

## Concept Analysis of Pain

Pain is a factor that is felt differently from person to person and from culture to culture. It is subjective in nature and as care providers we are taught not to question its existence rather to believe it exist through the eyes of the person feeling the pain. Pain is triggered in the nervous system. Pain may be intermittent or constant, dull or sharp. Pain can be acute as in the case of a cut or maybe chronic as in the case of back pain. According to Wells, Pasero, & Mcraffery (2008) thirty-five (35) million patients were discharged from U.S. hospitals in 2004; of these patients, forty-six (46) percent had a surgical procedure and sixteen (16) percent had one or more diagnostic procedures. They also asserted that pain is common, and expected, after surgery. Ted Further, Wells, Pasero; Mcraffery, 2008 inadequately managed pain can lead to adverse physical and psychological patient outcomes for patients and their families. Pain is also one of the most frequent cited nursing diagnoses. This makes pain a critical problem in healthcare.

Nursing researchers have conducted many studies to identify and understand pain. According to Walker and Avant (1995) the purpose of concept analysis is to helps nursing scholars to identify the similarities and difference between concepts. Further it helps us identify the differences between irrelevant and defining attributes of a concept. Mahon (1994) and Montes-Sandoval (1999) used the Walker and Avant's method of concept analysis to determine their similarities of pain. These are that pain is a personal experience, an unpleasant, distressful, unwanted, uncomfortable experience. Mahon added that pain is psychological and socio-cultural response to a noxious stimulation.

The dictionary defines pain from the philosophical, theoretical and a sociological perspective. The Oxford English Dictionary defines pain as a sensation which one feels when hurt, suffering, distress and is specific to the physical and psychical sense. From a philosophical

perspective dating back to Plato (427-347 BC) he proposed the idea of the soul, pain and pleasure. Aristotle (384-322 BC) viewed pain as an emotion, state of feeling. While Descartes (1596-1650) emphasized the relationship between mind and soul in relation to pain.

There are four major theories that discuss pain from a theoretical perspective. These are: specificity theory, pattern theory, gate control theory, and psychological/behavioral theory. The concept of pain as it relates to sociology is seen through cultural views. According to Zborowski (1969) pain is believed to be a social and cultural pattern of the individual have significant influence. Further he asserts that attitudes towards pain are learned from parents and society. Pain in professional fields is best explained by McCaffery (1977), as “whatever the experiencing person says it is, and exist whenever he says it does”. Presently this is what we teach in nursing schools.

It is important to distinguish the concept of pain from other closely related concepts such as suffering and discomfort. According to Loeser and Egan (1989) suffering is defined as a negative affective response to pain or to other emotionally filled events, such as fear, anxiety, isolation or depression. Therefore, pain may induce suffering, however, not all pain will induce suffering. Person may suffer even in the absence of pain. Discomfort on the other hand is not defined in the nursing literature. (Cheng, Foster, & Huang, 2003, p. 23). Sheridan (1992) states that mild pain is referred to as discomfort. In the McGill pain questionnaire discomfort is used to state the intensity of pain.

According to Chen, Foster & Huant, (2003) Based on this principle, the critical attributes of the concept of pain include: (a) unpleasant and distressful experiences originating from physical 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.

When constructing a model case all attributes of the concept should be included. A example for the concept of pain follows: Mr. S is a 42 year old Taiwanese male who was diagnosed with colon cancer. Recently his tumor was found to be enlarged and his doctor advised him to have surgery. Mr. S was assigned to a nursing student, Alice that found him lying on his right side with his knees bent after surgery. He was holding his arms close to his chest, eyebrows were furrowed and look tired. When the nursing student approached, he closed his eyes but was cooperative. Taking his vital signs, the student found that his heart rate and blood pressure were elevated. Mr. S told her that he was in pain pointing to his lower left abdominal area. Thus, pain medications were administered. Two hours later Mr. S said he felt better but followed with telling the nursing student that two years prior he had abdominal pains and bloody stools. He added that he was worried that he would have cancer and that is why he went to the doctor to be checked. He has a family history of colon cancer and remarked that it was in his genes. He continued saying “I knew what would happen to me sooner or later, and I accepted this fact. It’s better than I am not married, or I would be a burden to my family. (Cheng et al., 2003, p. 24) An analysis of this case illustrates attributes of pain. Mr. S showed the protective positioning of pain and expressed pain. This showed his pain as unpleasant and distressful experience both through verbal and nonverbal responses. The abdominal pain and bloody stools showed that Mr. S suspected the disease, and his knowledge that he had bad genes demonstrated the social and cultural dimensions of pain. In his culture cancer is viewed as an incurable disease accompanied with extreme pain. Also

viewed by his culture is the believe that a good man has responsibility for his family. Thus, by not being married he was relieved he would not be a burden to his family. (Cheng et al., 2003)

A borderline case contains some of the same attributes of the main concept but not all of them are included. The case of Mr. A is a 62-year-old Taiwanese man who was a minister. He was diagnosed with renal cancer with metastases to his left femoral bone. Alice took care of him and she found him closed eyes lying on his right side with legs bent praying and with a cross in hand. Alice asked him how he was doing and if he had any pain, he said he was fine and denied pain. He thanked her. His blood pressure and heart rate were elevated. Alice was concerned given his diagnosis most patients would experience pain and asked again. Mr. A responded by saying “God was crucified on the cross and died for mankind”. He added that God suffered for all humans and his love is more than anything else in the world. He added I just have physical discomfort. So he wanted to experience how God suffered and understand how God loves people. But he never answers the question of pain. (Cheng et al., 2003). The analysis of this borderline case shows not all attributes being represented. Mr. A never voiced his pain however his behavioral cues of pain were observed. Alice also noticed that when visited by his family they prayed together which showed his social patterns influenced by the patient’s pain responses. The family and religious factors influenced Mr. A more than any other factors.

A contrary case is a case which presents not the concept. Thus, in the case of Mary she is a 3-year-old girl being seen in the clinic for hepatitis B shots a month ago follow up. When Mary saw the nurses, she held her mother very tightly with her eyes closed and would not allow her mother to put her down. She began to cry and told her mother she did not want

to go to the clinic. Though the nurse was trying to explain what she was going to do that day Mary continued to cry and told her mother she wanted to go home. An analysis of the defining attributes of pain were absent from this example. However, it presents the concept of fear. Fear is a reaction to a specific danger or event which is identifiable. (Cheng et al., 2003, p. 25) The cause of fear for the child is what would take place in the clinic. Mary probably recognized the clinic and identified the clinic with the shot.

Now we will identify the antecedents and consequences of the concept of pain. Antecedents are the events or incidents that happen before the existing concept. (Cheng et al., 2003). Examples of interrelated antecedents are personal and cultural values as well as environmental factors. Environmental factors such as a venipuncture or a hospitalization are associated with pain. Person's attitude about pain may affect how the person experiences pain. Personal issues include physical and emotional condition as well as personality, gender and socio-economic class. Conditions such as sleeping pattern are examples. Emotional conditions includes stress and anxiety. Consequences are defined as the events that happen as a result of the concept. Pain reaction and ability to cope with pain which could be voluntary or involuntary responses. These involuntary responses are usually autonomic nervous system such as changes in heart rate and blood pressure. Voluntary responses such as rubbing the site of the pain may be seen.

The final step in concept analysis is defining empirical referents. Which is defined as how the concept is measured or what the observations of a phenomenon are presented. (Cheng et al., 2003, p. 27). From the analysis of pain, the critical attributes may be abstract thus empirical reference present. Because pain is an unpleasant, uncomfortable and stressful personal experience the client owns verbalization are the most reliable indications of pain.

However, verbalization may not be adequate for all people. Behavioral cues are important to assess patient's pain.

In conclusion the concept of pain for this paper was selected since it is a serious problem for both patients and caregivers. Healthcare providers continue to learn how to assess, manage and treat pain. Pain as a concept continues to be studied in research, discussed in education and provide guidelines to be used in practice.

#### References

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