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ORIGINAL ARTICLE

ATTITUDES OF NURSING PROFESSIONALS FACING THE PAIN OF THE PATIENT WITH WOUND SURGERY

ATITUDES DE PROFISSIONAIS DE ENFERMAGEM FRENTE À DOR DO PACIENTE COM FERIDA OPERATÓRIA

ACTITUDES DE LOS PROFESIONALES DE ENFERMERÍA FRENTE AL PACIENTE CON HERIDAS DE CIRUGÍA

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ABSTRACT

Objective: to investigate the attitudes of nursing staff in the evaluation and pain relief of the patient with surgical wound. ***Method:*** exploratory-descriptive study with a quantitative approach, performed in the intensive care unit of a school hospital, with 21 nursing professionals, ten nurses and 11 nursing technitians. The instrument used for data collection was a questionnaire. The results were analyzed with descriptive statistics. The research project was approved by the Research Ethics Committee, protocol n. 156/10. ***Results:*** it was observed the characteristics and parameters evaluated in pain, professionals' attitudes facing pain and role in their treatment. ***Conclusion:*** nursing professionals provide essential care, and they are able to attend the patient on their actual needs. ***Descriptors:*** Pain; Pain Assessment; Pain Management; Nursing Care.

RESUMO

Objetivo: averiguar as atitudes da equipe de enfermagem na avaliação e no alívio da dor do paciente com ferida operatória. ***Método:*** estudo exploratório descritivo, com abordagem quantitativa, realizado na unidade de terapia intensiva de um hospital escola, com 21 profissionais de enfermagem, dez enfermeiros e 11 técnicos em enfermagem. O instrumento utilizado para coleta de dados foi um questionário. Os resultados foram analisados com a estatística descritiva. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa, protocolo nº 156/10. ***Resultados:*** observaram-se as características e os parâmetros avaliados na dor, as atitudes dos profissionais frente à dor e o papel em seu tratamento. ***Conclusão:*** os profissionais de enfermagem prestam cuidados essenciais, e estes são capazes de atender o paciente em suas reais necessidades. ***Descritores:*** Dor; Avaliação da Dor; Manejo da Dor; Cuidados de Enfermagem.

RESUMEN

Objetivo: investigar las actitudes del personal de enfermería en la evaluación y el alivio del dolor para los pacientes con heridas quirurgicas. ***Método:*** estudio exploratório-descriptivo con abordaje cuantitativo, realizado en la unidad de cuidados intensivos de un hospital universitario, con 21 profesionales de enfermería, diez enfermeras y 11 tecnicas de enfermería. El instrumento utilizado para la recolección de datos fue un cuestionario. Los resultados se analizaron con estadísticas descriptivas. El proyecto de investigación fue aprobado por el Comité de Ética de la Investigación, el protocolo nº 156/10. ***Resultados:*** observamos las características y parámetros evaluados en el dolor, las actitudes de los profesionales frente al dolor y la función en su tratamiento. ***Conclusión:*** los profesionales de enfermería ofrecen atención esencial, y son capaces de asistir el paciente en sus necesidades reales. ***Descriptores:*** Dolor; Evaluación del Dolor; Manejo del Dolor; Cuidados de Enfermería.

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INTRODUCTION

The surgical patient belongs on a considerable number of the population of intensive care units, experiencing numerous discomforts, among which the pain related to the wound.[1] This pain should be the focus of nursing staff with appropriate evaluation and subsequent adoption of attitudes that seek his relief and minimize the discomfort felt by the patient, making him the subject of an individual health care, humane and effective.

Promoting pain relief is viewed as a basic human right. Thus, it is not just a clinical issue, but also an ethical situation involving all health professionals.[2] In this sense, effective pain control is a duty of health professionals, a right of patients who have it and a key step for the effective humanization of health services.[3]

Promoting pain relief the patient requires skill, knowledge and commitment to care. We emphasize the importance of its evaluation in a hospital environment, to undertake, as appropriate therapeutic approach. In addition, pain has the main feature being subjective, and thus only the individual can describe it in the way the feel.[4]

Moreover, the nursing staff is longer providing care to the patient in pain, so these professionals must develop skills to evaluate it, implement relief strategies and to verify the effectiveness of the same.[3] Pain assessment in wound should be performed at the time of changing the dressing or its treatment, considering the pain the wound site and perilesional tissue should also be evaluated.[5]

This review should be careful with the use of tools for a reliable interpretation. However, it is visible the difficulty and applicability of instruments for the measurement of pain. Many problems can be linked to overload work, clinical inexperience, ignorance of the existence of these instruments and the lack of awareness in listening to the patient. For these and other reasons, the professional ultimately assess pain in a subjective manner, which may compromise the nursing care to be provided.[6]

Some studies have been conducted to verify the performance of nurses in the identification and management of both pain postoperatively as the experience of the intensive care unit, showing the difficulty that practitioners have faced this area, emphasizing the relevance of this research due to the contribution to the scientific community and nursing care.

With these results, it is expected to provide concrete evidence that support the transformation of the work process of the nursing staff, so that they take measures to that assistance is targeted to meet the real needs of critically ill patients. Therefore, this research proposes to investigate the attitudes of nurses and nursing assessment and pain relief for patients with wound in the intensive care unit.

METHOD

Exploratory study with a quantitative approach, performed in the intensive care unit of a university hospital in the state of Paraíba.

The target population consisted of nurses and nursing technicians working in the intensive care unit of the hospital. The sample consisted of ten and eleven nurses practical nurses who met the following inclusion criteria: development assistance activities in the inpatient unit and be selected in the research site at the time of data collection.

The period of data collection took place between March and May 2011. The instrument used for data collection was a structured questionnaire with two parts, the first included sociodemographics of the participants and the second consisted of objective questions concerning attitudes adopted by the nursing staff in the assessment and pain relief for patients with wound. The results were analyzed using descriptive statistics and discussed according to the literature concerning the subject.

Before being developed, the design of this research study was submitted to the Ethics Committee in Research of the hospital, and was approved under the Protocol nº 156/10.

RESULTS

The findings of the study were divided into two parts: the first, concerning the demographic profile of the participants in the sample, and the second refers to the attitudes adopted by the nursing staff in the assessment and pain relief for patients with wound.

We interviewed 21 nurses, ten and eleven nurses, nursing technicians. With regard to the age of the participants, it appears that the majority 6(54%) of the nursing staff, the patient between 28 and 34 years old. Different from what could be observed in the age profile of nurses, in which 5 (50%) of these are in the age group 34-40 years old. Importantly, almost all nursing technicians 8 (73%) and 8 (80%) of the nurses were female.

The results related to training revealed that 5(50%) of nurses forward eleven years or longer graduate, while 4(40%) had one to five years. These professionals, 9(90%) have post-graduation, which ranged from: 5(50%) Intensive Care Unit, 3(30%) of the Nursing Work, 1(10%) Public Health, 1(10%) Services Administration in Nursing and one of these professionals has two postgraduate degrees (Intensive Care Unit Nursing and Labor).

In the second part of the questionnaire, regarding the attitudes developed by the nursing professionals regarding pain patient's wound with the intensive care unit, was asked the nurses about pain assessment at the time of data collection, 9(81%) of nursing technicians and 9(90%) of nurses responded assessing pain in this period.

It was also asked about the characteristics of pain assessed during data collection, which are shown in Table 1.

Table 1. Characteristics of pain assessed at the time of data collection. João Pessoa (Paraiba), Brazil, in 2011.

Variables	Nursing technicians n (%)	Nurse n (%)
Begining	7(13%)	7(12,3%)
Place	10(18,5%)	8(14%)
Intensity	10(18,5%)	8(14%)
Sensitive characteristics	6(11,1%)	6(10,5%)
Duration, variation and pace	7(13%)	6(10,5%)
Factors that worsen and improve	6(11,1%)	7(12,3%)
Losses in daily activities	4(7,4%)	7(12,3%)
Use of medicines and other Analgesic interventions	4(7,4%)	7(12,3%)
Did not respond	–	1(1,8%)
Total	54 (100%)	57 (100%)

It is observed that most of the nurses considered as important feature of the pain being evaluated postoperatively at the time of data collection, the location and intensity.

Whereas the pain should be observed and evaluated, and that this should be considered for behavioral aspects of patient behavior parameters considered by the nursing staff in the expression of pain are shown in Table 2.

Table 2. Behavioral parameters considered in the assessment of pain. João Pessoa (Paraiba), Brazil, in 2011.

Variables	Nursing technicians n (%)	Nurse n (%)
Facial expression	10(28,6%)	10(29,4%)
Crying	9(25,7%)	9(26,5%)
Tone of voice	8(22,85%)	6(17,6%)
Patient account	8(22,85%)	9(26,5%)
Total	35(100%)	34(100%)

The main parameters considered in behavioral pain of postoperative wound nursing professionals refer to facial expression and cry.

In view of the problems presented by patients with pain in the postoperative wound, the nursing staff should take steps to mitigate or its termination, in order to promote the well-being of the individual. Thus, the attitudes adopted by nursing professionals regarding pain patient's wound are shown in Table 3.

Table 3. Attitudes of nurses regarding pain patient's wound. João Pessoa (Paraiba), Brazil, in 2011.

Variables	Nursing technician n (%)	Nurse n (%)
Listen to the patient's account	9(33,3%)	7(25%)
Note on the record	5(18,5%)	8(28,6%)
Implement prescribed therapy	8(29,7%)	9(32,1%)
Apply relaxation techniques	5(18,5%)	4(14,3%)
Total	27(100%)	28(100%)

Besides the attitudes shown in Table 3, other interventions were cited by nurses, which are: waiting resolution of pain, intervene with the doctor, and seek spiritual and psychosocial support.

The nurses were also asked about the role to be played against the patient with pain in

the wound. In line with the attitudes displayed by nursing professionals, are presented in Table 4 which nursing professionals understand how their role in the treatment of wound pain.

Table 4. Role of nurse practitioners in the treatment of patients with pain in the surgical wound. João Pessoa (Paraiba), Brazil, in 2011.

Variables	Nursing technicians n (%)	Nurse n (%)
Identification of pain	8(32%)	8(27,6%)
Waiting for the doctor	1(4%)	-
Implement the prescribed therapy	9(36%)	9(31%)
Evaluate analgesia	5(20%)	8(27,6%)
Plays and rehabilitation education activities of the patient	2(8%)	4(13,8%)
Total	25(100%)	29(100%)

It is noted by the data of Tables 3 and 4 that the attitudes adopted by nursing professionals, are mostly in line with the role that professionals understand that should play.

When asked about treatment for pain relief, the technicians in nursing 10 (91%) consider that along to the nonpharmacological treatment should be implemented as pharmacological therapy. Regarding nurses 7 (70%) highlighted the non-pharmacological treatment as the best option for adequate pain relief.

Among those who responded adherence to non-pharmacological treatment, it appears that employ the following therapies in the treatment of pain, seen in Table 5.

Table 5. Nonpharmacological therapies used to treat pain. João Pessoa (Paraiba), Brazil, in 2011.

Variables	Nursing technician n (%)	Nurse n (%)
Relaxation techniques	5(33,3%)	3(21,4%)
Compresses	5(33,3%)	5(35,7%)
Therapeutic touch	3(20%)	–
Cutaneous stimulation	2(13,3%)	–
Change of decubitus	–	2(14,3%)
Conversations with the patient	–	2(14,3%)
Believes	–	2(14,3%)
Total	15(100%)	14(100%)

We highlight the non-pharmacological therapies that are in greater evidence, such as relaxation techniques and the use of tampons.

DISCUSSION

The collected data show that nursing technicians study participants are of working age, since nurses are in an older age and have considerable training time. Thus may have greater experience, which may be related to the time of completion of the degree course.

The experience may be a tool used in the process of work of nurses to assist in the planning of comprehensive assistance to the individual in health services, leading the professional to recognize more easily the situations of discomfort, anxiety and emotional damage caused by the pain, aiming the welfare of the individual and the proper development of nursing care.

Also, having knowledge about the physiological effects, dosages of medications, choose the type of treatment to be used, it causes more and more patients are able to have their painful complaint softened.[7] Thus, the fact that nurses have the experience in the ways of managing pain can make your team trained and humanized in the care of patients with wound.

Pain is a physical stressor quite common in patients admitted to the intensive care unit, causing the individual to feel helpless and incapable of not solving this sensation.[8] Thus, it is important to note that each individual has a specific pain threshold and a differential response to the pain you feel, as several factors influence this feeling as: biological, psychological and social. Thus, nursing professionals need to be sensitive to such understanding and use their knowledge and experience to carry out a proper assessment of pain, so you can well promote attention which the patient needs.

Study[6] points out that the pain is not properly treated and documented due to inadequate initial assessment. For this, the American Pain Society has defined guidelines for the measurement and recording of the same should be done at the time of data collection with the same rigor as other vital signs such as blood pressure, heart rate, respiratory rate and temperature, thus terming the pain as the fifth sign vital[9]. During this research, it became clear implementation of this guideline, since 10 (81%) of nursing

technicians and 9 (90%) of nurses responded questioning pain in the wound at the time of data collection.

A proper assessment of the pain and qualified by the nursing professional is extremely important so that they can adopt effective measures for their relief, they should be directed to the individuality of each patient. Thus it is relevant to its assessment at the time of interview, it becomes possible to know the real situation, and thus, one can adopt an effective intervention, but also establish an appropriate parameter for evaluation.

In this perspective, the assessment shall cover the characteristics of pain, such as: first, local irradiation, frequency, type of pain, intensity, duration and triggering factors.[10] The characteristics cited as relevant in assessing wound pain by nurses were: location, intensity, onset, duration, range, rhythm, sensory characteristics and factors which worsen. Importantly, in the evaluation of nursing staff, the location and intensity indicators, these data were also highlighted in a study dealing with the identification and evaluation methods to describe the caregiver nursing the patient with pain.[6] It was also observed that none of the professional nursing staff assesses pain considering all its features, this fact can become ineffective care, since the knowledge of all the characteristics of the pain will be a major factor in the planning of care.

For pain assessment is effective and able to guide the care, behavioral parameters that the patient with pain in the wound expressed, need to be considered such as facial expression, crying, decreased self-care, the tone of voice and patient's account.[6] In this study, it is seen that nurses assess these aspects, with the exception of decreased self-care, which was not mentioned by any of the research participants. However, it is important to consider it as the ability of the realization of self-care is a health indicator, and if the patient has a commitment to carry out this action, need greater attention from the health care team.

The results in a study with nursing professionals[6] corroborate our findings, given that some research participants highlight the importance of observing the behavioral parameters of the patient to an appropriate assessment of the pain he feels.

The pain in the wound is essentially subjective; only the patient is able to define and characterize it thus hear his account is essential for evaluation. However, the patient in critical condition, is not always able to express what they feel through verbal communication or still under sedation, decreasing its sensitivity and attentiveness painful conditions, through all this, you realize the importance of evaluating the pain in your multidimensional.

The pain is multidimensional, and to be able to characterize it this way denotes observe and evaluate its various dimensions: neurophysiological mechanisms involving activation of peripheral receptors; psychosocial, highlighting the positive and negative emotional influence on the individual; cognitive-cultural, relating her believes, meanings and behaviors prior pain, behavioral, situational stressors, as an influence on the threshold of pain, and sensory concerning the clinical features of the same.[4]

Several strategies to assess pain may be used; each way to evaluate it provides qualitative and quantitative information. Because it is a subjective experience, the pain cannot be measured by physical instruments, such as those that measure body weight, temperature, height, blood pressure and pulse, but there are scales designed to assess it, adding the investigation process semiological nurses regarding the painful experience.[4]

After the qualified appraisal of pain in patients with wound, nursing professionals must adopt attitudes and interventions to minimize the patient's complaints. According to Table 3, it is clear that implementing the prescribed therapy and listen to the patient's account is the attitude that most professionals refer. It is important to show that even the professionals carrying out the activities mentioned, believe that the role of the nursing staff is shown in Table 4. This shows that most of these professionals limit their actions to drug therapy, which makes the resolute little careful because the patient's pain can be influenced by many factors, not just the need for effective analgesia.

Making a correlation between Tables 3 and 4 we see a difference between thinking and acting of the nursing staff of the study. Identified, so that the understanding of care in a patient with critical wound is based on the current discourse of the health sector, leaving one side is coated with a caring holistic and integrated.[11]

Pain control requires that health professionals have the initiative to try numerous interventions to achieve optimal results. Methods for reducing pain can be divided into two categories: pharmacological and non-pharmacological measures.[12]

Pharmacological interventions are intended to relieve pain through opioid analgesics, non-opioid and sedative. Already non-pharmacological interventions reduce aggressive stimuli of the environment, reduce stress, and prevent physiological and behavioral change.[13]

It is important to consider the treatment of pain in patients with wound should be directed not only the injury, but rather the individual as a whole. For this, to occur the professional, it must have addition to technical competence.[14]

The care of patients with wound should be done in a unique way, with sensitivity and attention of the nursing staff, so that the individual is assisted so qualified, and their actual and potential needs are met.

Most professionals in the study 10(91%) nursing technicians and 7(70%) nurses believe that both the pharmacological treatment as non-pharmacological are indispensable for the relief of pain. Among the non-pharmacological interventions cited for pain relief are: cutaneous stimulation, therapeutic touch, relaxation techniques and compresses, belief, dialogue with the patient and changing positions to provide greater comfort to the patient, as shown in Table 5.

Related to these data, a study[15] showed that nursing professionals have difficulties both to measure, using measures of pain relief. Because of these difficulties, most often they resort to pharmacological measures prescribed for the patient. In line with the present, in another study[15] was highlighted that 92% of nurses who were part of the sample opted for a non-pharmacological method to treat pain.

It is noteworthy that the application of the two therapies together provides patient assistance for all your needs, and the pain is answered in their physical, psychological and social. Thus, it is clear that these professionals have the knowledge about the best treatment for the patient; however, their attitudes are different, which makes the limited care. Becomes relevant awareness of professionals, so that, in addition to implementing drug therapy, also perform actions of non-pharmacological therapy.

CONCLUSION

The attitudes adopted by the nursing staff regarding pain patient with wound are essential for the care to be effective, and thus able to meet the patient needs.

It was intended with this paper to extend the knowledge produced about attitudes adopted by the nursing professionals regarding pain patient's wound, and thus sensitize the nursing staff about the importance of skilled care to these patients in view of the implications pain brings to their daily lives. Sought with this, there is a change in the process of work of professionals in order to meet the main needs in the patient with wound that is in the Intensive Care Unit.

The theme of the study is extremely important for the health care is unique and humanized. Thus it was realized that few discussions are held among health professionals in relation to the theme, which can weaken the assistance being provided.

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