

Pain management: a concept analysis



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Pain is a common clinical problem in today's society. Pain affects everyone from the young to the old and majority of the time on a daily basis. We have learned since the beginning of nursing school that pain is what the patient says it is. The effects of pain can eventually become debilitating if not taken care of properly. Pain management becomes an even more difficult problem area for providers. Pain management is the concept of choice for analysis and the Walker and Avant (2011) method will be used to construct the analysis.

Concept

With pain becoming an increasing issue, I have chosen pain management as the concept to analyze. Pain management presents a challenge for providers because of the opioid epidemic and the increasing laws that have risen. Since the opioid epidemic, there have been many people in our population that has become addicted to opioids and some that have even overdosed. This in itself has been a priority for the Surgeon General (The Surgeon General's Priorities, n. d.). The challenge becomes more difficult in the federal correction system.

In the federal correctional system, we have an aging population where I am currently stationed and get increasing complaints daily about pain and ineffective pain management. Our providers are also limited in what they can prescribe to help treat the inmate population. Many have had opioid addictions on the street and we also have formulary and non-formulary medications. Formularies are medications that do not have to have regional

approval, whereas non-formulary medications have to be approved by the region on a case by case basis. We also have to triage the sick call complaints to see what are true pain complaints, whereas others just put them in to try and get special medical accommodations. In general, pain management is an evolving topic that needs more research completed to provide a better understanding and interventions.

Aim of the Analysis

The purpose of this analysis is to further explore pain management and then use it as a research tool for future projects. This analysis will help clearly define pain and pain management. Furthermore, it will provide a better foundation to describe effective pain management in today's society.

Uses of the Concept

Pain can be a noun or a verb. Pain as a noun can be defined as a “ localized physical suffering associated with bodily disorder” (Pain, n. d.). It can also be defined as punishment, which dates back to the 14th century showing that pain has been a concept throughout history (Pain, n. d.). Pain as a verb is said to make suffer (Pain, n. d.). Pain can both be acute and/or chronic, whereas acute is something that recently started and chronic has been going on for three months or more.

Dr. Squellati (2017) described a common pain theory known as the Gate Theory. She goes on to say pain and the brain work on a gate system which is the communication between the pain source and the brain. The gates have to be open in order for the pain messenger to progress into the brain

(Squellati, 2017, p. 37). Moayedi and Davis (2013) describe many other theories about pain dating back to the early centuries, which include Specificity and Intensity. The Specificity Theory states that there are specific receptors and sensory fibers that are specific to one stimulus (Moayedi & Davis, 2013, p. 5). The Intensity Theory describes pain being an emotion that is based on the strength of the stimulus (Moayedi & Davis, 2013, p. 8).

Management is a noun and can be defined as “ the conducting or supervising of something” (Management, n. d.). Management can also be interchanged with control, manage, and relieve. Control is a noun that can be defined as “ to reduce the incidence or severity of especially to innocuous levels” (Control, n. d.). Manage is a verb that can be defined as “ to succeed in accomplishing,” “ to treat with care,” and “ to make and keep compliant” (Manage, n. d.). Finally, relieve is a verb that is defined as “ to free from a burden,” “ to remove or lessen the monotony of,” and “ to bring about the removal or alleviation of” (Relieve, n. d.). All of the definitions above provide a great foundation for the concept analysis.

Ramin (2019) described pain management as being a cognitive behavior and training the brain to be an effective pain management technique. Pain management goes hand-in-hand with compliance. Comply is defined as “ to conform, submit, or adapt as required or requested” (Comply, n. d.). It is seen in my present practice that patients that do not perform that prescribed treatments have negative outcomes, however patients that do follow the prescribed treatments see more positive outcomes. We have many patients that present to the clinic with pain and then are prescribed the treatment. A few weeks to months later the same patient present with the same pain

issue, after investigation it is found that they were never compliant with the initial treatment.

Defining Attributes

Defining attributes are presented by Walker and Avant (2011) to be characteristics that reoccur throughout literature. After review of the definitions and literature, there are common themes among them all. Pain is an emotional subjective perception, pain and pain management is related to neurological functions and cognitive thinking, and pain management is the successful alleviation of suffering. Finally, pain management is absent without patient compliance. Those attributes seem to be the most reoccurring among all of the articles presented.

A Model Case

Walker and Avant (2011) present a model case as being a case that has all of the defining attributes enclosed. The model case being presented is from a real-life example. Mr. G, 65-year-old white, male, presents himself in the orthopedic chronic care clinic. He was diagnosed with degenerative disc disease four years ago. His health has waxed and waned throughout the past four years. On the day of his appointment, he was feeling well and felt that his pain was being managed. His treatment plan includes nonsteroidal anti-inflammatories, application of heat during active pain periods, limited steroid injections when he has breakthrough pain, active stretching daily, and positive cognitive therapies during times of pain that he was taught early in the diagnosis. He is also mentally aware of triggers that make his pain level unmanageable. He is found to be compliant with his medications and

prescribed treatments and remains pain free. Mr. G's model case enclosed all of the defining attributes of pain management. It was in his perception that his pain was managed well, he was completely alleviated of suffering by being compliant with the prescribed treatment, and he was cognitively aware of painful stimuli.

Borderline, Related and Contrary Cases

Borderline cases include majority of the defining attributes, but does not contain all of them (Walker & Avant, 2011). The following borderline case is a real-life example. Mr. W, 35-year-old white, male presented to the clinic three weeks ago complaining of right knee pain after sustaining a basketball injury in recreation. His provider performed a series of exams that most likely coincided with an anterior cruciate ligament tear. His right knee was placed in an immobilizer and he was prescribed nonsteroidal anti-inflammatories until he was able to see the orthopedic physician. On this current visit, he was complaining of continued pain. He stated that his medications and therapies were not working and he needed something else or a higher dose. Further investigation brought that he was no longer taking the prescribed nonsteroidal anti-inflammatories, nor was he wearing the knee immobilizer. He also continued to play sports without any brace or support. He goes on to say that he has tried the distraction techniques that he was taught in place of the medication. To review this case, he continues to complain of pain subjectively and that is his perception, he has been using cognitive therapies to help alleviate pain, however his pain is not successfully alleviated.

Related cases are similar, but do not have all of the defining attributes (Walker & Avant, 2011). A related concept that comes to mind is suffer. Suffer is a verb that is defined as “to submit to or be forced to endure” (Suffer, n. d.). The following related case is from a real-life example. Mrs. S, 43-year-old white, female presented to the clinic crying hysterically about the loss of a child one year ago. She had lost 50 pounds and has not been able to go through the progress through the grieving process. She was mentally suffering, but was not having physical pain. Suffering has the emotional characteristic and can be successfully alleviated by cognitive behavioral therapy or medications, but it is not necessarily precepted as pain. Pain can cause suffering, but not all suffering has pain.

A contrary case is a well-defined instance that does not represent the concept (Walker & Avant, 2011). The following contrary case is a real-life example. Mr. D, 38-year-old black, male is examined and assessed after being in an altercation. It is found that he has multiple lacerations, abrasions and a deformity to the right hand. Mr. D states that everything is okay, and he has no pain. He continues to laugh and talk about the weather outside. He has no reference to his current obvious injuries. None of the characteristics from that case contributed to the defining attributes of pain management.

Antecedents and Consequences Related to the Concept

Antecedents are described by Walker and Avant (2011) as a precursor that has to happen before the concept occurs. Antecedents in regards to pain management would include an event or illness that causes pain on the

patient. The patient would then recognize the painful stimuli. After recognizing the painful stimuli, they would physically or mentally feel pain.

Consequences are described as instances that happen because of the concept (Walker & Avant, 2011). Consequences to follow pain management would be seeking out a provider to provide medical treatment to relieve the pain symptoms. They could also first use home remedies to relieve their pain before they seek out medical attention. After the interventions are in place, they would either feel no difference in the pain, feel complete relief of the pain, or have a reduced feeling of pain. On the other hand, and worst-case scenario, they would feel an increase of the painful stimuli.

Empirical Referents of the Concept

The final step in Walker and Avant's concept analysis is defining empirical referents. According to Walker and Avant (2011), empirical referents are the group of ideas that occur and represent the concept itself. They can be similar to the defining attributes. To revisit the defining attributes, they include: Pain as an emotional subjective perception related to neurological functions and cognitive thinking, pain management as the successful alleviation of suffering, and patient compliance is a large factor in successful pain management. The empirical referents for pain management include: The pain scale, observing their facial expressions, and verbal response of successful alleviation.

The pain scale is a great numerical tool that is asked when someone presents to the clinic with pain. The patient rates their own pain on a scale of zero to ten, with zero being no pain at all and ten being the worst pain they

have suffered. After a pain intervention is performed, they are then again asked the pain scale to see if there were improvement in managing their pain. Facial expression can also show a great deal of successful pain management. Facial expressions that can present as pain could be withdrawal, grimace, sad, crying, or frowning. Following the pain intervention, they could be smiling, happy, or laughing. Finally, a verbal response, that their pain has resolved is the clearest assurance that their pain management interventions were successful.

This concept analysis on pain management will provide healthcare providers with defined meanings of pain and its management. It has been learned through the defining concept, uses, defined attributes, cases, antecedents, consequences and empirical referents that pain can be presented in different ways and majority of it has to do with the neurological functioning and cognitive thinking. Patient perception and successful management vary from patient to patient and through it all is subjective. Patient compliance and self-efficacy is the umbrella for pain management. The future research studies will give us all a better understanding, appreciation and interventions for successful pain management.

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