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Analysis of Pediatric Nurses 'Postoperative Pain Management Practices: an Observational Study using the DEMATEL Method

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Abstract: In pediatric nursing, effective pain management for children is a crucial aspect. Healthcare, as children often experience pain due to various medical procedures, surgeries, or illnesses. Effective pain management is essential to ensure the well-being and comfort of pediatric patients. Pediatric nurses play a vital role in managing pain for children in healthcare settings. They need to possess the knowledge, skills, and compassion to assess pain levels, administer appropriate interventions, and monitor the effectiveness of pain relief measures. Proper pain management not only reduces physical discomfort but also contributes to the overall emotional and psychological well-being of pediatric patients. **Assessment Skills:** Pediatric nurses must be adept at assessing pain in children of different age groups. Children may have difficulty expressing their pain, so nurses should be skilled in using age-appropriate pain assessment tools and techniques. Pain management strategies for children often involve multimodal approaches, which may include pharmacological interventions, non-pharmacological techniques (such as distraction, relaxation, and play therapy), and parental involvement. Each child's pain experience is unique, and nurses need to tailor their interventions to suit the child's needs. Factors like age, developmental stage, and cultural background should be considered. Effective communication is crucial when dealing with pediatric patients and their parents. Nurses should explain procedures, medications, and pain relief strategies in a clear and age-appropriate manner. Pediatric nurses need to create a comforting and supportive environment for children and their families. Building rapport and establishing trust can significantly impact a child's pain experience. **Continuous Assessment:** Pain management is an ongoing process. Nurses should regularly assess the child's pain levels, monitor the effectiveness of interventions, and make adjustments as necessary. **Education and Training:** Pediatric nurses should receive proper education and training in pain management techniques for children. This includes staying updated on the latest research and guidelines in the field, doctors, child life specialists, and pharmacists. Working together ensures comprehensive and holistic care. **Ethical Considerations:** Pediatric nurses must also consider ethical principles when managing pain in children. Balancing pain relief with potential side effects and respecting the child's autonomy (when age-appropriate) are important considerations. The DEMATEL method addresses a specific issue, pinup binding. Work through problems with a hierarchical structure. Contribute to identifying workable solutions. Structural modeling techniques are used for one reason: interrelationships between organizational components. Dependency identification and context It can affect the basic concept of relationships. and chart direction due to the influence of elements. makes more use of graphs. **Assessment Skills, Multimodal Approaches, Individualized Care, Communication and Empathy and Comfort.** the Rank using the DEMATEL for Pain Management for Pediatric Nurses in Assessment Skills is got the first rank whereas is the Multimodal Approaches is having the Lowest rank.

Keywords: Assessment Skills, Multimodal Approaches, Individualized Care, Communication and Empathy and Comfort.

1. INTRODUCTION

Children's pain to manage, the patient and to influence nurses are key are playing a role outcome through their positive actions, including accurate assessments, appropriate interventions, and the application of pain relief measures. This study aims to assess Children's pain of pediatric nurses Knowledge and attitudes. To evaluate these features, Including 40 of pediatric nurses Knowledge and attitude (PNKAS) study uses questions [1]. The

survey participants consist of nurses with varying educational backgrounds: 29.9% hold a diploma, 40.6% have an associate degree, 25.0% possess a bachelor's degree, and 4.5% hold a master's degree. On average, respondents have accumulated 6.1 years of pediatric nursing experience. The average score on the PNKAS scale is 38.2%, with a maximum achievable score of 65% and a minimum score of 15%. The study indicates a knowledge gap among Regarding pain management Baby in Turkeynurses, highlighting the potential benefits of additional education in this domain, as suggested by survey findings. Pain management holds immense significance within nursing care, particularly in the pediatric patient population [2]. The International Association for the Study of Pain (IASP), through its Special Interest Group on Pain in Childhood (2005), recognized pain relief as a fundamental human right back in 2001. Consequently, standards and expectations for pain management have evolved, with healthcare providers being required to undergo education in pain assessment and management [3]. Moreover, recognizing pain as a critical element of patients' rights, it has been emphasized by authoritative bodies such as the of healthcare institutions collaborative for accreditation commission (1999, 2011).Pain is subjective experience and patient only that acknowledgment is important can truly define and express it, as outlined by McCaffrey &Pasero (1999). Unfortunately, pain in children, with its subjective nature encompassing feelings, emotions, cognition, and behavioural components, is often insufficiently evaluated and undertreated [4].Frequently, children receive inadequate pain treatment, which contrasts with the advancements in pain management observed over the years. Research within the last decade has indicated that up to 81% of children admitted to hospitals experience moderate to severe pain (Polki, Pietila, &Vehvilainen-Julkunen, 2003). Surprisingly, only 23% of nurses manage these cases effectively, with 43% administering painkillers as prescribed (Jacob &Bandillo, 1999; Vincent & Denise, 2004).Several contradictions complicate the treatment of pain in children, as identified by Valko, Cassidy, and Schecter (1994) [5]. Children are adults does not experience pain likeis a myth. of pain sufficient in presence evaluation and re-evaluation.A subjective experience How to conceptualize And measuring means Misunderstanding of about pain management Lack of knowledge of children.

A concept that reduces pain requires more effort. Concerns about respiratory depression and the potential for addiction due to pain relievers, leading to fear of adverse effects [6].Individual values and beliefs within the healthcare team significantly influence the meaning and value attributed to pain management, affecting the utilization of pain therapy. For instance, some studies suggest that 55% to 90% of nurses may overestimate the pain experienced by children (Manworan, 2000). The objective of this study is to explore the knowledge levels and attitudes of pediatric nurses, as well as their confidence levels, regarding pediatric pain management [7]. This research focuses on a group of nurses in North Carolina. Pain is frequently encountered by nurses in hospital settings, especially in the case of pediatric patients. Failure to address pain adequately can result in adverse physiological and psychological consequences. This research focuses on the assessment of pain in hospital settings, investigating the methods and challenges faced by nurses when assessing pain in children admitted to hospitals. The study examines the barriers reported by nurses working in various in israelA tertiary care hospital departments of Pediatrics[8].Conducted as a cross-sectional study, the research involved 82 pediatric nurses who completed self-report questionnaires. The primary objectives were to explore how nurses assess pain in children and the barriers they encounter in the hospital environment. The findings revealed that a substantial majority of nurses (90%) reported having adequate knowledge and trust in the self-reporting of pain by children (86%). They were also familiar with commonly used, validated pain assessment tools (90%). However, a significant portion (75%) had not recently measured pain and had not utilized alternative assessment methods (58%) [9].Additionally, the study identified that most nurses (86%) relied on the child's overall expression of pain, while one-third (34%) included only parents' assessments in their evaluations. Nurses emphasized the importance of pain assessment, although they encountered challenges and expressed frustration with the current verified practices.Pain management in pediatric nursing is an integral and challenging aspect of healthcare. Children, like adults, can experience pain, but their inability to articulate it as effectively makes pain assessment and management a complex task for pediatric nurses [10]. This article explores the critical role pediatric nurses play in alleviating pain in young patients, focusing on various aspects of pediatric pain management, including assessment, intervention, and the challenges faced in the healthcare environment. Pain management for pediatric nurses holds immense significance as it directly impacts a child's comfort, recovery, and overall well-being. Inadequate pain management can lead to distress, prolonged hospital stays, and even long-term psychological consequences [11]. The International Association for the Study of Pain (IASP) recognizes the importance of effective pain relief as a human right. Therefore, pediatric nurses play a pivotal role in ensuring that children receive the care they deserve precise pain Assessment effective pain It forms the basis of management [12]. Pediatric nurses must rely on various methods to assess pain, considering the child's age, developmental stage, and ability to communicate. These methods range from self-reporting by the child to observations of behavior, vital signs, and non-verbal cues. Skilful pain assessment enables nurses to understand the nature and intensity of the pain experienced, facilitating tailored interventions [13]. Pediatric nurses employ

a range of interventions and strategies to manage pain in children. These include both pharmacological and non-pharmacological approaches. Medications, such as analgesics, are administered following careful evaluation of the child's pain. vital in providing holistic pain relief. Collaborating with the medical team is essential to develop comprehensive pain management plans that align with the child's specific needs [14]. Challenges in Pediatric Pain Management Despite the critical nature of pediatric pain management, several challenges persist. These challenges encompass misconceptions about children's pain experiences, difficulties in measuring and assessing subjective pain, limited knowledge about pain management, and concerns about potential adverse effects of pain medications. Furthermore, individual values and beliefs within the healthcare team may influence pain management decisions, emphasizing the importance of interdisciplinary collaboration [15]. In conclusion, pain management is a fundamental aspect of pediatric nursing care. Pediatric nurses are entrusted with the responsibility of ensuring that children receive adequate relief from pain, which is a human right recognized by the IASP. Effective pain management begins with accurate assessment and extends to the implementation of appropriate interventions. However, pediatric nurses face challenges in this endeavor, and there is often a disconnect between recommended guidelines and actual clinical practices [16].

2. MATERIALS AND METHOD

Assessment Skills: Assessment skills in pain management for pediatric nurses involve the ability to accurately evaluate a child's pain level. This skill requires nurses to use age-appropriate pain assessment tools and techniques, taking into account the child's developmental stage, communication abilities, and cultural background. Nurses need to observe behavioral cues, listen to verbal and nonverbal expressions, and engage with the child and their parents to gain a comprehensive understanding of the pain experience.

Multimodal Approaches: Multimodal approaches in pain management refer to using a combination of different interventions to effectively manage pain in pediatric patients. Instead of relying solely on medications, nurses employ a variety of strategies such as pharmacological treatments, non-pharmacological techniques (like distraction, relaxation, and therapeutic play), and involving parents or caregivers to create a comprehensive and holistic pain management plan tailored to the child's needs.

Individualized Care: Individualized care in pain management recognizes that each child's pain experience is unique. Pediatric nurses take into account the child's age, developmental level, personality, previous experiences, and cultural considerations when designing pain relief strategies. This personalized approach ensures that interventions are not only effective but also aligned with the child's preferences and comfort.

Communication: Effective communication is essential in pain management for pediatric nurses. They must explain procedures, treatments, and pain relief strategies in an age-appropriate and understandable manner to both the child and their parents. Clear and compassionate communication builds trust and reduces anxiety, contributing to the child's overall comfort and cooperation during pain management interventions.

Empathy and Comfort: Empathy and comfort are crucial aspects of pain management for pediatric nurses. By showing genuine care, understanding, and sensitivity, nurses create a supportive and reassuring environment for the child and their family. Pediatric patients often feel vulnerable, and a nurse's empathetic approach can significantly alleviate anxiety and enhance the child's overall experience.

Method: The DEMATEL method addresses a specific issue, pinup binding. Work through problems with a hierarchical structure. Contribute to identifying workable solutions. Structural modeling techniques are used for one reason: interrelationships between organizational components [17]. Dependency identification and context It can affect the basic concept of relationships. And chart direction due to the influence of elements. Makes more use of graphs [18]. DEMATEL based on the basic principle of structure and its visualization, it processes problems by method, analyses them, and solves them. Modeling this structure, the approach adopts the form of a driven diagram, which is a causal effect for presenting values of influence between interrelated relations and analysing factors [19]. By analyzing the visual relationship of conditions between systemic factors, all components A causal group and an effect are divided into groups. It also provides researchers with structure between system components. A better understanding of the relationship and complexity is needed for troubleshooting computer problems can find ways [20]. The DEMATEL system is integrated. Management and emergency response work in tandem. In the manner proposed, it is not necessary to defuzzify obscure numbers before using the DEMATEL method [21]. As a result, it is unclear whether this method will accurately reflect the character. Finally, to get the final results from different aspects twice in each integrated PPA, we use DEMATEL, which is ours. Decision Testing and Assessment Laboratory (DEMATEL) The DEMATEL method is a powerful method for gathering team knowledge to build a structured model and visualize the causal

relationships among subsystems. But crisp values the ambiguity of the real world is an adequate reflection [22]. DEMATEL investigates the relationship between equity and a variety of investment factors and factors, as well as the ANP, which is used to assess their interdependence. Integrates This section is, first and foremost, detailed. Establishes network relationships before increasing the weight of each ANP factor in comparison to Uses. Third, a systematic data collection process is provided [23]. The DEMATEL method quickly separates the complex set of factors into a sender organization and a receiving institution, and then translates that information into the appropriate strategy for selecting a management tool. Also, the ZOGP model enables businesses to fully utilise their limited funds for planning to develop ideal management systems by combining different configurations with Explicit Priorities [24]. DEMATEL methods this impact and causality can be attributed to affected group barricades. Therefore, to effectively implement electronic waste management, barriers belonging to a causally Influential subgroup should be given special consideration. Decision-makers must therefore identify hurdles in order to reduce their impact or influence, guarantee that the legal is strong, and ensure that appropriate barriers are in plac [25]. Therefore, der methods ISM and DEMATEL methods, the results are somewhat consistent results grated ISM DEMATEL results for e-was determination constraints determine not only the structure of fire but also the structure of the interactions DEMATEL research, is only categories: factors or only relationships between criteria the first type of clarification is: and causal Group barriers pro or Source for affected group barriers can be considered due. Therefore, in order to effectively implement electronic waste management, barriers belonging to a causal or an influential group should be considered on a priority basis [27]. Therefore, decision makers need to determine obstacles the legal framework is strong make sure there is controllable in order to minimize impact or influence barriers. Therefore, derived the results combining ISM and DEMATEL techniques are somewhat congruent. The structure of the interactions between these barriers is determined by the integrated ISM DEMATEL results for e-waste management constraints [28].

3. RESULTS AND DISCUSSION

TABLE 1. Pain Management for Pediatric Nurses

	Assessment Skills	Multimodal Approaches	Individualized Care	Communication	Empathy and Comfort	Sum
Assessment Skills	0	17	15	15	18	65
Multimodal Approaches	8	0	5	16	14	43
Individualized Care	18	15	0	13	15	61
Communication	17	13	12	0	11	53
Empathy and Comfort	13	14	11	17	0	55

Table 1 shows that DEMATEL decision making trail and evaluation laboratory in Pain Management for Pediatric Nurseswith respect to Assessment Skills, Multimodal Approaches, Individualized Care, Communication, Empathy and Comfortsum this value.

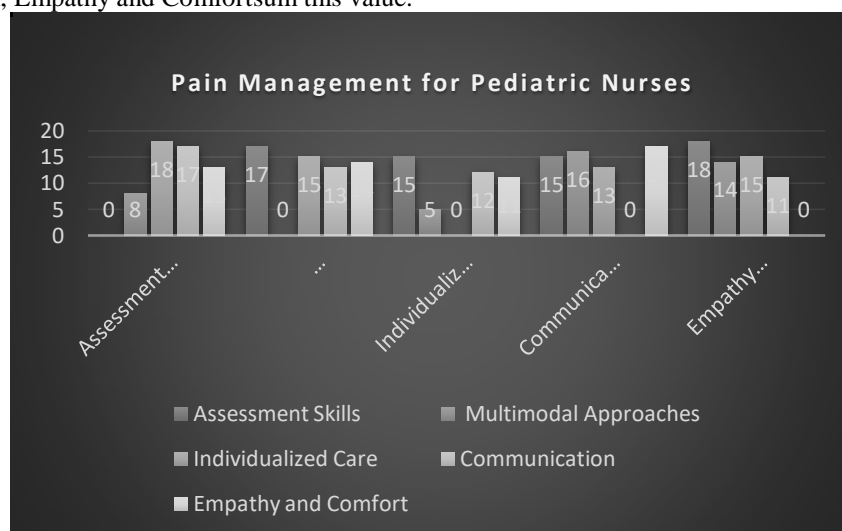


FIGURE 1. Pain Management for Pediatric Nurses

Figure 1 shows that DEMATEL decision making trail and evaluation laboratory in Pain Management for Pediatric Nurses with respect to Assessment Skills, Multimodal Approaches, Individualized Care, Communication, Empathy and Comfortsum this value.

TABLE 2. Normalization of direct relation matrix

	Assessment Skills	Multimodal Approaches	Individualized Care	Communication	Empathy and Comfort
Assessment Skills	0	0.246376812	0.217391304	0.217391304	0.260869565
Multimodal Approaches	0.115942029	0	0.072463768	0.231884058	0.202898551
Individualized Care	0.260869565	0.217391304	0	0.188405797	0.217391304
Communication	0.246376812	0.188405797	0.173913043	0	0.15942029
Empathy and Comfort	0.188405797	0.202898551	0.15942029	0.246376812	0

Table 2 shows that the Normalizing of the direct relation matrix in Pain Management for Pediatric Nurses with respect to Assessment Skills, Multimodal Approaches, Individualized Care, Communication, Empathy and Comfort conditioner the diagonal value of all the data set is zero.

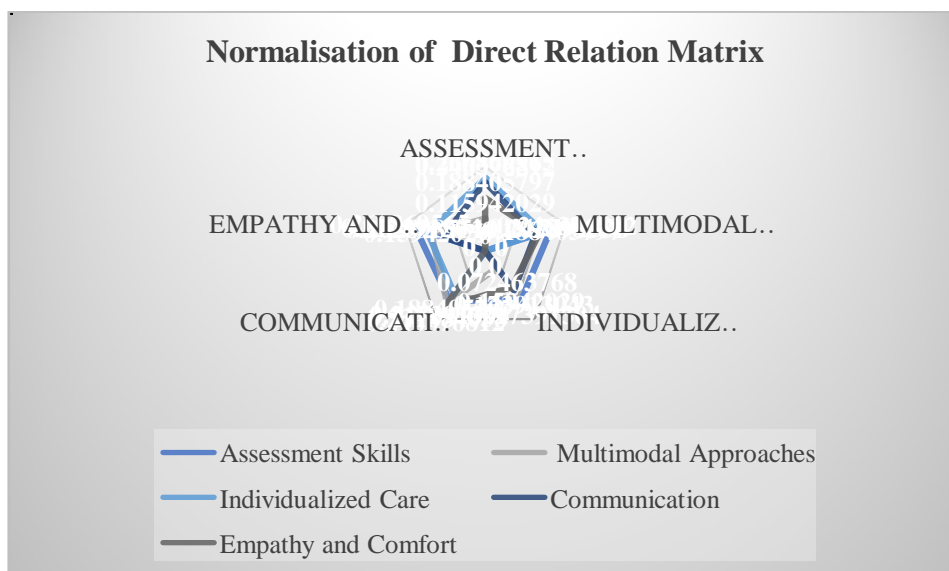


FIGURE 2. Normalisation of Direct Relation Matrix

Figure 2 shows that the Normalizing of the direct relation matrix in Pain Management for Pediatric Nurses with respect to Assessment Skills, Multimodal Approaches, Individualized Care, Communication, Empathy and Comfort the diagonal value of all the data set is zero.

TABLE 3. Calculate the Total Relation Matrix

	Assessment Skills	Multimodal Approaches	Individualized Care	Communication	Empathy and Comfort
Assessment Skills	0	0.246376812	0.217391304	0.217391304	0.260869565
Multimodal Approaches	0.115942029	0	0.072463768	0.231884058	0.202898551
Individualized Care	0.260869565	0.217391304	0	0.188405797	0.217391304
Communication	0.246376812	0.188405797	0.173913043	0	0.15942029
Empathy and Comfort	0.188405797	0.202898551	0.15942029	0.246376812	0

Table 3 Shows the Calculate the total relation matrix in Pain Management for Pediatric Nurses with respect to Assessment Skills, Multimodal Approaches, Individualized Care, Communication, Empathy and Comfort is Calculate the Value To compare the values in the matrix and identify which pair of skills or concepts have the highest and lowest correlation, we can go through the values and find the maximum and minimum values. The highest value in the matrix is 0.260869565, which is the correlation between "Assessment Skills" and "Empathy and Comfort." The lowest non-zero value in the matrix is 0.072463768, which is the correlation between "Multimodal Approaches" and "Individualized Care." Calculate the total relation matrix Value.

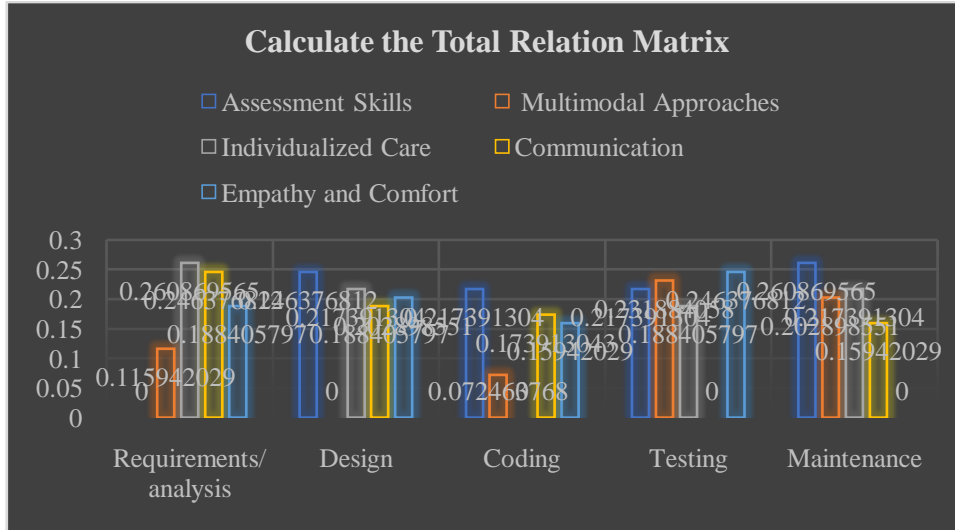


FIGURE 3. Calculate the total relation matrix

Figure 3 Shows the Calculate the total relation matrix in Pain Management for Pediatric Nurses with respect to Assessment Skills, Multimodal Approaches, Individualized Care, Communication, Empathy and Comfort is Calculate the Value To compare the values in the matrix and identify which pair of skills or concepts have the highest and lowest correlation, we can go through the values and find the maximum and minimum values. The highest value in the matrix is 0.260869565, which is the correlation between "Assessment Skills" and "Empathy and Comfort." The lowest non-zero value in the matrix is 0.072463768, which is the correlation between "Multimodal Approaches" and "Individualized Care." Calculate the total relation matrix Value.

TABLE 4. $T = Y(I - Y)^{-1}$, I= Identity matrix

1	0	0	0	0
0	1	0	0	0
0	0	1	0	0
0	0	0	1	0
0	0	0	0	1

Table 4 Shows the $T = Y(I - Y)^{-1}$, I= Identity matrix in voice activated command system with respect to Assessment Skills, Multimodal Approaches, Individualized Care, Communication, Empathy and Comfort is the common Value.

TABLE 5. Y Value

0	0.2463768	0.2173913	0.2173913	0.2608696
0.115942	0	0.0724638	0.2318841	0.2028986
0.2608696	0.2173913	0	0.1884058	0.2173913
0.2463768	0.1884058	0.173913	0	0.1594203
0.1884058	0.2028986	0.1594203	0.2463768	0

Table 5 Shows the Y Value voice activated command system with respect to Assessment Skills, Multimodal Approaches, Individualized Care, Communication, Empathy and Comfort is Calculate the total relation matrix Value and Y Value is the same value.

TABLE 6. I-Y Value

I-Y				
1	-0.2463768	-0.2173913	-0.2173913	-0.2608696
-0.115942	1	-0.0724638	-0.2318841	-0.2028986
-0.2608696	-0.2173913	1	-0.1884058	-0.2173913
-0.2463768	-0.1884058	-0.173913	1	-0.1594203
-0.1884058	-0.2028986	-0.1594203	-0.2463768	1

Table 6 Shows the I-Y Value in voice activated command system with respect to Assessment Skills, Multimodal Approaches, Individualized Care, Communication, Empathy and Comfort table 4 $T = Y(I-Y)^{-1}$, I= Identity matrix and table 5 Y Value Subtraction Value.

TABLE 7. (I-Y)-1 Value

1.753455953	0.9924499	0.7852753	1.0030366	0.9894064
0.631353742	1.551398	0.4958079	0.7651491	0.709242
0.930470671	0.9403848	1.5832593	0.9474579	0.928765
0.842614229	0.8371248	0.6683493	1.7018595	0.8062681
0.814398537	0.8579243	0.6656186	0.9145683	1.6770238

Table 7 shows the (I-Y)-1Value in voice activated command system with respect to Assessment Skills, Multimodal Approaches, Individualized Care, Communication, Empathy and Comfort Table 6 shows the Minverse shows used.

TABLE 8. Total Relation matrix (T)

	Total Relation matrix (T)					Ri
Assessment Skills	0.753455953	0.9924499	0.7852753	1.0030366	0.9894064	0.753455953
Multimodal Approaches	0.631353742	0.551398	0.4958079	0.7651491	0.709242	0.631353742
Individualized Care	0.930470671	0.9403848	0.5832593	0.9474579	0.928765	0.930470671
Communication	0.842614229	0.8371248	0.6683493	0.7018595	0.8062681	0.842614229
Empathy and Comfort	0.814398537	0.8579243	0.6656186	0.9145683	0.6770238	0.814398537
Ci	0.753455953	0.9924499	0.7852753	1.0030366	0.9894064	0.753455953

Table 8 shows the Total Relation Matrix (T) the direct relation matrix is multiplied by the inverse of the value that the direct relation matrix is subtracted from the identity matrix.

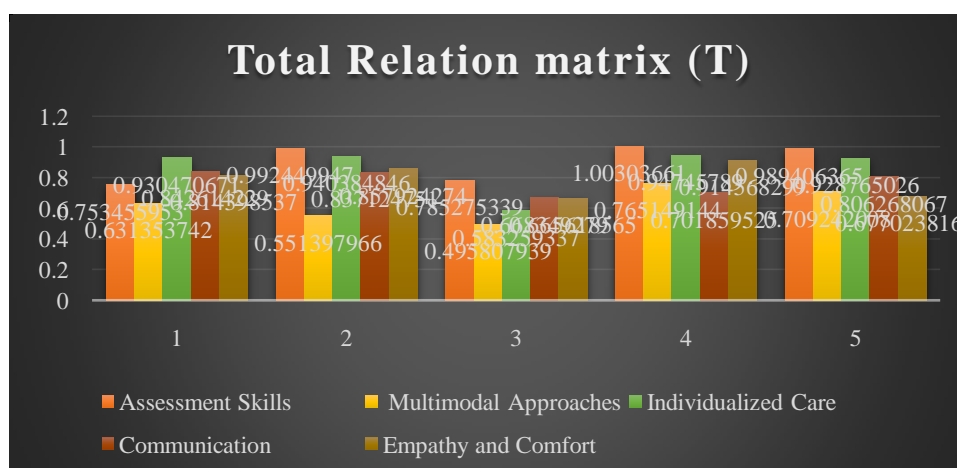


FIGURE 4. Total Relation matrix (T)

Figure 4 Shows the Total Relation Matrix (T) the direct relation matrix is multiplied with the inverse of the value that the direct relation matrix is subtracted from the identity matrix.

TABLE 9. Pain Management for Pediatric Nurses Ri & Ci Value

	Ri	Ci
Assessment Skills	4.5236242	3.9722931
Multimodal Approaches	3.1529508	4.1792818
Individualized Care	4.3303378	3.1983105
Communication	3.8562158	4.3320715
Empathy and Comfort	3.9295335	4.1107053

Table 9 shows the Pain Management for Pediatric Nurses values in the table, you can consider either the "Ri" or "Ci" values for each item. Assessment Skills, Multimodal Approaches, Individualized Care, Communication, Empathy and Comfort. Assessment Skills is Showing the highest value for Ri and Multimodal Approaches is Showing the Lowest value. Communication is Showing the highest value for Ci and Individualized Care is Showing the Lowest value.

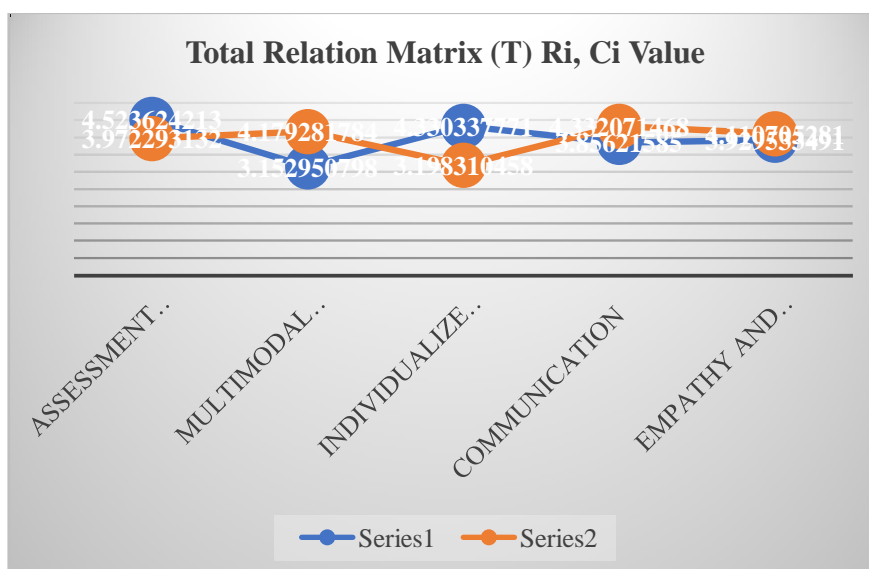


FIGURE 5. Total Relation Matrix (T) Ri, Ci Value

Figure 5 shows the Pain Management for Pediatric Nurses values in the table, you can consider either the "Ri" or "Ci" values for each item. Assessment Skills, Multimodal Approaches, Individualized Care, Communication, Empathy and Comfort. Assessment Skills is Showing the highest value for Ri and Multimodal Approaches is Showing the Lowest value. Communication is Showing the highest value for Ci and Individualized Care is Showing the Lowest value.

TABLE 10. Calculation of Ri+Ci and Ri-Ci to Get the Cause and Effect

	Ri+Ci	Ri-Ci	Rank	Identity
Assessment Skills	8.495917345	0.5513311	1	cause
Multimodal Approaches	7.332232582	-1.026331	5	effect
Individualized Care	7.528648229	1.1320273	4	cause
Communication	8.188287318	-0.4758556	2	effect
Empathy and Comfort	8.040238772	-0.1811718	3	effect

Table 10 shows the Calculation of Ri+Ci and Ri-Ci to Get the Cause and Effect. Pain Management for Pediatric Nurses with respect to Assessment Skills, Multimodal Approaches, Individualized Care, Communication, Empathy and Comfort of Assessment Skills, and Individualized Care is Showing the highest Value of cause. Pain Management for Pediatric Nurses with respect to Multimodal Approaches, Communication, Empathy and Comfort is showing the lowest Value of effect.

TABLE 11.T matrix value

T matrix				
0.753455953	0.99245	0.785275	1.003037	0.989406
0.631353742	0.551398	0.4958079	0.7651491	0.709242
0.930470671	0.940385	0.5832593	0.947458	0.928765
0.842614229	0.837125	0.6683493	0.7018595	0.8062681
0.814398537	0.857924	0.6656186	0.914568	0.6770238

Table 11. Shows the T matrix calculate the average of the matrix and its threshold value (alpha) **Alpha 0.791706485** If the T matrix value is greater than threshold value then bold it

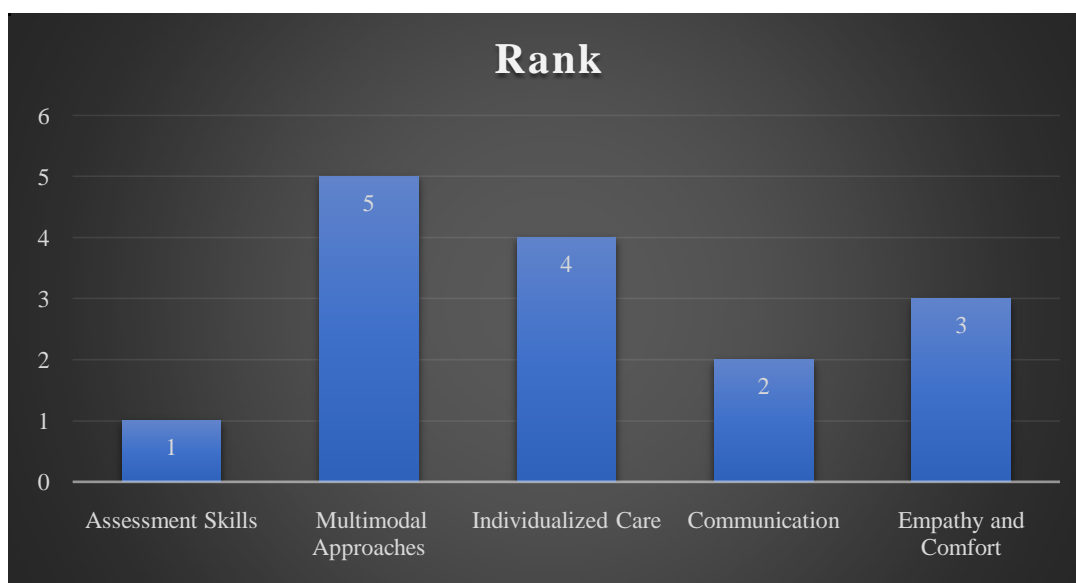


FIGURE 6. Shown the Rank

Figure 6 shows the Rank using the DEMATEL for Pain Management for Pediatric Nurses in Assessment Skills is got the first rank whereas is the Multimodal Approaches is having the Lowest rank.

CONCLUSION

In pediatric nursing, effective pain management for children is a crucial aspect. healthcare, as children often experience pain due to various medical procedures, surgeries, or illnesses. Effective pain management is essential to ensure the well-being and comfort of pediatric patients. Pediatric nurses play a vital role in managing pain for children in healthcare settings. They need to possess the knowledge, skills, and compassion to assess pain levels, administer appropriate interventions, and monitor the effectiveness of pain relief measures. Proper pain management not only reduces physical discomfort but also contributes to the overall emotional and psychological well-being of pediatric patients. **Assessment Skills:** Pediatric nurses must be adept at assessing pain in children of different age groups. Children may have difficulty expressing their pain, so nurses should be skilled in using age-appropriate pain assessment tools and techniques. Pain management strategies for children often involve multimodal approaches, which may include pharmacological interventions, non-pharmacological techniques (such as distraction, relaxation, and play therapy), and parental involvement. Each child's pain experience is unique, and nurses need to tailor their interventions to suit the child's needs. **Multimodal approaches** in pain management refer to using a combination of different interventions to effectively manage

pain in pediatric patients. Instead of relying solely on medications, nurses employ a variety of strategies such as pharmacological treatments, non-pharmacological techniques (like distraction, relaxation, and therapeutic play), and involving parents or caregivers to create a comprehensive and holistic pain management plan tailored to the child's needs. Individualized care in pain management recognizes that each child's pain experience is unique. Pediatric nurses take into account the child's age, developmental level, personality, previous experiences, and cultural considerations when designing pain relief strategies. This personalized approach ensures that interventions are not only effective but also aligned with the child's preferences and comfort. Effective communication is essential in pain management for pediatric nurses. They must explain procedures, treatments, and pain relief strategies in an age-appropriate and understandable manner to both the child and their parents. Clear and compassionate communication builds trust and reduces anxiety, contributing to the child's overall comfort and cooperation during pain management interventions. The Rank using the DEMATEL for Pain Management for Pediatric Nurses in Assessment Skills is got the first rank whereas is the Multimodal Approaches is having the lowest rank.

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