

Short Communication

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We have to take Pain Definition, Pain Management, and the Results of Non-pharmacological Studies Seriously

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Abstract

Pain assessment and management is an inevitable part of the nursing care of patients. Incomplete relief of pain remains widespread despite decades of research. Studies indicate that lack of knowledge, skills, and inattentive attitudes toward patients are barriers to effective pain management. Non-pharmacological methods are one possibility and should be offered as an adjunct alternative to pharmacological pain relief in nursing practice. For example, listening to music is inexpensive, safe, and does not require extra resources. We need systematic and continuous training in pain management.

Keywords: Pain definition; Pain management; Non-pharmacological method; Music

Perhaps the best known and accepted pain definition is by the International Association for the Study of Pain (IASP): Pain is an unpleasant sensory and emotional/affective and cognitive experience that is associated with actual or potential tissue damage or is described in terms of such damage [1]. Pain is always a personal, subjective, unique [2], and multidimensional experience and is affected by the patient's gender [3], age, culture, previous pain experiences, and emotional factors, such as joy, grief, fear, excitement, and the patient's beliefs and attitudes toward pain [4]. All nursing professionals know that pain assessment is the foundation of pain management and that the goal of pain management is to ensure the well being of the individual. It must be assessed on a regular basis [4] using valid measurements. It is equally important that pain assessment, its treatment, and its effects are recorded on a regular basis. Even though we know all of this, the theory and knowledge associated with it are not encountered much in nursing practice.

If we do not manage pain in the way that pain's definition and optimal pain management requires, and if we ignore the emotional/affective perspective of pain's definition, we are looking at only part of the pain management problem.

The most common form of pain management is pharmacological treatment for treating pain. Non-pharmacological pain management methods diversify the treatment of pain [5] and are an important supplement to pharmacological treatment [6] in reducing pain perception and the related sensation [7]. Even though researchers, nursing professionals and teachers know all of this, non-pharmacological methods are used very little and are not part of the established practices in pain management.

If we operate in accordance with the definition of pain, we have to take into account both patients' pain intensity and pain distress experiences. The basis of pain assessment must be regular and systematic from the perspectives of both intensity and distress [8]. In pain management, the use of analgesia primarily targets the sensory dimension of pain. The disadvantage of using pain medications are the side effects, and therefore patients might take less analgesic than is needed. Also, nursing professionals might administer analgesia less than optimally due to concern about patient tolerance [9]. The use of non-pharmacological methods, such as music, relaxation, and guided imagery, targets the emotional dimension of pain, but their use is not systematic or according to established practice.

Research interest in non-pharmacological methods and analgesics has grown substantially during the past few decades. For example, we have many evidence-based studies that provide moderate to strong support for the effects of listening to music in different patient groups [10-12]. The advantages of listening to music as a non-pharmacological method is that music is an inexpensive, safe, simple, and easy-to-use intervention and has minimal to no side effects [10]. These study results are good news for nursing professionals, hospital organizations, and society at large because they all struggle with constantly rising costs.

Therefore, we have many evidence-based studies about music as an intervention and other non-pharmacological methods as well. The key point is how do we use these study results as part of pain management and general use in nursing practice? We know how hospitalization affects patients' discomfort, social relationships, emotional and physical burdens of illness, and discomfort—not to mention the pain of all of that. Currently, it seems that research and practical nursing do not cross paths.

The results of curriculum evaluations and knowledge studies reveal that pain education is limited and unsystematic [13]. One option is to provide nursing professionals training, but the training should be systematic and regular in order to enhance the nurses' knowledge, attitudes, and skills with regard to managing pain. However, do we have the will and resources for that? If we think of this from the patient's perspective or as an ethical issue, the answer should be yes. Each patient has the right to appropriate pain relief, and the nursing professionals have a duty to relieve the patient's pain and suffering. Another option is education for student nurses at the curriculum level from the beginning to the end of the nursing studies. Comprehensive pain education in an undergraduate program across all medical professions is a prerequisite for developing knowledgeable, skilled, and economical healthcare professionals. The ideal would be to combine pain education for student

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Received July 02, 2013; Accepted August 05, 2013; Published August 07, 2013

Citation: Vaajoki A (2013) We have to take Pain Definition, Pain Management, and the Results of Non-pharmacological Studies Seriously. Altern Integ Med 2: 134. doi:10.4172/2327-5162.1000134

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nurses and to continue training for nursing professionals so that it is constant. For example, education of pharmacotherapy education is implemented in this way.

Finally, my thesis evaluated the effects of listening to music on postoperative pain alleviation. I am convinced that non-pharmacological pain management methods diversify the treatment of pain, and especially listening to music has positive effects during the recovery phase. Analgesics are often essential in patients' pain management but not always sufficient. Not underestimating pharmacological treatment for pain, non-pharmacological methods are important as well. Both of these methods are more responsive to pain intensity and unpleasant experience, such as the definition even states. Above all, we need to educate and provide information about these methods and use them as complementary to make sure that patients' pain alleviation is useful and high quality.

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