



Journal of Nursing

Revista de Enfermagem

UFPE On Line

ISSN: 1981-8963

ORIGINAL ARTICLE

PAIN: IDENTIFYING METHODS OF EVALUATION AND DESCRIBING THE NURSING CARE

DOR: IDENTIFICANDO OS MÉTODOS DE AVALIAÇÃO E DESCREVENDO O CUIDADO DE ENFERMAGEM

DOLOR: IDENTIFICACIÓN DE LOS MÉTODOS DE EVALUACIÓN Y DESCRIBIENDO EL CUIDADO DE LA ENFERMERÍA

Matheus Figueiredo Nogueira¹, Janaina Porfírio de Lima², Maria Emília Romero de Miranda Henriques³,
Roberta de Miranda Henriques Freire⁴, Janaína von Söhsten Trigueiro⁵, Isolda Maria Barros Torquato⁶

ABSTRACT

Objectives: finding out the comprehension of professionals of nursing about the pain; identify the methods of evaluation of the pain used by professional of nursing; and check the nursing care of the patient with pain. **Method:** descriptive-exploratory study with qualitative nature developed in the medical clinic of a school hospital in the city of João Pessoa - PB, which sample is constituted of 21 professionals of nursing. With the use of the technique of the interview, the data collection was performed in August 2010, after approval of the research by the Ethic Committee of the University Hospital Lauro Wanderley under protocol nº 367/10. The declarations obtained were analyzed based on the technique of the Speech of the Collective Subject. **Results:** the participants understood relatively the meanings of the pain; however none of them uses specific methods validated for its evaluation. The identification of the location and intensity of the pain, observation of the facial/body expression and sensitive listening of the complaint substantiates as the informal methods used to evaluate the pain. Among the care given to the patient with the pain are the administration of medication, listening to the complaints and application of comfort procedures. **Conclusion:** although it is an intensely lived phenomenon, the pain continues to be very little explored by the professionals of nursing and in the care to the patient, aware the need for a bigger use of instruments of evaluation and the consistent development of knowledge and procedures for its handling. **Descriptors:** pain; evaluation of the pain; pain handling; nursing care.

RESUMO

Objetivos: averiguar a compreensão de profissionais de enfermagem sobre a dor; identificar os métodos de avaliação da dor utilizados por profissionais de enfermagem e verificar o cuidado de enfermagem frente ao paciente com dor. **Método:** estudo exploratório-descritivo, de natureza qualitativa, desenvolvido na clínica médica de um hospital escola do município de João Pessoa - PB, cuja amostra constituiu-se por 21 profissionais de enfermagem. Com uso da técnica da entrevista, a coleta de dados foi realizada em agosto de 2010, após aprovação do projeto de pesquisa pelo Comitê de Ética do Hospital Universitário Lauro Wanderley sob protocolo nº 367/10. Os depoimentos obtidos foram analisados com respaldo na Técnica do Discurso do Sujeito Coletivo. **Resultados:** os participantes compreendem de modo relativo os significados da dor, todavia nenhum deles emprega métodos específicos validados para sua avaliação. A identificação da localização e intensidade da dor, observação da expressão facial/corporal e escuta sensível da queixa evidenciam-se como os métodos informais usados para avaliar a dor. Dentre os cuidados prestados ao paciente com dor estão: a administração de medicamentos, a escuta das queixas e a aplicação de medidas de conforto. **Conclusão:** embora seja um fenômeno intensamente vivenciado, a dor continua sendo pouco explorada pelos profissionais de enfermagem no cuidado ao paciente, suscitando a necessidade de maior utilização de instrumentos de avaliação e o desenvolvimento consistente de conhecimentos e procedimentos para o seu manejo. **Descritores:** dor; avaliação da dor; manejo da dor; cuidados de enfermagem.

RESUMEN

Objetivos: averiguar la comprensión de los profesionales de la enfermería acerca del dolor; identificar los métodos de evaluación de la dolor utilizados por los profesionales de la enfermería; y verificarse el cuidado de la enfermería en el paciente con dolor. **Método:** estudio exploratorio descriptivo de la naturaleza cualitativa desarrollo con en la clínica medica de uno hospital escuela de lo municipio de João Pessoa - PB, cuya muestra fue compuesta por los 21 profesionales de la enfermería. Con el uso de la técnica de la entrevista, la coleta de los datos fue realizada en agosto de 2010, después de la aprobación de la pesquisa por lo comité de la ética de lo Hospital Universidad Lauro Wanderley, bajo protocolo nº 367/10. Los depoimentos obtenidos fueron analizados con la base de lo discurso de lo sujeto colectivo. **Resultos:** los participantes comprenden de lo modo relativo los significados de la dolor, todavia, ninguno de ellos emplea métodos específicos para su evaluación. La identificación de la localización y intensidad de la dolor, la observación de la expresión facial/corporal y escucha sensible do la reclamación son evidenciados como los métodos de validación de la dolor. Delante de los cuidados prestados a los pacientes con dolor, se encuentran la administración de los medicamentos, la escucha de las reclamaciones y la aplicación de las medidas de lo confort. **Conclusión:** además sea um fenómeno intensamente vivenciado, la dolor, continua siendo poco explorada por los profesionales de mayor utilización de los instrumentos de evaluación y lo desarrollo lleno de conocimiento y procedimiento para su manejo. **Descriptores:** dolor; validación de la dolor; manejo de la dolor; cuidados de la enfermería.

¹Nurse. Master of Nursing for Health Care from Universidade Federal da Paraíba/UFPB. Assistant Professor I of Nursing Graduation of Health and Education Center from Universidade Federal de Campina Grande/UFCG. Campina Grande (PB), Brazil. E-mail: matheusnogueira.ufcg@gmail.com;

²Degree by Faculdade de Enfermagem Nova Esperança/FACENE. João Pessoa (PB), Brazil. E-mail: janaporfiriio@hotmail.com; ³Nurse. PhD in Interinstitutional Programs from Universidade de São Paulo/USP. Post PhD in Public Health by Universidade de Granada, Espanha. Associated Professor II of Nursing Graduation from Universidade Federal da Paraíba/UFPB. João Pessoa (PB), Brazil. E-mail: mmilahrenriques@yahoo.com.br;

⁴Nurse. Master in Nursing for Public Health from UFPB. Assistant Professor I of Nursing Graduation from Training Center for Professors of UFCG. E-mail: roberta_mhfreire@hotmail.com; ⁵Nurse. Master of Nursing for Health Care from UFPB. Assistant Professor I of Nursing Graduation of Health and Education Center from UFCG. Campina Grande (PB), Brasil. E-mail: janavs_23@hotmail.com; ⁶Nurse and Physiotherapist. Master in Nutrition Sciences from UFPB. Professor of Nursing Bachelor's Degree from UFCG. Campina Grande (PB), Brazil. E-mail: soldatorquato@ig.com.br

INTRODUCTION

The pain is defined by the International Association for the Study of Pain - *Associação Internacional de Estudos da Dor* (IASP) as an unpleasant emotional experience or sensation, associated with an actual or potential tissue damage, or described in terms of such kind of damage.¹This is an important symptom that disables and causes physical and emotional changes more than any single disease, which is considered the most common reason for seeking health care.²

The soreness usually arises when there is threat of tissue damage and feels it is essential to maintaining the integrity of the organism. When threatened, the human body activates a complex circuit of nerve fibers responsible for taking a signal associated with the release of chemical mediators, causing the mechanism of interpretation of pain.³

The fact is the pain is part of our everyday life from the beginning of the times, and when it appears, is in a relevant factor of physiological dysfunction, with severe consequences for the safety of the individual, it is of multifactorial etiology. The experience may be related to traumatism, stress, surgery, illness, hormonal changes, childbirth, inflammation and ischemia, it means, the painful cases can occur both in clinical and nonclinical situations.⁴

There are several ways to classify the pain, it may be acute, chronic, according to the pathophysiology, etiology, affected area and duration.⁵ It is added to this classification the following types of pain; superficial, visceral, somatic, neuropathic or phantom, each one with its specific characteristics.⁴

The nursing staff plays an important role in early detection and assessment of the painful event, regardless of cause, type, duration or intensity, is preventing it from occurring or intervening in an attempt to minimize the suffering of those who experience it. Therefore, it is essential to much awareness and sensitivity on the part of nursing professionals, with special attention to behavioral manifestations, technical knowledge and, above all, respect for the reporting of human pain.⁶

The interpretation of the stimulus of pain is a purely subjective and personal.⁷Evaluate it is a complex task, since their perception involves several aspects like: biological and emotional, social, cultural and environmental. Initially, it should be performed to identify the type, severity or intensity, of the onset, duration, location, and finally, the past

history of pain.⁴

From this perspective, the pain assessment and the systematic and periodic recording of its intensity are essential for monitoring progress of patients and performing adjustments needed to treatment.⁸The evaluation methods of the painful event are basically inferences and can be based on self-report, as well as the observation of pain behaviors, and in measures of biological responses.⁷

The instruments used to measure pain can be one-dimensional or multidimensional. The one-dimensional aim to quantify the pain experience in a single dimension, such as the Numerical Rating Scale, Visual Analogue Scale (VAS), Verbal Scale; and "Scale of facial expressions". Since the multidimensional quantify the pain in its multiple dimensions, such as the McGill Pain Inventory, Inventory attitudes towards pain, and pain assessment Guide.⁹ Thus, for an assessment tool may be useful, it should require little effort by the patient, be easy to comprehension and applicability, easily measured and sensitive to small changes in the characteristic that is being measured.²

Although there are several instruments for measuring pain, it is clear the difficulty of applicability of the professional practice of nursing. Many problems can be linked to work overload, clinical inexperience, ignorance of the existence of these instruments, lack of awareness in listening to the patient, among others. For these and other reasons, the professional turns out to assess pain in a subjective manner, which can compromise nursing care to be provided.

Understanding that the most used manner to evaluate the characteristics of the painful episode by nursing professionals are questions such as: where it hurts, when it hurts, how much it hurts, and how long? It's burning, tingling, stabbing, shock? What worsens and which improves? From 0 to 10, how do you judge your own pain? It is clear that these techniques consist of elementary methods for the definition of pain and adjustment of therapeutic care. Therefore, it is the nursing professional to be trained to assess and record the patient's complaint; because it is he/she who remains at them side for a longer period of time.

In this line of reasoning, it is appropriate to conduct a study that seeks to identify in the everyday practice of nursing professionals which methods are used by them for evaluate the pain of a variety of patients, regardless of etiology, location and duration of this phenomenon. Given this focus, the way in

which pain is evaluated, qualified and quantified is closely related to the strategies of nursing care being provided. This reality was the motivation for this research, given the need to implement more efficient nursing care with the patient in pain.

Before this above mentioned, it has emerged the following questions: what is the understanding that nursing professionals have about the pain? What are the methods of pain assessment used by them? How is the judgment of pain and how it contributes to the implementation of care facing to patients? Such questions are the guiding principles for the development of this research, which aims to: assess the understanding of nurses about pain; identify pain assessment methods used by nursing professionals, and check the nursing care towards the patient with pain.

METHOD

Exploratory-descriptive study of qualitative nature, performed in a hospital located in the city of João Pessoa /PB, Brazil, in the sector of medical clinic, composed of two rooms and it is reference in the care of patients affected by a variety of clinical disorders.

The sample consisted of 21 nursing professionals, representing 30% of the population, and 07 (seven) nurses and 14 (fourteen) auxiliaries and / or technician nurses, who were selected by the criterion of accessibility.¹⁰ To select the sample, were respect the following criteria: be in the hospital unit during the data collection; freely accept to participate in the survey, and sign a Free Informed Term of Consent (FITC).

The data were collected in August 2010, after approval of the research project by the Ethics Committee in Research (*Comitê de Ética em Pesquisa*) from Hospital Universitário Lauro Wanderley (CEP / HULW) of the Federal University of Paraíba, under protocol nº 367/10, thus respecting the ethical aspects contained in Resolution nº 196/96 of the National Health Council - *Conselho Nacional de Saúde* (CNS / MS), which regulates research involving human beings.¹¹ The instrument used was a form previously developed by the researchers, being a semi-structured interview¹⁰ a technique used to collect information. All interviews were recorded and, soon after, carefully transcribed so that there were no differences between the speeches and transcripts.

The qualitative analysis of data had like theoretical background the technical procedures of the Collective Subject Discourse, a methodology that uses a

discursive strategy in order to make more evident a given social representation and the set of representations that make up a given imaginary. From the speeches of the participants, were initially selected central ideas that allowed the identification of main ideas, summarizing their contents as well. After listing the key expressions similar and / or complementary among each central idea, it was built speech synthesis, called Collective Subject Discourse.¹²

RESULTS

The data that follow set out the findings from interviews with nursing professionals, participants of this study, who live and work in situations of pain in hospitalized patients in medical clinic services. Initially, we explained data about the professional description of the sample, and then the results pertaining to the proposed objectives in research.

Considering the sample composed of 07 nurses and 14 technician nurses mid-level, two variables to characterize them were explored: time vocational training and work experience in the institution.

Regarding the time of vocational training, it was possible to observe that 07 (33.3%) participants are trained in nursing there is a period of six to 10 years, followed by 05 (23.8%) professionals who have had their training there is a period of one to five years. It is noteworthy that only 02 (9.5%) participants have over 20 years of training in nursing. It is understood, therefore, that most professionals there is formed a relatively short time, but which is sufficient to ensure a satisfactory experience in the treatment of patients with pain.

Checking the time working in the institution, it was identified that 10 (47.6%) make up the professional nursing staff in the sector of the medical clinic of the hospital for a period of less than five years, followed by 06 (28.5%) participants who have six to 10 years of experience. Found only 01 (4.8%) professional work experience of over 20 years. This result relates to new hires of both gazetted (by concourse process), or the service providers.

According the testimony of participants, here known as "P" (abbreviation for Participating in this research), followed by the number of the order of the interviews (1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20 and 21) were constructed three figures that synthesize thought of respondents from eleven central ideas listed.

To investigate the methods of pain

assessment used by nursing professionals as a tool for the implementation of care, initially the participants of this study were asked what

would be the pain. Given this approach, three central ideas listed from the statements are shown in Figure 1.

Central Idea 1
Pain as unpleasant sensation that causes physical and mental discomfort
COLLECTIVE SUBJECT DISCOURSE
<i>[...] Pain is an unpleasant sensation (P1) [...] Pain is an physical evil, is ... it also brings an uncomfortable mental (P3) [...] is a horrible feeling, the pain (P5) [...] Pain is an intense physical discomfort, also resulting in emotional distress (P7) [...] is something that very uncomfortable, which can be physically ..., ... can be emotional (P15) [...] some sort of physiological discomfort that does not allow the patient's well-being (Q19) [...] Discomfort, which causes the individual becomes unbalanced, destructured (P20).</i>
Central Idea 2
Pain as response from physiological changes in the organism
COLLECTIVE SUBJECT DISCOURSE
<i>[...]Discomfort which affects the patient due to an abnormality in your body (P2) [...] The pain is caused by damage to the patient (P8) [...] is a sign that something has changed the body of the patient (P11).</i>
Central Idea 3
Pain as a reflection resulting from the underlying pathologies
COLLECTIVE SUBJECT DISCOURSE
<i>...] The pain is coming from some pathology (P1) [...] The pain is caused by some disease that the patient has (P12). [...] Pain is the response that the patient has when he's with some pathology (P13) [...] is a reflection of a pathology that is not yet diagnosed (P16) [...] is a signal that the body reflects the feeling that you are feeling ... (P17) [...] discomfort related to some uncomfortable resulting from the underlying pathology of the patient (P21).</i>

Figure 1. Central Ideas and Collective Subject Discourse face to the questioning: For you what does it mean the 'pain'?

In Figure 1, are revealed the central ideas and discourses about the meaning of pain for nurses. Three subjective senses were evident: unpleasant sensation that causes physical and mental discomfort, sensation from some physiological change in the body and reflex resulting from an underlying pathology. To express the meaning of pain is necessary to understand its complexity, because this aspect that is at once subjective and real is not a simple process, because each experience is unique and particularly interpreted.¹³

When professionals were surveyed regarding knowledge about some of the pain assessment tool, 14 (67%) mentioned that they do not know, including nurses and technicians, whereas 7 (33%) reported that the professionals know some of the pain assessment tool. These professionals have

stated they are aware of the existence of some of the pain assessment tool, mentioned: a numerical scale and the scale of facial expressions, but not put into practice by the lack of protocols that operationalize the methods of pain assessment. Thus, it appears that 100% of the participants of this present study did not employ any specific method validated for pain assessment.

Faced with the results found that no participant uses instruments to assess pain; the same participants were asked what methods are used to assess a patient's pain. The result of this research is explained in Figure 2, from the four central ideas constructed.

Central Idea 1
Identify the localization, types and intensity of the pain
COLLECTIVE SUBJECT DISCOURSE
<i>[...] The question of pain intensity ... the location ... (P2) [...] asked him, where is the pain. Where is he feeling ... where is the pain ... (P6) [...] Usually we right question ... the patient as he is ta feeling, if you have any pain, how it is pain, pain location (P13) [...] that evaluates pain intensity that patients report (P19) [...] asked where the pain is, if it is frequent, continuous, how long he has experienced it (P20) [...] palpation method can be used to check the depth and pain intensity (P21).</i>
Central Idea 2
Facial/body expression and verbal report
COLLECTIVE SUBJECT DISCOURSE
<i>[...] The characteristics of the face ... by the way ... to speak, by the way you walk ... to move ... and even tone of voice (P1) [...] phisiognomy ... facial expression, verbal (P4). [...] Through the report of the patient, and facial expression ... (P8) [...] verbal and facial expression of the patient (P9) [...] then it is more patient information ... the verbal report (P10) [...] always the agent observes facial expression, ... a ... verbal, the restlessness of the patient (P11) [...] through the verbalization of the patient and the observation (P2) [...] ask: is in pain? Where and how is ... reported by the patient (P14) [...] is the first to hear the patient, he will report that is in pain, if he is unable to report ... (P17) [...] The report of the patient ... (P21).</i>
Central Idea 3
Behavior evaluation
COLLECTIVE SUBJECT DISCOURSE
<i>[...] By his reaction ... (P5) [...] Behavior (P16) [...] the pain is identified and evaluated for their behavior (P18) [...] viewing, monitoring the patient's behavior ... (P19).</i>
Central Idea 4
Sensible hearing to complaints
COLLECTIVE SUBJECT DISCOURSE
<i>[...] Through the patient's complaints, we must listen to everything he has to say (P3) [...] I try to listen ... (P4) [...] When the patient is conscious that he informs the pain, I try to evaluate what they are talking about ... (P7).</i>

Figure 2. Central Ideas and Collective Subject Discourse face to the questioning: If you do not use instruments, which methods you use to evaluate a patient's pain?

When viewing Figure 2, are observed in various ways to assess pain by nursing professionals who do not use pain assessment tools, ranging from the identification of the location, type and intensity of pain, even by means of facial expression/body, verbal report, behavior, and sensitive listening to the complaint. Although, most do not know the assessment tools, these professionals with the experience and direct contact with patients, using informal methods to assess pain, through verbal and nonverbal language.

It was found that, although the

professionals do not use any type of rating scale of pain, they do direct observation to the patient, which is configured in an effective way to evaluate and, thus, properly treat painful sensations. In this sense, by describing methods of pain assessment by the participants of this study, sought to identify further actions which these professionals develop in situations in which the patient has pain. The result is shown in Figure 3, in which the responses of the subjects were condensed into four statements prepared according to the central ideas.

Central Idea 1
Administering prescribed medication
COLLECTIVE SUBJECT DISCOURSE
<i>[...] See if you have any prescribed medication (P1) [...] to medication according to prescription (P3) [...] I try to immediately relieve the pain, looking at the prescription (P4) [...] seek to alleviate his pain with medication (P5) [...] use of pain relievers in general according to the prescription of the patient (P21).</i>
Central Idea 2
Sensible hearing to complaints and keeping the emotional balance
COLLECTIVE SUBJECT DISCOURSE
<i>[...] Listening to complaints (P3) [...] is important to know what kind of pain he is feelling ... conversation (P10) [...] First thing is to talk to him ... try to reassure him ... (P15) [...] stand next to him, trying to give psychological support, which it has not always (P16) [...] sometimes a word ... you have so ... attention to hear what he wants to talk (P17) [...] First, talk to him right ... to see so ... that this complaint is really in pain, or if he need just a conversation (P20).</i>
Central Idea 3
Communicate to the doctor
COLLECTIVE SUBJECT DISCOURSE
<i>[...] I go after the doctor on duty to medicate the patient (P3) [...] tell the doctor about the pain (P12).</i>
Central Idea 4
Using palliative measures for comfort
COLLECTIVE SUBJECT DISCOURSE
<i>[...] A massage, comfort, or a compress (P2) [...] provide some comfort anatomical ... huh? change the position, put some gauze ... make these palliative (P7) [...] we try and comfort measures ... quiet environment, so he can relax and be relieved the pain a little more (P11) [...] comfort measures, so ... leave him in a position that eases the sensation of pain from it (P12) [...] the main attitude face the pain patient is really trying to comfort measures for this patient (P19) [...] one of the priorities we can do is position the patient in a comfortable position that can relieve the pain, the use of non-invasive therapeutic measures, compress type (P21).</i>

Figura 3. Central Ideas and Collective Subject Discourse face to the questioning: What are your attitudes / interventions / care provided against the pain of a patient?

With regard to attitudes, interventions and care provided to the patient in pain by professionals of the researched institution; were identified with those of pharmacological option involving administration of drugs that relieve pain in case of failure to obtain satisfactory results, notify the doctor. Another option was appointed - non-pharmacological, which involves palliative measures, such as listening to the complaints of the patient, thereby promoting the maintenance of emotional balance, aiming thus a better comfort, which allows a partial relief of the pain.

DISCUSSION

Through the questions about the meanings of pain it was possible to list three central ideas, in which are shown discourse regarding the understanding of pain, displayed in Figure 1. Many variations on the meaning of pain were observed, since participants defined it as unpleasant sensation that causes physical and mental discomfort, as a sensation arising

from changes due to physiological and as a reflection of some underlying pathology.

Based on the statements made and despite advances in science observed in recent decades, the complexity of the painful phenomenon remains endless about their explanations.¹⁴In this sense, there are several ways to define the pain and understand it involves the combination of many components, which can be of sensory, affective, cognitive, behavioral and social. The painful event interferes with the quality of life, being a major cause of human suffering, since it affects the physical and psychosocial states.¹⁵

In the first central idea, the pain is described by subjects as an unpleasant sensation that causes physical and mental discomfort. Based on this understanding, the International Association for the Study of Pain (IASP) proposed a definition, which has been widely accepted in scientific circles: "Pain is a sensory and emotional experience and unpleasant, associated with actual or

potential damage, or described in terms of these lesions ".¹⁴⁽⁵⁷⁷⁾. This concept has merit and recognizes that interpretation and pain response are also influenced by the emotional dimension and not just sensory. The subjective aspects are emphasized and the direct relationship between pain and tissue injury ceases to be accepted.¹⁴

In the second central idea, some professionals point out the pain as a response from the organism's physiological changes, it means, when there is some disorder in the body's, the pain is a manifested response. Thus, the pain is related to neurodegenerative changes such as tachycardia, hypertension, sweating, and pallor, expression of discomfort, agitation and anxiety. So, pain produces physiological and psychological effects of various types that vary according to their intensity and duration.¹⁶

Regarding the third central idea, some professionals conceptualized the pain as a reflection of resulting from an underlying pathology. According to the cause, the pain can have various classifications, involving also the associated health problems, they are: superficial, visceral, somatic, neuropathic and phantom.^{3,17}

The surface pain consists of originating discomfort in the skin, with a sense commonly results from stimulation of nociceptors most superficial in skin tissue. It may be due to mechanical injury such as scratch, abrasion and nip type compressions, as well as thermal injury, including heat and cold, and chemical injury. As for somatic pain, it arises from stimulation of deeper nociceptors originating from internal organs and may have originated in the thoracic, abdominal, pelvic or cranial cavities. This is a diffuse manifestation, often with imprecise location and difficult to identify.⁴

The somatic pain is often associated with traumatism or physical activity and posture. It originates from muscles, bone ligaments, tendons or fascia; it may also indicate disorders with degenerative features. The neuropathic pain results from damage to the central or peripheral nervous system and can be mild or severe, is often described as a burning sensation or cauterization.⁴ The phantom pain as an example of neuropathic pain is present in people who have had limbs amputated and who realize that they still exist and disturbing sensations such as burning, itching and severe pain, are located in tissues that were surgically removed.¹⁷

Based on these, it is noted that the characterization of pain is wide and manifested from a physiological response or

emotional phenomenon. For this reason, it is essential that nursing professionals know the pathophysiology of pain and, mainly, the different ways it can manifest itself in order to be accurately evaluated and what consistent interventions are implemented with the painful situation.

From the observation that 100% of the participants do not use any instrument to assess pain, by questions about what methods are used to evaluate the painful phenomenon, were elected four central ideas, as in Figure 2, to present the result of synthesis of speeches. Thus, each one professional of nursing staff perceive the pain based on their professional and scientific experience, and also through cultural influence. In them speeches, they revealed that the pain is perceived because of behavioral and physiological changes of the patient.

In the first central idea, when evaluating a patient with pain the respondents use the method of identifying the location and type of pain. Identify the location and type of pain is essential for an effective nursing care. Nevertheless, an inadequate treatment for relief the pain occurs due to failure of the health professionals to identify its presence or even neglects it.

It is very important to identify the characteristics that express the pain, because in some cases, there are customers who have decreased level of consciousness, can not verbally express their pain experience. Note that the signs of pain and changes in vital signs are commonly observed by nurses, since they are indicators of the presence of pain.¹⁸

In the second central idea, the highlight of the method used was the verbal report from the patients and the observation of their facial and body expressions. It is believed, therefore, that the first step to assess the painful experience is trusting in words and the behavior of customers (in this case, the patients), however, some caregivers reported that sometimes the customer is not in pain, just get that sensation to "call attention " or because has "lack of affection ".¹⁸ At this point, it is the nursing staff to review the real customer needs and care for it so that the pain is relieved, providing comfort and attention.

In the third idea, the evaluation of the behavior was reported by some professionals. The behavioral responses to the pain may include verbal statements, vocal behaviors, facial expressions, body movements, physical contact with other people or altered responses to the environment. These behaviors vary greatly from one moment to

another, and although the behavioral responses of a patient may be on the first indication that something is wrong, they should not be used as substitutes for the measurement of pain, except in unusual situations, which the measurement can not be possible.⁸

A sensitive listening is the fourth central idea to relate as a method of assessment of pain reported by participants of this study. Based on this perception, it is worth noting that before taking any action we must learn to listen to the patient. For obtain communication it is need to know to ask and listen carefully, allow the patient with pain express all its feelings, observe the patient in the midst of pain and, mainly, know how to hear him/her, trying to alleviate your suffering.¹⁹

Given the ideas expressed by the participants of this study, it is understandable that there are several strategies used to assess pain, and these obviously informal, subjective, unsystematic and limited in regard to obtaining objective data that enable the management of pain so satisfactory and adequate. In contrast, the evaluations performed and recorded systematically can contribute to the improvement in the treatment of painful phenomenon, since the use of standardized instruments to measure and evaluate the characteristics of pain has been shown to be effective.²⁰

The instruments for measurement of pain can be one-dimensional, which quantify the pain experience in a single dimension, and multidimensional, emphasizing that quantify its three dimensions: sensory-discriminative, motivational-affective and cognitive-evaluative.⁹ All these instruments are validated and show how important devices in the evaluation, description and measurement of pain.

Understanding that the devices are important tools in the evaluation, description and measurement of pain, it is not enough just to identify and / or assess pain, it is mister the development of attitudes on the part of nursing professionals in order to minimize the patient's pain, easing their suffering and promoting a better quality of life. Given this approach, the participants of this study were asked about which interventions are implemented before an episode of pain. The result in Figure 3 showed that from the statements of the participants, four central ideas were developed in order to collectively build the corresponding discourse.

Considering the care indicated by the professionals, it was identified the

pharmacological action of order as the first central idea emphasizing that one of the most used actions within the hospital environment is the administration of medications. On one hand it is important that nurses know all medications used to their patients, promoting and seeking an effective treatment to relieve your pain by means that can prevent it, and not only when they (patients) present crisis²¹, on the other hand, analgesic administration not is, necessarily, the only form of therapy for pain control, and we can develop strategies associated that present greater success.²²

Under this perspective, pain control is most effective when it embraces multiple interventions directed at different components of pain. Non-pharmacological interventions for pain management include a number of measures to order educational, physical, emotional, behavioral and spiritual, and are mostly low cost and easy application. It is, therefore, the nursing professional to prescribe appropriate interventions that best meet the needs of patients.²³

These considerations corroborate those that were mentioned by respondents professionals, such as sensitive hearing of complaints and maintaining emotional balance, highlighted in the second central idea. Several nursing activities can be used to assist the person who expresses pain, which are: establishing a relationship with the patient that feels pain; to teach the patient the pain response; using the patient-group situation; dealing with other people who are in contact with the patient; stay with the patient.²⁰

Pain control should be a constant concern of nursing. The performance of professional, in independent and collaborative mode, include the identification of pain complaint, the characterization of the painful experience in all areas, the assessment of the impact of pain in the biological, emotional and behavioral development of the individual, the identification of factors that contribute to the improvement or worsening of pain complaint, the selection of alternatives for treatment and the verifying the efficacy of therapies implemented.²⁰

As the prescription drug is not part of the activities of the nursing team, communicate the condition of the patient with pain to the doctor was the third central idea obtained from the speeches of the participants. This approach is considered appropriate, given the need for medical evaluation and reevaluation when unsatisfactory results of previous actions are identified. This effective

communication between the health professional team promotes most significant therapeutic conducts facing the painful sensation. The discussion of cases with other professionals is extremely useful because it contributes to professional growth, putting into practice the work of the multidisciplinary team.²³

The fourth central idea concerns the use of palliative measures such as intervention performed by health professionals, to episodes of pain. In this context, the manipulation and change in the client's position representing a variety of pain control technique. These techniques are useful as adjuvant therapies. Other palliative care are linked to assessment and treatment of pain involving the recognition of physical, emotional, social and spiritual factors that participate of the genesis and expression of the pain. Relieving pain is a delicate task since it requires accurate and pleasant dialogue with the patient, frequent contacts for therapeutic adjustment are necessary and persistence in achieving the objective, which is to relieve pain and suffering of human beings.²³

CONCLUSION

Pain is an individual and subjective symptom that can only be shared from the report of those who feel it. Believing in patient complaints, as well as recognize the devastating effect that pain can have on it are fundamental elements not only to relieve its pain, but also for the proper management.

Given the identification of understanding of nursing professionals about the pain while subjective concept, it was found that for them the pain is an unpleasant sensation that causes physical and mental discomfort, from physiological changes or underlying pathologies, which agrees with the reasons pointed out by science. In contrast, the lack of knowledge of pain assessment tools for professionals was also evident, disability which may be related to several factors, such as limited graduation, lack of professional experience and the not use of scales as protocols in the institution.

Despite advances in studies on pain, is still scarce the knowledge on the significance and the pathophysiological mechanisms of the painful phenomenon by some professionals. Even the pain being a phenomenon intensely experienced in the hospital environment; it remains poorly explored by nurse professionals in patient care, which raises the need for reflection on the discussions of nursing in this theme, in order to promote

awareness of the increased use of assessment tools and consistent development of knowledge and procedures for manage it.

The not use the instruments of pain assessment by professionals ultimately contributes to the execution of nonspecific actions in patient care. Although there are diverse instruments such as rating scales, its operation is practically nonexistent. This deficit stems from the absence of norms, routines and guiding conducts that allude to the need to establish the use of the instrument as a significant resource in the evaluation and treatment of pain.

Due to the not use of tools for pain assessment, the actions in the face of painful episodes performed by professionals are informal methods, while not ceasing to be often effective. In this perspective, from the evaluative judgment of pain for each professional, the care from pharmacological or palliative nature was mentioned, which may not be enough to be implemented so unsystematic. However, with the use of instruments, there would be a greater possibility of developing effective care plans, based on the nursing diagnoses identified from the data obtained, thereby respecting the methodological tool of caring defined as the Nursing Process.

Moreover, even if explicit in the statements and attitudes of nurses interviewed awareness and involvement in patient care, is essential and possible awakening to the need to acquire new specific knowledge about pain in modules for continuing education, which will contribute significantly to the performance of its role effectively, recognizing, assessing and intervening effectively in the treatment of pain.

REFERENCES

1. Sociedade Brasileira para o Estudo da Dor - SBED. Hospital sem dor: diretriz para implantação da dor como 5º sinal vital [Internet]. 2008 [cited 2010 Mar 15]. Available from: www.dor.org.br/5sinalvital.asp.
2. Smeltzer SC, Bare BG. Brunner e Suddarth: tratado de enfermagem médico-cirúrgica. 11ª ed. Rio de Janeiro: Guanabara Koogan; 2008.
3. Varella D. Dor crônica [Internet]. 2005 [cited in 2010 Apr 09]. Available from: <http://drauziovarella.com.br/doencas-e-sintomas/dor-cronica/>.
4. Kazanowski MK, Saul ML. Dor: fundamentos, abordagem clínica, tratamento. Rio de Janeiro: Guanabara Koogan; 2005.
5. Figueiró JAB, Angelotti G, Pimenta CAM. Dor e Saúde Mental. São Paulo: Ateneu; 2006.

6. Leite MM, Costa ALJ, Oliveira DL. Atuação do Técnico de Enfermagem Frente ao Paciente com Cuidados Paliativos. Programa de Atualização para o Técnico em Enfermagem (PROTENF). Porto Alegre: Artmed/Panamericana; 2008.
7. Bastos DF, Silva GCC, Bastos ID, Teixeira LA, Lustosa MA, Borda MCS, et al. Dor. Rev SBPH [Internet]. 2007 June [cited 2010 Mar 18]; 10(1):85-96. Available from: <http://pepsic.bvsalud.org/pdf/rsbph/v10n1a07.pdf>.
8. Gonçalves FHS, Pereira MGN, Cezar ES. Avaliação da Intensidade da dor em pacientes submetidos a amigdalectomia. Cien Cuid Saúde [Internet]. 2007 Jan/Mar [cited 2010 Apr 02]; 6(1):85-94. Available from: <http://www.periodicos.uem.br/ojs/index.php/ciencuidsaude/article/view/4979/3228>.
9. Andrade FA, Pereira LV, Souza FAEF. Mensuração da dor no idoso: uma revisão. Rev latino-am enferm [Internet]. 2006 Mar/Apr [cited 2010 Apr 04]; 14(2):271-6. Available from: <http://www.scielo.br/pdf/rlae/v14n2a18.pdf>.
10. Gil AC. Como elaborar projetos de pesquisa. 4. ed. São Paulo: Atlas; 2006.
11. Brasil (BR). Ministério da Saúde. Conselho Nacional de Saúde. Resolução 196 de 10 de outubro de 1996. Diretrizes e Normas Regulamentadoras de Pesquisa Envolvendo Seres Humanos. Brasília (DF): Ministério da Saúde; 1996.
12. Lefèvre F, Lefèvre AMCV. O discurso do sujeito coletivo: um novo enfoque em pesquisa qualitativa (desdobramento). Caxias do Sul: EDUSC; 2005.
13. Budó MLD, Resta DG, Denardin JM, Ressel LB, Borges ZW. Práticas de cuidado em relação à dor: a cultura e as alternativas populares. Esc Anna Nery Rev Enferm [Internet]. 2008 Mar [cited 2010 Aug 16]; 12(1):90-6. Available from: www.scielo.br/pdf/ean/v12n1a14.pdf.
14. Cintra EA, Nishide VM, Nunes WA. Assistência de enfermagem ao paciente gravemente enfermo. 2. ed. São Paulo: Ateneu; 2008.
15. De Faria AL, Nascimento EFA, Santos TCMM, Franke NI, Reis DC. Dor no pós-operatório imediato. Rev enferm UFPE on line [Internet]. 2010 July/Sept [cited 2010 Dec 01]; 4(3):1464-70. Available from: http://www.ufpe.br/revistaenfermagem/index.php/revista/article/view/1039/pdf_145.
16. Santos JD. O Enfermeiro e a dor no pós-operatório ortopédico: o significado da ação [dissertation]. Rio de Janeiro (RJ): Universidade Federal do Estado do Rio de Janeiro (UNIRIO). Mestrado em Enfermagem; 2009.
17. Timby BK. Conceitos e habilidades fundamentais ao atendimento de enfermagem. 8. ed. Porto Alegre: Artmed; 2007.
18. Pedroso RA, Celich KLS. Dor: quinto sinal vital, um desafio para o cuidar em enfermagem. Texto & contexto enferm [Internet]. 2006 Apr/June [cited 2012 May 18]; 15(2):270-6. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-07072010000200009&lng=en&nrm=iso. <http://dx.doi.org/10.1590/S0104-07072010000200009>.
19. Eler GJ, Jaques AE. O enfermeiro e as terapias complementares para o alívio da dor. Arq Ciênc Saúde Unipar [Internet]. 2006 Sept/Dec [cited 2010 Nov 23]; 10(3):185-90. Available from: <http://revistas.unipar.br/saude/article/viewFile/624/541>.
20. Rigotti MA, Ferreira AM. Intervenções de Enfermagem ao Paciente com Dor. Arq ciênc saúde. 2005; 12(1):50-4.
21. Brasil. Ministério da Saúde. Instituto Nacional do Câncer. A situação do câncer no Brasil (Manuais Técnicos). Rio de Janeiro: INCA; 2006.
22. Fontes KB, Jaques AE. O papel da Enfermagem frente ao monitoramento da dor como 5º Sinal Vital. Ciênc cuid saúde [Internet]. 2007 Apr/June [cited 2012 May 18]; 6(Supl 2):481-7. Available from: http://www.slideshare.net/kb_fontes/o-papel-da-enfermagem-frente-o-monitoramento-da-dor-como-quinto-sinal-vital
23. Pimenta CAM, Mota DDCF, Cruz DALM. Dor e cuidados paliativos: enfermagem, medicina e psicologia. São Paulo: Manole; 2006.

Nogueira MF, Lima JP de, Henriques MERM et al.

Pain: identifying methods of evaluation...

Sources of funding: No

Conflict of interest: No

Date of first submission: 2012/03/29

Last received: 2012/05/11

Accepted: 2012/05/12

Publishing: 2012/07/01

Corresponding Address

Matheus Figueiredo Nogueira

Rua Professor Francisco Oliveira Porto, 500

Ap. 101 — Bairro Brisamar

CEP: 58033-390 — João Pessoa (PB), Brazil