

Concept analysis of pain



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Concept Analysis of Pain Kwanei Holloway Austin Peay State University

Abstract Pain has always been a major factor in healthcare. This paper will describe pain as it relates to nursing, medicine, and physical therapy. All of the information gathered is analyzed in reference to how pain relates to hospital stay, rehabilitation, and prevention. I will ultimately give an overall picture of the importance of pain and how it relates to nursing as well as other disciplines. Introduction This paper is a concept analysis of what is known as the fifth vital sign PAIN.

As stated by Hsiao, Wu, & Chen (2013), Nursing staff are the major group of healthcare professionals who perform crucial functions in delivering nursing care to inpatients. I will attempt to describe pain as it relates to nursing, medicine, and physical therapy. When selecting a concept, I began by thinking what is an important factor in the nursing field and could be analyzed in more detail. Pain is a factor that is thought of differently by many. It is a very subjective factor and that applies to the patients, physicians, and nurses.

Yes, it is the patient that feels the pain but it is the physician who writes the orders and the nurse who transcribes it. I then figured that this area of nursing practice would be a great concept to analyze. Pain is a feeling triggered in the nervous system. Pain may be sharp or dull. It may come and go, or it may be constant. You may feel pain in one area of your body, such as your back, abdomen or chest or you may feel pain all over, such as when your muscles ache from the flu. Pain can be helpful in diagnosing a problem.

Without pain, you might seriously hurt yourself without knowing it, or you might not realize you have a medical problem that needs treatment. Once

you take care of the problem, pain usually goes away. However, sometimes pain goes on for weeks, months or even years. This is called chronic pain. Sometimes chronic pain is due to an ongoing cause, such as cancer or arthritis (“ Pain”). In the nursing field as well as any other areas of healthcare, pain is a vital factor when dealing with the delivery of care. It is the responsibility of the physician to ensure relief from pain by writing the orders, it is the responsibility of the nurse to carry out the orders and give the pain medication, and in the area of physical therapy it is their responsibility to ensure that the patient is medicated to retrieve the best results while in therapy. Purpose and Method The purposes are to define what pain is considered to be in relationship to the patient, nurse, physician, and physical therapist. It is also, to find out the subjectiveness of the fifth vital sign and to explore pain as it relates to hospitalization.

Walker & Avant (2005) guided this concept analysis study. Pain in Nursing Almost 35 million patients were discharged from U. S. hospitals in 2004; of these patients, 46 percent had a surgical procedure and 16 percent had one or more diagnostic procedures. Pain is common, and expected, after surgery. Recent data suggest 80 percent of patients experience pain postoperatively with between 11 and 20 percent experiencing severe pain, (Wells, Pasero, & McCaffery, 2008).

There are many contributing factors as pain relates to nursing. Pain is the main factor that contributes to a person deciding to seek medical attention. It is very important to include this as a part of an assessment because it can affect so many other things. It can cause a blood pressure to be elevated, it can increase a blood glucose, and can cause an overall disturbance in the

patients' hospital stay or ADL's. In nursing our aim is to provide comfort and surrccome to the patients' needs as a part of their overall care plan.

As stated by Wells, Pasero, & Mcraffery, 2008, inadequately managed pain can lead to adverse physical and psychological patient outcomes for individual patients and their families. Continuous, unrelieved pain activates the pituitary-adrenal axis, which can suppress the immune system and result in postsurgical infection and poor wound healing. Pain in Medicine Medical professionals have a big impact on pain as it relates to healthcare. Physicians have to generate a care plan that will ultimately be in the favor of the patient as far as relieving the pain in the most appropriate way.

This is achieved by not altering consciousness, normal ADL's, and in the correct combination with other medications. The board strongly urges physicians and surgeons to view effective pain management as a high priority in all patients, including children, the elderly, and patients who are terminally ill. Pain should be assessed and treated promptly, effectively and for as long as pain persists. The medical management of pain should be based on up-to-date knowledge about pain, pain assessment and pain treatment (" Guidelines for prescribing," 2007).

Nociception is the term used to describe the neural processes by which a noxious substance or a tissue damaging event such as surgical incision is perceived as pain (Fig 1). This is described in four stages, transduction, transmission, perception and modulation. Nociception involves a complex interaction between the peripheral nervous system (PNS) and central nervous system (CNS) as well as an evaluation of patients' pre and post-

operative psychological and environmental influences (Wood, 2010). Pain in Physical Therapy

Due to factors such as surgery, stroke, or basic deconditioning there is a need for rehabilitation. Physical Therapist play an essential role in the patients' road to recovery. A patient-centered rehabilitative approach that emphasizes restoration of normal movement and function incorporates physical therapy as a vital component of the collaborative approach required for effective pain management (" Physical therapy for," 1998). Overall therapy is lessened with pain. Patients move slower and are less involved with therapy if pain is present.

Therapy is put into place to get those muscles moving and to later decrease pain as it relates to contributing factors. These factors may include surgeries (hip or knee replacements), amputations (AKA, BKA, Metatarsal, and digital), and weakness (from CVA, CABG, and decrease movements). Patients with pain perceive an equivalent level of exertion at a significantly lower level of performance, a finding accounted for by both central (cardiorespiratory) and peripheral (muscle strength and recruitment) factors.

Inactivity also deprives bones, joint cartilage, and connective tissue of the mechanical stress necessary to maintain tensile and compressive strength and elasticity. Evidence is building that motor control and proprioceptive efficiency are altered, balance is compromised, and reaction times are slower in persons who are unfit or have pain (" Physical therapy for", 1998).

Essential/Critical Attributes

According to Cheng, Foster & Huang, (2003) the critical attributes of pain include: (a) unpleasant and distressful experiences originating from physical

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sensation and having both positive and negative meanings for an individual; (b) an individual human experience; (c) a state of feeling in both sensation and emotion (verbal), and behavioral components; (d) physical and psychological responses to the stimulus; (e) function of pain, including protective and warning signs; (f) pain responses are learned and influenced by personality, environment, emotions, social and culture. Model Case Mrs.

K is a 37 year old female with recent diagnosis of breast cancer. She has recently undergone a mastectomy and is now in the hospital for recovery. Upon the nurses' hourly rounds she discovered Mrs. K crying, when asked what the nurse could do to help she stated that " I am in pain and can't believe that I only have one breast now, I'm ugly and would have never thought it would hurt this bad". The nurse consoled her and brought pain meds. When returning the patient thanked the nurse for the talk and she stated that the pain had eased and she always thought she would have breast cancer due to both her mom and grandmother having it.

Related Case Mrs. T is a 35 year old female with breast soreness and discharge. She was found to only have fibroid tissue and nothing metastatic in her breast, but due to family history she elected to have bilateral mastectomies. She was ordered a PCA pump due to hourly pain calls and when the nurse entered the room she was crying c/o continuous pain. She states " I can't take this pain and I hate I did this". The nurse took time to talk with the patient and informed the physician of her crying and got new orders.

During the nurses hourly rounds she found her sitting up on the phone and she explained to the nurse that she feels better and glad that she had the

surgery because she did not want to go through what her mother and grandmother went through with breast cancer. Contrary Case Mr. M is a 45 year old that had a motor vehicle accident when he was 20 and is now going from hospital to hospital to try to get IV pain medication. He complains of back pain but x-ray results does not show any back issues but due to out of control behavior he is admitted and given pain medication. He refuses all by mouth pain meds and demands IV meds.

He does not show any signs of pain when assessed and all staff believes him to be addicted to pain medication. A psych consult is ordered. This patient is not in true pain but has psychiatric issues. Antecedents and Consequences For this particular concept the antecedents and consequences would be all interrelated due to the fact that in nursing, medicine, and physical therapy the same factors apply for pain. Environmental, personal and cultural values act as antecedents related to the concept of pain. The consequences of pain are related to pain reaction and the individual's own interpretation of the meaning of pain.

Pain reaction has a more physical and biological focus; coping with pain refers to the perception of pain and is psychologically focused (Cheng, Foster ; Huang, 2003). When thinking of environmental, personal, and cultural values you begin to think of things such as the patients comorbidities, what the patient perceives as pain, and in their culture how is pain thought of. In many cultures it may be thought of that you must tolerate pain as long as you can while in other cultures their pain threshold is low so any uncomfortable feeling renders a pain medication.

Consequences ultimately come from the patient themselves, what is perceived as pain and their history of pain. For example, a patient that has had a laminectomy may think because the pain was horrific the first time that it will be the same the next time, expecting the same relief factors even if the pain is not the same. Empirical Referents Empirical Referents are stated as what it used to measure the concept. Pain is very subjective and they have yet to invent an objective test that will give you the accuracy of some ones pain. They are measured by a scaling system.

Most scales make pain measurable, and can tell providers whether your pain is mild, moderate or severe. They can also set baselines and trends for your pain, making it easier to find appropriate treatments. This includes the Numerical Rating scale asking for a pain rating on a scale of 1-10, the Wong-Baker scale which will include facial expressions to emphasize pain, or the Verbal-rating scale and in this scale the patient must complete a questionnaire to describe their pain in more detail (Jacques, 2010). Implications in Nursing In nursing pain is a major factor in treating the patient as it relates to the overall hospitalization.

How are we able to get the blood pressure down if the patient is in constant pain? or how can I discharge a patient when they are in a lot of pain? Implications in nursing goes for all aspects of nursing from skin integrity to normal ADL's. A patient may not turn as they should because they are in the fetal position due to pain which could cause skin issues or pain will cause them not to take a bath as usual. Pain can even causedepressionas it decreases normal functioning. This concept is very important in the nursing field and should be treated and assessed appropriately.

Conclusion In conclusion I chose to analyze pain as it relates to nursing, medicine, and physical therapy. It is a major factor in that it is related to all aspects of care that is received by these disciplines. Pain is the main contributing factor that causes someone to seek medical attention. Without pain we could have serious issues being that we would not know when were sick, burned, or injured. Pain is very important in healthcare and applies to nursing, medicine, and physical therapy. References Desai, G. , ; Chaturvedi, S. (2012). Pain with no cause! urses' perception. *Indian Journal of Palliative Care*, 18(3), 162. Retrieved from <http://www.medknow.com> Hsiao, J. L. , Wu, W. C. , & Chen , R. F. (2013). Factors of accepting pain management decision support systems by nurse anesthetists. *BMC Medical Informatics and Decision Making*, 13, 16. Retrieved from <http://www.biomedcentral.com/bmcmedinformdecismak/> (n. d.). Pain. Med Plus Trusted Information for You, Retrieved from <http://www.nlm.nih.gov/medlineplus/pain.html> Walker, L. & Avant, K. (2005). *Strategies for theory construction in nursing* (4th ed.).

Upper Saddle River, NJ: Prentice Wells, N. , Pasero, C. , & McCaffery, M. (2008). Improving the quality of care through pain assessment and management. *Patient Safety and Quality: An evidence based handbook for nursing*, Retrieved from <http://www.ncbi.nlm.nih.gov/books/NBK2658/> (2007). Guidelines for prescribing controlled substances for pain. Medical Board of California, Retrieved from http://www.mbc.ca.gov/pain_guidelines.html Wood, S. (2010). Post operative pain 1: Understanding the factors affecting patients' experiences of pain. Retrieved from <http://www.nursingtimes.net/nursing-practice/clinical-zones/pain-management/post->

operative-pain-1-understanding-the-factors-affecting-patients-experiences-of-pain/5021696. article (1998). Physical therapy for chronic pain. 6(3), Retrieved from www.iasp-pain.org/AM/TemplateRedirect.cfm?template=/CM/... Cheng, S. , Foster, R. , & Huang, C. (2003). Concept analysis of pain. Retrieved from www.tzuchi.com.tw/file/DivIntro/nursing/content/92-3/3. Jacques, E. (2010). Using pain scales to effectively communicate pain intensity. Can you rate your pain? , Retrieved from http://pain.about.com/od/testingdiagnosis/a/pain_scales.htm