explore nurses' perspectives (i.e., their expressed experience, opinions) on clinical judgment of pain in critically ill non-verbal children in the PICU.

Method

e context of the study

is is part of a larger project where nurses' pain management in critically ill non-verbal children is focused. is part was carried out at a university hospital PICU in Stockholm, Sweden. e children's division consists of 160 beds; the PICU holds eleven beds serving critically ill children, premature to 18 year olds. Patients have di erent life-threatening conditions, in di erent development stages, quite o en combined with various forms of respiratory problems. Care is conducted in many specialties, such as surgery, medicine, neurosurgery, trauma and infection. Physicians and nurses with a variety of specializations are engaged in everyday care. e PICU has a recommended tool for pain assessment as well as a pain protocol.

Participants

e interview group consisted of seventeen registered nurses (thirteen women and four men), all with some sort of specialist training such as intensive care, pediatrics, or the older form of advanced training that rendered competence within both anesthesia and intensive care. All interviewees worked professionally as registered nurses, and had been in the profession for between ve and thirty-two years. eir PICU experience varied between three months and twenty-eight years, with a mean of fourteen years. All had experience in caring for children prior to their employment at the PICU, and it could therefore be expected that they would have knowledge of pain cues. e enclosure criteria for participation in the study were: registered nurse in Sweden; specialist training in intensive care; pediatrics or the older form of advanced training that rendered competence within both anesthesia and intensive care. e informants were all selected through a convenience sample where the researcher recruited informants through information about the study at workplace meetings. Interested nurses then approached the researcher and all of the interested nurses' where included in the study. All of the nurses completed the interviews. e researcher was also available at the ward outside of scheduled meetings for questions and further information.

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category was named with an expression that captures the essence of the understanding. In the seventh step contrasting; categories obtained were compared with regard to levels of understanding expressed by the informants at a meta level. According to Marton, people's qualitatively di erent ways of experiencing a phenomenon represent a more or less comprehensive understanding of the phenomena. ese di erences can be ordered hierarchically in comparison with established knowledge about the phenomenon [31]. e categories in this study were hierarchically ordered and labeled A, B, C, starting with the most elaborated understanding as judged by experts in the eld. is "negotiating consensus" is a process performed in the phenomenographic approach to replace an interjudge reliability test. Depending on the understanding presented, concepts with elaborated answers comprising at least three important components related to clinical judgment of pain were sorted into category A. Less elaborated concepts with two important components were labeled B and the concept with one important component were labeled C. e rst author analyzed the data, and discussed the analysis with the co-authors and experts in the phenomenographic method. Grouping and articulating were repeated several times.

Ethical considerations

ere are a number of ethical considerations connected to interviewing as a data collection method: whether interviews are the best way to elicit information on the area of interest, how the interviews should be performed, when and where the interviews should take place, and whether there is a possibility that the interviewees will be negatively a ected by the process. On the other hand, a researcher who shows interest in one's personal professional experiences and listens to one's own personal narrative could also be seen as positive. Permission to conduct the study was obtained from the ethical committee at the Karolinska Institute 20031205 and the Head of Clinic at the clinic concerned. All informants gave informed consent to participate and were informed that they could cease participation at any time, without stating a reason. Research ethical guidelines have been accurately followed.

Findings

All informants regarded clinical judgment of pain as one of their most important responsibilities in nursing and a prerequisite for pain alleviation. However most informants explained that they did not use the recommended assessment tool, claiming to have embraced the contents of the tool and therefore did no longer need it in practical care. ere was also an issue about the in exibility of the tool to be readily adapted in a busy setting or individualized for a speci c child or situation.

disclose that children transfer their experiences to the parent through diminutive signs only the parent can interpret. e parent is perceived to be able to mirror the child's feelings and vice versa, highlighted by this quote:

ey (parents) recognize how they (the child) react and they (parent) know when there is something they don't recognize so to speak (i, 18)

Practical orientation

In category (C) informants were not able to elaborate on the clinical judgment of pain and expressed a weak understanding regarding factors and conditions that are considered speci cally contributing to pain *per se*. Characteristics of this orientation is how nurses formulate ideas about the situation the child is in, relying on comparing the current situation with experience of similar situations or exemplar cases rather than focusing on the speci c child in the speci c situation. e informants rely on gut feeling and intuition. Informants o en describe the process in terms of "I refer to my feeling" or "I refer to my own experience" or "I refer to a typical situation ".

In this category nurses' perceptions of how to perform su cient pain alleviation is validated through the outcome of the chosen intervention. e enactment in the clinical judgment is emphasized. Knowledge is gained over time from an individual's own clinical experiences.

Personal experience: is sub category focuses on the judgment emanating from how the nurse mirrors self-experienced pain and personally progressed knowledge of pain