***Understanding the interactions of nurses, children and parents during postoperative pain management: A Constructivist Grounded Theory Study***

**Background:** Each year, more than one million children have surgery in England. Despite the availability of postoperative pain management guidelines, a significant number of children still experience moderate to severe postoperative pain. Effective postoperative pain management requires collaboration between nurses, children and parents. Therefore, nurse-child-parent interaction is a cornerstone of postoperative pain management and it significantly affects the quality of pain management in children. However, there is no current evidence that explains the triadic interaction between nurses, children and their parents during postoperative pain management.

**Aim:** This study aimed to explore the interaction processes between nurses, children (aged between 6-11 years) and their parents and construct a theory of nurse-child-parent interaction during postoperative pain management.

**Methods:** A qualitative constructivist grounded theory methodology was used. Data were collected from four surgical wards in a paediatric hospital in England. Thirty-three face-to-face semi-structured interviews were conducted with 10 children, 11 parents and 10 nurses. Eligible participants were recruited through initial purposive sampling and theoretical sampling until theoretical saturation was reached. Data were analysed using constant comparison technique, memos, and constructivist grounded theory coding levels.

**Main results:** Rather than a triadic interaction, findings indicate that the interaction process between child-parent–nurse was constructed around two dyads of nurse–parent, and parent-child. Children and nurses both chose parents as a communicator depending on different reasons. The process of choosing communicator was a non-verbal and non-negotiated process. This lack of negotiation resulted in unclarity when defining parental roles. Therefore, parents managed child-nurse interaction according to their intrapersonal abilities. Parents as the chosen communicator sometimes built a bridge between their child and nurses whilst sometimes their perception was less positive and resulted in the parents building blocks between their child and nurses. Parents also were found experiencing important negative emotions which caused emotional turmoil and negatively affected their ability to communicate.

The interpersonal/dyadic interaction process between nurses and parents was perceived differently by nurses and parents. Differences were found between nurses' beliefs and practices regarding their approach to involving parents in pain care for their child, whereas parents, mainly interacted with nurses in order to initiate pharmacologic pain control. The interpersonal/dyadic interaction between children and parents was a continuous process. Parents continuously observed their child and managed their child’s pain by using the positioning, distraction techniques and other non-pharmacological approaches. Parents and children continuously communicated and shared pain-related information.

**Conclusions:** Findings indicate that the dynamics of the interaction between nurses, children and their parents are significantly more complex than originally anticipated. The interaction between nurses, children and parents is constructed from dyadic interactions of nurse–parent and parent-child. Parents manage child-nurse interaction by oscillating between nurse–parent and parent-child interaction. Parental perception of communication, therefore, is the key determinant in facilitating or inhibiting the communication between nurses, children and their parents. As communication is an essential feature in the interaction process when managing children’s pain, appropriate negotiation between nurses and children and parents is important to determine individual expectations of involvement.