



Children Pain Perception using “Draw, Write, and Tell” Method



Maria Magdalena Goha^a, Nyimas Heny Purwati^b, Tria Astika Endah Permatasari^c

Article history:

Received: July, 5th 2020; Accepted: August, 3rd 2020; Displayed Online: September, 26th 2020; Published: December, 30th 2020

Keywords

Children;

Pain;

Write;

Draw;

Tell;

Abstract

Children's responses, related to pain, follow a developmental pattern and are influenced by temperament, the ability to cope, and exposure to pain and previous painful procedures. The current research objectives are to determine the perception of pain in children using the Draw, Write and Tell Method, as well as to identify the characteristics of the respondent (age, gender and medical diagnosis experienced), which called theme. The method applied in this study was a qualitative descriptive study using an inductive approach. The subject was ten children aged 4-8 years with acute pain who received inpatient services at Prof. Dr J. A Latumeten Hospital, Ambon, Indonesia. Data were obtained using the technique of “draw, write, and tell”. As the results, it is found that there are three themes related to children's pain perception, namely: 1) Characteristics of Pain 2) Presence of Mother, and 3) Comfort.

1. Introduction

Pediatric Nursing Services in the field of pain management for children hospitalized focus on pain recognition, pain intensity assessment and access to safe and appropriate interventions for pain in children. Pain is an unpleasant sensory and emotional experience due to tissue damage, either actual or potential or described in the form of the damage (American Medical Association, 2013). Pain response in children is different from adults. Children can use crying expressions or verbalizations in expressing the pain they are experiencing. Pain in children is varied, complex and subjective. Effective assessment of pain in children and good management relies on a comprehensive biological, psychological and social approach (Nicole, 2018).

^a Fakultas Ilmu Keperawatan Universitas Kristen Indonesia Maluku- Indonesia, Email: mariegoha05@gmail.com

^b Faculty of Nursing, Universitas Muhammadiyah Jakarta, Indonesia

^c Faculty of Medicine and Health, Universitas Muhammadiyah Jakarta, Indonesia

The child's response to pain follows a developmental pattern and is also influenced by character, the ability to cope, and the process of pain and previous painful procedures (Kathleleen, 2008). Pain assessment needs to use various strategies to help obtain more accurate results in children to determine more appropriate and effective interventions (Nicki L. Potts and Barbara Mandleco, 2012). Pain interventions in children are generally not carried out, without validation or documentation that is suitable for pain assessment and involves the child directly. Improper pain management can lead to dissatisfaction, and result in trauma to children (Nicki L. Potts and Barbara Mandleco, 2012).

The results of a study conducted at the Danish University Hospital by S. Walther - Larsen, stated that the prevalence of pain in children who were hospitalized for more than 24 hours, was significantly higher than children treated on the same day. For children who experience moderate and severe pain, it is obtained documentation of different pain assessment results between health workers and children's pain perceptions, so that it will affect the therapy to be given. Nicole (2018) stated that the use of non-pharmacological therapy is more needed in children who experience pain than pharmacological therapy. Nicole also explained that children aged 4 - 8 years have the ability to provide more detailed explanations of pain experiences, and children could also identify things that are needed in pain management, and things that contribute to nursing services in providing interventions. (Nicole, 2018).

The study conducted by C. Parra stated that pain management in Europe in emergency departments was considered poor by children, while in Canada in the emergency department, it was different from the Weingarten study which stated that pain management was satisfied where the pain was managed. L. Weingarten, in his research, stated that child satisfaction is associated with involving children in pain management to build effective communication between children and health professionals (Nicole, 2018).

Today the development of pain management has progressed, this has been conveyed (Angell, C., Alexander, J., and Hunt, 2015) that involving children directly in assessing pain will be able to capture the true meaning of the problem. Many methods have been developed by focusing on research on children and providing knowledge for parents and health workers, but they have not involved children actively and directly. One of the methods used in research is the Method of drawing, writing and telling stories, which is known as the draw, write and tell Method (DWT).

Draw, write and tell Method (DWT) is a method used to assess pain in children. This Method allows children to explore aspects and pain that are difficult to articulate using language. Drawing, writing and storytelling activities are forms of communication that aim to explore children's experiences Carter, B., & Ford, (2013) stimulate imagination, help them remember (Nicole, 2018), and provide information about children's pain.

Martha Raile Alligood (2017) argues that the philosophy of nursing determines the meaning of the nursing phenomenon through analysis, reasoning, and logical argumentation. A further view is put forward by Patricia Benner in From Novice to Expert theory, that nurses can develop their skills in carrying out nursing care which can produce something that is more needs-oriented (Martha Raile Alligood, 2017). Also described by Patricia Benner in Martha R. Alligood Nursing is seen as a nurturing practice where science is guided by moral values and ethics of care and responsibility, understands nursing practice as care and studies life experiences regarding health, illness and disease and the relationship between the three.

Based on a preliminary study conducted by pediatric nursing researchers at the Ambon Hospital-Indonesia, through observation and interviews with ten nurses who performed pain assessments on four children aged 4-8 years, it is found some conclusions as follows. Six nurses performed pain assessment Scale Wong Baker's pain, and two nurses assessed pain by asking only parents, two nurses assessed pain by asking the children. Every pain assessment carried out was not validated for sick children, and the

interventions carried out were mostly using pharmacological techniques, which are the main management of pain management.

Based on the description above, the problem to be studied is the need to know how to assess pain in other children properly, including the methods of drawing, writing, and telling stories (draw, write, tell Method) to explore the pain experienced from the point of view experienced by children with acute pain. The motivation of the researchers to conduct the study was because the assessment of pain in children using the DWT method was relatively new in Indonesia and was only conducted for the first time in Maluku province. Research has found that it is easier for children to perceive their pain by telling stories compared to drawing and writing. This is understandable, considering that the culture of storytelling is a hereditary culture that has taken root in Indonesian society. It is hoped that by looking at the challenges and benefits of this research, pain management involving children using drawing, writing and telling methods (draw, write, and tell Method) can contribute to pain management for Pediatric Nursing Services in the pediatric field. Thus, the provision of good pain management can provide satisfaction for children (patients) and health institutions as service providers.

2. Materials and Methods

This research is a qualitative study with a phenomenological study approach to get a picture of pain perception in children by using the draw, write, and tell Method (Angell, C., Alexander, J., and Hunt, 2015). Participation in this research offers an approach that gives freedom to explore the pain felt according to their stage and development. Participants were selected by purposive sampling technique which was determined through predetermined criteria, namely; 1) inclusion criteria, namely children aged 4 - 8 years, experiencing acute pain, willing to draw. 2) Exclusion criteria were as follows: children with unstable medical conditions requiring immediate help, children with cognitive and neurological deficits, children with altered consciousness. Based on the above criteria, the participants who were successfully obtained were ten children. Data collection was carried out through interviews with all participants.

3. Results and Discussions

Data analysis in this study, as has been stated above, applied “the Draw, Write, and Tell” (DWT) method. Through this Method, children tell how they feel pain, what they want, and how health workers help them to relieve pain. The themes identified were: 1) Characteristics of Pain, 2) Mother’s Presence and 3) Comfort. The characteristics of the participants are as shown below.

Table 1
Characteristics of Participants Who Experience Acute Pain

Participants	Age (Years old)	Sex	Education	Diagnosis	Diagnosis Explanation	Analgesic administration received	Duration of pain	Pain problems in children
Patient 1	5	M	Elementary School	Post-surgery osteomyelitis crurionis dextra	Postoperative action on the right leg due to infection	Inj Norages	1 Day	The child feels pain at the surgery body part.
Patient 2	6	M	Kindergarten	Closed Fr supracondylar humerus dextra	Surgery on the right arm	Inj Paracetamol drips	1 Day	The child feels pain at the operation site like a piercing iron

*Children Pain Perception Using “Draw, Write, and Tell” Method
(MM Goha; NH Purwati; TAE Permatasari)*

Patient 3	6	M	Elementary School	Appendicitis	It is related to the loss of bone continuity.	Inj Norages	2 Days	The child feels pain in his stomach.
Patient 4	6	M	Elementary School	Post-surgery of soft tissues tumour	Inflammation of the appendix vermiformis	Inj Norages	1 Day	
Patient 5	7	F	Elementary School	Vulnus laserasi region oralis sinistra ec.dog bite	The most common cause of acute abdomen	Inj Paracetamol	1 Day	
Patient 6	4.6	F	Pre-School	Pharyngitis	Post-surgery removal of abnormal lumps or swelling caused by new cell growth.	Inj Norages	1 Day	
Patient 7	8	M	Elementary School	Closed FR 1/3 middle radian ulna sinistra	Closed radius-ulna fracture is a disconnection of the radius and ulna bones caused by an injury to the middle arm, either direct trauma or indirect trauma.	Inj tramadol drips	2 Days	
Patient 8	7	F	Elementary School	Dyspepsia	Abdominal discomfort	Ranitidine. Omeprazole	6 Hours	
Patient 9	4	M	Pre-School	Skibala	The inability to evacuate the stool completely as reflected in the reduced frequency of degrees than usual, the stool is harder, bigger and more painful than before and on the touch of the stomach, a mass of stool is felt	Clisma Procedure	3 Days	The child is afraid
Patient 10	4	F		Retensio Urine	Disorders of the bladder that make it difficult for sufferers to pass urine	Catheter insertion procedure	3 Days	The child feels sick as if it was about to break

Theme One: Pain Characteristics

In this study, of the ten participants who were studied, nine participants responded to the researchers' request to express their pain through pictures. The pictures made by the participants represent the sensation of pain according to their character and age. The expressions of pain expression, as outlined in the form of pictures, vary from one participant to another.

Some of the participants when they were about to start taking pictures, looked silent and confused, looked at the researcher and then looked at their mother, it looked like the participants were trying to recall the painful events they had experienced. Other participants, when asked to draw by the researcher, responded enthusiastically, took writing tools and started drawing. All participants in this study started drawing pictures by first telling their pain experiences.

In children with an earlier age, the resulting image tends to focus more on the pain point. This can be seen in the pain expression picture made by P1, which only draws feet, P3 draws the stomach, and P8 draws a small black circle and defines it as dirt. Meanwhile, in participants with older age, the resulting image is complete with limbs. Most of the participants' images are marked in red at the site of the pain. Their red colour is associated with pain.

These findings are in line with the view that cognitive development is a genetic process, which is based on a biological mechanism, the development of the nervous system. As people get older, the composition of the nerve cells becomes more complex so that their abilities also increase. The findings of this study are in line with the research of Piaget (2010), which states that the thinking abilities and mental strength of children of different ages will qualitatively differ.

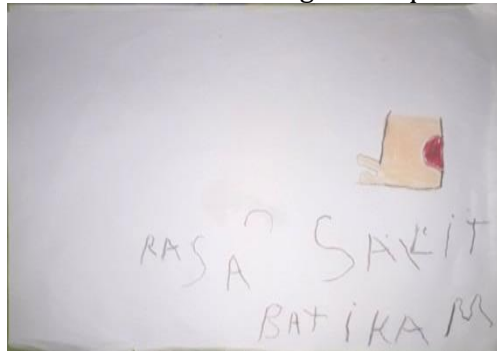


Figure 1
Expressions of Pain in a Six-year-old Child



Figure 2
Expressions of Pain in a seven-year-old Child

Theme Two: Mother's Presence

Children's emotional experiences due to pain are sub-themes based on emerging categories and ultimately form the theme of security. This category is, the existence of psychological changes in children, which can be seen from several statements of participants, including the following:

"... when I got stomach-ache, I am looking for mom..." (P2, WM July 2010)...

"...when I feel so painful, I just want mommy..."

(P4, WM July 2020)

"... I want to drink, but I do not want to pee, since my stomach will get such pain..."

(P8, WM July 2020)

"... I am so afraid since I cannot pee. I want to pee but i cannot..."

(P4, WM July 2020)

Based on the results of interviews from questions submitted to participants, 2 participants who experienced health problems said that when they felt the pain, they looked for a mother, and only wanted to be with her mother. Two other participants said that they felt afraid every time the pain appeared.

The desires and hopes of children in reducing the pain they feel are sub-themes based on the categories that emerge and form the theme of comfort. This category is, the existence of psychological changes in children; this can be seen from several statements from the participants, including:

"... I just want to go home..."

(P1, WM Juni 2020)

"I just want my mother strokes me..."

(P9, WM Juli 2020)

"I want medicine....."

(P7, WM Juli 2020)

Theme Three: Comfort

Based on the results of the interview from the questions which are an instrument in this study, the participants said that they wanted to do what made them feel more comfortable, among others, namely three participants said they wanted to go home, 3 participants wanted to be stroked by their mother, three other participants wanted to get medicine. In contrast, one participant said that he only wanted to drink it. From the results of the interview, it was found that the participants expected the nurse to provide medicine to relieve the pain that arose. The nurse said that the medicine given to children was adjusted to the therapy program.

4. Conclusion

Pain perception in children using the DWT (Draw, write, and tell) technique in this study looks at the themes that emerge as a result of the findings in this study, namely: 1) Characteristics of Pain, 2) Mother's Presence, 3) Comfort. In the theme of Pain Characteristics, it was found that children can pour pain sensations by drawing, expressing quality, and showing and giving colour to the location of pain experienced. Pre-school children can already do the ability to draw in pouring their imagination. School-age children have been able to show independent abilities and be able to show adaptation to the environment.

The theme of Mother's Attendance in this study highlighted the role of the primary caregiver who always wanted her to be present by children when they were sick. The presence of the primary caregiver fosters a sense of security and confidence in children in the new environment, as well as providing a touch that can relieve pain psychologically. Creating a safe environment in the approach to share pain experiences with children is very necessary. Conversely, the absence of a primary

caregiver can exacerbate the pain felt by the child. Involving the family as the main focus of care is the application of the concept of family-centred care.

The theme of comfort focuses on the hopes and desires of children in reducing pain experienced, both pharmacologically and non-pharmacologically. The role of health workers in providing therapy is very necessary, but it is very important to involve children in the management of their pain.

Acknowledgements

The authors would like to thank Growingscholar publisher for having reviewed and published the research.

References

- American Medical Association. (2013). *American Medical Association Complete Guide to Prevention and Wellness*. Wiley - United State of America.
- Angell, C., Alexander, J., dan Hunt, J. (2015). Draw, write and tell; a Literature Review and Methodological Development on the Draw and Write. *Research Method*. Retrieved from <https://doi.org/10.1177/1476718X14538592>
- Carter , B., &Ford, K. (2013). Researching Children's Health Experiences: the Place Participatory Child-Centered, Arts-Based Approaches. *Research in Nursing and Health*. <https://doi.org/doi:http://dx.doi.org/10.1002>
- Martha Raile Alligood. (2017). *Pakar Teori Keperawatan dan Karya Mereka* (Edisi ke 8). Singapore: Elsevier (Singapore) Pte, Ltd.
- Nicki L. Potts dan Barbara Mandleco. (2012). *Pediatric Nursing: Caring for Children and Their Families* (Edisi ke 3). University of New Mexico.
- Nicole Pope, G. L. dan S. W. (2018). *Ask Me!; Children's Experiences of Pain Explored Using the Draw, Write, and Tell Method*. <https://doi.org/DOI:10.1111/jspn.12218>
- Piaget, Jean, & B. I. (2010). *Psikologi Anak* (Cetakan 1). Yogyakarta: Pustaka Pelajar.