

Factors that influence assessment of pain in children by Nurses, Teachers and Primary school children



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INTRODUCTION

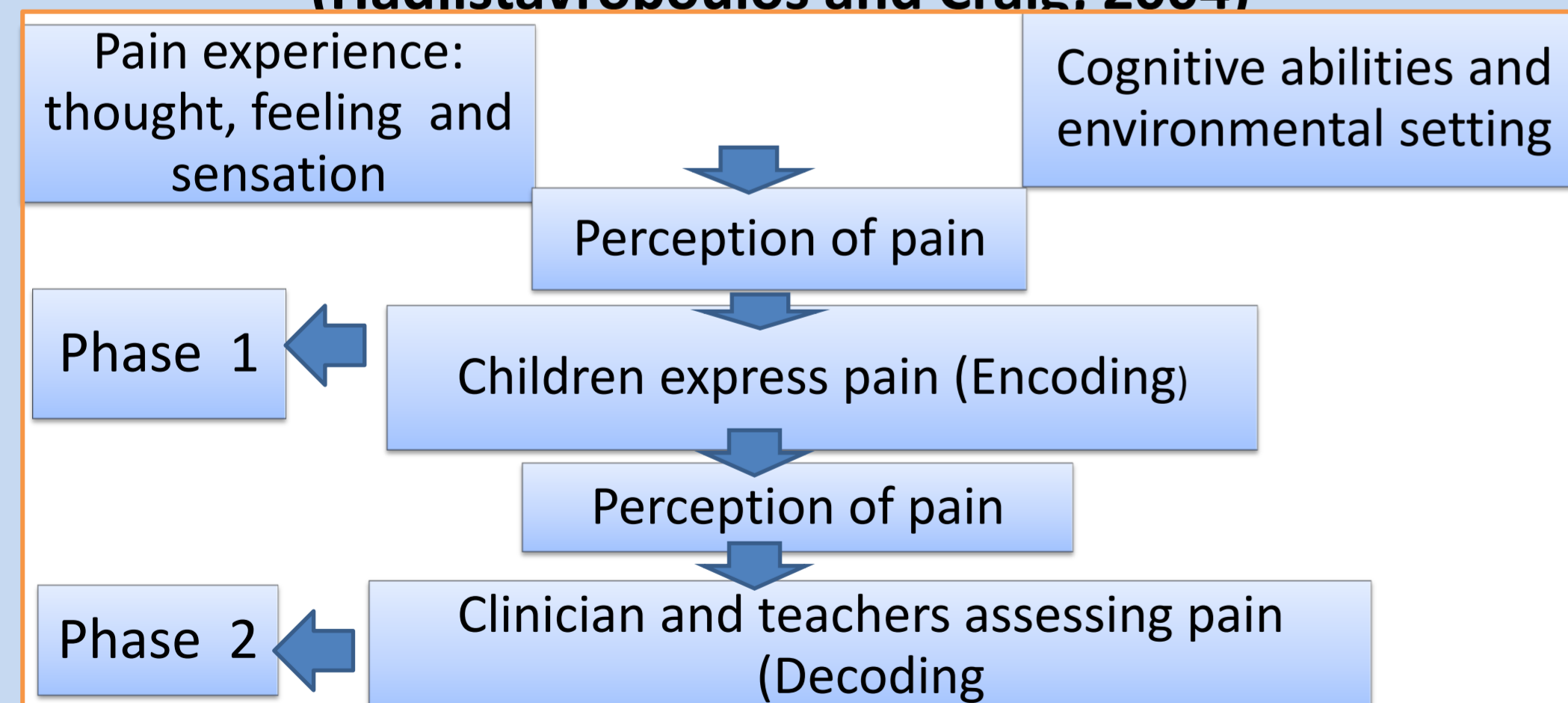
There has been an increase in the number of children living in the UK who do not speak English as their first language; it has been acknowledged that the measurement and management of pain by health professionals relies predominantly on their experience with English-speaking children (RCN, 2009). Description of pain may be problematic especially among children with English as an additional language, due to lack of language competence (Hodgkiss, 2000).

AIMS AND OBJECTIVES

Aim: To examine the factors that influence assessment of pain in children by nurses, teachers and primary school children.

Objective: To identify how primary school age children with English as a first or additional language communicate pain [Phase 1].

Socio-communication model of pain (Hadjistavropoulos and Craig, 2004)



The sociocommunication model of pain (Hadjistavropoulos and Craig, 2004) emerged from the literature review as a useful framework to explore the objectives for this study. Phase 1 of the study examined how monolingual and English as an additional language (EAL) children express and discuss (encode) pain and phase 2 will examine how nurses and teachers recognise and assess (decode) pain in monolingual and EAL children of primary school age.

PHASE 1 METHODS

- Use of drawings from Paediatric Pain Inventory (PPI) (Lollar et al., 1982) in focus groups to trigger discussion and capture the language used by children to describe pain and conversations of children whilst talking about pain.

- A brief questionnaire of demographic data items, which were filled in by the parents regarding the language spoken at home, length of time at the school, and length of residence in the UK.

- After the focus group each child was assessed using an established vocabulary test in comprehension- the **British Picture Vocabulary Score BPVS II** (Dunn et al., 1997).

RESULTS

Preliminary results show that there is a significant relationship between the BPVS language age and the language spoken by the children (Fig 1) and between BPVS language age and length of stay in the UK (Fig 2). PPI responses are shown in Table 1.

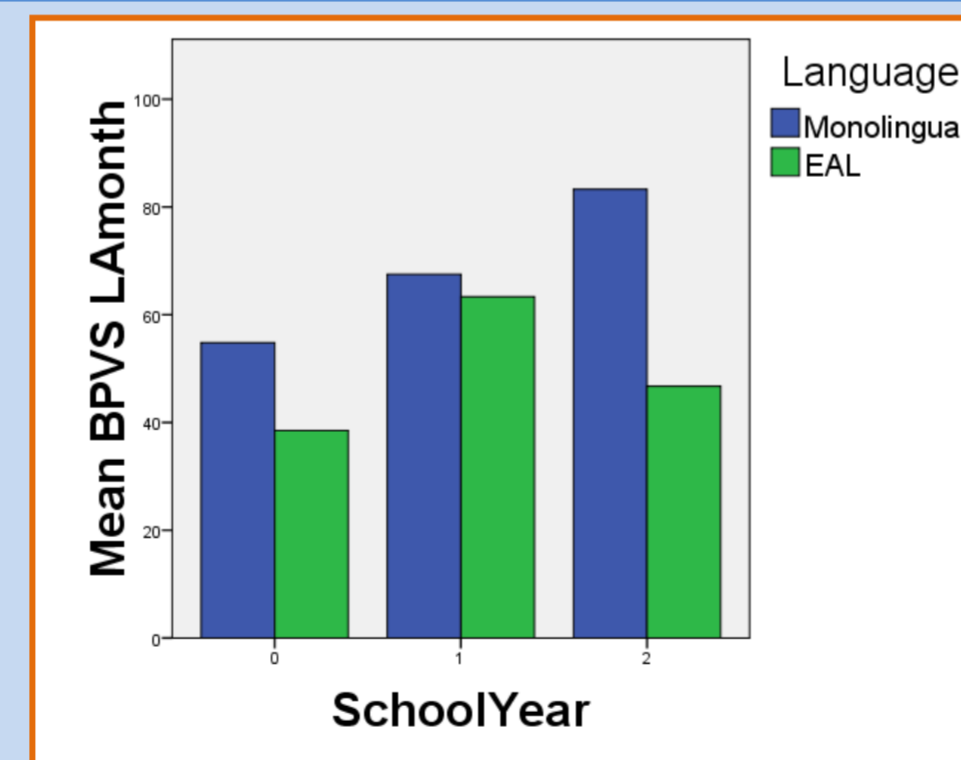


Figure 1 /Relation between BPVS, school year and language spoken by children either English (Monolingual) or non English (EAL).

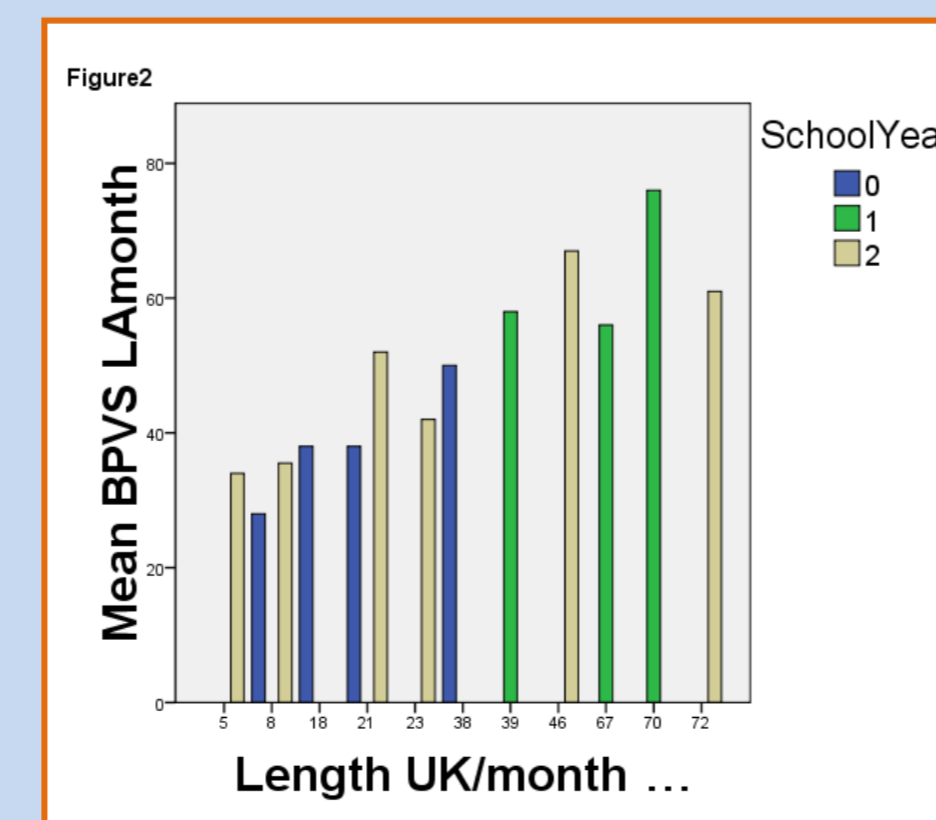


Figure 2 /Relation between BPVS language score in relation to length of time staying in the UK and school year

Table 1. Responses of children to the Paediatric pain inventory pictures, red means a lot of pain, yellow for some pain and green for a little pain

Year	FY		Yr 1		Yr 2	
	EAL	English	EAL	English	EAL	English
Recreation (REC)						
being hit by a baseball while batting	GREEN	YELLOW	GREEN	GREEN	YELLOW	RED
falling off a skateboard	RED	YELLOW	RED	YELLOW	RED	RED
having a crash with a bicycle	RED	GREEN	GREEN	RED	RED	YELLOW
dropping a bowling ball on foot	RED	RED	YELLOW	RED	RED	RED
run over by another football player	RED		GREEN	GREEN	RED	YELLOW
falling out of a tree	RED	RED	YELLOW	GREEN	RED	RED
Activities of Daily Living (ADL):						
closing a finger in a door	YELLOW	GREEN	RED	RED	YELLOW	RED
getting an electric shock						
getting stung by bees	RED	RED	YELLOW	YELLOW	YELLOW	RED
cutting hand while peeling fruit	RED	RED	RED	GREEN	RED	RED
pulling off a band aid					GREEN	YELLOW
burning hand on the stove	RED	RED	YELLOW	YELLOW	RED	RED
Psychosocial (PS):						
being scolded by a policeman					YELLOW	RED
laughed at by schoolmates for misspelling a word			GREEN	RED	RED	YELLOW
striking out in a baseball game					RED	RED
reprimanded by a teacher					YELLOW	YELLOW
fighting with another child	GREEN	RED	RED	RED	YELLOW	GREEN
being excluded from a game.					YELLOW	GREEN

CONCLUSIONS

The findings from Phase 1 indicate that the way in which children perceive pain may be influenced by their linguistic background. Analysis of focus group data will examine how the decisions about rating of PPI were reached in the different groups.

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