



**St. Paul's Hospital
Millennium Medical College**

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**Postoperative pain management At Saint
Paul's Hospital Millennium Medical College
Ethiopia 2017 E.C**

Investigators

Beliyou Girma Snr 0025/15

Hikma Ahemad Snr 0028/15

Birtukan Nedi Snr 0026/15

Wondu Diriba Snr 0034/15

**Advisors : Altayework Mekonin (Ass. Prof.) & Tigist
Tsegaye (Msc)**

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Nursing.**

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Addis Ababa, Ethiopia

Declaration

We declare that, this research paper entitled “Postoperative pain management At Saint Paul’s Hospital Millennium Medical College”, is the outcome of our own effort and study and that all sources of materials used for the study have been duly acknowledged. We have produced it independently except for the guidance and suggestion of the research advisor. This research has not been submitted for any degree in this University or any other University.

Statement of Certification

This is to approve that the research paper made by the group on the topic entitled: “Postoperative pain management At Saint Paul’s Hospital Millennium Medical College” is their original work and is suitable for submission for the award of Bachelor Degree of Science in Bachelor of Science in Surgical Nursing.

Advisors: Altayework (Ass. Prof.) & Tigist Tsegaye (Msc)

Signature_____

Date_____

SAINT PAUL'S HOSPITAL MILLENNIUM MEDICAL COLLEGE

DEPARTMENT OF MEDICAL SURGICAL NURSING

This is to approve that the research paper made by the group on the topic entitled: "Postoperative pain management At Saint Paul's Hospital Millennium Medical College" complies with the regulations of the University and meets the accepted standards with respect to originality and quality.

Approval Board Committee

Advisors: Altayework (Ass. Prof.) & Tigist Tsegaye (Msc)

Research Advisors

Signature

Internal Examiner

Signature

External Examiner

Signature

Chairman, Graduate Studies

Signature
V

Acknowledgment

Above all we would like to praise our creator who is the reason for our existence and for being with us in all endeavors of our life. We feel a deep sense of respectful thanks and gratitude to our advisors, Altayework Mekonnen (Ass. Prof.) & Tigist Tsegaye (Msc) for their great support, advice, encouragement, and guidance they provided us through the course of this work as well as for their valuable comments and suggestions without which the accomplishment of this work could not be realized.

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List of Acronyms

FMOH Federal Ministry of Health of Ethiopia

HIV Human Immunodeficiency Virus

NSAID Non-Steroidal Anti-inflammatory Drugs

NRS Numeric Rating Scale

PCA Patient Controlled Analgesia

TVP Trans Vesicular Prostatectomy

VAS Visual Analogue Scale

VRS Verbal Rating Scale

WHO World Health Organization

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CHAPTER ONE

INTRODUCTION

1.1 Background

Effective postoperative pain management is crucial for ensuring optimal patient recovery, reducing hospital stay duration, and minimizing overall healthcare costs. Proper pain management allows patients to engage in early mobilization and rehabilitation, which are essential for preventing complications such as deep vein thrombosis and pulmonary embolism. It also improves psychological well-being, reducing anxiety and depression associated with unmanaged pain. Patients who experience effective pain relief are more likely to adhere to recovery protocols, leading to faster healing and better long-term outcomes (Siv K. Stafseth, 2023).

Inadequate pain control can prolong hospital stays due to delayed ambulation and increased risk of complications. Conversely, effective pain management facilitates quicker recovery, enabling patients to be discharged sooner. This not only benefits the patient but also frees up hospital resources for other patients in need (Lavonia Francis, Joyce J, 2013).

Uncontrolled postoperative pain can lead to higher healthcare costs through extended hospital stays, increased use of medications, and potential readmissions. Implementing multimodal pain management strategies, including non-opioid analgesics and regional anesthesia, can reduce reliance on opioids and associated side effects, ultimately lowering healthcare expenditures (Siv K. Stafseth, 2023).

An essential part of patient care is postoperative pain management, which has a direct impact on patient happiness, recovery results, and the standard of healthcare as a whole. In addition to easing suffering, efficient pain management lowers the chances of side effects include extended hospital stays, persistent pain, and mental anguish. Despite improvements in pharmacology and medical technology, postoperative pain management is still a major problem in hospitals across the globe. With an emphasis on the hospital context, this literature review examines contemporary methods, difficulties, and advancements in postoperative pain management (Lavonia Francis, Joyce J, 2013).

1.2 Statement of the Problem

Post operative pains are reported to be undertreated in many parts of the world even in developed countries. For instance, in France postoperative pain was not adequately managed. Pain intensity monitoring was not also prescribed for all patients and evaluation tools were not standardized (Dominique *et al.*, 2008). A study conducted in a cohort of Danish post operative patients also found out that 45.5 % of patients had uncontrolled pain. They experienced moderate to severe pain within 24 hours of their surgery (Lorentzen *et al.*, 2012).

Effective postoperative pain management is a critical component of patient care, influencing recovery, satisfaction, and overall healthcare outcomes. However, at Saint Paul's Hospital Millennium Medical College, there is insufficient evidence regarding the adequacy of current pain management practices, patient experiences, and healthcare providers' approaches. Gaps in knowledge and barriers to implementation of effective pain management strategies may contribute to suboptimal patient outcomes and prolonged hospital stays. There is lack of comprehensive insight into the systemic, resource-related, and provider-related obstacles that hinder effective pain management practices. Limited evidence on how inadequate pain management affects patient recovery, mental health, and overall healthcare costs. This study aims to address these challenges by systematically assessing the effectiveness, perceptions, and factors impacting postoperative pain management at the hospital.

1.3 Research Questions

1. What are the main reasons that influence the management of postoperative pain management practices at Saint Paul's Hospital Millennium Medical College?
2. What are the strategies to optimize postoperative pain management at Saint Paul's Hospital Millennium Medical College?

1.4 Objective of the Study

1.4.1 General Objective of the study

To assess the postoperative pain management at the Saint Paul's Hospital Millennium Medical College.

1.4.2 The specific objectives of the study are

1. To understand the main reasons that influence the management of postoperative pain management practices at Saint Paul's Hospital Millennium Medical College.
2. To identify the strategies to optimize postoperative pain management at Saint Paul's Hospital Millennium Medical College.

1.5 Significance of the Study

1. Improving Patient Outcomes

Understanding the prevalence and risk factors associated with postoperative pain management can lead to better patient management and outcomes.

2. Enhancing postoperative pain management Practices:

The study will provide valuable insights into the current postoperative pain management measures at St. Paul Hospital. Evaluating their effectiveness can help identify gaps.

3. Contribution to Knowledge

The research will contribute to the existing body of knowledge regarding postoperative pain management in low-resource settings like Ethiopia. It can serve as a reference for future studies and may help other hospitals in similar contexts develop their strategies for managing postoperative pain management.

4. Policy Development:

The results could influence healthcare policies at the local or national level regarding surgical practices and postoperative pain management measures. Evidence-based recommendations could

lead to improved standards of care in surgical departments across Ethiopia.

1.6 Scope of the Study

The study was focused on postoperative patients who have undergone surgical procedures at St. Paul Hospital within a specified time frame. This includes patients of varying ages and genders undergoing different types of surgeries (elective and emergency).

The research was encompassed various surgical procedures performed at the hospital, including but not limited to general surgery, orthopedic surgery, obstetric surgeries (like cesarean sections), and any other relevant surgical specialties.

1.7 Limitation of the Study

Firstly, the study only focused on a single hospital in Addis Ababa, Ethiopia. Secondly, limited number of study in similar study especially in Ethiopia made it difficult for comparing results. Finally, time constraints and material resources were the challenges that limit the depth of coverage of the research work.

1.8 Operational definition of Terms

Postoperative pain management: is the pain management through multimodal approach pharmacological and non-pharmacological strategies

Postoperative patient: is an individual who has undergone a surgical procedure and is in the recovery phase following that surgery.

CHAPTER TWO

LITERATURE REVIEW

Effective management of pain is important in increasing patient satisfaction and well being. It also reduces hospital stay and morbidity associated with surgical intervention. Hence it minimizes the cost of medical care and improves quality of life (Olorunto and Galandiuk, 2006).

Postoperative pain is not adequately managed in different parts of the world and its management is different from place to place. A survey conducted in the USA found out that among the study participants, 82% of the patients reported that they experienced pain after their surgery. Of these patients 47% had moderate pain and 39% of them experience severe pain during their recovery period. The most commonly administered pain medications were morphine (33%) and meperidine (27%). When patients were asked about their satisfaction concerning their pain management, 90% of them reported to be satisfied (Apfelbaum *et al.*, 2003).

A survey was conducted on 175 ambulatory surgery patients in the USA to determine pain severity and analgesic use. It showed that depending on surgical procedure 24% patients had pain scores greater than 7 and 24% were delayed in recovery from pain.

The study showed that fentanyl dose during recovery was seen to be associated with maximum pain scores. In females, fentanyl dose increased in proportion to the intra-operative dose. The maximum pain score was found to be the determinant factor for total recovery time (Pavlin *et al.*, 2002).

A study was conducted in Denmark to describe the current postoperative pain treatment in Danish tertiary university hospital. It was found out that postoperative pain was not recorded in most of the patients. It was also observed that greater than 75% of the patients receive opioids. However, sufficient 24 hour treatment was only given to 57%, 85% and 65% of patients during the first, second and third postoperative days respectively (Mathiesen *et al.*, 2012).

An observational study conducted in 24 Italian hospitals assessed the current management of moderate to severe postoperative pain in the hospitals. The study found out that among the hospitals only 16.7% provided acute pain service and 41.7% of the hospitals applied a protocol for postoperative pain management. It was revealed that 10% of patients experience moderate pain while 50% of the patients reported to have mild pain and 5% of patients experience severe pain. It was also

reported that 20% of the patients did not receive any pain medication even though they were complaining to have pain. Therefore, the study concluded that postoperative pain management with analgesics was still suboptimal (Tufano et al., 2012).

A study conducted in Thailand aimed to assess the status of postoperative pain management and factors influencing the quality of services. It was found out that in anesthesia care unit anesthesia personnels prescribed pain medication for 55% of the cases. Intravenous route was the most frequently used mode of administration and it was also reported that there was no postoperative pain management guideline in this unit. In the surgery wards however, 91% of the cases surgeons managed postoperative pain and there was pain assessment record in the wards for 71% of the cases (Charuluxananan *et al.*, 2009).

Postoperative pain significantly impacts a patient's recovery process. Addressing this pain effectively is crucial for improving patient outcomes and overall healthcare quality. An observational study was conducted in Pakistan to assess the strategy, effectiveness and safety of postoperative pain management. The study found out that post operative analgesia was given to patients either by the obstetric team or the anesthesia team. Post operative pain was frequently managed by intravenous infusion of opioids in 94% of patients and other analgesics were also co-administered with the opioids in 99% of patients. The study employed VAS to assess postoperative pain management and found out that pain at rest was mild in 89.7% of the patients, moderate in 9.5% and severe in 0.8% of the patients. Patients' opinion on postoperative pain management was satisfactory in 91.6 % of patients (Ismail *et al.*, 2012).

In a survey conducted in developing countries showed that management of postoperative pain is suboptimal and the analgesics given were not adequate.

A questionnaire survey conducted in Thailand, India, China, Indonesia, the Philippines and Nigeria showed that management of pain is not optimal. In all countries most opioids are available except that oxycodone is not available in India, Indonesia, Thailand and Nigeria.

Surgeons, anesthesiologists, or both may be responsible for managing postoperative pain in these nations. Lack of effective analgesics, ignorance, and disregard for pain management are the most common excuses offered for inadequate postoperative pain treatment (Ballantyne, 2011).

According to a prospective descriptive study carried out at the University of Ilorin Teaching Hospital in Nigeria, postoperative pain is still a major issue there. Surgeons recommended medications for postoperative pain control, and nurses administered them. Tramadol was prescribed to 13.6% of patients, while 86.4% of patients were taken pentazocin. Ninety-five percent of patients reported pain during the initial phase of surgery. Additionally, according to Kolawole and Fawole (2003), patients report experiencing moderate to severe pain on the first day of surgery (54.6%) and in the recovery room (79.6%).

According to a survey on prescription trends and the effectiveness of analgesia at the University College Hospital in Ibadan, Nigeria, 68.7% of patients reported having moderate to excruciating pain. Additionally, 51.7% of patients reported experiencing pain 48 hours after surgery, according to the survey. The survey also revealed that the use of analgesics to treat postoperative pain has not evolved over time to incorporate the recently released medications (Faponle et al., 2001).

There are several reasons that can be responsible for postoperative pain, including clinical, psychological, and sociodemographic aspects. It was discovered that postoperative pain was more severe for female patients than for male patients (Aubrun et al., 2005). According to a Brazilian prospective cohort study, age, chronic pain, and depression are all linked to moderate to severe postoperative pain. It was demonstrated that patients with depressive symptoms and chronic pain were more likely to experience moderate to severe post-operative pain, as were younger people (Caumo et al., 2002). According to Katz et al. (2005), a different study also discovered that being younger and single are independent predictors of significant acute and chronic postoperative pain.

As it has a direct impact on patient happiness, recovery, and overall results, postoperative pain management is an essential component of surgical care. Good pain management not only lessens suffering but also lowers the chance of side effects such as chronic pain syndromes, lengthy hospital stays, and delayed wound healing.

As multimodal analgesia has replaced traditional opioid-based regimens, postoperative pain management has undergone significant change over time. Acetaminophen, local anesthetics, and nonsteroidal anti-inflammatory medicines (NSAIDs) are just a few examples of the various kinds of analgesics that are combined in multimodal treatments to address pain through numerous pathways while reducing adverse effects. Multimodal analgesia has been demonstrated to improve patient outcomes, lower the risk of opioid-related side effects, and minimize opioid intake (Kehlet & Dahl, 2003). However, inadequate training, monitoring capabilities, and restricted access to some medications may make it difficult to implement such measures in low-resource settings hospitals.

Effective postoperative care is increasingly understood to depend on patient education and participation in pain control. Better adherence to treatment programs and increased patient satisfaction can be achieved by informing patients about their options for managing their pain, establishing reasonable expectations, and promoting active involvement in pain assessment (Chou et al., 2016). Integrating patient education into routine postoperative treatment may be difficult at SPHMMC due to large patient numbers and limited healthcare resources. However, straightforward measures that could greatly enhance results include preoperative counseling and the use of visual analog scales for pain measurement.

In postoperative pain treatment, the importance of regional anesthetic procedures like nerve blocks and epidural analgesia cannot be emphasized. According to Joshi and Ogunnaike (2005), these methods support early mobilization, decrease systemic opioid use, and offer focused pain management. But putting them into practice calls for certain knowledge, tools, and oversight all of which aren't necessarily available in environments with low resources. Whether these approaches are

feasible and effective in everyday practice at SPHMMC will depend on the availability of skilled anesthesiologists and the infrastructure required.

Strategies for managing postoperative pain are also greatly influenced by cultural and socioeconomic considerations. Patients in Ethiopia may underreport their pain or favor alternative therapy over orthodox analgesics due to the prevalence of traditional medicine and cultural attitudes on pain. Designing hospital pain management procedures that are appropriate for the situation requires an understanding of these cultural quirks. To guarantee fair pain management for every patient, socioeconomic obstacles including the price of prescription drugs and restricted access to follow-up care must also be addressed (Chou et al., 2016).

Particularly in low- and middle-income countries (LMICs), the World Health Organization (WHO) stresses the significance of including pain management into healthcare systems (WHO, 2018). Adhering to WHO recommendations for postoperative pain management procedures at the hospitals may enhance patient care and lessen the prevalence of untreated pain. This entails making sure that necessary analgesics are available, educating medical professionals on how to diagnose and treat pain, and setting up procedures for tracking and dealing with pain-related issues (Kehlet & Dahl, 2003).

Multimodal analgesia, which combines many drug classes to treat pain through numerous pathways, is the cornerstone of postoperative pain management. Opioids have long been the go-to drug for treating pain, but using them has hazards like drowsiness, respiratory depression, and reliance. Acetaminophen, nonsteroidal anti-inflammatory medications (NSAIDs), and local anesthetics are examples of non-opioid analgesics that can be used to reduce opioid dependence, according to recent guidelines. Multimodal techniques have been demonstrated to enhance patient safety and rehabilitation by reducing opioid-related side effects and improving pain management (Faponle et al., 2001).

The importance of patient-centered care in postoperative pain management is becoming more widely acknowledged. It has been demonstrated that customized pain management programs based on the patient's medical background, surgery type, and pain threshold produce superior results. Anxiety can

be decreased and adherence to pain management procedures enhanced by preoperative education and the establishment of reasonable expectations regarding pain thresholds and recuperation. Additionally, timely and successful therapies are guaranteed when patients are included in decision-making processes and their pain is routinely evaluated using validated measures like the Visual Analog Scale (VAS) or Numeric Rating Scale (NRS) (Kehlet & Dahl, 2003).

Even with the advent of sophisticated pain management techniques, obstacles to efficient postoperative pain management still exist. These include institutional or cultural attitudes that minimize the significance of pain alleviation, insufficient personnel training, and restricted access to resources for pain management. Additionally, there are clear differences in how different patient populations manage their pain, with vulnerable groups like the elderly, children, and people with chronic pain frequently receiving less than ideal care. Surgeons, anesthesiologists, nurses, and pharmacists must work together in a multidisciplinary approach to overcome these obstacles. Institutional support for ongoing education and resource distribution is also necessary (Faponle et al., 2001).

As supplements to conventional pain management techniques, non-pharmacological approaches are becoming more and more popular. Methods including mindfulness-based therapy, transcutaneous electrical nerve stimulation (TENS), and acupuncture have demonstrated promise in lowering anxiety and pain following surgery. In addition to alleviating pain, physical therapy and early mobilization are essential for avoiding consequences such muscle atrophy and deep vein thrombosis. By incorporating these non-pharmacological techniques into routine care procedures, overall patient outcomes can be improved and pharmaceutical dependence can be decreased.

Postoperative pain management is changing as a result of technological breakthroughs. The accuracy and accessibility of pain management are being enhanced by innovations including wearable technology for continuous pain monitoring, smart pumps for regulated medication delivery, and telemedicine for remote follow-up. Furthermore, there is a lot of promise for improving care through the application of artificial intelligence (AI) to forecast pain levels and suggest individualized treatment regimens. Nevertheless, the implementation of these technologies necessitates substantial financial outlays and training, underscoring the necessity for healthcare institutions to give pain management innovation top priority (Chou et al., 2023)

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Description of the Study Area

St. Paul's Hospital Millennium Medical College, was established in 2001. It was established to provide high-quality healthcare services and to serve as a teaching hospital for medical students and healthcare professionals. The hospital has since become a significant institution in Ethiopia, contributing to medical education and offering various specialized medical services. It has around 200 physicians, 30 pharmacists, 500 nurses, and 40 laboratory technologists, 63 other health care professionals dedicated to provide health care services.

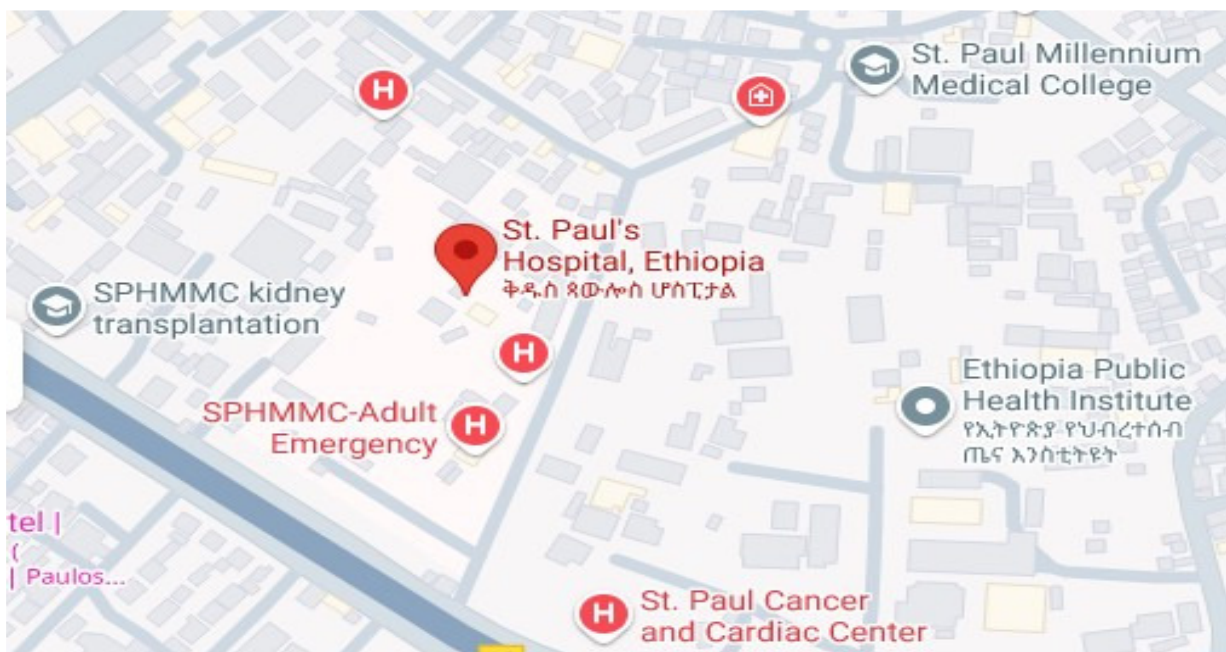


Figure 3.1 Map of St. Paul's Hospital Millennium Medical College

Source: <https://www.addismap.com>

3.11 Study period

The study period was from June 1, 2025 to August 30,2025GC.

3.2 Research Approach

According to Saunders et al., (2009), there are seven research strategies (experiment; survey; case study; action research; grounded theory; ethnography and archival research).This study utilized survey research.

This study was followed a cross-sectional institution based study design so as to assess Postoperative pain management At Saint Paul's Hospital Millennium Medical College. A descriptive cross-sectional study is a descriptive survey which gathers data at particular point in time with the intentions of describing the nature of existing conditions or assessing specific information (Kombo and Tromp, 2006).

Descriptive research design plays a crucial role in this approach by systematically observing and documenting key characteristics, trends, and behaviors related to the study. This phase offers foundational insights by presenting a detailed snapshot of the phenomenon without manipulating variables. It helps researchers establish context, identify patterns, and set the groundwork for further exploration (Sedgwick P., 2014).

One of the main benefits of qualitative research is that it gives one insight into the attitudes of those who work in the healthcare system, such as patients, healthcare providers, and others, as well as their expectations, motivations, and behaviors.

3.3 Research Design

In this study, a descriptive, facility based cross sectional study design in the form of qualitative methods was used. The rationale for applying qualitative method was to get depth of the insights.

3.4 Population of the study

The target population should be a set of all individuals relevant to a particular study and must be defined in terms of elements, geographical boundaries and time (Leedy and Ormrod et.al, 2012).

The target population for this study includes:

- **Postoperative Patients:** Patients who have undergone surgical procedures at Saint Paul's Hospital Millennium Medical College and are receiving postoperative care.
- **Healthcare Providers:** Medical staff involved in postoperative pain management, such as anesthetists, surgeons, nurses, and pharmacists.

3.5 Sample of the study

Sampling Method

Sampling Method used were purposive sampling and convenience sampling. Purposive Sampling method involves selecting participants based on specific criteria relevant to your study. For instance, you might choose healthcare professionals who have experience with postoperative pain management or patients who have undergone surgery at the hospital during the study. It allows you to gather rich, detailed insights from individuals who can provide valuable perspectives on postoperative pain management.

Convenience Sampling was used to select participants who are easily accessible. It includes patients currently receiving treatments or staff members (surgeons and nurses) that were available during the data collection period. While this method may not provide the same depth of insight as purposive sampling, it can still yield useful information quickly.

Sample Size

Typically, qualitative studies aim for saturation; the point at which no new themes or insights emerge. A sample size of 20–30 participants is often sufficient, but it may vary based on the diversity of stakeholders (B. Merriam and J. Tisdell, 2016). For conducting interviews, 30 participants can provide data for thematic analysis. This range allows for diverse perspectives while still enabling in-

depth data collection and analysis. Data Saturation is crucial in qualitative research. This occurs when additional interviews or data collection no longer yield new themes or insights.

For this study the sample was 30 participants. The patients were 23 participants, nurses were 3 and doctors (surgeons) were 4.

3.6 Data Types, Sources & Collection

3.6.1 Data Types

Qualitative data was collected.

3.6.2 Data Sources

The study was relied on primary data. Primary data was collected with the use of interviews. The data was collected from postoperative patients during the study period and medical staff involved in postoperative pain management; in this study; surgeons and nurses.

3.7 Data collection methods

- Interviews: semi-structured interviews were conducted with patients and healthcare providers.
- Observations: pain management practices were documented in the hospital setting.
- Document review: patient records and hospital protocols related to pain management was analyzed.

3.8 Data Analysis

3.8.1. Data Preparation

- Interviews verbatim were transcribed.
- Participants' data were anonymized for confidentiality.

3.8.2. Analytical Approach

Thematic analysis was done.

Familiarization: was done through read and re-read transcripts to identify patterns.

3.9 Ethical Consideration

Ethical approval was requested to the ethics review committee of the Saint Paul's Hospital Millennium Medical College. The respondents were asked for their informed consent and they were informed that information they give was kept confidential.

CHAPTER FOUR

RESULTS, DISCUSSIONS AND INTERPRETATIONS

4.1 Introduction

This chapter presents the analysis of data followed by a discussion of the research findings. The findings are related to the research questions which guides the study. Data were analyzed to identify the factors that influence the management of postoperative pain management practices at Saint Paul's Hospital Millennium Medical College and to identify the strategies to optimize postoperative pain management at Saint Paul's Hospital Millennium Medical College.

The primary data were obtained from Saint Paul's Hospital Millennium Medical College patients and health professionals those give professional services at post operative room. Secondary data were obtained from documentation such as patient records.

4.1.1 Thematic Analysis

Thematic analysis is conducted according to highly precise and explicit rules, which undoubtedly lend the process a scientific vigor. In addition to focusing on the procedural concepts of the method, such as "what," "why," "when," and "how," Braun and Clarke (2006), who proposed the six-step process of analysis in thematic technique, also stipulated that the analyst must possess a great deal of technical expertise and clarity in order to perform the analysis using thematic method. In contrast to other qualitative analysis techniques, thematic analysis has a rich yet detailed flavor thanks to its combination of intricate technical background and a touch of procedural simplicity. As a result, it has become the most well-liked and often used method for analyzing qualitative data.

4.2 Response Rate

Based on the sample selected, 30 interviews were planned and 28 interviews conducted which were valid and met the required criteria. This represented 93.33% of response rate. The response rate of 50% is adequate for analysis and reporting; a rate of 93.33% is good and a response rate of 70% and over is excellent (Mugenda and Mugenda, 2003). Accordingly, the response rate was considered to be excellent.

Table 4.1 Response Rate

Respondents (Participants)	Sample	Valid Interview conducted	Valid % in each subgroup		Valid % in total sample size	
Patients	23	23	(23/23)x100%	100%	(23/30)x100%	76.66%
Nurses	3	2	(2/3)x100%	66%	(2/30)x100%	6.67%
Doctors	4	3	(3/4)x100%	75%	(3/30)x100%	10.00%
Total	30	28				93.33%

4.3 Socio-demographic characteristics of study participants

The socio-demographic characteristics of the study participants indicated that among the total of 23 patients 14 (60.87%) were males while 9 (39.13%) were females, nurses 2 (100%) were female, doctors 2 (66.67%) were male and 1 (33.33%) was female.

Figure 4.1 Socio-demographic characteristics of the study participants (Patients)

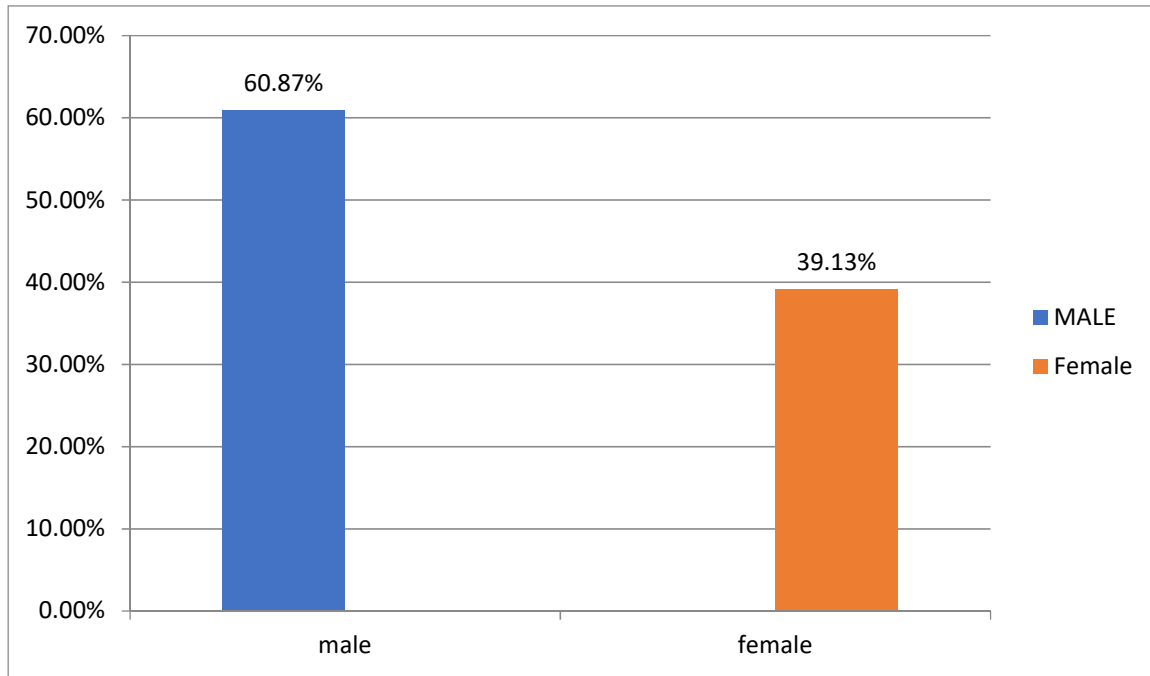


Table 4.2 Marital status of the study participants (Patients)

	No of patients interviewed
Married	18
Single	3
Divorced	2
Widowed	0
Total	23

1

Table 4.3 Educational level

	No of patients interviewed
Illiterate	1
Primary school (1-8)	5
Secondary school(9-12)	10

College diploma (Diploma, degree and above)	7
Total	23

Table 4.4 Employment status

	No of patients interviewed
Private	11
Employed	9
Unemployed	3
Total	23

Table 4.5 Pain feelings

Are you felling any pain now?

	No of patients interviewed
Yes	21
No	2
Total	23

Table 4.6 Is the pain on the surgical site? If Yes for the question, Are you felling any pain now.

	No of patients interviewed
It is on the surgical site	21
Other site	0
Total	21

Table 4.7 Did you ask any pain medication for your pain

	No of patients interviewed
Yes	21
No	2
Total	23

Table 4.8 Did you receive any medication for your pain?

Yes or No

	No of patients

	interviewed
Yes	18
No	5
Total	23

Table 4.9,After how long from your requisition did you receive the medication?

If yes to question ; Did you receive any medication for your pain?

	No of patients interviewed
Less than 1 hour	11
within 1 hour	5
More than 1hour	2
Total	18

4.4 Types of surgery done

During the time of the study, different types of surgeries were performed based on the diagnosis of the patients. Out of the total 23 study participants, 11 (47%) patients underwent gastro-intestinal surgery.

Gynecologic, Urologic surgery and orthopedic surgery were also very common types of surgeries.

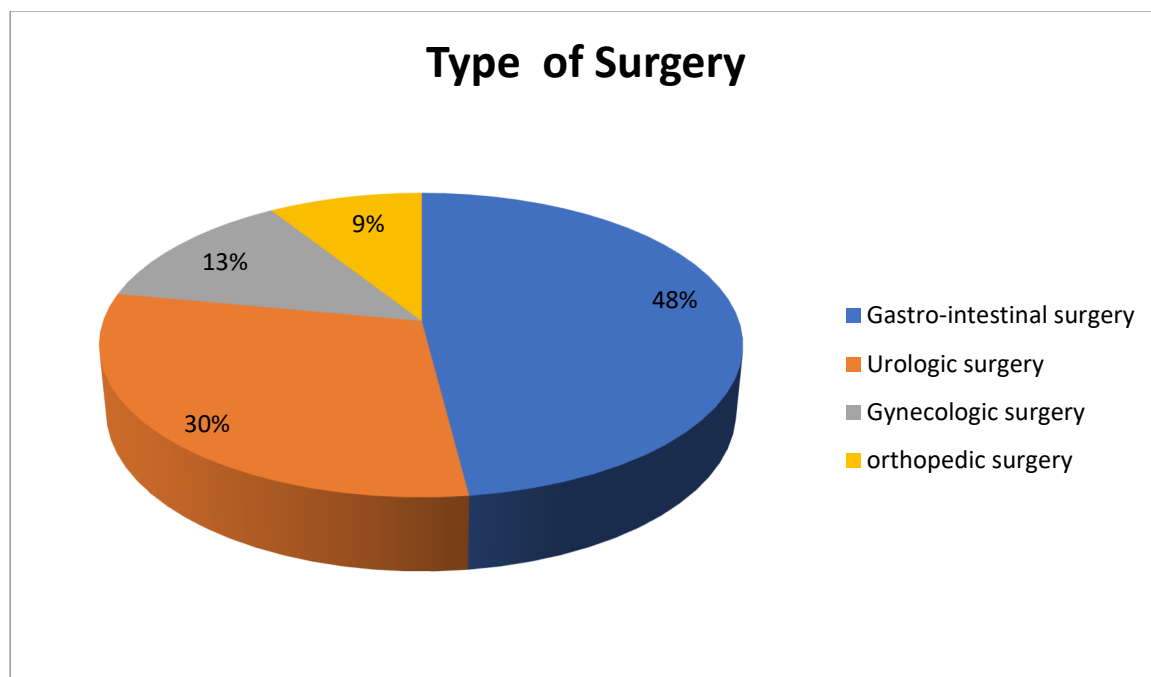


Figure 4.2 Type of surgery done for the participants

Presence of co-morbidities

According to respondents the study participants presented with co-morbidities other than their cause of surgery. Among the study participants 12% patients had other illnesses. Diabetes Mellitus was the common co-morbidity present among the study participants. In addition, there were also some patients with mixed co morbidities.

Types of medication used for postoperative pain

At the time of the survey, patients were prescribed with range of analgesics including strong opioids, weak opioids and NSAIDs. According to the study participants total of 23 patients ,the most frequently used medication for the management of postoperative pain was tramadol 11 (47.82%) followed diclofenac and paracetamol 8(34.47%). Combination of tramadol with paracetamol was used for 3 (13.04%) of patients. The combination of diclofenac and diazepam, diclofenac and pethidine, tramadol with pethidine were also used for few patients as a management of post operative pain.

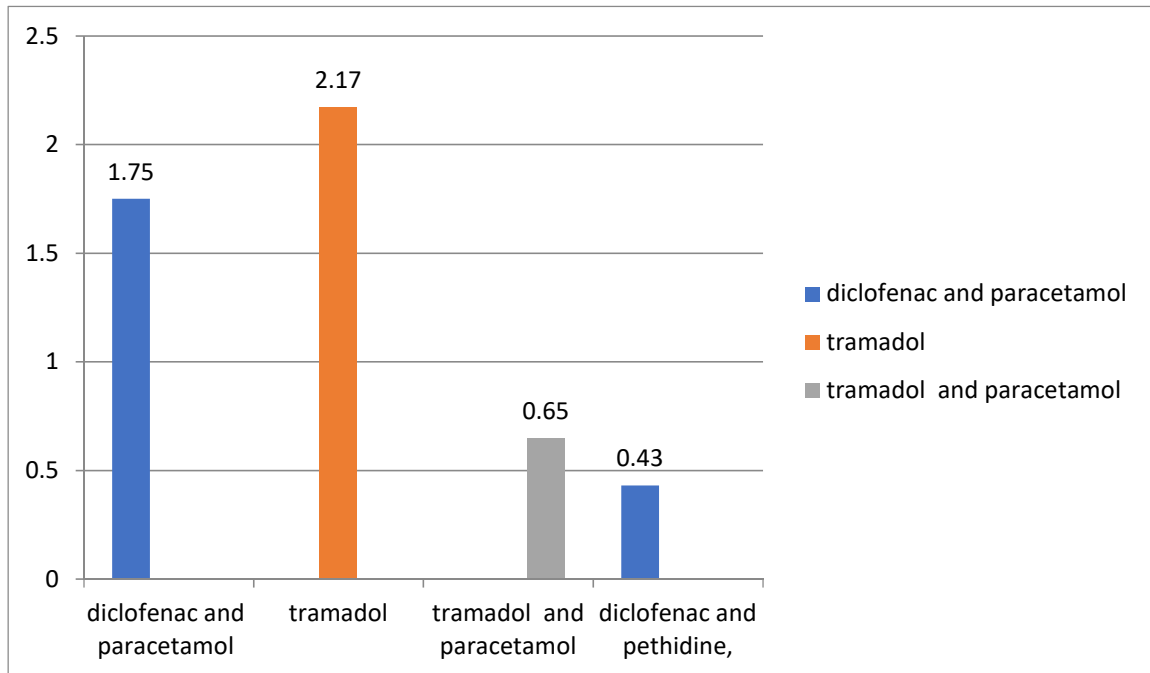


Figure 4.3 Types of medication used for postoperative pain

Prescribers' specialty

In St. Paul's Hospital Millennium Medical College, post operative pain was mostly managed by either surgery residents or surgeons. According to the study participants total of 23 patients, most of the prescriptions for anti pain medications were written by surgeons 19 (82.60%) and surgery residents 3 (13.04%) and some were also written by general practitioners. Anesthetists or anesthesiologists had no role in managing post operative pain. However, intra-operative analgesics were prescribed by anesthesia professionals.

Rout of administration of drugs

According to the respondents the route of administration was mostly intravenous out of 23 patients 21 patients (91.3%) and 2 participants said they receive the through other route.

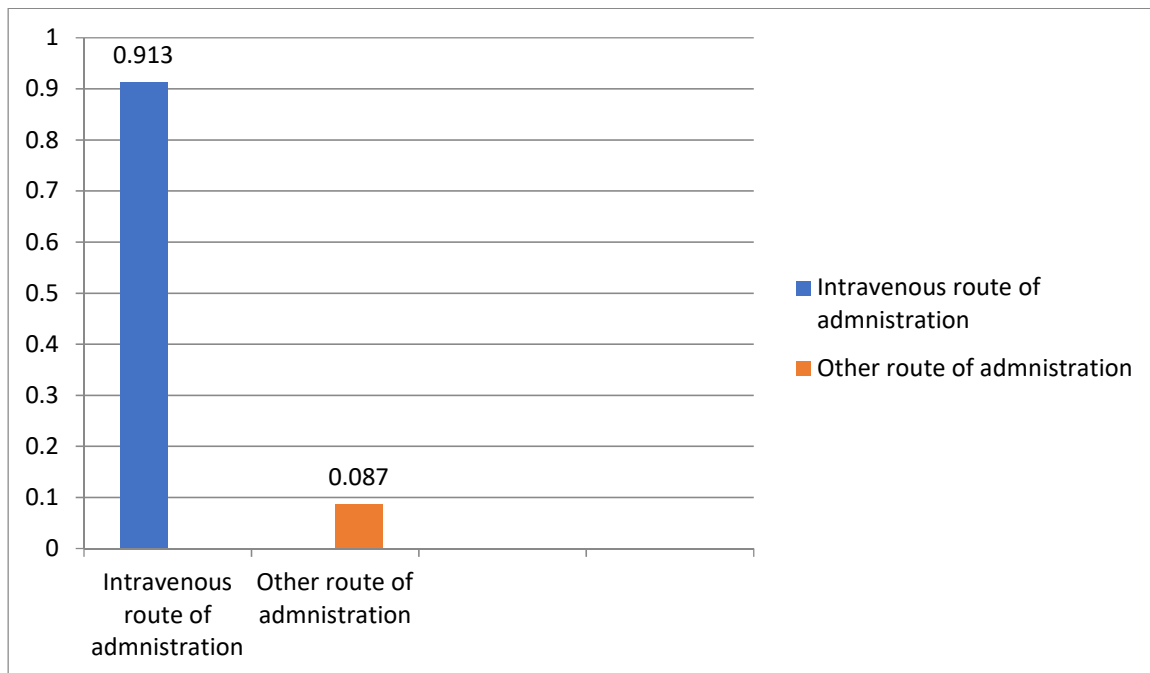


Figure 4.4 Rout of administration of drugs

Pain rating documentation

Patient document review that done by research investigator revealed that majority of patients' pain rating was documented as moderate pain, severe pain and some of patients' pain rating was not documented.

Result

Thematic Analysis of the study focused on pain management practices following surgery within the Saint Paul Hospital. Below is a thematic breakdown of potential key themes that were emerged from this study.

Through qualitative thematic analysis, this study explored the experiences, practices, and challenges of postoperative pain management at Saint Paul's Hospital Millennium Medical College. The findings revealed several key themes that provide insight into the current state of pain management and highlight areas for improvement.

1. Patient Experiences of Postoperative Pain

From the data of 23 patients (participants) asked where they feel the pain ; all of them described that *"I feel the pain on the surgical site"*. Patients described varying levels of pain after surgery, with many reporting significant discomfort during the initial recovery period. Some patients expressed dissatisfaction with the intensity and duration of their pain, noting that it interfered with their ability to rest, eat, and engage in postoperative care activities. However, others acknowledged that their pain was managed effectively, attributing this to timely administration of analgesics and supportive care from healthcare providers.

2. Healthcare Provider Practices

Surgeons (Participant D1 (Doctor 1) and D2) said that *"There is a gap in post operative pain management that could lead patient suffering and increased hospital stay."* Surgeon (Participant D3) described that *"There is fear of drug addiction(especially pethidine injection) to prescribe for severe pain."* The nurses (Participant N1 (Nurses 1) and N2) said that *"There is a gap in the plan of varying levels of patient compliance and resource limitations with prescribed pain management regimens"*. Healthcare providers, including nurses and physicians, emphasized the importance of individualized pain management plans. They reported using a combination of pharmacological interventions (e.g., opioids, nonsteroidal anti-inflammatory drugs) and non-pharmacological

methods (e.g., positioning, distraction techniques) to address postoperative pain. However, providers also highlighted challenges such as limited access to certain medications, inadequate staffing, and varying levels of patient compliance with prescribed pain management regimens. According to the respondents Nurses' & Physicians' Roles; the gaps identified were that the attitudes toward pain management, barriers to effective pain control (e.g., workload, resource limitations), multidisciplinary Approach and Collaboration between surgeons, anesthesiologists, and nurses.

3. Communication and Patient Education

A recurring theme was the critical role of communication in effective pain management. Patients who felt adequately informed about their pain management options and the expected recovery process reported higher satisfaction levels. Conversely, a lack of clear communication often led to misconceptions about pain medications, particularly opioids, with some patients expressing fear of addiction or side effects. Healthcare providers acknowledged the need for improved patient education to address these concerns and promote adherence to pain management plans.

The nurses; Participant N1 (Nurses 1) and N2) said that *“muscular sprains and strains. When a bodily part is strained by the same movement repeatedly, it can result in repetitive stress injuries.”*

Two Doctors ; Participant D1 (Doctor 1) and D2 described that *“ asking and carefully listening could lead to better post operative pain management.”*

Communication Themes for Patient-Centered Care

Theme	Meaning	Quote
Transparency (Openness)	Willingness to divulge details to the patient or healthcare provider	“The [patient] is the most important person in charge of treatment; if he doesn't bring up something that he believes is abnormal, how can you get the help that you need?”
Judgment	A receptive evaluation of pain	"They [provider] have never

	sensations and needs	made fun of me. Never once have they remarked, "Oh, it's all in your head," or something similar. People with that issue have been reported to me.
Trust	Belief in the patient's or provider's intentions	"You might as well not have a doctor-patient relationship if there is no trust that exists between them."

Table 4.10 Communication themes for Patient-Centered Care

Patient-provider conversations on pain management can be difficult to handle and have a significant influence on the treatment that is given. Due to the intricacy, emotional nuances, and sensitivity of pain treatment, these conversations demand a high level of expertise.

4. Systemic and Resource Challenges

The study identified systemic barriers to effective pain management, including shortages of pain medications, limited availability of advanced pain assessment tools, and insufficient training for healthcare providers in pain management techniques. These challenges were compounded by the high patient volume at the hospital, which often strained resources and limited the time available for individualized patient care.

The nurses; Participant N1 (Nurses 1) and N2) said that *“effective Communication and Patient Education could lead to better post operative pain management.”*

Two Doctors ; Participant D1 (Doctor 1) and D2 described that *“ there is a problem or gap between clinical applications and scientific evidence, patient, practitioner, and medication factors, as well as errors in pain perception and measurement.”*

5. Institutional Policies , Cultural and Social Factors

Cultural beliefs and social norms also influenced postoperative pain management. Some patients reported hesitancy to report pain due to a desire to appear strong or a belief that pain is an inevitable

part of recovery. Additionally, family members played a significant role in advocating for patients' pain relief, sometimes influencing healthcare decisions.

Several patients described that *“some health providers talk to us and our families about our needs and cultural beliefs but many providers don't do that. Many health providers don't ask questions such as “Are there specific practices or beliefs we should consider during your care?”*

6. Suggestions for Improvement

Both patients and healthcare providers offered recommendations for enhancing postoperative pain management. These included increasing the availability of pain medications, providing regular training for healthcare providers on pain assessment and management, improving patient education programs, and incorporating multidisciplinary approaches to pain management. According to the respondents hospital-specific strategies identified were assessment of current pain management practices at Saint Paul Hospital and Recommendations for staff training.

Several patients described that *“health providers communicate to us and our families about our needs following surgery, our physician and care team offer guidance on how to effectively manage our pain but some drugs are cost to get it”*

The nurses; Participant N1 (Nurses 1) and N2) said that *“Early pain management, evaluation of the surgery site and drainage tubes, monitoring of IV fluid rate and patency and access, and assessment of the patient's sensibility, circulation, and safety are all necessary nursing interventions in postoperative care.”*

Two Doctors ; Participant D1 (Doctor 1) and D2 described that *“in addition to drug, Balance of Fluids and Nutrition. In addition to improving patient satisfaction, protocols that prioritize early feeding (a return to a regular diet within 24 hours) and the use of laxatives when necessary encourage an earlier recovery of bowel function. If at all possible, postoperative oral fluid intake and nutrition should start the day of surgery.”*

Discussion

The qualitative cross sectional study assessing post operative pain management practices at Saint Paul Hospital likely revealed a gap between perceived and actual pain management. Findings indicated that pain is often not properly considered, particularly in terms of its severity, and pain assessment tools was not be systematically used or documented. This can lead to situations where patients, particularly vulnerable populations such as premature babies and chronic diseases such as HIV, are unable to obtain the appropriate level of pain relief.

Among the elements influenced pain treatment knowledge, attitudes, and practice were: knowledge ratings were favorably connected with years of clinical experience and formal training. One reason given for not using consistent practice was the lack of well-defined, standardized protocols for pain management. Better pain control was made possible by nurses identifying institutional identification of pain as a clinical priority and prescribing autonomy.

Inadequate Pain Management: A significant portion of patients especially those with moderate or severe pain, or some age groups, may not receive appropriate painkillers. According to the border, pediatric studies showed that two-thirds of pediatrician patients received inadequate painkillers (Massad et al., 2013).

Lack of Standardized Assessment: The respondents stated that pain is frequently not adequately taken into account, especially when it comes to its intensity, and that neither systematic use nor documentation of pain evaluation instruments has been done.

Impact of Pain on Patients' Lives: The study emphasized how pain significantly affects patients' daily lives, including their activities, feelings, and social interactions, as well as how pain and these factors are related.

Barriers to Effective Pain Management: The study identified difficulties in communicating, a lack of confidence in medical professionals, or the impact of social factors to efficient pain management.

Need for Multidisciplinary Approach: The study emphasized the value of a multidisciplinary strategy to pain management that involves a range of clinical staff.

Importance of Patient Trust and Communication: The study indicated how important patient trust and good communication are to pain management, recognizing that patients' viewpoints and experiences should be respected and taken into consideration.

As mentioned above this study is a cross sectional survey designed to assess prevalence of postoperative pain, its management and the factors for the development of post operative pain in St. Paul's Hospital Millennium Medical College. Most patients that participated in this study out of total 23 patients 20 patients (86.95%) felt their pain at the surgical site. Only two patients felt their pain other than the surgical site that is due to catheterization. This finding is in accordance with the findings of Bisgaard *et al.* (2001) which explained the reason to be not using local anesthetics for these patients to reduce incisional pain.

Among the study participants out of total 23 patients , 16 patients(69.56%) of the cases were feeling moderate to severe pain in their post surgical period. This finding shows a lower number of patients than the number reported in other studies done in Nigeria (Faponle *et al.*, 2001; Kolawole and Fawole, 2003).

In this study, physician prescribed nurse administered analgesia is the mainstay of post operative pain management. This is similar to the management seen in Nigeria (Ogbole-Nwasor *et al.*, 2012) but Patient Control Analgesia (PCA) is used in other developed countries (Carr *et al.*, 1998; Grass, 2005). PCA is a mode of administering parenteral drugs, usually strong opioids, for the management of pain in which the patients themselves will administer their own analgesia in a small amount using microprocessor controlled pump whenever they feel pain. This method of administering analgesia is demonstrated to be better than physician prescribed nurse administered analgesia. It has lower post operative morbidity, faster recovery, rapid ambulation and early discharge (Walder *et al.*, 2001). Moreover, patients who were on PCA shown to have lower pain rating scales (Hudcova *et al.*, 2006).

By combining opioids and non opioids unwanted side effects of opioids will be reduced and optimal pain management will be achieved (Elvir-Lazo and White, 2010). Effective analgesia will enable patients to mobilize as early as possible since their pain is effectively managed. And this early mobilization will intern help to avoid the development of deep venous thrombosis. In addition, optimal pain management will help patients to cough easily so as to clear secretions and prevent respiratory system complications (Kolawole and Fawole, 2003).

With the aim of assessing acute post operative pain at Jordan university hospital, a survey was conducted by collecting data from patient interview and chart review. The study found out that 72% of the patients experience moderate to severe pain postoperatively at rest while 89.3% of patients felt pain on movement. This shows that post operative pain is not managed adequately in the hospital

(Massad *et al.*, 2013).

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1.Introduction

This chapter presents a summary of the findings of the study, conclusion and recommendations concerning the study. Results and discussions in chapter four were the root for these conclusions and recommendations for the way forward in addressing the problem of the management of postoperative pain management practices at Saint Paul's Hospital Millennium Medical College

5.2.Summary of the Findings

From the data analysis of the study the major findings were obtained. The findings of the study that is related to the first objective of the study which focused on assessing the factors that influence the management of postoperative pain management practices and the strategies to optimize postoperative pain management at Saint Paul's Hospital Millennium Medical College are summarized as follows.

Among the study participants out of total majority patients were feeling moderate to severe pain in their post surgical period. Presence of co-morbidities affected postoperative pain management .Among the study participants some of patients had other illnesses.

Types of medication used for postoperative pain morbidities affected postoperative pain management. The most frequently used medication for the management of postoperative pain was tramadol followed diclofenac and paracetamol. Strategies to optimize postoperative pain management can be achieved. By combining opioids and non opioids unwanted side effects of opioids can be reduced and optimal pain management can be achieved.

According to the document review that done by research investigator revealed that majority of patients' pain rating was documented as moderate pain, severe pain and some were patients' pain rating was not documented.

Several patients described that After surgery,the health care team need to provide advice on how to properly manage our pain, but certain medications are expensive to obtain. Health care providers also communicate with the patients and their family about the patients' requirements.

The study found that the hospital's primary pharmacological therapies for postoperative pain management include the use of local anesthetics, opioids, and non-steroidal anti-inflammatory medications (NSAIDs). Nevertheless, the way these drugs are administered is frequently irregular, with differences in timing and dosage depending more on the preferences of the individual clinician than on established procedures. Physical therapy, relaxation techniques, and patient education are examples of non-pharmacological therapies that are neglected even though they have the potential to supplement pharmaceutical procedures.

Recommendation

Based on the findings of the study the following recommendations can be made:

- ✚ Assessment of pain should be performed for every post operative patient using appropriate pain rating scales and should be documented.
- ✚ Appropriate strategies to optimize postoperative pain management should be implemented.
- ✚ Documented pain rating scales should be used as a guide for choosing analgesics as well as changing type of medication according to the patients' pain.
- ✚ Considering the fact that depression has been found to be associated with increased risk of post operative pain, the information could be used in surgical wards to plan for optimum post surgical pain management.
- ✚ Similar studies should be done in other institutions to have a general picture of post operative pain management in Ethiopia.
- ✚ Studies should be conducted to find out the reason for the limited use of opioid analgesics and for the poor practice of pain assessment.

Limitations of the study

The study only focuses on a single hospital in Addis Ababa. There are only limited numbers of post-operative pain management in similar study especially in Ethiopia which made it difficult for comparing results. In addition, budget constraints and material resources were the challenges that limit the depth of coverage of the research work.

Conclusion

According to the study's findings, the majority of patients at St. Paul's Hospital Millennium Medical College experienced moderate to severe pain throughout the postoperative phase in this facility reported having moderate to severe post-operative discomfort. This study's findings imply that post-operative discomfort was not well controlled. Additionally, the analgesic options used to treat post-operative pain were extremely restricted. The hospital can greatly improve patient outcomes and raise the standard of care by tackling the issues that have been identified and putting the suggested measures into practice. Future investigations and treatments targeted at improving pain management procedures in comparable hospital environments can build on the findings of this study.

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Saint Paul's Hospital Millennium Medical College

Department of Medical Surgical Nursing

Annex 1

Data abstraction tool

1. Patient information

Card No _____ Ward _____

Age (years) _____

Sex: Female Male

2. Clinical information

Diagnosis _____

Procedure _____

Type of Surgery: Orthopedic

GI surgery

Cardio-thoracic

Urologic

Gynecologic

Neurologic

Endocrine

Maxillofacial

Other Co-morbidities _____

Presence of post operative

infection Yes No

3. Intraoperative analgesia

Yes No

If yes specify the name of the administered drug

1. Postoperative pain management drug related information

Name of Drug	
Route of Administration	Oral <input type="checkbox"/> Intravenous <input type="checkbox"/> Intramuscular <input type="checkbox"/> Other _____
Duration of Administration	

Was any pain rating documented?

Yes No

5. Prescriber related information

Prescriber Profile	General Practitioner <input type="checkbox"/> Surgeon <input type="checkbox"/> Anaesthesiologist <input type="checkbox"/> Other _____
--------------------	--

Annex2Patientinterviewguide

የታካሚ መጠይቅ

1. ጋብቻ ሆኑ:

ያገባ/ች ያላገባ/ች የፈታ/ች በሌላ ጉዳይ ላይ ጥያቄ/ች

2. የትምህርት ደረጃ:

ያልተማረ/ች የመጀመሪያ ደረጃ (1-8) ሁለተኛ ደረጃ (9-12)

ከሌጅ ዲፕሎማ (ዲፕሎማ ዲግሪና ከዛ በላይ)

3. የስራ ሁኔታ:

ስራ የሌለው/ላት ተቀጣሪ የግል

4. የቀዳሚ ክስ የከተለ ደረጃዎች ምን ያህል ጊዜ ሆነዎት? _____

4. ለረጅም ጊዜ የቆየ ሕመም አሎት?

ካለይ ጥቀሱ _____ የለም

6. አሁን የሚሰማዎት ህመም አለ? አዎ

የለም

7. ለስድስተኛው ጥያቄ መልሶ አዎ ከሆነ የህመሙ ደረጃ

መጠን ስኛ ከፍተኛ እጅግ ከፍተኛ

8. ህመሙ የሚሰማዎት የትቦታ ነው? የቀዳሚ ገና የተደረገበት ቦታ ነው?

አዎ ሌላ ቦታ _____

9. ለሕመም ማስታገሻ መድከኒት ጠይቀው ነበር? አዎ

አልጠየኩም

10. ለሕመም ማስታገሻ መድከኒት ተሰጥቶዎታል? አዎ

አልተሰጠኝም

11. ለ10ኛው ጥያቄ መልሱ አዎ ከሆነ መድከኒቱን ጠየቁ ምን ያህል ጊዜ ውስጥ

ተሰጥዎት?

ከ1 ሰዓት በነሰረኬ በ1 ሰዓት ውስጥ ከ1 ሰዓት ቆይታ በኋላ

Saint Paul's Hospital Millennium Medical College

Department of Medical Surgical Nursing

Semi structured interview guide

1. Marital status: Married single Divorced widowed
2. Educational level:
 Illiterate Primary school (1-8) Secondary school (9-12)
College diploma (Diploma, degree and above)
3. Employment status:
Employed Unemployed Private
4. How many days did you stay in the hospital after surgery? _____
5. Did you have any prior chronic Pain?
Yes No
6. Are you feeling any pain now?
Yes No
7. If the answer to question no 6 is yes the intensity of pain
Mild Moderate Severe
8. Where do you feel the pain? Is it on the surgical site?
Yes other place _____
9. Did you ask any pain medication for your pain? Yes No
10. Did you receive any medication for your pain? Yes No
11. If yes to question No 10, after how long from your requisition did you receive the medication?
Less than 1 hour within 1 hour More than 1 hour

Annex3: Verbal consent form before conducting interview

Greeting

Hello, my name is _____ and I'm a data collector for the study entitled "assessment of post operative management at St. Paul hospital". It is a study aimed to assess the level of pain you are experiencing after having surgery in this hospital. I will ask you few questions that will only take 2-5 minutes of your time regarding this matter.

Being a part of this study will not affect in any way the service you are getting in this hospital. You are selected randomly to participate in the study just because you undergo a surgery in this hospital no other special criteria. You are free to withdraw from the study and you can stop answering to any questions that are forwarded to you at any time you want. In the study any answer you gave was confidential and in addition your name, address or any information that identifies you will not be used.

Do you agree to participate in the study?

