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Encountering a surgical patient as part of non-pharmacological post- operative pain care

DEGREE PROGRAMME IN NURSING
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ABSTRACT

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The recovery of a patient after surgery is a crucial health process of a patient's healthcare and directly impacts their welfare and system. Hence, the practice of immediate care after the postoperative period in a planned hospital healthcare is vital. This thesis addresses the understanding of encountering post-operative pain as a nurse and the nursing practices required in responding to a patient's pain within a Finnish cultural context.

This thesis was implemented as a functional project which had a purpose in producing an educational video for nurses on how to best encounter patients with a non-pharmacological approach for treating post-operative pain, to support nurses in the Satakunta Hospital District. The aim of the project was to provide nursing educational material in Finnish to Satasairaala. The product supports the continuous educational development for nurses. The project was written using the Hybrid methodology, which consisted of a mixture of Waterfall and Agile methods.

The theoretical part of the project-based thesis entails the various detailed techniques of non-pharmacological treatments and its effects on the body. The final product is an educational video. The educational video is to be presented in Finnish with subtitles in English which will provide nurses with the various non-pharmacological methods to use on patients while encountering them in an effective manner.

Keywords: encountering, post-operative pain, non-pharmacological treatment, communication, VAS scale.

1 INTRODUCTION

Pain is a crucial protection that emanates from specific regions of the human body, protecting it against potential harm. Pain can be a subjective, complex, and unpleasant sensation according to the fundamental personal experience of an individual. (Wideman et al., 2019.) Based on research, 80% of patients experience some form of pain, while 70% have referred to their pain as varying between moderate and severe in the post-operative period (Park et al., 2020).

Post-operative pain is typically a brief self-limiting aftereffect of a surgical procedure. It is a flexible response and enables recovery by limiting actions and behaviours likely leading to the fostering of additional soft tissue injury. The primary purpose of the post-operative treatment is to provide pain relief when resting and mobilizing whilst potentially reducing opioid intake, if possible, due to its side effects (Meissner et al., 2017).

In the post-operative period, the pain felt by the patient was found to be related to an increase in metabolism and heart rate, while at the same time, complications such as pneumonia, vomiting or nausea, and electrolyte imbalance (Dayoub & Jena, 2015; Midilli & Eser, 2015). Post-operative pain may occur due to restricted positioning during the intraoperative phase of surgery. Currently, analgesic drugs are administered to reduce pain intensity before starting non-pharmacological measures such as physiotherapy and modified positioning of the patient. (Büyükyılmaz & Aşt, 2010.)

Pain assessment and treatment is a nurse's crucial role in caring for a patient. Non-pharmacological measures are often overlooked, but when used appropriately through measures such as patient positioning, thermal measure, massage therapy and patient education, can be highly beneficial, resulting in lesser demand for pharmacological treatment and a significant decrease in the

use of opioids. (Büyükyılmaz & Aşt, 2010.) Due to one-on-one contact between a patient and a nurse, a non-pharmacological approach must be understood in appropriately treating patients in providing high-quality care (Rababa et al., 2021).

One of the fundamental components of the integrated delivery of nursing care is effective and professional communication. Patients' outcomes and behaviours have been demonstrated to be impacted by communication between them and their healthcare providers. Having effective communication ensures that the user of medical services is in a better psychological position and that efforts to treat disease, regulate pain, recall disease history, and improve patient satisfaction are successful. (Molina-Mula et al., 2020).

There have been limited studies on post-operative non-pharmacological pain care. Patients depend on nurses in terms of availing of the best pain care to use. Thus, the project research will provide access to the different methods nurses can use to promote and optimize awareness within the healthcare system.

STEPPI 2 is a current project associated with the acute hospital Satasairaala in Pori, Satakunta, Finland. Satasairaala's current focus is ensuring the improvement of the quality of primary care and the patient-nurse relationship effectively and ethically based on evidence-based research. The project aims to expand activities to the primary healthcare centres in the region while closely working with educational institutions such as Satakunta University of Applied Sciences in the region. (Satasairaala, n.d.)

It allows healthcare professionals to further develop their skills and competencies to provide high-quality care. STEPPI 2 enables a deep focus on situation awareness, decision-making, communication, and treatment provided to patients. Essentially, the term encountering is the central theme of STEPPI 2 to provide quality care and educational support to healthcare staff. (Satasairaala, n.d.)

The purpose of this project is to create a video showcasing the different ways nurses can use non-pharmacological pain care to relieve pain in patients and to illustrate further and understand the approaches used. The objective of this project thesis is to provide nurses, with adequate information regarding encountering a surgical patient as part of non-pharmacological post-operative pain care and approaches to use when treating patients, and to give excellent post-operative pain treatment.

2 THEORETICAL BACKGROUND

Key concepts are timeless and applicable throughout research– the foundation of knowledge for learning and can be applied throughout many problems (Sheppard, 2020).

2.1 Definition of pain

According to the International Association for the Study of Pain (IASP), pain is defined as “an unpleasant sensory and emotional experience associated with, actual or potential tissue damage” or described in terms of such damage. The IASP definition recognizes that pain is not solely a physical sensation but also involves emotional and psychological components. It emphasizes that pain is subjective and can vary between individuals, even in similar circumstances. This definition highlights the complex nature of pain, encompassing both the physical and emotional aspects of the experience. (Raja et al., 2020.)

2.2 Encountering

Encountering refers to the exceptional interaction between individuals, in this case, the patient-nurse relationship. It creates an opportunity for an open dialogue which is equal and respected. (Koskinen, 2016.)

In numerous articles, the terms "meeting" and "encounter" are used interchangeably. The encounter is described as taking place interpersonally, or between people. In some articles, the word relationship is used to describe the interaction. In these situations, a relationship is defined as a meeting of two people, or individuals, when the meeting takes place on an equal footing and the participants are "players in the same field." The words "fellowship," "friendship," and "close relationship" are connected to the word encounter, thus, the link between encounter and relationship suggests a deeper meaning for the term "encounter." (Holopainen et al., 2019)

The patient should be approached ethically regarding their right to self-determination, respect and dignity. The nurse must respect the patient's values and beliefs daily. Additionally, an ethical patient encounter is comforting and friendly and asks for the viewpoint or opinion of the patient. It enables a sense of calmness, sympathizing and compassion to be part of the encounter. (Haho, 2013.)

2.2.1 Nurse-patient rapport

Rapport encompasses the capacity to establish and maintain a connection with another person. It involves promptly and accurately acknowledging and understanding their words and actions while interpreting them in a manner that acknowledges and respects their intentions, worries, and desires. (Price, 2017)

A good nurse-patient rapport is defined as a "harmonious relationship" which refers to the collaboration between the patient and nurse. An effectual rapport aids in promoting the patient's compliance with that of their treatment plan, results and overall satisfaction. This form of rapport results usually in a reduction in the number of days a patient is in hospital while improving their quality of care. (Butt, 2021)

2.2.2 Effective Communication

Effective communication is a fundamental component of quality healthcare, as it allows for the establishment of a therapeutic relationship between healthcare professionals and patients. Specifically, in the context of pain management, communication plays a crucial role in encouraging patients to voice their pain experiences and concerns, and in facilitating the implementation of appropriate measures to manage pain based on patient feedback. (Tetteh et al., 2021.)

Nurses play a critical role in this process, as they must actively listen, answer questions, and provide explanations for all care procedures to ensure patients feel heard and supported. Therefore, the importance of effective communication cannot be overstated, as it is essential to promoting positive patient outcomes and improving the overall quality of healthcare deliver. (Tetteh et al., 2021.)

2.2.3 Active listening

Active listening is a specialized form of communication that represents the highest and most effective level of listening. It entails devoting complete attention to the speaker's words, displaying genuine interest, and refraining from interrupting. Active listening encompasses the ability to understand the content, intentions, and emotions conveyed by the speaker. The active listener demonstrates their engagement through verbal means, such as posing questions, as well as non-verbal cues that signify the importance of the speaker's message. Typically, active listening does not occur in hurried exchanges between individuals. This skill incorporates various elements, including appropriate body movements and posture to indicate involvement, facial expressions, maintaining eye contact, expressing interest in the speaker's words, offering minimal verbal encouragement, attentive silence, reflecting the speaker's emotions and content, and summarizing their words and intentions in an intellectual manner. (Jahromi et al., 2016) Tetteh et al., 2021.)

2.2.4 Empathetic Nursing

Empathy refers to the capability of comprehending and sympathizing with the emotions of others. It is a crucial principle, as it enables the establishment of a therapeutic relationship between the healthcare provider and patient by using psychodynamic, behavioural, and person-centered techniques. This creates the foundation for effecting positive therapeutic transformation. (Deligianni et al., 2016; Moudatsou et al., 2020.)

It is essential for healthcare providers to be able to recognize and understand their patients' worries, experiences, and perspectives to strengthen the development and improvement of the therapeutic relationship between them. It is widely agreed that healthcare professionals' empathetic abilities are associated with achieving better therapeutic results. (Moudatsou et al., 2020.)

2.2.5 Open-ended questions

Open-ended questions are used to encourage the patient to elaborate rather than answering with one or two words. It is particularly useful in enabling the patient to express their feelings and allows for the development of a therapeutic relationship. Quick rapport can be developed through open-ended questions as it can give guidance and maintain a discussion which revolves around healthcare issues, in this case - pain management. However, it also gives the client the space to share their concerns in their own words. (Wanko Keutchafo et al., 2020.)

2.2.6 Tone of voice

The tone of voice used by nurses have been identified as three 'voices' which are categorized by medical, nursing, and pedagogical upon communicating with patients and their relatives. These voice ranges enable nurses to obtain a "process-oriented and holistic view" upon communication with the patient. Furthermore, they are varied in terms of their tone, mannerism, and verbal

strategies. Some nurses use a nurturing and comforting voice which displays empathy and warmth towards the patient. This approach establishes trust, fosters a sense of security and creates a supportive environment for patients. (Johnsson et al., 2018.)

In contrast, nurses who adopt a more authoritative and directive voice, often seen when providing instructions or discussing medical treatments. This voice conveys a sense of professionalism and expertise, ensuring clear and concise communication for effective care delivery. On the other hand, collaborative and empowering voice which actively involves patients in the decision-making process and care planning aimed to promote patient autonomy and encourage their engagement. Understanding and utilizing appropriate voices and communication styles can contribute to positive patient experiences, effective care delivery, and improved patient outcomes. (Johnsson et al., 2018.)

2.2.7 Non-verbal communication

Nonverbal communication, which includes various forms of communicative behaviours that do not involve words, is an important aspect of communication in addition to verbal communication. Nonverbal messages can complement or contradict verbal messages and are often more reliable in cases where there is a mismatch between the two. It is therefore crucial to ensure that nonverbal and verbal messages are consistent. Studies have shown that patients, particularly when they are anxious and uncertain, pay close attention to the nonverbal behaviours of nurses. (Wanko Keutchafo et al., 2020.)

2.2.8 Eye contact

Eye contact is a form of nonverbal communication and is used as an essential tool to build rapport with patients. This form of nonverbal behavior is mainly perceived as a sign of “respect and care, and attention” from the healthcare

provider. Furthermore, it shows how the provider is willing to be engaged and eager in the conversation between them and the patient. (Wanko Keutchafo et al., 2020b)

In the realm of healthcare, maintaining eye contact is widely regarded as a gesture conveying respect, concern, and attentiveness by healthcare providers. Nonetheless, when combined with active and attentive listening, eye contact enhances the nature of the interaction, fostering a patient-centered approach to communication. (Khan et al., 2014)

2.3 Post-operative pain

Pain is an unpleasant sensory and emotional experience associated with or resembling that associated with actual or potential tissue damage. The IASP definition considers both the physical and emotional side of pain. It also emphasizes the subjective nature of pain. Pain can occur without a detectable biological stimulus. (Raja et al., 2020.)

Patients who experience post-operative pain may experience tachycardia, high blood pressure, and negative feelings such as anxiety, despair, sleeplessness, and unpleasantness. Pain can also produce cardiovascular, neuroendocrine, gastrointestinal, and other systems anomalies. It also sets off mental symptoms like worry and sleeplessness, which can worsen the disease's progression and impact the healing following surgery. It is crucial to figure out how to reduce discomfort, negative feelings, and psychological strain and enhance sleep quality to help post-operative patients heal successfully. (Zhang et al., 2021.)

2.4 Visual Analogue Scale

Visual Analogue Scale (VAS) has been utilized since the 1920s in the measure of intangible aspects like pain, quality of life, and anxiety (Heller et al., 2016a) Tools for measurement of pain such as the VAS scale assists healthcare

professionals in the determination of the variables involved in that of the patient's experience of pain. This scale is most used in communicating the intensity and severity of the patient's pain. (Breivik et al., 2008)

This scale typically consists of a line at the length of 100 mm, with descriptive anchors such as "no pain" and "worst pain possible" (as shown in Figure 1) in the context of pain. When the patient indicates their perception by marking or verbally stating what they feel from the line – the distance from the endpoint on the left is measured in millimetres. (Heller et al., 2016b) A pain wedge of 50 cm in length is utilised, with the VAS indicated by a cross (as shown in Figure 2) or "red triangle to make the scale easier to see" as stated in Finnish evidence-based research (Kontinen & Hamunen, 2015).

When post-operative pain is measured, both the rest and motion pain need to be measured to determine the effect of the procedure. When looking at pain relief, it is not often realistic to obtain complete pain relief for rather to alleviate the intensity of the pain the patient is experiencing. (Kontinen & Hamunen, 2015)

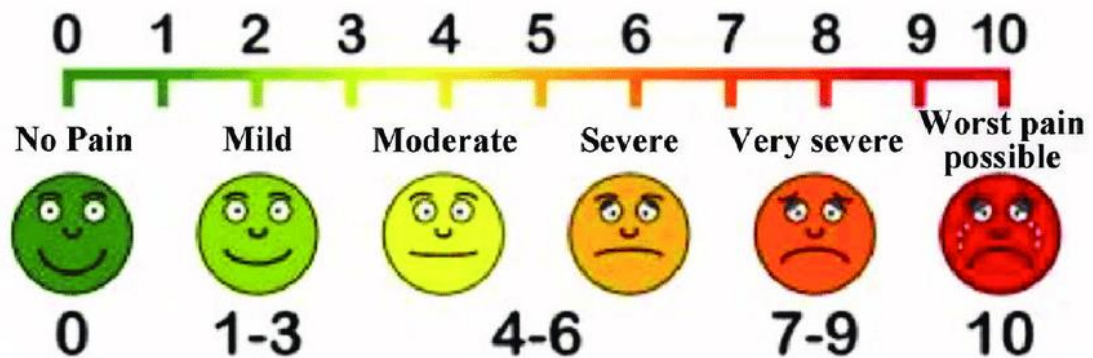


Figure 1: Visual Analogue Scale adopted from Wong-Baker FACES Foundation

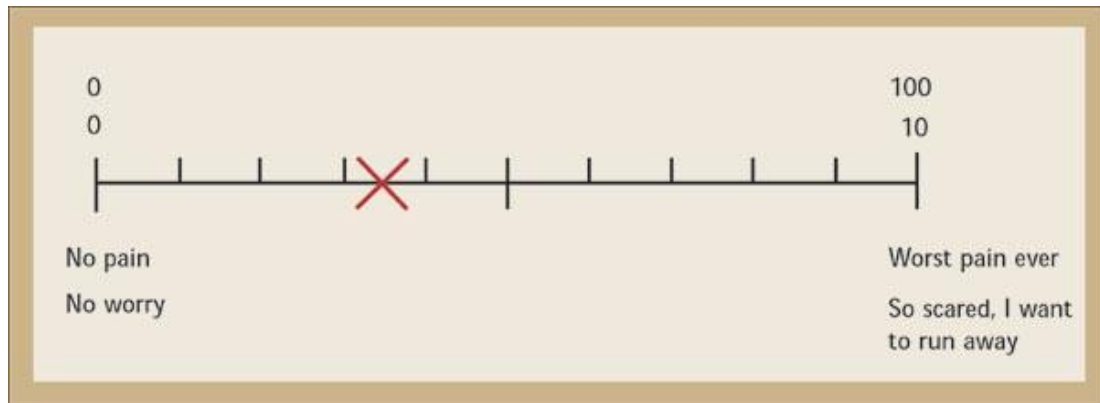


Figure 2: Visual Analogue Scale adopted from (Chapman & Kirby-Turner, 2002)

2.5 Non-pharmacological Care

The benefit of non-pharmacological treatment has proved to have several benefits. Among others, they are known because they do not lengthen treatment times, raise medical expenditures, or raise the possibility of adverse side effects. Drug tolerance or reliance would not develop because of non-pharmacologic therapies. (Zhang et al., 2021.)

Non-pharmacological therapies are, therefore, often used under therapeutic necessity. It has been demonstrated that non-pharmacological therapies can successfully manage pain-related negative emotions such as anxiety and despair and improve sleep quality. Currently, non-pharmacological therapies are frequently employed with favourable results in patients with anxiety, depression, pain, and sleep disturbances. (Zhang et al., 2021.)

2.5.1 Local Cryotherapy

Cryotherapy refers to the use of cold temperatures as a form of therapy to treat various conditions. It is commonly used to relieve chronic pain in specific areas either through direct application or more widespread treatment. Local cryotherapy involves using ice packs or specially designed cold packs, which can range from complex devices to simple solutions such as massages or

frozen vegetable bags. The application of cryotherapy maintains a swelling-reducing effect. This is achieved through a dual mechanism; firstly, by reducing the permeability of blood vessels, and secondly, by decreasing the flow of blood from arteries as well as within the soft tissues of the affected area. (Garcia et al., 2021.)

2.5.2 Light intensity

The dimming or brightening of light whether artificial or natural can be simple yet effective in the treatment of post-operative pain, stress, and analgesic medication use. Patients who are exposed to daylight experience lower pain intensity levels in that compared to patients who are not exposed. Natural daylight exposure also influences the body's circadian rhythm and production of endorphins, which are natural pain-relieving substances. Additionally, sunlight exposure improved mood and overall well-being which contributes to the positive non-pharmacological pain management experience. (Jafarifiroozabadi et al., 2023)

2.5.3 Progressive muscle relaxation

Progressive muscle relaxation (PMR) is a method that requires active engagement of participants in the deliberate contraction and subsequent gradual release of muscles, aiming to attain complete relaxation. This approach employs the principles of neuronal processing known as "top-down" and "bottom-up" mechanisms to achieve its desired outcomes. The utilization of "top-down" processing involves the engagement of higher regions within the nervous system, such as the "cerebral cortex and the cerebellum", which govern the voluntary contraction and gradual release of muscles. Conversely, the "bottom-up" processing involves the generation of proprioceptive stimulation through the act of "holding and releasing bodily tension", originating from peripheral muscles and traveling upwards to the brain via the spinal cord and brainstem. By activating both stimulatory pathways, "PMR

provides participants with expeditious and immediate relief”.(Toussaint et al., 2021.)

2.5.4 Guided Imagery

Guided imagery is an intervention technique employed to alleviate stress and anxiety by replacing distressing memories with constructive mental imagery. It entails the provision of explicit instructions aimed at eliciting sensory experiences and eliciting corresponding behavioural and physiological responses. Central to this approach is the emphasis on active sensory and contextual involvement. By incorporating instructional guidance and encouraging participants to immerse themselves in the generated images, a heightened level of perceptual detail is attained, leading to the formation of more lifelike mental representations during the relaxation exercise. (Toussaint et al., 2021)

2.5.5 Music therapy

Listening to enjoyable music has been proven to alter brain activity. Functional magnetic resonance imaging has shown that listening to music during painful stimulation as opposed to no music, causes differences in activity in several areas of the brain, brainstem, and spinal cord, including limbic system regions and regions known to be involved in the descending pain-modulatory system and dopamine release. (Lunde et al., 2019.)

In addition to pharmacological painkillers, music therapy appears to be a helpful technique for reducing postoperative pain. It is suggested that music therapy be incorporated into everyday practice, and that the best time for delivery be determined so that disturbances to patients while they are getting such therapy can be minimized. (Sin & Chow, 2015.)

2.5.6 Repositioning

Repositioning which is also known as 'position change' refers to the act of changing the patient's body position or posture. The results of a trial indicated that position changes were effective in reducing both pain and vascular complications in patients in this research who were undergoing transfemoral coronary angiography. This technique plays a significant role in post-procedural pain management and can contribute to improving pain management outcomes. (Niknam Sarabi et al., 2021.)

Patient positioning has also factored such as affecting the blood oxygen saturation level which in turn reduces the heart rate while increasing lung volume. Therapeutic patient position is an excellent non-invasive intervention for patients who may find it difficult to breathe when anxious after post-operative surgery. (Alan & Khorshid, 2021.)

2.6 Educational Video

Videos are extensively utilized to aid and enhance individual's understanding in different settings, including classrooms, laboratories, and distance education. Educators recognize the advantage of incorporating both auditory and visual elements alongside conventional lectures. The integration of video streaming in education serves as a potent tool, facilitating the acquisition of clinical competencies and bridging the divide between theoretical knowledge and practical application. (Natarajan et al., 2022.) Videos help to study more efficiently, reduce anxiety, do better on examinations, and help remember what has been learned (Arslan et al., 2018).

It is uncommon to come across long duration educational videos but if there is a specific educational reason for watching them, participants find them relevant. Additionally, the video should be integrated into a broader learning framework to be considered valuable. (Østereng, 2022.)

2.7 Theoretical description of the method used in the project.

This project thesis, called “Encountering a surgical patient as part of non-pharmacological post-operative pain care”, is part of a STEPPI 2 -project, which pays special attention to patients’ physical and psychosocial needs (Satasairaala,n.d.). The project undertakes an evidence-based confirmation of consistent non-pharmacological techniques provided in relation to pain after surgery.

2.8 Previous research and projects related to the topic.

Pain is a response to potential tissue damage and gives an alert to the body to defend itself. Pain can negatively impact the healing process by causing respiratory, excretion, circulatory, and other systemic complications. (Yaban, 2019.)

Some non-pharmacological methods used to relieve post-operative pain are menthol application, pressure, and massage, which favour muscle relaxation, improves circulation, lower blood pressure and enables a more robust immune response, in addition to the hot-cold application, which effectively releases any pain caused by muscle spasms, decreases oedema by vasoconstriction and suppressing inflammatory reactions. (Yaban, 2019.)

Studies show the support of non-pharmacological approaches between the nursing population and said natural therapies were effective. Nurses generally hold the opinion that drugs are often abused, even if they thought they are generally safer than harmful. Findings point towards the need for education in the subject. (Brewer et al., 2019.)

Often, the condition and situation of the patient is complex and challenging when they are there for their treatment. They feel insecure, anxious and even frightened about their predicament. In this scenario, the patient is often overwhelmed and unable to act productively, but still expects compassion and a professional contact from the nurse. A good contact and encounter require

the right attitude and competence from the nurse. (Ollila et al., 2018.) Interaction in patient contact scenarios generates experiences. Experiences might be pleasant or terrible. These experiences are carried over to future treatment scenarios and the expectations that come with them. They may either make circumstances more difficult or promote them. (Helminen & Sukula-Ruusunen, 2017.)

Given the nature of the patient-nurse interaction, it is important to acknowledge the vulnerability of both patients and nurses. A collaborative understanding of the challenging nature of caring relationships, support, and a growth of professional skills are required considering the reciprocal vulnerability in the patient-nurse relationship. The patient is more likely to participate in helpful and/or detrimental interactions with the nurse's assistance. Dependency thus increases the sensitivity to health problems. At the same time, the nurse is exposed by her involvement in providing patient care. The nurse's status as "a good nurse" is in jeopardy if inadequate care is given. As a result, the root of vulnerability appears to rest in the fact that both the patient and the nurse are working toward becoming the people they both hope to become and the people they yet haven't become. (Angel & Vatne, 2017.)

For a nurse-patient relationship to be successful, trust is a relational phenomenon that is essential. It was believed that the growth of a trusting connection between a nurse and a patient is a dynamic, ongoing process that goes through several stages, from initial trust to a particular reconstructed trust, during which trust may be broken and then rebuilt. Building a trustworthy connection requires effective communication, awareness of patients' needs, empathy, a respectful, sensitive, and caring attitude, as well as being reliable. This trustworthiness is correlated with nurses' personal character attributes, such as kindness, charity, and compassion, honesty, dependability, and goodwill. (Dinç & Gastmans, 2013.)

In Turkey, where nurses received training in pain care, hot-cold applications, exercise, positioning, resting, and distraction were used in most the cases by 50% or more of the interviewed population (Gumus et al., 2020). Whereas, in

Finland, methods such as emotional support and daily activities were the most used compared to cognitive-behavioural and physical methods. Research shows that effective pain care was affected by educational background, age, work experience and nurses' own experiences. (Kidanemariam et al., 2020.)

The effects of music on pain intensity, blood pressure, heart and respiratory rate, analgesia, adverse effects, and length of hospital stay was studied after post-operative surgery. When patients listened to music on their first post-operative day, systolic blood pressure and respiratory rate were lower in comparison to the control group. On the second day, the intensity and distress of pain while deeply breathing and shifting position were lower as well. Upon seeing the long-term effects of music on the third post-operative day, only the respiratory rate was lower. (Vaajoki, 2012.)

3 PURPOSE AND OBJECTIVE OF THE PROJECT

The purpose of this project thesis is to create a video showcasing the different ways nurses can use non-pharmacological pain care to relieve pain in patients which will illustrate further and understand the approaches used.

The objective of this project thesis is to provide nurses, with adequate information regarding encountering a surgical patient as part of non-pharmacological post-operative pain care and approaches to use when treating patients, and to give excellent post-operative pain treatment.

The project tasks of this thesis are:

1. Searching previous literature to find evidence-based information for a video to publish onto the website hoito-ohjeet.fi.
2. Preparing a script (Appendix 3) for the video and actors to act out the script, recording the video, editing, translation from English to Finnish, proofreading.

4 IMPLEMENTATION OF THE PROJECT

4.1 Description of the target group

Nurses have a significant role in the assessment of the post-operative pain of a patient. Communication must occur effectively with the patient to ensure that appropriate care is provided. Nurses have found it quite challenging to identify the measures and evaluation as they are more likely to be influenced by the behaviour of patients rather than self-report the pain. (Coll & Jones, 2020.)

This project enabled the creation of a detailed video for nurses to follow through and identify the necessary non-pharmacological treatments for patients. It was targeted at nurses for the understanding of appropriate non-pharmacological care to patients in the post-operative stage to prevent overreliance on pharmacologic treatment of post-operative pain. The nurses who encountered surgical patients and their post-operative pain were the target group of this project.

It was vital that both authors made this thesis project valuable in the information given through its products to the target audience. Therefore, upon the completion of the thesis, nurses will have a deeper knowledge and awareness on how to encounter a patient and the non-pharmacological methods.

4.2 The Project Methodology

Methods involved in a project plan include the Traditional (also called the Waterfall method), Adaptive (Agile) or the Hybrid method (Salameh, 2014; Špundak, 2014). The chosen method for this project thesis was the hybrid management method, considering its flexibility to allow changes and improvements during the different stages of the thesis and the inclusion of feedback received from the involved partners of the project, STEPPI 2 and the

thesis supervisor. It also eliminated any potential mistakes, enabling the production of a high-quality product.

The hybrid project management method combines agile and traditional methods as an approach for “explorative and exploitive capabilities”. It allows different methods to be applied to the project and customises it accordingly as issues arise. A traditional project plan is created as done in the Waterfall method, and sections are broken down into phases enabling an overall vision of the project. However, the execution occurred using the Agile method enabling the writer to go back to the plan and correct certain parts. (Baird & Riggins, 2012; Reiff & Schlegel, 2022.)

Both authors agreed that this method would be the most reasonable and effective for this project due to its flexibility such as adapting changes while receiving feedback from the supervisor and contact person of the project. Furthermore, the flexibility helped to prevent or eliminate repetition of mistakes while maintain the objective to achieve the result.

4.3 Stages of the project and timetable.

In project management, a five-phase model is followed to allow for the accomplishment of a successful project. The first stage is called initiating, where the main goal is to have the project approved, leading to the next step, the planning stage, where a schedule is prepared, and scope management and schedule management plan are set into place.

The third stage is the executing stage, where the project’s deliverables are achieved and performed. At the same time, the monitoring will supervise any progress and modify the plan. Lastly, the closing stage, where the project is accepted and finalized. The contract or agreement associated with the said project will be closed. (Note, 2015.)

This project thesis was structured according to the Hybrid Model. Each step executed according to the planned schedule; necessary corrections were made along the way. The stages of the project were made per the lessons provided by the university for guiding students. As outlined in Table 1, each step was executed as timed. Certain project parts were revisited for corrections to achieve the desired result for a successful project thesis.

Upon identifying the resources, as discussed earlier, it is vital to have a cost estimation of the resources and the potential costs associated with executing the project – fixed to variable costs. Most of the time, the cost estimation can determine whether the project can go ahead, or any aspects of the planning need to change. (Note, 2015.)

Table 1. Timetable of the project thesis

Research Activity	Time in Months										
	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	
Initiating Stage											
Choosing Topic of Project	←→										
Thesis Partner Meeting	←→	→									
Decision on the Final Product(s)	←→	→									
Deciding Time Schedule	←→	→									
Planning Stage											
Project-Thesis Planning	←→	→									
Project Plan Corrections	←→	→									
Project Plan Acceptance	←→	→									
Agreement Signed with SAMK	←→	→									
Agreement Signed with Sataaairala	←→	→									
Executing Stage											
Theoretical Research	←→	→									
Writing the Theoretical Background	←→	→									
Getting Volunteered Actors								←→	→		
Obtaining the Necessary Resources								←→	→		
Recording and Taking Photos								←→	→		
Editing Video and Photos								←→	→		
Translating Video & Brochure								←→	→		
Monitoring Stage											
Submission of Video									←→	→	
Submission of Brochure									←→	→	
Correction on Given Feedback									←→	→	
Closing Stage											
Writing Thesis Report									←→	→	
Evaluation									←→	→	

4.4 Literature Retrieval

This project thesis was created according to that of ethical guidelines of research using evidence-based research. Literature was retrieved from

recommended reliable search engines such as CINHALL, Finna, Pubmed, Terveystietti and JBI. However, search engines such as Google and Yahoo were eliminated from usage due to their unreliability. In the table included in section "Appendix 1" there are some examples of the search queries used. Additionally, we have noticed that using simple searches have resulted in a better match related to our topic. The table 2 shows specific inclusion and exclusion criteria.

Table 2. Inclusion and exclusion criteria

Inclusion Criteria	Exclusion Criteria
Information from 2013 onwards.	Information older than 10 years.
Other forms of the key words such as: nonpharmacological, non-pharmacological, alternative, or postoperative, post operative, post-operative	Exclusion of key words such as: confronting
Full text articles.	Excluding short text articles
English and Finnish written articles only.	Excluding articles that are not written in English or Finnish.

5 EVALUATION

5.1 Evaluation of the project and the product

The project progress was evaluated by the supervisor of the thesis throughout the whole process. The participants of the thesis project were collaborated effectively while maintaining professionalism upon dealing with obstacles that required the thesis schedule to pause for a period. At the beginning, the two authors planned to complete the project before June 2023, but the amount of work required for the project was underestimated, which resulted in the first schedule being quite difficult to follow for both authors. However, upon further guidance and discussion with the supervisor, the authors proceeded to work with the aim to get the project completed by the end of June instead. Eventually, the project was completed, and the final report was written in June, which was later than planned.

There were not any costs involved in doing the project. Each resource, such as a camera, video editing program and the simulation room, were obtained from the university without cost. The translation was available through the tutor teacher. The questionnaire was prepared via Google Forms, a free platform for making questionnaires.

Resources refer to the various elements that are required to complete a project, including personnel, equipment, materials, and funding. The effective management of resources is critical for successfully completing a project, as it helps to ensure that the right resources are available at the right time and used effectively. (Project Management Institute, 2017.)

The following resources were required for the thesis product; leasing a camera and a tripod from the university or an organization to allow for the recording of one of the end products – a video. Two colleagues acted in a scenario for the video. Since there was a limitation on time, the authors acted out the scene themselves. A simulation room was booked several times to allow for a realistic

approach to the situation acted out in a hospital-like setting. The authors requested Finnish classmates and the tutor teacher to create subtitles in Finnish to allow for better fluency of translation.

When the video was edited, subtitles instituted as directed with the initial script using iMovie on one of the author's laptops, which required time; the final draft was sent to the contact person and supervisor. Upon approval, the authors conducted some viewing and gathered feedback to review the success regarding the product. Based on the given feedback, however, fellow colleagues stated there was nothing to change in the video.

The video was edited using iMovie on one of the author's laptops, which required time. Feedback from the supervisor regarding language were requested to make sure there are no mistakes, and that it is understandable.

A risk is an event that could potentially happen in the future and can impact the project negatively or positively. In management, the risk is mainly associated with loss. It could result in loss of resources or products. In project management, risks are considered and managed primarily if it threatens the project. Risk management has several parts: risk identification, assessment, mitigation, and monitoring. (Wysocki, 2013.)

In risk identification, a meeting occurs when the project team members discuss the various risks involved. Some of these risks can be technical, project management, organisation, and external risks. In the next stage, risk assessment, two factors are looked at – the probability that the risk would occur and the impact it would have on the project. Risk mitigation allows for the responses one will have regarding a risk occurring; what contingency plans will be in place. Lastly, risk monitoring is listing out the risk, identifying and controlling it and creating a plan to solve it. (Wysocki, 2013.)

The risks presented for this project thesis were conducted through a SWOT analysis chart (Table 3). SWOT analysis stands for strengths, weaknesses, opportunities, and threats. The analysis allowed individuals to look at factors

which are not only on the inside of the entity but also on the outside. Furthermore, it is formulaic and articulate in recognizing and establishing a niche. (Mercieca et al., 2022.)

Both authors were aware of the SWOT analysis from the beginning of the project thesis hence it provided new insight into how the results can be achieved through the right strategic implementation. Furthermore, it was important to contact, collaborate and support each one until the project was completed as responsibilities for the project was relayed on the authors. Each chosen method for both non-pharmacological and encountering part of the project was evidence-based ensuring a highly knowledge product.

Table 3. The SWOT analysis

<p>Strengths</p> <ul style="list-style-type: none"> • Cost effective project. • Does not need meticulous financial planning. • Resources provided by the university. • Guidance by supervisor and Satasairaala. 	<p>Weaknesses (Risks)</p> <ul style="list-style-type: none"> • Items have by leases by someone else and are unavailable. • Classmates unavailable to translate the material from Finnish to English. • Simulation rooms are not available. • Unable to upload the video to the website on time.
<p>Opportunities</p> <ul style="list-style-type: none"> • Availability of an official translator who is a personal acquaintance. • The possibility to use phones to record instead of leasing cameras. • Possibility to upload the video to a YouTube channel for access. • Possibility to upload the video to the hospital's associated website. 	<p>Threats</p> <ul style="list-style-type: none"> • The plan might not go according to schedule, thus not ready for evaluation and presentation. • The impossibility to find a translator for the project, causing the project to stop because of the authors' limited proficiency in Finnish.

5.2 Assessment

Assessment refers to an endeavour to obtain, evaluate and interpret information which can indicate the effectiveness of a project, institution, or division. It allows for clarity of activities, and how achievable the plan was. The information obtained through assessment can be used to identify areas of improvement, make informed decisions, and measure progress towards achieving goals and objectives. It is an ongoing process that enables organizations to improve and adapt to changing circumstances continuously. (Nitko, 2017.)

The assessment started with the approval of the thesis and the corrections made by the supervising teacher; when the last version was approved, a draft was sent out to the contact person to receive feedback regarding what to include or exclude from it. Through this, quality feedback on how to continue with the final product was received. For example, one of the types of feedback given was that the length of the video to be no more than a certain length of time. However, upon discussion, this was researched on what evidence-based research states regarding the attention span of time is for individuals watching videos.

Furthermore, a group of five nursing students were invited to watch the video and answer a blind questionnaire about the relevance of the product and their view on the possibility of using this in daily work procedures. The questionnaire had yes/no and open-ended questions to allow the respondents to express their interests and creativity. It was to give further insight into what could be changed and what should be kept on the video product.

Most of the fellow students who answered the questionnaire had not used non-pharmacological methods for pain and recognized learning more about encountering after watching the video. There was a general concern about the time that it is possible to spend with one patient in the actual healthcare setting. Feedback included comments about the length of the video and the Finnish language spoken by the authors who are not native speakers, both positive

and negative. Some scenes considered unnecessary by the viewers were deleted from the video upon reflection from both authors on whether it is necessary to keep or not which resulted in the video becoming shorter.

5.3 Achievement of objectives and development of professional skills

The project will give nurses of Satasairaala the opportunity to enhance their knowledge regarding the different ways of encountering a patient that is in pain. Furthermore, it aims to provide non-pharmacological ways to alleviate pain. After watching the educational video, the nurses should have updated information regarding non-pharmacological use in the encountering of a patient in the post-operative stage. Patient safety and satisfaction can be increased through the usage of these products.

The professional and personal development of the authors increased during this project. This project increased their knowledge regarding encountering and non-pharmacological methods in meeting a patient in the post-operative stage. Besides that, more knowledge about alleviating pain in general can enhance the overall general care of patients.

The authors of the thesis project gained valuable insight and approaches in ways to implement non-pharmacological method when encountering a patient in the non-pharmacological period through evidence-based research. Additionally, a lesson learned from this project is that of the significance of the principle of research and thesis writing through the conduction of responsible research. Furthermore, the project has enabled the authors to enhance their skills in professional academic writing and ethical awareness.

5.4 Ethical considerations

The Finnish National Board on Research Integrity requires that research follows the principles of responsible conduct of research to be trustworthy, ethical and produce credible results, this includes adherence to values of

integrity and accuracy, and meticulousness in conducting and documenting the study, as well as following scientific standards for data collection, evaluation, and analysis. (TENK, 2012.)

The authors acknowledge and give credit to the work of other researchers by correctly citing their publications in accordance with their contributions. They ensure that their study and findings properly reflect the credit and significance of others' work. (TENK, 2012.)

Upon the approval of the thesis plan, a preliminary ethical evaluation by a thesis supervisor and a permit "Agreement on the Preparation of a Thesis" was obtained from the university for the thesis to be continued. This permit outlined the terms of agreement related to compensation of thesis costs, rights to the results, intellectual property rights, publication of results, confidentiality, and thesis supervision and responsibilities. It also identified the clients, title of the thesis and its authors along with the scheduled progress. (SAMK Thesis Instructions, n.d.)

The thesis plan submission was to inform, the participants, supervisor, and contact person of STEPPI 2 of the funding, potential conflicts of interest, and other commitments pertinent to the project if needed (Koivunen, n.d; SAMK Thesis Instructions, n.d). This thesis followed the ethical guidelines for evidence-based research and used reliable databases to conduct literature retrieval. Thesis citations follow SAMK in APA referencing, crediting authors and avoiding plagiarism. (SAMK Thesis Instructions, n.d.)

The project did not require the use of personal information by the authors during creation or evaluation, instead, a group of five nursing students were asked to watch the video and respond to a blind questionnaire about the relevance of the product and their thoughts on the possibility of using it in daily work procedures. The questionnaire included yes/no and open-ended questions to allow responders to express their interests and inventive-ness.

When the project was delivered, the clients were reminded that the use of non-pharmacological methods and their effectiveness, though scientifically proven, must be used with the patient's consent while respecting their beliefs, decisions, and self-determination.

6 DISCUSSION

The overall thesis process was followed positively by both authors due to good communication and teamwork skills. An established line of communication was maintained with the supervisor and contact person of the project. Nevertheless, there are some aspects which the authors learned and improved from. The authors did not have previous thesis experience in relation to nursing hence it was difficult to maintain motivation throughout the entire process. A lot more time was required than initially thought. To improve the quality of the thesis it would be possible to gain permission from the hospital for the authors to go in for a day to observe the current non-pharmacological treatments used. However, due to time limit and low finances, this was not possible.

Suggestions for further studies on this topic could be the focus on cardiac patients and the alleviation of their pain after surgery through non-pharmacological means. Upon research for this project thesis, the authors observed a lot of research on cardiac rhythm in relation to non-pharmacological methods. There could also be other studies made in relation to specific areas of pain and current non-pharmacological guidelines if there are any and if not, what guidelines would be best to provide. However, the authors have tremendously increased their knowledge regarding pain management and encountering patients which is a plan to use as they begin their career as a nurse.

Upon doing this thesis, we learned how to conduct a survey, develop our writing skills and scheduling. Above all, our own understanding of the skillset

required to effectively implement non-pharmacological methods when encountering a patient in the post-operative stage. This thesis allowed us to realize our capabilities to develop a project of this extent and its entirety.

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APPENDIX 1: SEARCH QUERIES

Database/ Search service	Search query	Results	Included
Cinhal	post operative OR post-operative or postoperative or post-surgery AND pain management OR pain relief OR pain control OR pain reduction AND non-pharmacological	25	1
PubMed	post-operative AND pain AND non-pharmacological	65	2
JBI	pain AND nonpharmacological AND postoperative	1706	2
SAMK Finna International e- materials	(encounter* OR meet* OR relationship*) AND nurse* AND (surg* OR operative) AND pain. Full text, year 2000-2022	70,829	3
SAMK Finna International e- materials	Nurse AND patient AND communication. Full text, year 2013-2023	194,966	2
Pubmed	Nurse AND patient AND communication. Full text, year 2013-2023.	11,527	1
Cinhal	Nurse AND patient AND communication. Full text, year 2013-2023, english	9,097	1
SAMK Finna International e- materials	nurse AND patient AND first AND meeting. Full text, year 2013- 2023	123,175	3
Pubmed	nurse AND patient AND encounter. Full text, year 2013- 2023	166,058	2

SAMK Finna International e- materials	Cryotherapy AND surgery. Full text, year 2013- 2023	8,607	2
SAMK Finna International e- materials	Video AND learning AND nursing	63,768	2
Pubmed	Leaflet AND pain AND education	91	1

APPENDIX 2: SURVEY

"Encountering a surgical patient as part of non-pharmacological post-operative pain care" video questionnaire

The purpose of this questionnaire is to assess the quality and effectiveness of a Steppi 2 educational video and poster.

Do you feel like you learned something new from this video? *

Yes

No

Have you gained a better understanding of the term "encountering" after watching the video? *

Yes

No

Would this video be helpful to you in a future encounter with a patient? *

Yes

No

Do you have any experience treating pain with non-pharmacological methods? *

Yes

No

If the last answer was yes, could you mention the non-pharmacological methods you have used? *

Long answer text

After watching this video and poster, are you open to using non-pharmacological methods to treat pain? *

Yes

No

Why would you use / not use non-pharmacological methods to treat pain?

Long answer text

Is there anything you would change in the video to improve its clarity and utility? *

Long answer text

APPENDIX 3: VIDEO SCRIPT

BEGIN VIDEO

[Camera shows a person in scrubs in a hospital room. The person speaks directly to the camera.]

(Person introducing)

Welcome to this educational video on how to effectively encounter a patient experiencing post-operative pain through non-pharmacological methods. As healthcare professionals, it's our responsibility to provide compassionate care that promotes patient's wellbeing and relaxation during the recovery period.

Research has shown that a calm and soothing atmosphere can significantly reduce post-operative pain, anxiety, and stress. An environment that caters to the patient's physical, emotional, and psychological needs supports the recovery process.

In addition to traditional pharmacological pain management strategies, there are many non-pharmacological approaches that are highly effective in reducing post-operative pain. These include techniques such as cognitive-behavioural therapy and relaxation therapy. While we will touch on these topics briefly, our main focus will be on the interaction between the patient and the healthcare professional in the context of post-operative pain management.

(Esittelijä)

Tervetuloa opetusvideoon, jossa kerrotaan, kuinka kohdata leikkauksen jälkeistä kipua kokeva potilas ja auttaa häntä lääkkeettömillä menetelmillä. Terveysthuollon ammattilaisina meidän vastuullamme on tarjota hoitoa, joka edistää potilaan hyvää oloa ja rentoutumista toipumisen aikana.

Tutkimukset ovat osoittaneet, että rauhallinen ja rauhoittava ilmapiiri voi merkittävästi vähentää leikkauksen jälkeistä kipua, ahdistusta ja stressiä. Ympäristö, joka vastaa potilaan fyysisiin, emotionaalisiin ja psyykkisiin tarpeisiin, tukee toipumista.

Perinteisten lääkkeellisen kivunhoidon lisäksi on olemassa monia lääkkeettömiä menetelmiä, jotka voivat olla erittäin tehokkaita vähentämään leikkauksen jälkeistä kipua. Näitä ovat muassa kognitiivinenkäyttäytyminen ja rentoutuminen. Käsittelemme näitä lyhyesti, mutta pääpaino on potilaan ja ammattilaisen välisessä vuorovaikutuksessa leikkauksen jälkeisen kivun hallinnassa.

[Camera shows a nurse entering a patient's room and engaging in a conversation with them.]

(Voiceover)

[White slide with name of technique used in English and Finnish]

Through this video, we will explore effective communication strategies, empathetic listening, and nonverbal cues that can help us to better understand our patients' pain and needs. Join us as we explore how to encounter the patient in the context of post-operative pain management, and how to provide the best possible care during their recovery.

(Esittelijä)

Tällä videolla tuomme esille viestintä, empaattista kuuntelua ja sanattomia vihjeitä, jotka voivat auttaa ymmärtämään paremmin potilaan kipua ja tarpeita. Kuinka kohdata potilas leikkauksen jälkeisen kivunhallinnan yhteydessä ja kuinka tarjota parasta mahdollista hoitoa hänen toipumisensa aikana.

Scene 1

(Voiceover) It is important to remember that each patient experiences pain differently, and it's our responsibility to provide individualized care that addresses their unique needs. Effective communication is key in this regard, and it begins with active listening.

(Selostus) On tärkeää muistaa, että jokainen potilas kokee kipua eri tavalla, ja meidän vastuullamme on tarjota yksilöllistä hoitoa, joka vastaa hänen tarpeisiinsa. Tehokas viestintä on tässä avainasemassa, ja se alkaa aktiivisesta kuuntelemisesta.

[Camera shows a nurse listening attentively to a patient]

(Nurse) Hello, I am Louise, your nurse who will be taking care of you during the morning shift. I will be assisting you with any care you may require, giving your medications and ensuring you have a safe recovery. I noticed that you seem to be in some discomfort. Are you experiencing some pain?

(Hoitaja) Hei, olen Louise, aamuvuoron hoitajasi. Autan sinua kaikessa tarvitsemasi hoidossa, annan lääkkeesi ja varmistan turvallisen toipumisen. Vointisi näyttää epämukavalta. Onko sinulla kipua?

[Patient touches their site of pain and looks quite pale/weak]

(Patient) I am feeling a lot of pain.

(Potilas) Tunnen paljon kipua

[The nurse notices the patient touching their site of pain.]

(Nurse) Do you mind telling me where exactly you are experiencing this pain?

(Hoitaja) Kertoisitko minulle, missä tunnet kipua?

[The patient points to the surgical site and its surrounding area. The nurse watches attentively. The nurse grabs a diagram of the VAS scale and begins explaining it to the patient].

(Nurse) VAS scale is an important tool that helps us to evaluate the effectiveness of pain management interventions and adjust treatments plans according to your own personalized care. Do you mind pointing to the number on this scale which best describes your level of pain? The lower the number, the lower the pain while the higher the number, the higher the level of pain you are experiencing.

(Hoitaja) VAS-asteikko on tärkeä työkalu, jonka avulla voimme arvioida kipua ja hoidon sekä. Osoittaisitko tämän asteikon numeroa, joka kuvaa parhaiten kiputasoasi? Mitä pienempi luku, sitä pienempi kipu, kun taas mitä suurempi luku, sitä enemmän kipu sinulla on.

[The patient has now pointed to number eight on the VAS scale and winces slightly in pain. The nurse approaches the patient]

(Nurse) That is a lot of pain. Do you mind if I could check the site of surgery?

(Hoitaja) Se on kova kipu. Sopiiko jos tarkistan leikkauspaikan??

[Patient nods while nurse proceeds to check wound site for colour, temperature, staples and any sign of infection]

[White slide with technique showing]

(Voiceover) When encountering a patient in post-operative pain, it is important to listen actively and empathetically. This involves giving our full attention to the patient, asking them open-ended questions to encourage them to share their experiences, and using reflective listening to demonstrate our understanding.

(Selostus) Kun kohtaat potilaan, jolla on kipua, on tärkeää kuunnella aktiivisesti ja empaattisesti. Tämä tarkoittaa, että kiinnität täyden huomiomme potilaaseen, kysyt avoimia kysymyksiä rohkaistaksesi potilasta jakamaan kokemuksiaan ja käytät reflektivoivaa kuuntelua osoittaaksesi, että ymmärrät.

Scene 2

(Nurse) What does your pain feel like?

(Hoitaja) Miltä kipusi tuntuu?

(Patient) It is as though someone is throwing daggers at me.

(Potilas) Tuntuu kuin joku heittäisi minua tikareilla

(Nurse) If I can understand correctly, is it a sharp pain?

(Hoitaja) Jos ymmärrän oikein, on kyseessä terävä kipu.

[Patient nods]

(Nurse) Does it come and go or is it persistent?

(Hoitaja) Tuleeko ja meneekö se vai onko se jatkuvaa?

(Patient) It is quite persistent, it is always there.

(Potilas) Se on jatkuvaa

(Nurse) So, the pain is persistent and sharp to the extent of it becoming unbearable?

(Hoitaja) Joten, kipu on jatkuvaa ja terävää siinä määrin, että siitä tulee sietämätöntä?

(Patient) Not unbearable just yet

(Potilas) Ei vielä sietämätöntä

(Nurse) That must be really painful. I can't imagine how you must be feeling. I can perhaps bring over a cold pack for you while we can look at different ways to help relieve the pain.

(Hoitaja) Vaikutat todella kipeältä. Voisin tuoda sinulle kylmäpakkauksen, kun kokeilemme erilaisia tapoja lievittää kipua.

(Patient) That would be nice.

(Potilas) Se olisi mukavaa

[Camera shows a nurse using reflective listening with a patient.]

(Voiceover) Reflective listening involves restating the patient's words in our own language to confirm that we've understood their meaning. This technique can help to build trust and rapport with the patient and show them that we care about their experience.

(Selostus) Reflektioivaan kuunteluun kuuluu potilaan sanojen toistaminen varmistaaksemme, että olemme ymmärtäneet niiden merkityksen. Tämä tekniikka voi auttaa rakentamaan luottamusta ja yhteyttä potilaaseen ja osoittamaan hänelle, että välitämme hänen kokemuksistaan.

[Nurse brings over a cold pack from the fridge and places it on the patient's site of pain. Patient sighs from relief of pain]

(Nurse) While this cold pack works, we can try some non-pharmacological methods. You had some painkillers not long ago, so we need to just wait for them to settle in and do its work. While we wait, we can try different methods to relieving your pain.

(Hoitaja) kun odotamme kylmäpakkauksens vaikutusta, voimme kokeilla joitain lääkkeettömiä menetelmiä. Sait särkylääkkeitä vähän aikaa sitten, joten meidän täytyy odottaa, että ne vaikuttavat. Odottaessamme voimme kokeilla muita erilaisia tapoja lievittää kipuasi.

Scene 3

(Patient) What are non-pharmacological methods?

(Potilas) Mitä ovat lääkkeettömät menetelmät?

[Nurse sits down on the chair next to the patient and make eye contact with them. Scene pauses for voiceover to speak]

(Voiceover) The nurse sits at an eye level to the patient to explain the techniques. This appropriate encounter of how you communicate with the patient who is experiencing pain will make them feel they

are being listened to and sympathized with. Research has shown that effective communication enhances the patient's ability in the engagement of decision-making and the improvement of patient adherence to treatment plans whether non-pharmacological or pharmacological as well as satisfaction in case.

(Selostus) Hoitaja istuu potilaan silmien korkeudella selittääkseen tekniikat. Tämä on sopiva tapa kohdata, kun kommunikoi kipua kokevan potilaan kanssa. Se saa hänet tuntemaan, että häntä kuunnellaan ja hänen kanssaan myötäilettään. Tutkimukset ovat osoittaneet, että tehokas viestintä lisää potilaan tyytyväisyyttä ja osallistumista päätöksentekoon sekä parantaa potilaan sitoutumista hoitosuunnitelmaan, olipa sitten kyse lääkkeettömästä tai lääkkeillä tapahtuvasta kivun hoidosta.

(Nurse) Non-pharmacological pain management or therapies do not lengthen treatment times nor increase the risk of adverse side effects. They do not lead to reliance on them and are really beneficial to your health if you continue to do them upon being discharged. It helps to successfully manage pain-related negative emotions and improving sleep quality. Non-pharmacological methods can be just as effective in reducing pain and promoting healing.

(Hoitaja) Lääkkeetön kivunhoito ei pidennä hoitoaika eikä lisää haitallisten sivuvaikutusten riskiä. Ne eivät johda riippuvuuteen ja ovat hyödyllisiä terveydelle, ja voit jatkaa niiden tekemistä kotiutuksen jälkeen. Se auttaa onnistuneesti hallitsemaan kipua ja parantaa unen laatua. Lääkkeettömät menetelmät ovat tehokkaita vähentämään kipua ja edistämään paranemista.

[Nurse uses gestures with hands when speaking and making eye contact with the patient. Pausing a little to see if the patient wants to ask anything]

(Patient) That sounds promising

(Potilas) Kuulostaa lupaavalta

Scene 4

(Voiceover) It is important that as a healthcare professional, you take note of the environment around the patient. The environment can affect the encountering with the patient and their potential reaction to your suggestions as they could be focused on the external factors. The dimming of lights in the patient's room can help support the patient's mood, recovery and overall sleep. This technique is established in a smooth manner to enable a casual encounter between the patient and nurse.

Using appropriate nonverbal cues as seen in this scene is an excellent form of conveying empathy and understanding to the patient when interacting with them. This can mean that you maintain eye contact, nodding to show you're actively listening and using a soft and soothing tone of voice.

(Selostus) On tärkeää, että terveydenhuollon ammattilaisena huomioit potilaan ympäristön. Ympäristö voi vaikuttaa potilaan kohtaamiseen ja hänen reaktioihinsa. Potilashuoneen valojen himmennys voi tukea potilaan mielialaa, palautumista ja unta.

Asianmukaisten sanattomien viestien käyttö on erinomainen tapa välittää empatiaa ja ymmärrystä potilaalle vuorovaikutuksessa hänen kanssaan. Tämä tarkoittaa, että ylläpidät katsekontaktia, nyökkäät osoittaen, että kuuntelet aktiivisesti ja käytät pehmeää ja rauhoittavaa äänensävyä.

[Nurse looks around the patient's room and checks the temperature of the room. Brings over a blanket from the cabinet]

(Nurse) Do you feel comfortable with the current temperature, or would you prefer if it was cold or warmer?

(Hoitaja) Tunnetko olosi mukavaksi tässä lämpötilassa vai haluaisitko mieluummin kylmemmän tai lämpimämmän?

(Patient) I think I could use an extra bit of blanket to feel warmer. I feel it's a bit cold in here.

(Potilas) Voisin ottaa ylimääräisen peiton, jotta olisi lämpimämpi. Täällä on vähän kylmä.

[Nurse makes eye contact with patient, nods and puts the blanket over the patient with a warm smile on her face. Nurse looks around and talks about the lights]

(Nurse) do you want me to close the blinds?

(Hoitaja) Halutksä et mä vetäsen verhot kiinni?

(Patient) Kyllä, se olisi ihanaa, jos voisimme sulkea sen vähän.

Yes just a little..

(Nurse) Of course. We wouldn't want daylight throughout the whole night, now do we?

(Hoitaja) Tietysti. Eikä kirkasta valoa koko yöksi, vai mitä?

[Dims the light of the room and half closes the blinds of the windows]

Scene 5

(Voiceover) In this scene, the nurse begins to demonstrate progressive muscle relaxation technique. This involves the tension of muscles in the body and thereafter releasing the tension from different muscles which reduces the activity of the sympathetic nervous system by eliciting an opposing reaction to the stress response.

(Selostus) Tässä kohtauksessa hoitaja demonstroi progressiivista lihasten rentoutustekniikkaa. Tämä tarkoittaa kehon lihasten jännitystä ja sen jälkeen jännityksen vapauttamista eri lihaksista, mikä vähentää sympaattisen hermoston toimintaa aiheuttamalla vastakkaisen reaktion stressireaktiolle.

(Nurse) While laying down. Relax your entire body by taking five deep, slow breaths.

(Hoitaja) Samalla kun olet makuulla, rentouta koko kehosi sisään hengittämällä hitaasti syvään viisi kertaa.

[The patient follows the instructions of the nurse, calmly]

(Nurse) Lift your toes upward. Hold, then let go. Pull your toes downward and now pull your toes downward, holding it for a second before letting go.

We are going to do the same for your knees, thigh, hands, arms, buttocks, abdominal muscles, chest, shoulders, lips, mouth and even eyes.

[In a soothing voice], as long as you follow slowly, you will get the hang of it.

(Hoitaja) Koukista nilkat ja pidä niitä koukistettuina. Sitten rentouta ne. Tämän jälkeen ojenna nilkat ja pidä niitä ojennettuina hetki. Sen jälkeen rentouta ne.

Sitten voimme tehdä saman polville, reisille, käsille, käsivarsille, pakaroille, vatsalihaksille, rintakehälle, hartioille, huulille, suulle ja jopa silmille.

[In a soothing voice] Seuraa minun ohjeitani niin ymmärrät mitä tehdä.

[Patient nods with a small smile and calmness on their face]

(Voiceover) The nurse as you notice, is speaking slowly, using simpler and non-medical terminology. This allows the patient to comprehend the information clearly. Being honest and frank is an important encounter of a nurse-patient communication, but sincerity is also needed to show kindness and courtesy. When guiding a patient, it is important to acknowledge their attitude and tune into their feelings whether that's verbal or non-verbal. This can simply be done by showing that you are listening, saying that you understand and simply holding their hand at times when the patient is emotional.

(Selostus) Kuten huomaat, hoitaja puhuu hitaasti käyttäen yksinkertaista ja ei-lääketieteellistä terminologiaa. Näin potilas saa selkeät ohjeet. Avoimuus on tärkeää sairaanhoitajan ja potilaan välisessä kohtaamisessa ja vuorovaikutuksessa, mutta myös vilpittömyyttä tarvitaan ystävällisyyden ja kohteliaisuuden osoittamiseen. Potilasta ohjattaessa on tärkeää tunnistaa hänen asenteensa ja virittyä hänen tunteisiinsa, olivat ne sitten sanallisia tai sanattomia. Tämä tapahtuu osoittamalla, että kuuntelet, sanomalla, että ymmärrät ja toisinaan pitämällä potilasta kädestä.

(Nurse) How are you feeling?

(Hoitaja) Miten voit?

(Patient) I feel calm. I think I was quite anxious without realizing it

(Potilas) Tunnen oloni rauhalliseksi. Luulen, että olin aika ahdistunut ymmärtämättä sitä

Scene 6

(Voiceover) When we approach patient with empathy and listen to them, it enables them to open up to the possibilities of treatments. In fact, at times, the patient prefers for us as the healthcare providers to make the decisions in regard to their pain management. When we provide the patient with the knowledge of insight, they gain that mutual trust. Listening behaviours is an important part of encounter. Showing the patient, you are listening can simply be by being on the same eye level as them, with a calm

body language and interacting with them slowly with emphasis on if they do not understand, they can state that. Patients appreciate a dialogue that can explore the understanding of the pain needs.

In this scene, we have presented the patient with the technique of guided imagery. The nurse explains to the patient that guided imagery is the intention of turning your focus to something other than the pain the patient is experiencing. In order to give the patient, the control of making their own decisions, the nurse establishes that the patient can state they no longer would like to continue whenever they wish to.

(Selostus) Kun lähestymme potilasta empaattisesti ja kuuntelemme häntä, se antaa hänelle mahdollisuuden avautua hoitojen ja tarjoamme potilaalle tietoa, voidaan saavuttaa keskinäinen luottamus. Kuunteleminen on tärkeä osa kohtaamista. Potilaalle näkyy, että kuuntelet, kun olet samalla tasolla hänen kanssaan, kehon kielesi on rauhallista ja vuorovaikutuksessa hänen kanssaan tapahtuu hitaasti. Jos potilas ei ymmärrä, hän voi sanoa sen. Potilaat arvostavat vuoropuhelua, jonka avulla selvitetään kivun hoitoon liittyviä tarpeita.

Tässä kohtauksessa olemme esitelleet potilaalle ohjatun kuvittelun tekniikan. Sairaanhoidaja selittää potilaalle, että ohjatuilla kuvittelulla on tarkoitus kääntää huomio johonkin muuhun kuin potilaan kokemaan kipuun. Antaakseen potilaalle mahdollisuuden tehdä omia päätöksiä hoitaja kertoo, että potilas voi halutessaan ilmoittaa, ettei hän enää halua jatkaa.

[Patient nods and follows nurses' techniques]

[We hear the nurse start of the technique but slowly the technique sound fades off into the distance as a metaphor for the guided imagery]

(Nurse) Take a deep breath in, and as you exhale, let go of any tension in your body. Now, close your eyes and imagine yourself in a peaceful place. It could be a forest, a beach, or a mountain top. Picture the environment around you in as much detail as possible. Notice the colours, the textures, and the sounds that you hear. As you look around, you see a warm, glowing light in the distance. This light beckons you to come closer, and you start walking towards it.

(Hoitaja) Hengitä syvään sisään ja hengitä ulos, päästä irti kaikista kehosi jännityksistä. Sulje nyt silmäsi ja kuvittele olevasi rauhallisessa paikassa. Se voi olla metsä, ranta tai vuoren huippu. Ajattele ympäristöäsi mahdollisimman yksityiskohtaisesti. Huomaa värit, ja äänet. Kun katsot ympärillesi, näet kaukana lämpimän, hehkuvan valon. Tämä valo kutsuu sinua tulemaan lähemmäksi ja alat kävellä sitä kohti.

Scene 7

(Voiceover) The belief that extended periods of time spent with patients lead to positive nurse-patient relationships is not necessarily accurate. The provision of quality care is instead determined by the nurse's "self-awareness, self-reflection and commitment" to patient care. By implementing this approach, patient encounters can be both brief and effective. Through careful communication and the establishment of rapport, nurses can provide a level of care that meets patients' needs and preferences within their comfort zones, resulting in a sense of recognition and appreciation as seen in this technique of alleviating pain through music. Studies have revealed that patients perceive care as being more task-oriented than human-centric, emphasizing the need for a personalized approach to treatment that addresses patients' unique needs and desires. Thus, nurses must cultivate interpersonal skills that balance the requirements of medical care with the human dimension of caregiving.

(Selostus) Uskomus, että pitkiä potilaan vierellä vietettyaika johtaa positiiviseen sairaanhoitaja-potilassuhteeseen, ei välttämättä pidä paikkaansa. Laadukkaaseen hoitoon liittyy sairaanhoitajan "sitoutuminen" potilaiden hoitoon. Huolellisen viestinnän ja suhteiden luomisen avulla sairaanhoitajat voivat tarjota hoitoa, joka vastaa potilaiden tarpeita ja mieltymyksiä mikä johtaa arvostuksen tunteeseen, kuten tässä musiikin avulla kipua lievittävässä tekniikassa tulee esille. Tutkimusten mukaan potilaat pitävät hoitoa enemmän tehtäväkeskeisenä kuin ihmiskeskeisenä, mikä korostaa tarvetta yksilölliseen hoitoon, joka vastaa potilaiden ainutlaatuisiin tarpeisiin ja toiveisiin. Sairanhoitaja tarvitsevat vuorovaikutustaitoja, joiden avulla kohdata potilaan yksilöllisesti.

(Nurse) What type of music do you like?

(Hoitaja) Millaisesta musiikista pidät?

(Patient) Acoustic music is my top genre at the moment.

(Potilas) Akustinen musiikki on tällä hetkellä mieleeni

(Nurse) What do you say about us putting some background acoustic music on while trying the breathing exercises?

(Hoitaja) Mitä sanot jos laitamme akustista taustamusiikkia soimaan samalla kun teemme hengitysharjoituksia?

(Patient) I don't see why not. I have always found music has helped me calm down.

(Potilas) Miksi ei. Musiikki auttaa minua rauhoittumaan.

(Voiceover) Music helps as a bridge to bring out these internalised aspects of who the patient is, helping them heal and feel positive about the experience. Music activates the sensory pathways in turn activating the stimulation of the emotions – resulting in the attention from the pain stimuli being diverted to an enjoyable experience. Furthermore, the simple interpersonal dialogue which the nurse has built allows the patient to build trust with them.

(Selostus) Musiikki auttaa tuntemaan positiivisia kokemuksia. Musiikki aktivoi aistit stimuloivat tunteita – jolloin huomio kivusta ohjautuu nautinnolliseen kokemukseen. Lisäksi hoitajan potilaan välisen dialogin ansiosta potilas voi tuntea luottamusta ammattilaista kohtaan.

[Nurse continues talking to the patient, making them smile and laugh. Diverting their attention away from the pain.]

(Hoitaja) How is your pain now?

(Nurse) Miltä kipusi tuntuu nyt?

(Patient) Honestly, I never knew how much just doing simple things can affect me in such a positive way in terms of pain management. Thank you, my pain is not as strong as it was.

(Potilas) Rehellisesti sanottuna en tiennyt, kuinka paljon yksinkertaisten asioiden tekeminen voi vaikuttaa minu kivun hallintaan. Kiitos, kipuni ei ole niin voimakas kuin se oli.

(Hoitaja) How would you rate your pain now?

(Nurse) Kuinka arvioisit kipusi nyt?

(Patient) I think maybe three now. I can cope better now.

(Potilas) Luulen, että ehkä kolme nyt. Pystyn selviytymään paremmin nyt.

(Nurse) I am happy to hear that. These techniques are evidence-based on what scientists have researched. You can continue doing them at home if you continue feeling pain.

(Hoitaja) Olen iloinen kuullessani sen. Nämä tekniikat perustuvat tutkittuun tietoon. Voit jatkaa niiden tekemistä kotona, jos kipu jatkuu.

Scene 8

(Voiceover) As you have seen throughout this video, encountering is more than just talking to the patient. It is about the tone of communication, the eye contact, the dialogue in which the interaction with the patient occurs. It is important to build a rapport with the patient in order to receive the necessary information for their care. Providing good quality care starts with the way we interact with the patient. Look at the way if he a patient is wincing or holding part of their body. This can say a lot more than words. It can mean that the patient is in pain. Observing is an important part of care.

(Selostus) Kohtaaminen on enemmän kuin vain puhumista potilaan kanssa. Kyse on kommunikoinnin sävystä, katsekontaktista, dialogista, jossa vuorovaikutus potilaan kanssa tapahtuu. On tärkeää rakentaa yhteys potilaaseen, jotta hän saa hoitoonsa liittyvän tarvittavan tiedon. Laadukkaan hoidon tarjoaminen alkaa tavasta, jolla olemme vuorovaikutuksessa potilaan kanssa. Katso potilaan ilmeitä tai miten hän koskee osaa kehostaan. Tämä voi kertoa paljon enemmän kuin sanat. Se voi tarkoittaa, että potilaalla on kipua. Havainnointi on tärkeä osa hoitoa.

Final Scene

(Hoitaja) Ennen kuin lähden, voin auttaa sinua parempaan asentoon, jotta kipu vähenee ja hengittäminen helpottuu

(Nurse) Before I go, I will reposition you into better position, it helps with breathing and pain

(Nurse repositions the patient and puts pillow in-between her leg to alleviate the pain)

APPENDIX 4: FEEDBACK


Tilaaajan palaute Satakunnan ammattikorkeakoulun hoitotyön koulutuksen opinnäytetyöstä:

Hyvä opinnäytetyön tilaaja/yhteistyökumppani

Opiskelijan opinnäytetyö on valmistunut ja pyydämme palautetta tilaamastanne opinnäytetyöstä. Palautteenne otetaan huomioon opinnäytetyön arviointilaunnonssa ja arvioinnissa.

Opiskelijan nimi (opiskelija täyttää): Tina Shakari and Itzel Butrón

Opinnäytetyön nimi (opiskelija täyttää): Encountering a surgical patient as part of non-pharmacological post-operative pain care

Valitkaa seuraavista vaihtoehtoista sopiva laittamalla rasti ko. kohtaan.

	täysin samaa mieltä	jokseenkin samaa mieltä	jokseenkin eri mieltä	täysin eri mieltä
Opinnäytetyö vastasi tarpeitamme.	X			
Opinnäytetyötä/ opinnäytetyön tuloksia voidaan hyödyntää työelämässä.	X			
Opinnäytetyö osoittaa kykyä luoviin ratkaisuihin.		X		
Opinnäytetyö osoittaa kykyä työelämän näkökulmasta uskottaviin ratkaisuihin.		X		
Opiskelija kykeni itsenäiseen ja itseohjautuvaan työskentelyyn opinnäytetyöprosessissaan.		X		
Ohjasimme opiskelijaa omalta osaltamme opinnäytetyön etenemisessä.		X		

Vapaaamuotoinen palaute:

Sisältö:
 Työ oli hyvä ja vastasi annettua aiheita. Videossa oli käsitelty monipuolisesti ja ymmärrettävästi lääketehtäviä kivunhoitoa ja potilaan kohtaamista. Lääketehtävien kivunlievityksen keinoja oli käsitelty sopiva määrä. Kuvamateriaali oli haastavasta paikasta ja aika videota voidaan hyödyntää käytännössä potilaan kivunhoidossa ja myös helposti ottaa käyttöön omassa esitellyissä menetelmissä.

Pöytäsa
 2.6.23

Opinnäytetyön tilaajan allekirjoitus

Ma P. Linnberg

Päivi Linnberg
 Kivunhoitoon hoitotyön asiantuntija
 Satakansairaala

APPENDIX 5: EDUCATIONAL VIDEO LINK

Link to educational video which is the final product of the thesis.

<https://youtu.be/lfoehV3UL9c>