



Barriers Faced by the Nurses in Effective Pain Management of Pediatric Patients in Lady Reading Hospital, Peshawar: A Qualitative Study

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ABSTRACT

Introduction: Managing pain effectively in hospitalized children is an important issue that greatly impacts the well-being and health outcomes of children facing pain.

Objective: This study aims to explore nurses' perspectives regarding challenges in effective pain management of pediatric patients in the hospital.

Methodology: A descriptive qualitative study was conducted, involving 8 purposively selected nurses, with more than one year of experience in pediatric units at Lady Reading Hospital, Peshawar. Participants were interviewed through a guided questionnaire after written informed consent on barriers that hinder them from effective pain management in children. The interviews were then transcribed verbatim, analyzed thematically, manually, and verified by experts, with a deductive approach based on interest in pain management barriers.

Findings: Among participants, 5 were female and 3 were male. Most of them were from the pediatric ICU. The mean age of the participants was 28 years, with an average experience of 3 years as a pediatric nurse. After applying thematic analysis, the three main themes that were identified in this study are lack of awareness, organizational, and family-induced challenges.

Recommendations: There is a need for training and awareness sessions on pain assessment and management procedures in the hospitals. There should be a safe nurse-patient ratio in pediatric wards. Evidence-based protocols should be followed, and the nurses should be encouraged to advocate for pain management in pediatric populations.

Introduction

Pain is defined by the International Association for the Study of Pain (IASP) as a sensory and emotional experience that is uncomfortable and is due to actual and potential tissue damage ⁽¹⁾. Pain management is the process of providing interventions to relieve pain and assessing the pain of the patient with the help of accurate tools before and after the intervention ⁽²⁾. Managing pain in pediatric patients is always complicated and challenging. Pain is a subjective feeling; to manage it, healthcare providers must take the patient's perception of pain. Unlike adult patients, children are not able to verbalize their feelings about pain, which is a barrier to effective pain management ⁽³⁾. Inpatient children frequently experience pain due to acute injuries, long-term illnesses, invasive procedures, or surgeries, but dealing with the pain properly is still an ongoing issue in healthcare setups across the globe ⁽⁴⁾. A study indicated that 80% of children in the hospital report pain in their hospital stay, with nearly two-thirds experiencing a moderate to severe level of pain ⁽⁵⁾. An investigation was held in Europe, which concluded that 87% of 579 hospitalized children reported pain after evaluating them in a single day, but even though pain is frequent in this population, it is not adequately managed, and children are still suffering ⁽⁶⁾. Previously, it was believed that children didn't feel pain, but nowadays it is evident that children not only feel pain, but if their pain isn't treated well, it can lead to long-lasting effects ⁽⁷⁾. Pain is the most misunderstood, underdiagnosed, and untreated medical problem, especially in children, and is the most challenging role of healthcare providers to assess and treat their discomfort.

A study investigates several challenges to effective pain management, internal (fear, experience in clinics, education and training) and external (relatives and colleagues) as well as children-related (child experience of event, pain management and assessment) ⁽⁸⁾.

Currently, pain is considered a fifth vital sign and requires professional personnel to deal with it ⁽⁹⁾. According to ⁽¹⁰⁾, ineffective management of pain has severe consequences in both children and adults. Despite an increase in hospital stays, untreated pain has a severe impact on the physiological (tachycardia, blood pressure changes, weakened immune system, urinary retention, and increased metabolic demands) and psychological (inability of an individual to cope effectively with pain) aspects of health ⁽¹⁰⁾. Despite advances in medicinal and other alternative methods for dealing with pain, such as NSAIDs, opiates, behavioral therapy, and distraction techniques, pain management is still inadequate ⁽⁸⁾. This discrepancy results from diverse challenges perceived by nurses.

Antecedent studies find various barriers to managing pain effectively across various countries. However, there is a lack of research on the barriers to effective pain management of pediatric patients in our country, especially in Khyber Pakhtunkhwa. This study aims to examine challenges that nurses face in effectively managing pediatric pain in the hospital, with a focus on key challenges to maximize nursing practice and improve child outcomes.

Methodology

A descriptive qualitative research design was utilized to investigate the challenges experienced by nurses related to effective pain management of pediatric patients in the pediatric units. Participants were purposively selected from Lady Reading Hospital (LRH), Peshawar, and interviewed between July 20th and August 10th, 2025. An interview guide was prepared based on the literature and verified by experts, aiming to explore nurses' perception of barriers related to pain management of pediatric patients. The study was approved by the ethical review committee, and permission was granted by the institution before interviews. Face-to-face interviews were conducted and recorded with the eligible participants through written informed consent with a

clear purpose of the study to maintain the privacy and confidentiality. To guarantee reliability, the study adhered to Lincoln and Guba's four principles: credibility, confirmability, dependability, and transferability⁽¹¹⁾.

Credibility and confirmability have been confirmed by participants reviewing their interview transcripts (member checking), researchers checked the accuracy of the transcripts, and an expert qualitative researcher reviewed the themes. The reliability and transferability of the results have been strengthened through field notes, a detailed description of the study environments, and thorough documentation of all procedures. Thematic analysis was done using Braun and Clarke's six-step approach to generate themes⁽¹²⁾.

Findings

Demographic data:

Overall, 8 nurses participated on willing based. Among these, 5 were female and 3 were male. Nurses of different ages and experiences participated in the interview. The maximum age of the participants was 33 years. The average experience of the participants was 3 years. Most of the participants were working in the pediatric intensive care unit, and some of them were from the pediatric general ward.

Themes:

After applying thematic analysis, three main themes emerged from ten sub-themes. The key extracted themes of this study are lack of awareness, family-driven issues, and organizational challenges, which are illustrated in Figure 1.

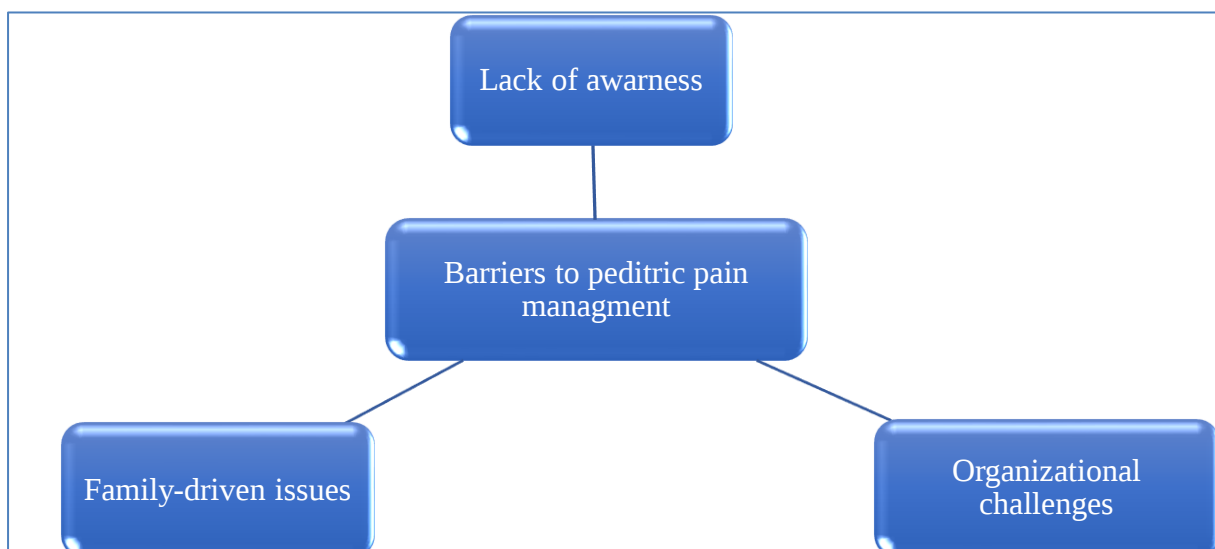


Figure 1: Overall uncover themes in the study

Theme 1: Lack of awareness

The first theme highlights an insufficient education structure that leads to dependence on informal practices over recent evidence-based practices. Sub-themes include a lack of training and education, relying on informal practices, and limited knowledge regarding pain assessment tools shown in the figure 2.

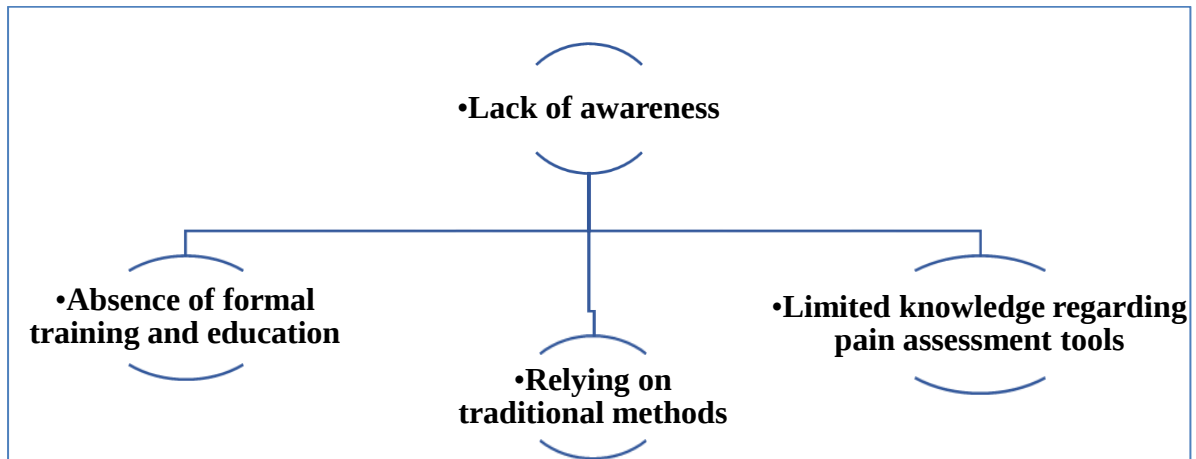


Figure 2: Represents sub-themes for the theme “Lack of awareness”

Table 1 includes theme one, its sub-themes, codes, and quotes or narration of the participants. Most of them report no training sessions, a lack of guidance, and dependence on traditional methods of pain assessment.

Table 1: Represents sub-theme, codes, and quotes for the theme “Lack of awareness”.

S. No	Theme	Sub-themes	Codes	Quotes
1	Lack of awareness	Absence of formal training and education	We aren't giving any seminars or training sessions on pain assessment	PN03 “In this hospital, we aren't giving any seminars or training sessions on pain assessment.”
		Relying on traditional methods	No one tells us how to assess pain in pediatric patients assess pain by observing patients' facial expressions, vital signs, and behaviour	PN08 “No one tells us how to assess pain in pediatric patients and manage accordingly.” PN01 “Here in the pediatric wards, we assess pain by observing patients' facial expressions, vital signs, and behaviour.”
		Limited knowledge regarding pain assessment tools.	Family or relatives report their child's pain. Didn't know about applying any pain scales	PN03 “We respond when family or relatives report their child's pain to us.” PN04 “We didn't know about applying any formal scale in pain assessment.”

Theme 2: Organizational challenges

This theme focuses on challenges arising due to the organization in which pediatric patients seek care. This theme has emerged from sub-themes which include staff shortage and high workload, resource deficit, security issues, insufficient protocols and policies, shown in figure 3.

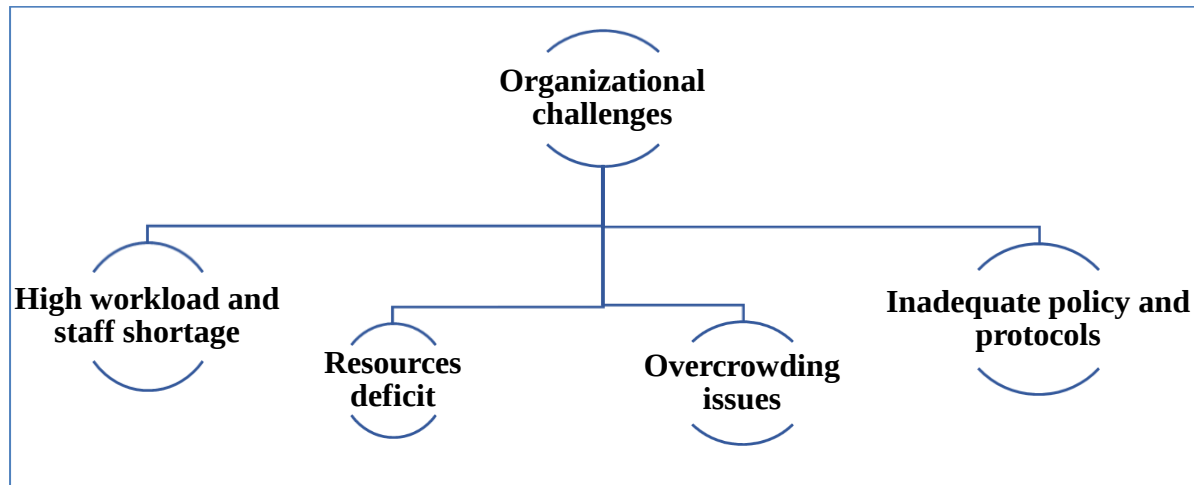


Figure 3: Shows sub-themes for the theme “Organizational constraints.”

Table 2 comprises sub-themes, codes, and quotes of the participants related to organizational constraints. Responses include workload issues, lack of resources, and poor security performance.

Table 2: Shows second theme organizational challenges in managing pediatric pain.

S. No	Theme	Sub-themes	Codes	Quotes
1	Organizational constraints.	High workload and staff shortage	High workload and staff burden. High patient-to-staff ratio.	PN05 “In Lady Reading Hospital, there is a high workload and staff burden.” PN06 “There is a high patient-to-staff ratio; As we are only two staff for 18 patients.”
		Resources deficit	Lack of resource provision. Unavailability or poor quality of medicine	PN04 “Sometimes we face a problem of a lack of resources.” PN07 “Unavailability or poor quality of medicine is also due to the institution.”
		Overcrowding issues	Many family members for each patient.” Too many people in the ward disturb our focus.	PN06 “There are so many family members for each patient.” PN02 “Most of the time, there are too many people in the ward, which disturbs our focus on procedure.”
		Inadequate policy and protocols	No specific technique was used to assess pain.”	PNO3 “Here at Lady Reading Hospital, there is no specific technique used to assess pain.”

Didn't assess with any standard method.

PN02 “, we didn't assess pain with any standard method .”

Theme 3: Family-induced challenges

The third theme of this study is “Family-induced challenges,” which is extracted from sub-themes that include parental rejection, aggressive behaviors from the patient's family members, and communication barriers, shown in figure 4.

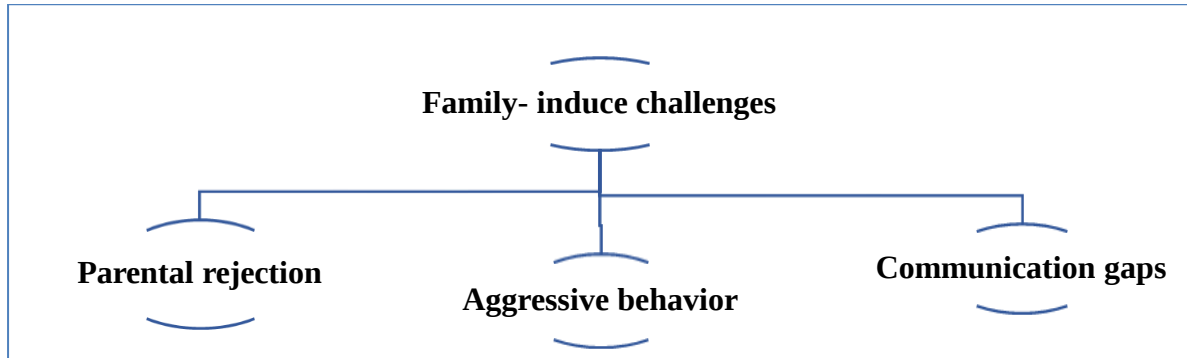


Figure 4: Represents sub-themes for the theme “Family-induced challenges.”

Table 3 includes participants' quotes, themes, subthemes, and codes regarding challenges induced by the family of the patient. Most of the participants reported these challenges.

Table 2: Depicts family-induced challenges in pediatric pain management

S. No	Theme	Sub-themes	Codes	Quotes
	Family-induce challenges	Parental rejection	Parents keep coming and saying, don't do it.	PN04 “The family members or parents keep coming and saying, don't do it, our child is in pain.”
			Family members didn't want to give medication.	PN08 “During oral medication, children are crying then their family members didn't want to give medication.”
		Aggressive behavior	Family members are aggressive.	PN02 “Sometimes, family members are aggressive”
			Attendees of the patients want priority.	PN03 “Most of the time attendees of the patients want priority and attention first for their patient.”
		Communication gaps.	Family members speak Pashto, and we can't understand it properly	PN05 “Most of the family members speak Pashto, and we can't

understand it properly.”

The patient's mother is PN03 “Sometimes, the patient's mothers are absent, and it is difficult to assess pain or patient condition.”

Discussion

This study aims to identify nursing-related barriers in effective pain management of pediatric patients at Lady Reading Hospital, Peshawar, KPK. Our study findings discovered several pain assessment and management-related challenges in effective pain management in pediatric patients, which include a lack of formal education, high workload and staff shortage, resource deficit, inadequate policy and protocol, and limited knowledge regarding pain assessment tools.

Aligning with past studies, the most significant challenges reported by nurses are a lack of knowledge and education regarding pain assessment, the inability of pain assessment tools, and parental inability to report their child's pain ⁽⁵⁾, and similar finding also shown by ⁽¹³⁾. Contrarily ⁽¹⁴⁾, found that Saudi nursing students have satisfactory knowledge regarding pediatric pain management because these nurses received standardized education.

Consistent with our study findings, previous studies also show organizational challenges, including a shortage of staff and a huge workload, limited nurses' ability to focus on pain management ⁽¹⁵⁾, as also stated by ⁽¹⁶⁾. But in contrast to the Brazilian cross-sectional study ⁽⁶⁾, which found that 85% of cases have analgesia prescribed, as these hospitals have standard protocols and a high funding level. Similarly, according to ⁽¹⁷⁾, the absence of pain assessment tools was a major barrier faced by nurses in pediatric pain assessment and management. These findings are also reported by ⁽¹⁸⁾. Comparably ⁽¹⁹⁾ also reported human and material resources shortage, and the educational background of the facilitator.

Family-related challenges in this study include communication issues, aggressive behaviors of the family members, and rejection of important procedures. Consistent with other studies, like ⁽²⁰⁾ report that some parents in low-income communities avoid speaking about their children's pain due to their belief, which delays assistance and also causes communication problems. In a similar manner ⁽⁸⁾, show that emotional families create problems for emergency medical services, but on the other hand ⁽⁶⁾, rarely discuss families because hospital studies focus on nurses, which mismatches with our findings. In contrast, a study reveals that addressing such challenges can improve pain management ⁽²¹⁾.

Conclusion

The findings of this study concluded that nurses perceived various significant challenges that impede effective pain management for pediatric patients. One of the challenges is a lack of awareness that includes less knowledge about the pain assessment tools, the absence of formal training and education, and reliance on classical traditional methods. Additionally, Organizational challenges are another significant factor affecting proper pain management. These include high workload and staff shortage, resource deficit, overcrowding issues, and inadequate policy and protocols. Family-driven challenge is the third aspect that reduces the effective pain delivery. These include parental rejection, aggressive behavior, and communication gaps. Keeping these

challenges in sight and addressing them is not just about improving the system; it is the basic right of every child to have effective comfort and relief from unnecessary suffering. And it is only possible by providing the best training, institutional support, and positive policies that empower the nurses to provide effective and safe care for pain management.

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