

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

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# 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 2012)

Abundance of literature examining preoperative pain planning for inpatients, but limited for day surgery patients

80% of UK surgical procedures day case (ASCI, 2011a)

# Research Question

# 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

# Research methodology and methods

Critical ethnography

Critical social theory

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

# Data collection

# Dea findings

# Patient Safety



Prioritised over holistic pain  
planning

# Productivity



Negative impact on patient  
care

## Power and hierarchy



Staff  
autonomy



Paternalism



Patient  
empowerment



Theme 1)  
Prioritisation of  
Patient Safety



Time (3.38 seconds)

you as comfortable as  
we can before you

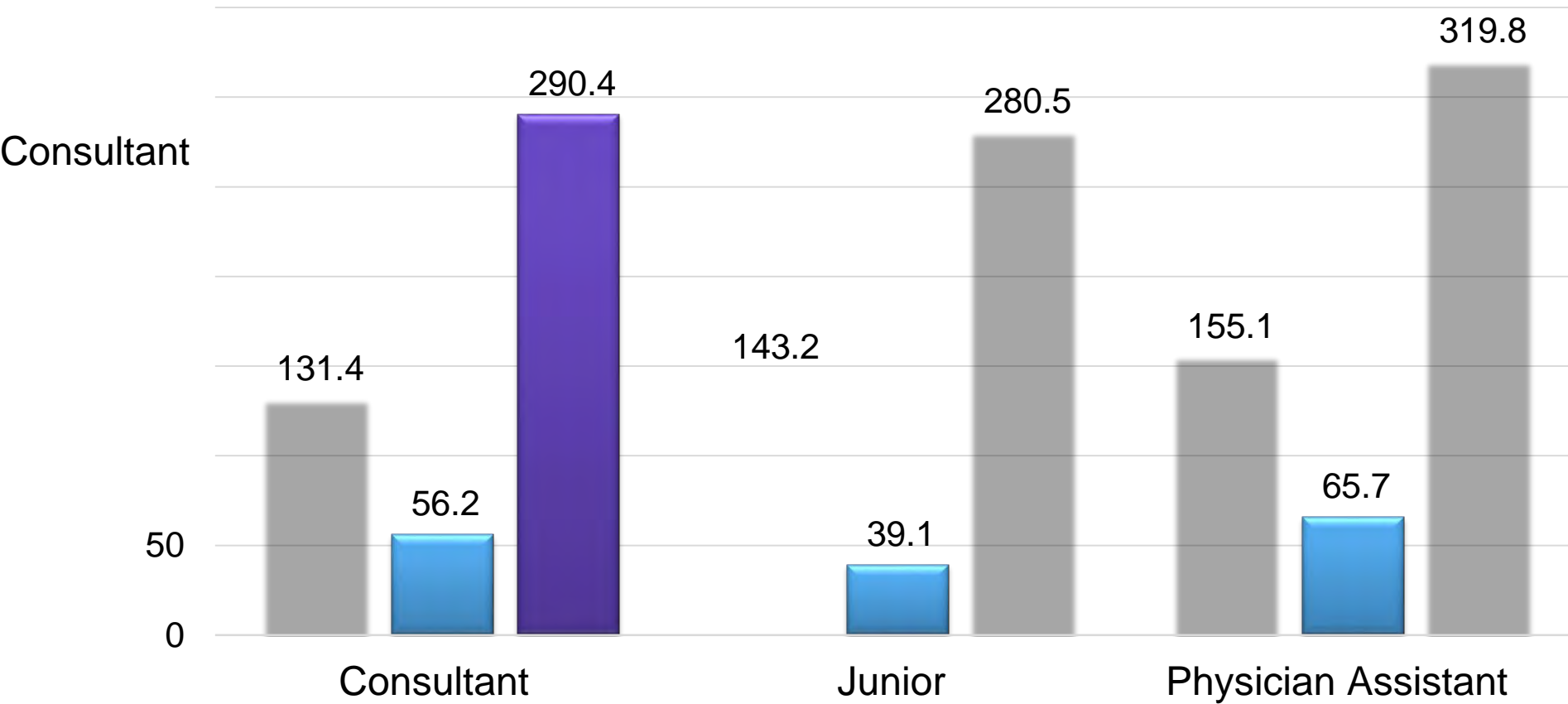
paracetamol?

P29: Yes.

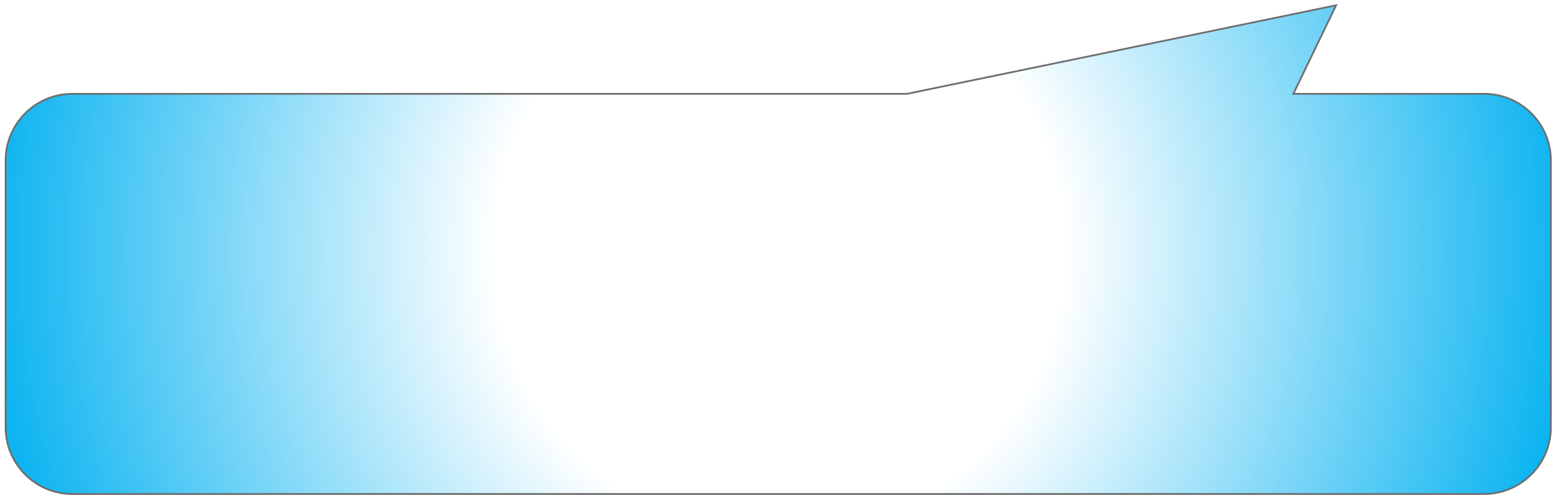
S23: Are you okay with  
Ibuprofen?

▪

# Pain versus patient safety time in seconds



# Theme 2) Productivity





being herded like

# Duration of anaesthetic visits in seconds



spend a certain amount of time with

Time spent discussing pain (4.5 seconds)  
-sickness

# Theme 3)

later date. I just think that people who are meant to give  
people tend to forget preassessment and they will tell  
wards, they will tell managers and everybody else kind

decision-making about what pain relief would be



Field note

brufen, paracetamol,  
more than that really.

been under anaesthetic before.

S22: Well it's not a proper anaesthetic, erm.... I'm  
gonnamake you more or less....

P29: Yes.

S23: Are you okay with Ibuprofen?

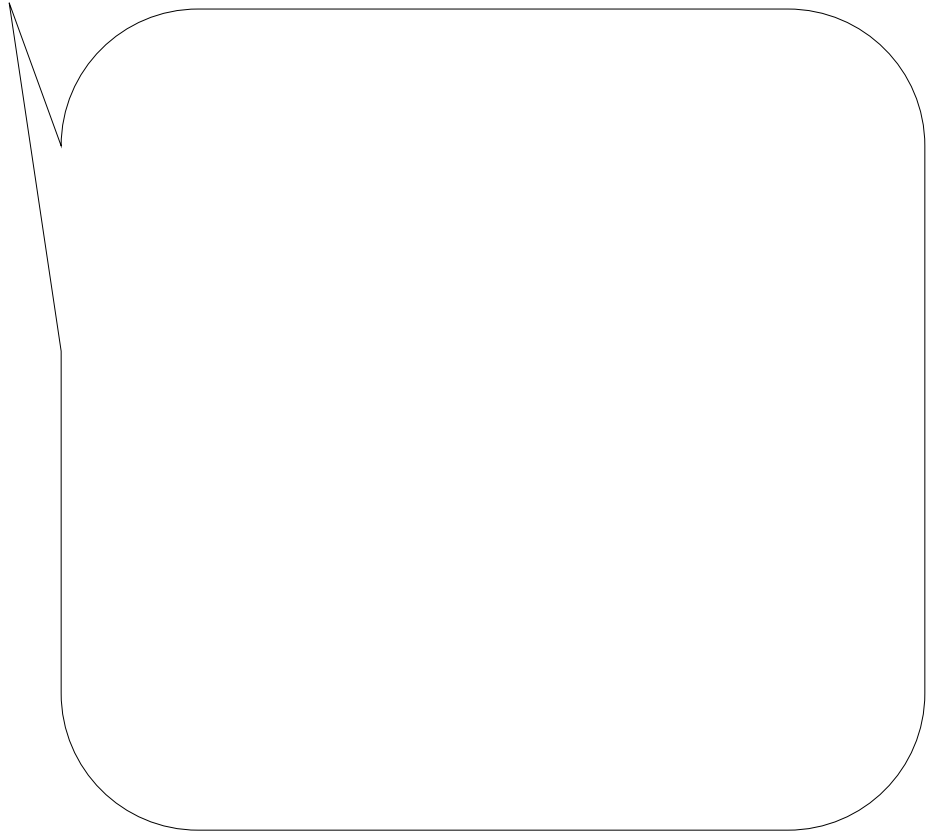
P29: Yes.

S23: And are you okay with codeine?

P29: Yep.

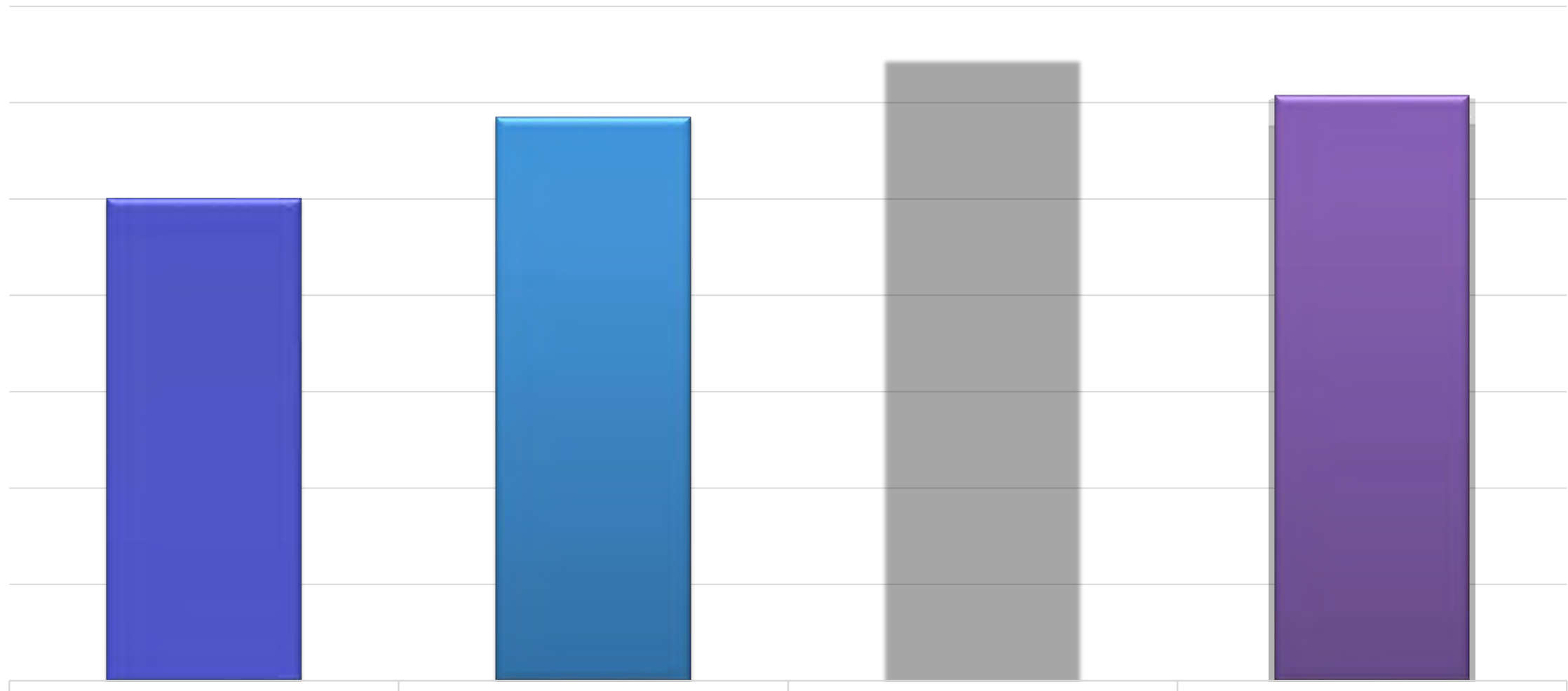
S23: These are your medications for afterwards

# Theme 4) Unconscious Bias





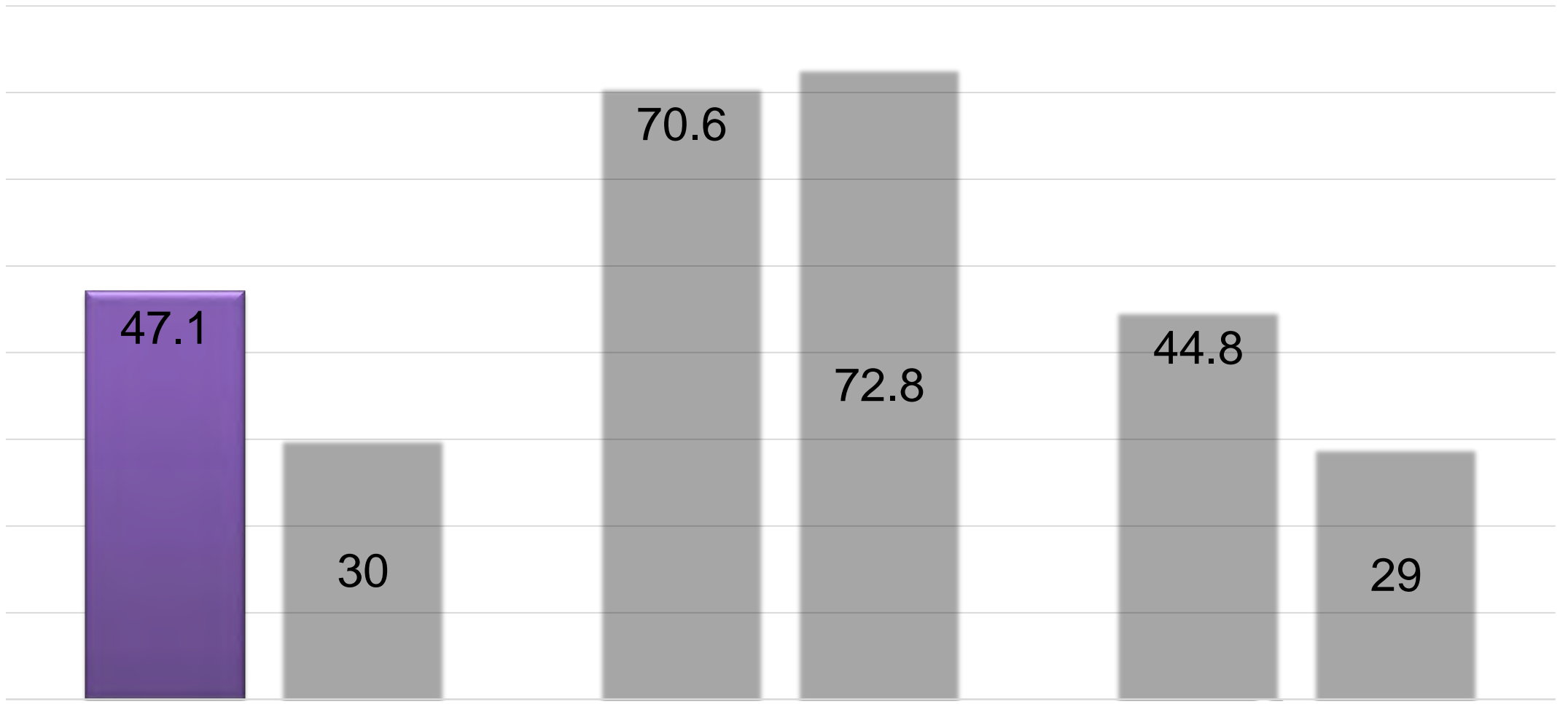
# Time spent with patients surgical speciality





money. Orthopaedics make an enormous amount of money and therefore have an enormous

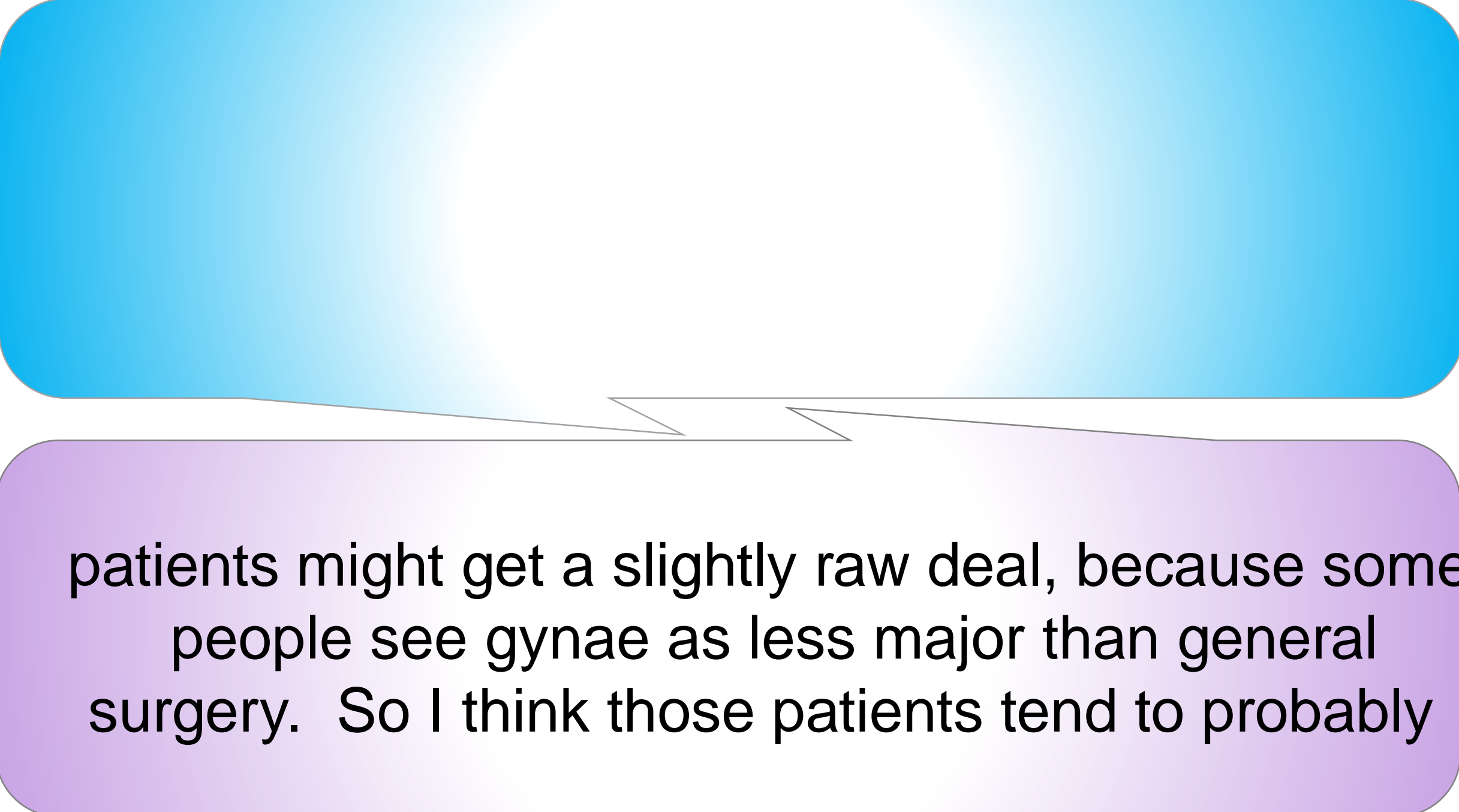
make any money at all, in fact they lose a vast amount of money, so therefore the resources



**MALE UROLOGY PATIENT**

**FEMALE GYNAECOLOGY PATIENT**

**S26**



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

girls in

be some more pain  
medication written up

pressure, the  
girls, will take

girls



# Questions

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# References

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Pinto, P. R. (2012) 'The mediating role of pain catastrophising in the relationship between presurgical anxiety and acute postsurgical pain after hysterectomy', *Journal of Clinical Pharmacy and Therapeutics*, 37(2), pp. 218-226.

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