (2)
	20 - 29	8 (8)	3 (1)
	30 - 39	7 (6)	1
	40 - 50	1 (1)	

Methods

The qualitative research data has been obtained through in - depth semi - structured interviews in two stages. First stage has been performed in Finland, where 5 nurses have been interviewed. They were chosen by snowball-network sampling method, because not all of the nurses could speak English, so nurses recommended other nurses, who had working experience with children after surgeries and could speak in English. Second stage has been performed in Lithuania. 20 Lithuanian nurses have attended at interviews. They were

chosen by non-probabilistic purposive sampling, so all nurses, who worked during interviewing days were asked to attend.

Respondents have been asked 18 questions about non - pharmacological methods for pediatric pain relief, knowledge about non - pharmacological pain relief methods and some basic background information. This question instrument have been created by authors of this article according to interesting and relevant topics from previous researches. Interviews lasted approximately 45 minutes, it took 5-6 pages in a written form.

The aim of the study, requirements, risks and benefits as well as more detailed information about the research and interview were explained to each participant them were provided before the interview. Writ-

Table 2. Child's pain assessment by Lithuanian nurses (N=20)

Categories	Subcategories	N	Comments
Pain assessment by subjective methods	According to verbal assessment	18	„We always ask during the interview how it hurts, where it hurts, sometimes children say: „I feel bad. It hurts a lot here“ (No. 5). „We just ask: „Do you feel pain? Do you need, want painkillers? Can you suffer a little bit? Isn't the pain so bad, is it?“ (No. 14).
	According to scales	17	„We have 2 scales in this unit, which we use to assess the pain: VAS – coloured analogue scale from white to black and faces scale for smaller children. Anesthesiologist have brought it for us that we all can assess pain in the same way and communicate more clearly“ (No. 3). „It is a 10 points system, so we ask to show, how many fingers you can assess your pain and they show 2 or 3 or 5 fingers“ (No. 12).
	According to parental assessment	13	„Mothers say, they have a lot of pain, you come to the child and you can see from his appearance or according to the scale that it doesn't hurt so much. Mothers think that children feel more pain, so sometimes their evaluation contravenes“ (No. 3). „We discuss with parents, how the child felt when he hadn't pain, how does he or she feel now, what they have noticed from child's behaviour“ (No. 15).
Pain assessment by objective methods	According to behavioural assessment	16	„It is crying, groaning, grimaces, irritation, can't say what they want, you can know it from that also if a child strokes operated area“ (No. 11).
	According to appearance assessment	16	„You always evaluate the pain from the face, where the pain is, body posture, position in bed, whether the child is snuggled or holding his leg or arm“ (No. 5). „The child is sad, sluggish, angry, irritable, as well as I take note of facial expressions“ (No. 17).
	According to diagnosis and postoperative period	3	„When we assess the pain, we check the diagnosis, look at how much time has passed after the operation, after drug administration“ (No. 8). „The assessment of pain depends a lot on the present, pre and post operative condition“ (No. 18).
	According to assessment of vital signs (pulse, blood pressure, breathing)	2	„We can predict about the pain from heart rate, respiratory rate“ (No. 11). „These signs, like increased heart rate, decrease in blood pressure also show that a child has pain“ (No. 12).

ten and verbal participants' consent for interviewing and recording the interview has been obtained.

20 respondents in Lithuanian and 5 in Finland have participated in the research (Table 1). All of the Lithuanian and Finnish respondents were women. The most respondents from both countries had higher education, less amount of Lithuanian and Finnish respondents had Bachelor or Master degree. The largest part of Lithuanian and Finnish respondents by working experience consisted between 20 - 29 years, smaller part of Lithuanian nurses had experience between 30 - 39, the same number of Finnish nurses had working experience between 10-19 and 30-39 years. According to the working experience with children, the biggest amount of Lithuanian respondents had experience between 20 - 29 years, but the same number among Finnish respondents have < 10 years and between 10 - 19 years.

Results

Results of each question were divided into 2 groups: Lithuanian and Finnish respondents' answers. Lithuanian respondents' answers to the presented question is analysed first, than Finnish respondents' answers.

Proper pain assessment is very important in order to ensure effective pain management, so it was essential to find out how nurses assessed child's intensity of pain.

Subjective verbal children's pain assessment was used the most widely by Lithuanian respondents (Table 2). Lower number of respondents from Lithuania expressed that scales are used along with verbal assessment: „We have 2 scales in this unit, which we use to assess the pain: VAS – coloured analogue scale from white to black and faces scale for smaller children. Anesthesiologist have brought it for us that we all can assess pain in the same way and communicate more clearly“ (LT, No. 3). More than half respondents responded asking parental opinion about the child's intensity of pain, but stated that parents usually overvalue their child's pain: „Mothers say, they have

a lot of pain, you come to the child and you can see from his appearance or according to the scale that it doesn't hurt so much. Mothers think that children feel more pain, so sometimes their evaluation contravenes“ (LT, No. 3).

Lithuanian respondents equally considered child's behaviour and appearance as objective pain assessment method tool because the same number of respondents assessed appearance and child's behaviour: „It is crying, groaning, grimaces, irritation, can't say what they want, you can know it from that also if a child strokes operated area“ (LT, No.11). Also similar amount of Lithuanian respondents paid attention to child's medical diagnosis and postoperative period and took a note of vital signs (pulse, blood pressure, breathing): „These signs, like increased heart rate, decrease in blood pressure also show that a child has pain“ (LT, No. 12).

Table 3 shows results obtained through interviews with Finnish respondents about children's pain assessment. Finnish respondents equally used all of the subjective pain assessment methods: verbal assessment, according to scales and parental assessment: „I have a tool for children's pain assessment – a scale. On one side there are faces: smiling or crying face, there is a moving line, so he puts it to the right face, on the other side there is numeral rating scale, so I know how strong the pain is from 0 to 10“ (FI, No. 5).

Table 3. Child's pain assessment by Finnish nurses (N=5)

Categories	Subcategories	N	Comments
Pain assessment by subjective methods	According to verbal assessment	5	„You ask: do you have pain, how much pain do you have, of course I always make a note of the number or if it is severe, moderate, only a few or no pain“ (No. 1). „It is better that she or he can say, what kind of pain she/he has or maybe she/he can write or draw or show on their own body“ (No. 2).
	According to scales	5	„I have a tool for children's pain assessment – a scale. On one side there are faces: smiling or crying face, there is a moving line, so he puts it to the right face, on the other side there is numeral rating scale, so I know how strong the pain is from 0 to 10“ (No. 3).
	According to parental assessment	5	„If there are parents with the child, they always know their child best, they know what is normal for their child and what is not, so I ask them: „Do you think, your child has pain?“ (No. 3).
Objective methods	According to behavioural assessment	5	„You just look at a position, how she or he is sleeping, staying in the same position all the time or moving, playing all the time, discussing with you“ (No. 1).
	According to appearance assessment	2	„You don't only accept, what the child says than you just look at the facial reaction, how the face looks“ (No. 1). „I always try to ask the child and then look at their face and what their body language is telling me“ (No. 4).
	According to diagnosis and postoperative period	2	„Of course, it depends on what kind of diagnosis he or she has, what is the problem for the admission“ (No. 1).
	According to assessment of vital signs (pulse, blood pressure, breathing)	2	„And of course we have those like blood pressure, pulse, respiratory rate, those numeral rates that we can observe“ (No. 1). „I use also physiological measurements: skin temperature, heart rate“ (No. 5).

All the Finnish respondents, who were interviewed expressed that they make reference to child's behaviour as objective pain assessment method: „You just look at a position, how she or he is sleeping, staying in the same position all the time or moving, playing all the time, discussing with you“ (FI, No. 1). Less than half of Finnish respondents stated that they pay attention to child's appearance as well as to diagnosis and postoperative period: „Finnish nurses confirmed that vital signs (pulse, blood pressure, breathing) are also very informative while assessing the pain: „And of course we have those like blood pressure, pulse, respiratory rate, those numeral rates that we can observe“ (FI, No. 1).

To sum up, pain assessment by Lithuanian and Finnish nurses is not very different. Finnish nurses used all the su-

bjective methods equally, whereas Lithuanians mostly mentioned the use of verbal assessment, but scales too. Scales, used for pain assessment are different, because Lithuanian nurses stated that they use VAS, numeral rating scale or faces, whereas Finnish nurses used numeral rating scale and a scale, that is a combination of two scales: numeral rating scale and faces. There is also a difference between nurses' attitude to parental pain assessment, Lithuanian respondents notified that parental pain assessment usually is not correct, but Finnish nurses said conversely that parents are experts and they know their child the best, so nurses trust parents. The usage of objective pain assessment methods by Finnish and Lithuanian nurses' is the same.

Question about non – pharmacological methods, which

nurses apply in their practice have been used to find out what do nurses use and know about non – pharmacological pediatric pain relief. Obtained answers have been distributed into 5 groups. These groups will be analysed in 3 parts. Part 1 includes communication and psychological methods.

Table 5 represents first part of Lithuanian answers. Most of Lithuanian respondents assumed that nurses' communication with the child is important, lower amount of respondents answered that child's communication with parents, relatives and friends or with other patients is also useful for effective pain management: „Sometimes it happens so that girls or boys complain of pain, but than friends come and they are staying with them, they no longer feel such a strong pain“ (LT, No. 3).

Psychological methods are important part of non – pharmacological pain management. Quite many Lithuanian respondents maintained that they use

Table 4. Non - pharmacological methods used by Lithuanian nurses (Part 1: communication and psychological methods) (N=20)

Categories	Subcategories	N	Comments
Communication	With nurse	18	„Communication with parents is important, because if a child sees that the nurse communicates with parents, agrees with them, then the child is calmer“ (No. 7). „You attempt to incite psychologically, to talk to him or her“ (No. 15).
	With parents	4	„If a child is hurt, they want to be with their parents and only parents know how to calm their children, how to comfort them, and how to help them“ (No. 6). „Parental presence aside is important then the pain is not so strong“ (No. 19).
	With friends	3	„Sometimes it happens so that girls or boys complain of pain, but than friends come and they are staying with them, they no longer feel such a strong pain“ (No. 3).
Psychological methods	Placebo effect	8	„You bring a very good tablet, effective, prescribed by doctor for pain. What do you have, whether it's a tablet of calcium or vitamin C, which is harmless. You give it and it helps“ (No. 1).
	Relaxation	7	„Psychological reassurance of the child as much as we are able to instill the child, that much this reassures“ (No. 4). „It is very important to relax the child, then the pain is not so strong – he/she can count up to 100, press his hand and count the number of presses to relax“ (No. 20).
	Creation of pleasant environment	4	„Take a walk together to get acquainted with the department, that the child may know surroundings also to divert“ (No. 18). „Create a pleasant environment in the ward, it must be silent, quiet, low-noise, ventilated“ (No. 19).
	Autosuggestion	3	„Suggestion means a lot for the child, I say, drink a little bit and this really will remove the pain. Children believe and this really reduces the pain“ (No. 6). „Another thing I use with children is autogenic training, it means repeating a lot of times to convince yourself: you say many times: „It doesn't hurt“ till the end of breath, the child inhales and says: „Oh, really it no longer hurt“ (No. 8).
	Gifts	3	„We use clocks for smaller children, we put a bracelet - clock and children themselves or together with us draw on it in every possible way and the biggest paintings come out. The child can take it home“ (No. 8). „Sometimes we make presents for kids, we blow up a glove and draw all over it in every possible way, we give the child a gift“ (No. 18).
A prayer	1	„I am deeply religious, I think that a prayer helps and it is also good non - pharmacological method. Maybe less for the children, but for adults that faith really means a lot“ (No. 8).	

placebo effect. Lower amount of respondents mentioned relaxation, calming of the child: „It is very important to relax the child, then the pain is not so strong” (LT, No. 20). Smaller part of Lithuanian respondents assumed that external calm is as important as internal, so pleasant environment have influence in pain relief: „Create a pleasant environment in the ward, it must be silent, quiet, low-noise, ventilated” (LT, No. 19). Lower number of Lithuanian respondents reported that they know and use autosuggestion and give gifts: „I use autogenic training, it means repeating a lot of times to convince yourself: you say many times: „It doesn't hurt“ till the end of breath, the child inhales and says: „Oh, really it no longer hurt” (LT, No. 8). Also just a very few Lithuanian respondents mentioned the use of a prayer.

Mostly all of Finnish respondents used and knew various communication and psychological non – pharmacological pain relief methods (Table 5). Large number of respondents from Finland replied that child's communication with parents is a good way for calming and pain management. Similar amount of respondents explained that communication with nurses and others can be used for children: „It is also good for the child to be and play with other little patients, to see and talk with each other and it also works as distraction“ (FI, No. 2).

Finnish respondents used a few psychological methods as well. The same number of Finnish respondents suggested that relaxation and proper environment creation can be used for pediatric pain relief: „Creating a silent room, removing all not necessary electronical equipment“ (FI, No. 3). As well a few respondents mentioned that they give gifts for children.

Similarities and diffe-

rences in the use of communication and psychological non – pharmacological methods showed up after comparing obtained data from Finnish and Lithuanian respondents. Responses of Lithuanian nurses showed that mostly they are communicating with children and provide information, meanwhile Finnish respondents assumed that parental conversations with their children is good non – pharmacological method because they know their child best. Respondents from both countries answered that communication with friends, relatives and other children help to relieve the pain or distract attention from it. There are also some differences between the use of psychological methods because Lithuanian respondents stated that they use placebo method, while non of Finnish respondents responded about it. Finnish respondents mentioned the importance of pleasant environ-

Table 5. Non - pharmacological methods used by Finnish nurses (Part 1: communication and psychological methods) (N=5)

Categories	Subcategories	N	Comments
Communication	With parents	4	„When parents are not afraid of the situation, I think it is better that they are together with a child to talk, reassure when it is needed“ (No. 3).
	With a nurse	2	„Explain the child what and how will you do, talk to a child and take your time“ (No. 3).
	With friends	2	„It is also good for the child to be and play with other little patients, to see and talk with each other and it also works as distraction“ (No. 2).
Psychological methods	Relaxation	2	„I don't use that very much but of course you try to relax the child also while giving ideas“ (No. 1). „It is very important also to calm them down, make them relax“ (No. 4).
	Pleasant environment	2	„Creating a silent room, removing all not necessary electronical equipment“ (No. 3).
	Gifts	1	„You give something for a present, sticker or a toy, that's what we use a lot“ (No. 1).

Table 6. Non - pharmacological methods used by Lithuanian nurses (Part 2: Physiotherapy - rehabilitation methods) (N=20)

Categories	Subcategories	N	Comments
Physiotherapy – rehabilitation methods	Positioning	18	„You ask whether the child has changed position, or moved the leg or moved themselves, turned on the other side, sat, so it is enough just to change the position“ (No. 1). „Change of postures, lifting, lowering, there are special cushions for raising“ (No. 9).
	Compresses	18	„Sometimes the child has a swelling and maybe it doesn't hurt so much but still we put cold. But cold and heat helps“ (No. 7). „We put cold, particularly in trauma cases. We use cold compresses, but not heat“ (No. 13).
	Touching	5	„Patting, taking in the arms and carrying is the best help“ (No. 19).
	Breathing exercises	3	„I know breathing exercises - breathing deeper, calmer, concentrating on breathing“ (No. 10). „I know such as breathing exercises, which somehow relieve pain but this is used rarely“ (No. 19).
	Massage	2	„Su jok – spots in each hand and foot corresponding to each part of human body, which you have to massage. You only need to know which points to press, you can not only use buckwheat, but there is a special pencil - needle, which can be used. Head massage, between the fingers, such respective points“ (No. 8).

ment for children, Lithuanian respondents also had the same opinion, there was a little less amount of nurses who said that, because more of them stated the use of relaxation and internal calm ensurance.

Second part of non – pharmacological pain management methods involved physiotherapy - rehabilitation methods (Table 6). Lithuanian respondents usually used positioning and compresses: „Change of postures, lifting, lowering, there are special cushions for raising” (LT, No. 9). Lower amount of respondents expressed that parental presence and touching of their child works as good non – pharmacological method. A few Lithuanian respondents used breathing exercises and massage: „Su jok – spots in each hand and

foot corresponding to each part of human body, which you have to massage. You only need to know which points to press, you can not only use buckwheat, but there is a special pencil - needle, which can be used. Head massage, between the fingers, such respective points” (LT, No. 8).

Finnish respondents named some most commonly used physiotherapy - rehabilitation methods (Table 7). The highest number of Finnish respondents maintained that they use compresses: „Cold packages is a good choice, we are not using heat, only if a child feels cold but not so much for pain relief” (FI, No. 2). Smaller number of Finnish respondents stated that touching is effective way for pain management. A few respondents from Finland mentioned the use of a massage and breathing exercises.

Table 7. Non - pharmacological methods used by Finnish nurses (Part 2: physiotherapy - rehabilitation methods) (N=5)

Categories	Subcategories	N	Comments
Physiotherapy - rehabilitation methods	Compresses	5	„Cold packages is a good choice, we are not using heat, only if a child feels cold but not so much for pain relief” (No. 2). „Cold and heat packages, especially it is good for swollen wounds” (No. 3).
	Touching	4	„Parents can take a small child to their arms, a bigger child can sit on their lap or they can touch them” (No. 1). „Parents can keep their child in arms, touch affectionately, blow on the painful area.” (No. 3).
	Positioning	3	„We use positioning on the right or left side, head raised up or legs raised up, relieving too tight bandages” (No. 1).
	Massage	2	„I also know a massage, but we don't use it so often” (No. 4).
	Breathing exercises	1	„I can show and teach how to breathe” (No. 5).

Table 8. Non - pharmacological methods used by Lithuanian nurses (Part 3: cognitive methods and use of IT) (N=20)

Categories	Subcategories	N	Comments
Cognitive methods	Distraction	12	„I always use distraction of kittens, puppies, brothers, sisters, I am asking what is the name of what you have at home, rabbit, or any animal. If they catch it, the longest stories begin” (No. 1).
	Playing games	5	„I've seen that there is a large playroom, the children are interested in playing or talk one to another, this helps and relieves the pain so they recover faster” (No. 13). „Toys and games for smaller children help very well to forget about the pain” (No. 19).
	Reading books	3	„You can give a book to browse through with beautiful pictures or just to read something” (No. 16).
	Clowns' performances	2	„Clowns from organisation „Red Noses” come once a week to visit us. They play with those little children, sing, act out for them and children really like that” (No. 18).
	Guided imagery	1	„I know a method, called image - controlled method, for managing the visual method, when by the suggestion the child is included in any image and together we talk about it” (No. 20).
The use of IT	Using phone and tablet	5	„Phones, computers, tablets, which are used nowadays very often helps to distract attention from pain” (No. 17).
	Watching cartoons or TV	3	„Usually they are watching movies during procedures and even forget what is really happening” (No. 1).
	Listening to music	2	„You should ask the child to sing or recite a poem, then he focuses on that, not on the pain” (No. 20).

Similarity between the usage of physiotherapy - rehabilitation methods is that respondents from Lithuania and Finland knew and used the same types of methods. Lithuanian respondents expressed that they often use positioning and compresses, Finnish respondents also told about the usage of compresses. Parental touching and patting is also used by respondents from both countries.

Third part of non – pharmacological methods include cognitive methods and the use of IT. Table 8 represents Lithuanian respondents' responses about these methods. Large amount of Lithuanian respondents used distraction: „I always use distraction of kittens, puppies, brothers, sisters, I am asking what is the name of what you have at home, rabbit, or any animal. If they catch it, the longest stories start” (LT, No. 1). One quarter of respondents from Lithuania stated that games and toys are used as non - pharmacological methods. Smaller number of respondents described reading books as good non – pharmacological

pain relief method. A few respondents from Lithuania were talking about clowns, who come to department: „Clowns from organisation „Red Noses“ come once a week to visit us. They play with those little children, sing, act out for them and children really like that” (LT, No. 10).

IT is very popular nowadays, so it is also an useful part of non – pharmacological pediatric pain management. One quarter of respondents from Lithuania stated that the use of tablets and telephones is used in their department: „Phones, computers, tablets, which are used nowadays very often helps to distract attention from pain” (LT, No. 17). Lower amount of Lithuanian respondents reported about cartoon or TV watching. Listening to music also can help to manage the pain, a few respondents from Lithuania suggested this method.

Large amount of Finnish respondents stated the use of distraction and playing games or with toys as cognitive method for pain relief (Table 9): „We have those bears and butterflies on the ceiling so we can say, count, how many bears there are on the ceiling and what colours are there, look at the birds“ (FI, No. 1). Less than half of respondents from Finland expressed that reading books can be used to manage child’s pain. Very small amount of respondents asserted the use of guided imagery.

IT is widely used at Finnish departments by Finnish respondents. All Finnish respondents claimed that watching cartoons and TV is used by children. More than half of respondents from Finland stated that they use music: „Some want to have those music players because it helps a little bit“ (FI, No. 1). A few Finnish respondents stated the benefit of the use of tablets, phones.

To sum up, Finnish and Lithuanian respondents widely used distraction as cognitive non – pharmacological method and claim the effectiveness of this. Respondents from both countries thought that playing games with toys and reading books can be used to distract child’s attention from pain and there are conditions to have books at the hospital. Lithuanian respondents were telling about organisation „Red noses“ because clowns come from there to take time with children. The use of IT is usual everyday thing, so respondents from Finland

and Lithuania assumed that they are effective for children and are encouraged to use.

Discussion

A central finding in our study was that respondents from Lithuania and Finland used similar non-pharmacological approaches to maintain cooperation with the child with the aim of managing and alleviating the pain. Respondents from both countries emphasized how they assess children’s pain and what do they use for non-pharmacological postoperative pain management. There are some similarities and differences.

There are no big differences in pain assessment by respondents from two countries, because respondents used similar methods for effective pain assessment in children but obtained answers reveal different attitude and working methods. Lithuanian respondents mostly trusted their opinion and working experience than child’s personal answer. Finnish respondents considered children as little patients, who can truly express their feelings, they work on family-centered care where all family of the child is involved into the child’s care, so they trust children and their families.

Lithuanian respondents used smaller variety of non-pharmacological pain relief methods than Finnish respondents. Finnish respondents have better conditions in hospitals, this is why they can uses bigger diversity of non-pharmacological approaches, for example – there are TVs in every room for a child as well as hospital has Play Station and Xbox consoles, which is very useful and important for children nowadays.

Table 9. Non - pharmacological methods used by Finnish nurses (Part 3: cognitive and IT methods and the use of IT) (N=5)

Categories	Subcategories	N	Comments
Cognitive methods	Distraction	4	„We have those bears and butterflies on the ceiling so we can say, count, how many bears there are on the ceiling and what colours are there, look at the birds“ (No. 1). „So one very important thing is try to make them concentrate on other things“ (No. 4).
	Playing games	4	„We bring toys to calm them down“ (No. 4). „Children can play games in our department also stuffed toys are very important because children can hug it and play with it“ (No. 5).
	Reading books	2	„Parents can read a book for their child or they can read by themselves“ (No. 1).
	Guided imagery	1	„Sometimes I use guided imagery too, I just discuss with the child about something that he had done he says about, for example fishing and we are together fishing“ (No. 1)
The use of IT	Watching cartoons or TV	5	„The best non - pharm pain relief method for children is cartoons and videos“ (No. 4).
	Listening to music	3	„Some want to have those music players because it helps a little bit“ (No. 1).
	Using phone and tablet	2	„They use tablets, mobile phones so it helps and that’s what we use“ (No. 1).

There are no researches established in Lithuania regarding this topic, so there are no qualitative data to compare with, but according to earlier Finnish researches (He et al., 2010; He, 2006) nurses still uses similar pain assessment and non-pharmacological approaches for better pediatric postoperative pain management. There is unequal number of Finnish and Lithuanian respondents, so it would be necessary to equalize the number of respondents from both countries as well as to establish more researches in Lithuania to broaden this relevant topic.

Conclusions

The research has shown that the usage of subjective and objective pain assessment methods by Finnish and Lithuanian respondents is similar, just Lithuanians mostly trust subjective verbal and objective behavioral, appearance pain assessment methods, whereas Finnish combine and use all the subjective pain assessment methods like verbal, parental assessment and using scales as well as objective behavioural assessment.

There is a difference between pain management practise by Finnish and Lithuanian respondents. Finnish nurses evenly use all of non - pharmacological methods, whereas Lithuanian nurses mostly trust on physical and rehabilitation methods as well as communication. So there is an evidence that even though there are a lot of information about non - pharmacological pain management, Lithuanian nurses still use smaller variety of these methods than nurses from Finland.

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MOKYKLINIO AMŽIAUS VAIKŲ NEMEDIKAMENTINIS POOPERACINIO SKAUSMO VALDYMAS

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Raktažodžiai: nemedikamentinis valdymas, pooperacinis skausmas, mokyklinio amžiaus vaikai.

Santrauka

Sėkmingas mokyklinio amžiaus vaikų skausmo valdymas yra svarbus, nes jų ankstesnės skausmo patirtys lemia skausmo supratimą, tad tai gali turėti įtakos būsimums reakcijoms į skausmingus įvykius bei skausmo toleravimui. Yra daug tyrimų, atliktų užsienio medicinos srities mokslininkų apie nemedikamentinių priemonių naudojimą mokyklinio amžiaus vaikų skausmo valdyme, jų efektyvumą, tačiau stokojama tokių tyrimų, atliktų Lietuvoje.

Tyrimo tikslas - atskleisti slaugytojų iš Lietuvos bei Suomijos vaikų pooperacinio skausmo vertinimo ir malšinimo nemedikamentinėmis priemonėmis taikomus metodus praktikoje.

Tyrimo metodika. Individualūs pusiau struktūruoti interviu pagal netikimybinę „sniego gniūžtės“ bei tikslinę atranką. Interviu trukdavo apie 45 minutes. Duomenys apdoroti taikant turinio (content) analizę. Tyrimo dalyvavo 20 Lietuvos slaugytojų ir 5 slau-

gytojos iš Suomijos, dirbančių X ir Y gydymo įstaigų vaikų chirurgijos bei vaikų skyriuose, kuriuose gydomi vaikai po operacijų.

Rezultatai. Tyrimas parodė mokyklinio amžiaus vaikų pooperacinio skausmo valdymo praktikos skirtumus tarp slaugytojų iš Lietuvos bei Suomijos. Lietuvos slaugytojos naudoja mažesnę šių metodų įvairovę nei Suomijos slaugytojos.

Išvados. Lietuvos ir Suomijos slaugytojos naudoja panašius subjektyvius ir objektyvius skausmo vertinimo metodus. Lietuvos slaugytojos dažniausiai pasitiki subjektyviais žodiniais ir objektyviais elgesio bei išvaizdos skausmo vertinimo metodais, o Suomi-

jos slaugytojos sujungia ir naudoja visus subjektyvius skausmo įvertinimo metodus kartu, tokius kaip žodinis, tėvų vertinimas ir skausmo vertinimas skalėmis, taip pat objektyvus elgesio vertinimas. Suomijos ir Lietuvos slaugytojų skausmo valdymo praktika skiriasi nežymiai. Suomijos slaugytojai vienodai naudoja visus nemedikamentinius skausmo valdymo metodus, o Lietuvos slaugytojai dažniausiai naudoja fizinius ir reabilitacijos metodus.

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