

The Impact of Mood on Post-Operative Pain and the Validity and Reliability of the Black South Africans-Adapted Wisconsin Brief Pain Questionnaire.

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Abstract

Since pain is a multifaceted phenomenon, gathering precise, reliable data is the main goal of all assessment instruments. Information, both subjective and objective, pertinent to the patient's suffering. This knowledge is essential a part in both the patient's diagnosis and therapy. Consequently, it is crucial that these Measures of pain are accurate and trustworthy. Western nations are where pain scales were primarily developed. This Study looked into pre-surgical feelings and how they affected acute pain after surgery, including the validity and Validity of the Wisconsin Brief Pain Questionnaire, Visual Analogue Scale, and Profile of Mood State (POMS) (WBPQ). These particular measures were created in the United States of America and needed to be modified.

to the Setswana-speaking individuals in a South African setting at George Mukhari Hospital, previously Ga-Rankuwa Hospital in South Africa. The researcher created a biographical questionnaire to elicit background data from the individuals. The POMS and the WBPQ were administered pre-operatively to a sample of 58 patients after being back-translated from English into Setswana. Following surgery, VAS and WBPQ were administered. The POMS was used to examine the connection between mood and postoperative pain. The six mood state scores were correlated, and the results indicated adequate reliability, but divergent validity could not be shown. Both the VAS and the WBPQ have strong

concurrent and predictive validity, and both have acceptable repeated-measures reliability.

Keywords

Assessment of moods; Measures of pain; Validity; Reliability; WBPQ; VAS; POMS.

Introduction

[1-4] made the case that motivational-affective, cognitive-evaluative, and sensory processes cooperated to produce pain perception. The degree to which someone feels pain can be greatly influenced by their emotional condition. Pain frequently coexists with depressive, anxious, angry, irritable, or angry moods [6-10]. These psychological aspects greatly influence how one feels pain and have attracted significant attention in Western nations, which is unmatched in non-Western nations [11]. Post-operative pain has been shown to be significantly predicted by pre-operative anxiety [12,13]. The fear of pain during surgery is the core cause of pre-operative anxiety in patients.

The patient's capacity to manage pain may be negatively impacted by the aforementioned negative moods, or his or her perception of pain may be worsened. Due to this From this angle, it is crucial to evaluate mood or affect because it is thought to be connected to how someone experiences pain.

Using the Wisconsin Brief Pain Questionnaire and the Visual Analogue Scale (VAS) created by [14], severe post-operative pain has been documented (WBPQ). The WBPQ, created by [15,16], has been widely employed in the measuring of chronic pain. There is currently no measure that measures postoperative pain using the WBPQ. The VAS's documented validity and reliability as a gauge of pain intensity, as well as its sensitivity to the effects of treatment, are its strengths [17-19]. When evaluating chronic pain and arthritis, the WBPQ seems to have good reliability and validity [16]. The psychological suffering that The patient's condition was assessed using the Profile of Mood States (POMS), which was created by [20]. Several researchers [20-22] established the POMS's validity and dependability. Additionally, studies by According to [23], pain intensity positively but sluggishly corresponds with depressive mood. This study's main goals are to evaluate

presurgical emotions and how they may affect postoperative pain as well as to demonstrate the validity and reliability of the WBPQ as a tool for evaluating acute pain.

Discussion

The reliability and validity of the POMS. It was proposed that Setswana and Northern Sotho-speaking surgical patients having laparotomies can use the POMS as a valid and accurate indicator of their emotional state. Additionally, the WBPQ was found to be a valid and reliable indicator of acute pain in subjects who spoke Setswana and Northern Sotho. In Setswana, the POMS and the WBPQ were translated.

For each of the POMS mood variables, high Cronbach Alpha coefficients were discovered. But sadly, the correlations between five of the six characteristics (with the exception of vigor-activity) were likewise extremely strong, ranging from 0.71 to 0.90. The study's correlations appear to be too great to support the factors' divergent validity. The significant inter-correlations among the five elements of the POMS make the case that these five variables may be combined to create a single "general mood" variable. As a result, the Cronbach Alpha for a scale made up of all the elements from these five criteria was calculated and found to be 0.98. The "overall mood" factor and the "vigor-activity" factor were chosen to be used in the following statistical analyses of the groups.

The poor educational standard of the participants, including those without any formal education, may be responsible for the POMS's lack of divergent validity. For these people, moods and pain are intertwined sensations, making it possibly challenging to separate one particular emotion from all others. This correlates with a finding from a research done by [35], contrasting the notions of unpleasant emotions held by the doctor and the patient. He discovered that psychiatrists made a distinction between distinct sorts of emotional distress such as anxiety, depression, and irritability. Patients perceived them as closely resembling [35] somatic symptoms like palpitations in patients. Both anxiety and sadness are characterised by excessive sweating or shakiness. This tendency may affect how participants in this study react to certain questions or phrases, such as "anxious," "nervous," and "panicky."

Conclusion and Recommendations

based on this study's findings. The WBPQ is a sensitive, trustworthy, and legitimate way to assess pain in people who speak Setswana and Northern Sesotho. It has the ability to recognise therapeutic benefits that correspond to the results of painkiller prescriptions. It is advised that: (a) A test be developed employing a layperson's ideas of

emotional distress to measure emotional states in Setswana and Northern Sesotho language individuals with no formal education and those with little education. (b) The study uses a sizable enough sample to support the application of maximum likelihood factor analysis.

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