



## PAIN - 5<sup>th</sup> VITAL SIGN: NURSES' KNOWLEDGE

### DOR - 5<sup>o</sup> SINAL VITAL: CONHECIMENTO DE ENFERMEIROS

### EL DOLOR - EL 5<sup>to</sup> SIGNO VITAL: EL CONOCIMIENTO DE LAS ENFERMERAS

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#### ABSTRACT

**Objective:** understanding how nurses identify patients' pain. **Method:** a qualitative approach study developed at the Medical Clinic of a public hospital in the city of Campina Grande/PB. The sample consisted of 11 nurses with whom we used a structured form for data production and the depositions processed by content analysis technique in thematic analysis. The research project was approved by the Research Ethics Committee, Opinion n° 0208.0-133.000-12. **Results:** pain for nurses is treated only as a symptom, being neglected the classification of this as the fifth vital sign. The results indicate that the professionals leave unprepared from graduate to assessing the subjectivity of pain. **Conclusion:** the nurses did not know that pain is considered as the fifth vital sign; therefore, its evaluation and also care are inefficient. **Descriptors:** Pain Measurement; Nursing Care; Signs and Symptoms.

#### RESUMO

**Objetivo:** compreender como os enfermeiros identificam a dor dos pacientes. **Método:** estudo de abordagem qualitativa desenvolvido na Clínica Médica de um hospital público do município de Campina Grande/PB. Os sujeitos compreenderam 11 enfermeiros com os quais foi utilizado um formulário estruturado para a produção dos dados e os depoimentos processados pela Técnica de Análise de conteúdo na modalidade Análise temática. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa, Parecer n° 0208.0-133.000-12. **Resultados:** a dor para o enfermeiro é tratada apenas como um sintoma, sendo negligenciada a classificação desta como o quinto sinal vital. Os resultados indicam que os profissionais saem despreparados da graduação para avaliar a subjetividade da dor. **Conclusão:** os enfermeiros não sabem que a dor é considerada como o quinto sinal vital, por conseguinte a sua avaliação é ineficiente e os cuidados também o são. **Descritores:** Medição da Dor; Cuidados de Enfermagem; Sinais e Sintomas.

#### RESUMEN

**Objetivo:** comprender cómo las enfermeras identifican el dolor en los pacientes. **Método:** un estudio de enfoque cualitativo desarrollado en la Clínica Médica de un hospital público en la ciudad de Campina Grande/PB. La muestra estuvo conformada por 11 enfermeras con las que hemos utilizado un formulario estructurado para la producción de datos y las declaraciones procesadas mediante la técnica de análisis de contenido en el modo de análisis temático. El proyecto de investigación fue aprobado por el Comité de Ética en la Investigación, Opinión n° 0208.0-133.000-12. **Resultados:** el dolor a la enfermera se trata sólo como un síntoma, siendo descuidada la clasificación de este como el quinto signo vital. Los resultados indican que los profesionales salen descalificados de la graduación para evaluar la subjetividad del dolor. **Conclusión:** las enfermeras no sabían que el dolor es considerado como el quinto signo vital, por lo tanto, su evaluación es ineficiente y el cuidado también. **Descriptor:** Medición del Dolor; Los cuidados de Enfermería; Signos y Síntomas.

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## INTRODUCTION

Pain is an unpleasant sensory and emotional experience, which, associated with actual or potential tissue damage, involves cultural, psychic and physical mechanisms. According to the literature, pain is a major cause of human suffering, causing disabilities, affecting the quality of life and generating immeasurable economic and psychosocial effects.<sup>1</sup> Therefore, experience of pain presents a complex interaction of neurological, emotional, cognitive, social and cultural factors.<sup>2</sup>

It is noteworthy that in Brazil, about 45% to 80% of hospitalized patients report feeling pain during the hospitalization period. This may be related to poor training in health graduate students about pain identification and its measurement; therefore, this fact contributes significantly to demonstrating the difficulties encountered by professionals to quantify and qualify pain, since they need to recognize how to evaluating it properly, in order to provide the necessary care to their patients.<sup>3</sup>

Since January 2000, the Joint Commission on Accreditation on Healthcare Organizations (JCAHO), a US entity for hospitals assessment, published a standard that describes pain as the fifth vital sign.<sup>4</sup> Therefore, it should always be measured and recorded with the same rigor and seriousness that blood pressure, heart rate, respiratory rate and temperature. This act is necessary in order to have knowledge about the actions to be taken, its reasons and results. Place even though the complaint of pain should always be valued and respected because of the discomfort that it manifests.<sup>5</sup>

Research shows that pain is categorized according to its duration, location and etiology, being recognized. Three basic categories of pain are generally recognized: acute pain, chronic pain (persistent, non-malignant) and pain related to cancer.<sup>3</sup> Acute pain, beginning in general of recent and commonly associated with a specific injury, indicates some injury or damage. Chronic pain is continuous or intermittent, persisting beyond the expected healing time, and that hardly can be attributed to a specific injury or etiology. In this regard, cancer pain may be acute or chronic.<sup>6</sup>

Given these considerations, it is known that the nursing staff is who identifies, evaluates and notifies pain, program prescribed drug therapy, prescribing non-pharmacological measures and evaluating the analgesia, due to their greater proximity to the patient.<sup>7</sup> Thus,

it is imperative to recognizing the physiology, measurement, assessment and treatment of pain by nursing professionals.

Given the above, this research was guided by the following research problems: How the nurse deals with pain while 5<sup>th</sup> vital sign? What are the meaning/concept of pain attributed by these professionals? How to differentiate acute pain from chronic pain? What instruments are used by nurses in algic measurement? To answer these questions, the following objectives were established:

- Understanding how nurses identify patients' pain.
- Investigating the meanings and concepts attributed to pain.
- Understanding the differences between acute and chronic pain.

## METHOD

A study of a qualitative nature, non-experimental, of a descriptive type and a prospective character performed in a public hospital in the city of Campina Grande/PB with the target population nurses. The sample consisted of 11 nurses, having as inclusion criteria: being a nurse, working in the medical clinic, participating voluntarily in the research and signing the Informed Consent Form (ICF).

For production of data it was used a structured questionnaire consisting of data characterizing the sample and the issues of free expression on knowledge about pain. The analysis of the data processed by the Technique of Content Analysis on Thematic Analysis mode, which is permeated by the following steps: initial preparation of the material, pre-analysis, categorization and sub-categorization, external validation and presentation of results.<sup>8</sup>

It should be noted that this study met the determinations recommended by Resolution No. 466/2012 of the National Health Council for research involving human subjects,<sup>9</sup> and its conduction was allowed by the hospital where the study took place. The project was approved by the Research Ethics Committee of the State University of Paraíba - CEP/UEPB under Opinion No 0208.0-133.000-12. It is worth mentioning that, in order to ensure anonymity of study participants, they were coded, generically, as Enf 1 to Enf 11.

## RESULTS AND DISCUSSION

Regarding the characterization of the sample, the study consisted of 11 nurses working in the medical clinic of the hospital, which were of a minimum age of 22 and a maximum of 62 years old. Regarding the

gender 10 were women and only one man. These results support a feature described in the literature with regard to nursing as an eminently female profession, this being reflects the historical development of the profession.<sup>10</sup>

In professional training time, it was observed that 05 nurses had between 6 and 14 years of academic training; 04 participants had from 1 to 5 years of training and only one has been formed over 15 years.

With respect to the level of specialization of these professionals, all had at least one specialization, and the prevalent public health, reported by 07 nurses. In this respect, a survey conducted in Goiania, in 2007, with 94 nurses, pointed the result that 77,65% of them had course graduate.<sup>11</sup> These results show the trend of constant search for improvement of the professional. Another relevant data found in this study indicate that three nurses, who work at the clinic, had expertise in emergency rooms and 8 were not specialized in the area of operation, since it is an institution devoted to emergency care and trauma.

It is known that pain was described as the fifth vital sign from 2000, which is a recent development. However, we tried to learn the knowledge of nurses about this feature in order that they had time before and after training to the publication.

Of the 11 nurses from the medical clinic in the study, only 2 responded that in graduate had some knowledge about this information, but they said nothing specific; it was a very superficial knowledge. The other nurses said that at no time had access to this information, and something new. In this regard, it is clear that the lack of information has been a barrier in the assessment and treatment of pain.

This shows lack of preparation on the part of professionals, with regard to pain management in hospitalized patients, since more than 80% of them never received training on the topic.<sup>12</sup>

From the content analysis of the questionnaires four thematic categories emerged, as shown in Figure 1

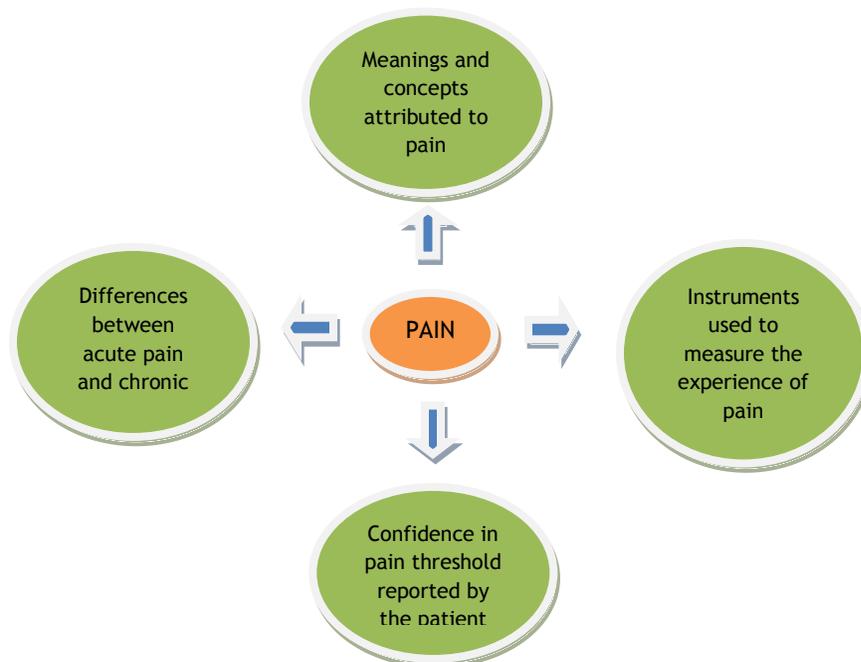


Figure 1. Thematic categories.

#### ◆ Category I - Meanings and concepts attributed to pain

When asked about the meaning and/or concepts of pain, according to their personal and professional experience, nurses associated the condition with a "physical matter", so that pain is a warning sign that something is wrong with integrity and normality of the body, which is verified through the reports:

[...] Pain is a sign subjective of the patient, related to the pathology of the same. (Enf 10)

[...] It is a response mechanism of the human organism to some sort of imbalance, such as disease, trauma. A symptom manifested by the body as a way to flag something "abnormal" or "atypical". (Enf 8)

[...] pain is a reflection in which the body warns you that something is not right. It's outside the normal standards. (Enf 1)

These statements exemplify the relation between pain and some specific diseases, progressive failures of the body, pain or repetitive stress. This is a vision focused specifically on the body, which is interpreted as a machine in a highly segmented plan,

Queiróz DTG, Carvalho MA de, Carvalho GDA de et al.

Pain - 5<sup>th</sup> vital sign: nurses' knowledge.

which signals when something is not right and needs repairs.<sup>14</sup>

Other nurses went beyond saying that the pain affects the emotional, making it a painful sensation associated with "the individual psyche," as show some expressions used by respondents:

*[...] It's a feeling that affects the human being as a whole, especially the psychological and each individual has a pain threshold. (Enf. 7)*

*[...] It's a stage where the patient is fragile and psychologically debilitated and depending on the team. (Enf. 9)*

In this regard, it is argued that pain produces physiological and psychological effects of various types, which vary according to its intensity and duration. However, it is a challenge not merely considering the person as a biological body, a reductionist view, simply.<sup>15</sup> It urges that has a holistic, multi, inter and transdisciplinary of human beings as a whole, as being a person's own body physical, mental and spiritual. Thus, pain is a subjective sensation, and more than the simple fact that "hurts", it comes with strong experience of physical and mental suffering.<sup>2</sup>

#### ◆ Category II - Instruments used to quantify the painful experience

Several methods have been used to measure perception / sensation of pain. As for the science instruments to measure the painful experience and its use in patient care, nurses reported not know, in theory, any tool:

*[...] Technically not, but in practice always wonder the level of 0 to 5 as the patient relates his pain. But in theory never heard, use because I've heard a professional doing. (Enf. 6)*

*[...] Numbering, describing the kind of pain as thin or intense, depth, level mild, moderate or severe. (Enf.8)*

The study shows similar results, so that most professionals are unaware of the instruments for measuring.<sup>16</sup> These, in turn, often end up relying on common sense, in their own religious beliefs and practices experienced by other professionals for the management of pain.

Measurement of pain characteristics includes the identification of aspects of the beginning of complaint, location, intensity, quality, frequency and duration; that, despite not using the uni- and multidimensional scaling, use the pain characteristics, described by the patient.

One of the respondents also said using physical evaluation to measure the painful experience:

*[...] I use physical examination and history taking. (Enf. 3)*

The history and thorough physical examination are essential in the evaluation of pain complaint and often multiple queries are necessary for a better characterization of the picture. In history it is suggested make room for the patient to report on what is his explanation of the pain and whether they have any specific concerns; the physical examination should always be complete, but it is not recommended to repeat it exhaustively, in all subsequent consultations.<sup>17</sup> Importantly, the assessment of pain in the whole process is vital to check the impact and effectiveness of treatment.<sup>18</sup>

#### ◆ Category III - Trust on the threshold of pain reported by the patient

Recognizing that pain is a subjective experience, only those who feel can express it, the Ministry of Health supports this idea when described as a unique and personal experience.<sup>19</sup> Thus, the subject who experiences pain is the expert on the standard, location, intensity and nature of pain.<sup>20</sup> With regard to trust in the account of the patient's pain, there are nurses who consider pain through the report and body expressions, which was found in response to:

*[...] When he voices his pain, restless and showing points where the pain is. (Enf. 9)*

*[...] By facial and body expressions and as the patient describes his pain. (Enf.1)*

Identifying signs suggestive of pain contributes to the therapy. Considering that this is an intrinsic sense, the task to believe in the pain of others is a bit difficult, observing the verbal and nonverbal signals.<sup>16</sup>

One respondent said watch the facial expression, the patient's account and combine the two data to a more reliable assessment because often what the patient says it is not always observed in their body and facial gestures, there is an incongruity between what is said and observed:

*[...] In addition to patient's information to report pain, facial expression also passes this information, but recognizes that sometimes the patient reports pain; and we're seeing that the report does not confer with his facial and physical expression. (Enf. 6)*

To evaluate the algic experience is necessary to trust in the words and in customer behavior, but some caregivers report that sometimes the client is not in pain, to refer, but by their expressions did not show, it would be a form of "call attention "or" lack of affection ".<sup>1</sup>

Pain may be present in various ways, such as: facies of pain, crying, moan, agitation, tremor or verbal behavior; however, the absence of the signs mentioned does not mean

no pain.<sup>16</sup> Some patients may adapt to pain, by developing a high self-control, removing the signs of distress or staying only prostrate or quieter than usual, due to exhaustion physical and mental caused by the disease, which does not prevent its assessment. It is noteworthy that is not the responsibility of the customer to prove that is in pain, is a nurse's responsibility to accept the account of the client's pain.<sup>21</sup>

#### ◆ Category IV - Differences between acute and chronic pain

Another issue addressed concerns to the knowledge of the respondents about the differentiation between acute and chronic pain, since they require different management.

In this regard, chronic pain is different from acute pain in terms of etiology and expected duration, can last for an infinite period and can be difficult, if not impossible, to treat completely.<sup>22</sup> Given this, the nurses differentiated acute pain chronic according to their experience. This can be identified in the following statements:

*[...] Acute pain begins suddenly, the patient scream of pain, is a bigger nuisance. Since she chronic pain is a symptom that doesn't require as much urgency, the patient can wait and the same supports and know to live with the pain and is associated with pathology. (Enf. 7)*

*[...] Chronic pain when He reports feeling the pain over time and sometimes they say "I got used to it [...]". Acute pain when they report feeling pain to some recent problem. (Enf. 1)*

*Chronic pain is one that has no cure but only relief; I observe by patient's pathology. Already in acute pain it can achieve healing. (Enf. 3)*

It can be seen by the statements of the nurses that when they refer to chronic pain they are associating a disease that the individual has, and noting also that it has no cure but relief. Study shows that chronic pain is that which persists after a reasonable time for the healing of an injury or that is associated with chronic pathological processes that cause continuous or recurrent pain.<sup>22</sup> In this stage, it no longer has the biological function of alert, neurovegetative responses usually no symptoms associated with pain is poorly defined in time and space. Chronic pain is characterized further by having a longer duration, which may extend from several months to years, often associated with a chronic disease.<sup>15</sup>

Some statements express the fact that the patient get used to pain. This tolerance varies widely and is related to genetic, emotional

(fear, anxiety, anger), cultural (learning, previous experiences, symbolic meaning of pain) and social factors.<sup>23</sup> Given the diversity of factors involved in the expression of pain, its tolerance varies between individuals.

In contrast, nurses understand that acute pain is related to a recent issue and can be achieved in a short curing time. The pain is manifested temporarily during a relatively short period of minutes to a few weeks;<sup>15</sup> usually it is a manifestation that disappears when the cause is diagnosed and treated properly. Acute pain has identified a cause, and is expected to be resolved within a certain time. For example, it is expected that the onset of pain during tracheal aspiration or dressing change ends with the completion of the procedure.<sup>23</sup>

### CONCLUSION

The nurse plays a fundamental role in pain control, acting in the diagnostic evaluation, intervention and monitoring of treatment results, in communicating information about the patient's pain, as health team member, so this should always be valued. Therefore, education and theoretical knowledge, combined with practical, should be associated.

The results of this research allowed understanding that nurses have researched hospital incipient knowledge on ways to assess pain, and do not consider it as the fifth vital sign, since they had no way to practice evaluating it systematically. Thus, the lack of knowledge constitutes a challenge for nursing care, and health education and lifelong learning, vehicles capable of promoting this training and necessary update.

Proper training and continuing education on the subject in focus are keys to the humanized nursing care, qualified and decisive for the individual who suffers from pain and for the production of knowledge through a broad and deep understanding of the painful experience and more effective forms of relief and sedation of the pain process.

The lack of knowledge and lack of pain measurement mechanisms makes it difficult to provide effective nursing care and quality. For this reason, the algia is underestimated by lack of understanding and fear causes a detachment of this event; these times be used only pharmacological therapies is a way to move away from the subjectivity of the human being that feels the pain itself.

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Queiróz DTG, Carvalho MA de, Carvalho GDA de et al.

Pain - 5<sup>th</sup> vital sign: nurses' knowledge.

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7192