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A Study To Evaluate The Efficacy Of Teaching Intervention On Reduction Of Pediatric Immunization Pain Among Nursing Students

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ABSTRACT

The pain associated with immunizations is a source of anxiety and distress for the children receiving the immunizations, their parents, and the nursing professionals who must administer them. Preparation of the child before the procedure seems to reduce anxiety and subsequent pain. The study goal was to examine the impact of teaching intervention to reduce pediatric immunization pain, thereby increasing the knowledge and skill of nursing student on reduction of pediatric Immunization pain. Pre - experimental approach with one group pre and posttest design was adapted for the study. The study was carried out among the third year BSc Nursing students of NIMHANS College of Nursing during their clinical postings in the immunization clinic at IGICH, Bangalore. The students were provided with teaching interventions in sessions such as demonstration and encouragement to come up with their own strategies to minimize the immunization pain in children. The results showed that there is a significant difference between pretest and posttest knowledge and skill scores. Thus the present study has shown that teaching intervention has impact on the reduction of pediatric immunization pain in children.

Keywords : Pediatric Immunization Pain, Nursing Students, Teaching Intervention

Introduction

Immunization injections are the most common reason for iatrogenic pain in childhood. With the steadily increasing number of recommended vaccinations, there has been a concomitant increase in concern regarding the adequacy of pain management. Physical interventions and injection techniques that minimize pain during vaccine injection offer an advantage over other techniques because they can be easily incorporated into clinical practice without added cost or time. Many strategies have been developed to address the pain and anxiety associated with immunizations, but these often are underutilized by nurses and student nurses. A teaching intervention could be effective in increasing the pain reduction techniques in practice.

Many interventions have shown to reduce pain during vaccine injection. A clinical survey conducted by Schneider et al (2010) revealed that by using longer needles, sucrose, pinwheels and focused breathing there was significant reduction of immunization pain in children. Student nurses are the potential caregivers. As nurse educator it is essential to introduce newer techniques in teaching student nurses during their clinical learning experience. A study conducted by Meyerhoff (2001) showed that teaching intervention to pediatric nurses can reduce immunization pain in children.

- Preparing the child and his or her family for the painful procedure which included three components, viz, what will happen (where, how long it will last, and what will be done), how it will feel (pressure, temperature, and level of discomfort to be expected), and strategies to cope with the stressor. Children should be asked what strategies they think will help

them to cope and, if possible, those strategies should be incorporated into the immunization administration. In addition, given the strong data supporting distraction, that technique should be used during the immunization procedure such as breathing techniques, reading or telling a story for older children.

- Length of Injection: The shortest needle with the thinnest gauge would produce the least trauma and pain (e.g. needle size: 28). A number of studies support the contention that longer needles, which are more likely to penetrate muscle than shorter ones, cause less pain and fewer adverse effects.

- Parental Behavior: The parental behaviors included humor, commands to use coping strategies, and nonprocedural talk to help the child in coping with immunization pain.

- Securing the Child: For younger children, the goal is to have the thigh exposed and relaxed. Often this involves having the parent hold the child in his or her lap. Older children either can sit in their parent's lap, facing the parent with their legs wrapped around the parent (the so-called "big hug"), or can sit facing forward. The deltoid should be exposed and relaxed, if at all possible.

- Breastfeeding/Nonnutritive sucking: Both the techniques provide direct parental contact whereas breast feeding administered just before the procedure seems to have an additive effect on the reduction of pain and child will have adequate energy to cope with the stressor.

- The student nurses were provided with teaching intervention and interval between pre & post test such as demonstration and encouragement to come up with their own strategies to reduce pediatric immunization pain.

Results:

A majority of the student nurses (90%) were in the age group of 18-19 years. None of these student nurses had received any training in pediatric immunization prior to this study.

Comparison between pre test and post test knowledge and skill scores:

The mean post test knowledge score (M=89.13) and skill score (M=90.23) were apparently higher than that of pre test knowledge score (M=21.12) and skill score (M=19.41). Student's 't' test showed statistically significant difference between pre and post test scores at $p < 0.05$ between the knowledge ($t=70.14$) and skill scores ($t=49.76$). Hence it was concluded that the teaching intervention was effective in improving the knowledge and skill among student nurses to reduce pediatric immunization pain.

Figure 1: Mean pre and post test scores of knowledge and skill on reduction of pediatric immunization pain.

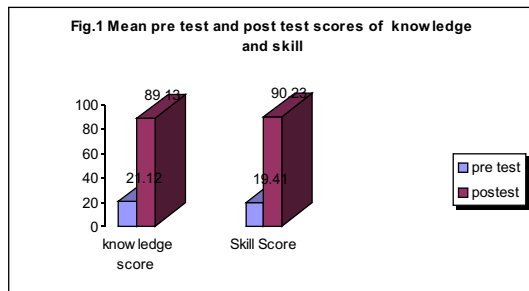


Table 1: Mean, Student't' test value of Pre and post test Knowledge and skill score on reduction of pediatric immunization pain.

Variable	Mean score		t – test value
	Pre test	Post test	
Knowledge Score	21.12	89.13	70.14*
Skill Score	19.41	90.23	49.76*

*Significant at $p < 0.05$ level.

Discussion:

The number of immunizations now recommended necessitates that multiple injections have to be administered at the same visit. Despite the proven benefit of these procedures, the pain associated with these injections is a source of great anxiety and distress for many. In fact, recent research suggests that not only the children but also their families and nurses have concern about the pain associated with multiple frequent injections. It is important to note that there are a number of factors that cannot be modified that

affect the pain associated with immunizations. Age, gender, temperament, previous painful experiences, and cultural background all contribute to the child's pain experience; obviously these factors cannot be altered, but they can be recognized as moderators of the experience of pain. Some of these factors have been examined in relation to immunization pain, whereas others have not. A comprehensive discussion of these variables is significantly beyond the scope of this review but is available elsewhere. For purposes of discussion, the injection process has been divided into two time periods, that is, before the injection and during the injection. The teaching intervention to student nurses on this simple procedure could prove to be beneficial not only in terms of gain in knowledge and skill but in terms of feeling the little one's fear and anxiety related to painful procedure and helping them with better coping strategies.

Teaching student nurses both in the classroom and the clinical areas need to be planned in an innovative method to capture their attention and help them for a better learning to improve the nursing practice. The teaching of pediatric immunization pain reduction could be beneficial in terms of enhancing skills of administering immunization with minimal pain as well as measuring the level of pain during and after immunization. This aspect was not studied in this present study but extrapolating from studies of Diggle (2010) who reported that presently there is no available

evidence-based algorithm that addresses all of the strategies that have evolved to reduce the pain of immunizations in children of all ages. This study was limited by sample size. And the post experiences of immunization are not considered in the present study. Further studies on these areas and follow up study need to be conducted to determine the frequency with which the teaching strategies can be improvised and implemented for improving the nursing practice. Thus there is scope for further research to ascertain the effect of teaching intervention on pain reduction during immunization pediatric immunization.

Conclusion

This present study attempted to collate the relevant literature and to draw some conclusions about the appropriateness and efficacy of currently available interventions for pediatric immunization pain reduction. In addition, the complexities of child development necessitated modifications based on age and understanding. This study supports the concept that teaching intervention of more practical orientation for student nurses is effective in improving their knowledge and skills

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