

PAIN AS THE FIFTH VITAL SIGN, CHALLENGES FOR ITS INCORPORATION IN HEALTH TRAINING

A DOR COMO QUINTO SINAL VITAL, DESAFIOS PARA A INCORPORAÇÃO NA FORMAÇÃO EM SAÚDE EL DOLOR COMO QUINTO SIGNO VITAL, RETOS PARA LA INCORPORACIÓN EN LA FORMACIÓN EN SALUD

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ABSTRACT

Objective: to reflect on the approach of the topic pain in health professional training courses from the perspective of the fifth vital sign. **Methods:** reflective study, conducted in May and June 2018, based on scientific literature and the authors' critical analysis. **Results:** educating for pain management in the perspective of incorporating it as a fifth vital sign, in a transdisciplinary approach, comprehensive care, prevention and health promotion, becomes indispensable and priority, because it indicates a redirection of training, and may represent significant advances and consequent humanized care to individuals living with pain. **Conclusion:** it was important to review the curricula of health courses and teaching-learning strategies giving a prominent place to the content pain, with emphasis on active and interactive strategies, and a special view to patient-centered care. With this, technical and behavioral competencies that value teamwork and interdisciplinarity are developed with the objective of offering high standard care.

Keywords: Health; Health Human Resource Training; Knowledge; Patient-Centered Care; Pain.

RESUMO

Objetivo: refletir sobre a abordagem do tema dor nos cursos de formação profissional em saúde na perspectiva de quinto sinal vital. **Métodos:** estudo reflexivo, realizado nos meses de maio e junho de 2018, baseado na literatura científica e análise crítica dos autores. **Resultados:** educar para o manejo da dor na perspectiva de incorporá-la como quinto sinal vital, numa abordagem transdisciplinar, da integralidade do cuidado, da prevenção e da promoção da saúde, torna-se imprescindível e prioritário, por indicar um redirecionamento da formação, podendo representar expressivo avanço e consequente atendimento humanizado aos indivíduos que convivem com a dor. **Conclusão:** evidenciou-se como importante a realização de revisão dos currículos dos cursos da área da saúde e das estratégias de ensino-aprendizagem com vistas a dar ao conteúdo dor um lugar de destaque, com ênfase nas estratégias ativas e interativas, com olhar especial para a assistência centrada no paciente. Com isso, desenvolvem-se competências técnicas e comportamentais que valorizem o trabalho em equipe e a interdisciplinaridade, com o objetivo de oferecer um cuidado de alto padrão.

Palavras-chave: Saúde; Capacitação de Recursos Humanos em Saúde; Conhecimento; Assistência Centrada no Paciente; Dor.

RESUMEN

Objetivo: reflexionar sobre el enfoque del tema dolor en los cursos de capacitación de profesionales de la salud desde la perspectiva del quinto signo vital. **Métodos:** estudio reflexivo realizado en mayo y junio de 2018, basado en la literatura científica y el análisis crítico de los autores. **Resultados:** es esencial y prioritario educar para manejar el dolor desde la perspectiva de incorporarlo como el quinto signo vital, a partir del enfoque transdisciplinario, de la atención integral, de la prevención y de la promoción de la salud. Esto indica una redirección de la capacitación que puede representar

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un avance significativo y la consecuente atención humanizada de las personas que viven con dolor. Conclusión: ha sido importante revisar los planes de estudio de los cursos de salud y de las estrategias de enseñanza-aprendizaje para dar otorgarle un lugar destacado al contenido del dolor, con énfasis en estrategias activas e interactivas, con una mirada especial a la atención centrada en el paciente. Así, desarrollamos habilidades técnicas y de comportamiento que valoran el trabajo en equipo y la interdisciplinariedad, con el objetivo de brindar atención de alto nivel.

Palabras clave: Salud; Capacitación de Recursos Humanos en Salud; Conocimiento; Atención Dirigida al Paciente; Dolor.

INTRODUCTION

The topic pain has been widely discussed in recent years by different spaces of knowledge. It is often undervalued because it is connected to subjective experiences. However, in the last decade it has been studied as a health condition (chronic pain as a disease), to the extent that it may be associated with actual or potential damage to human tissues. Its perception can be a multidimensional experiment, varying in quality and sensory intensity, affected by affective-emotional variables.¹

Physical pain is considered the main stressor factor within a hospital unit. Thus, it was necessary to implement specific analgesic protocols for their management or control, representing an effective alternative that determines the promotion of appropriate and problem-solving pharmacological actions.

However, other dimensions, such as spiritual, psychological and social, are involved in pain situations and also need to be taken into account.² Thus, the classic protocols added the introduction of integrative and complementary practices, which can increase quality of life for patients.

The uncontrolled pain condition results in respiratory, hemodynamic and metabolic alterations, predisposing the client to cardiovascular instability, more energy and protein consumption, difficulty in early deambulation, favoring the appearance of deep venous thrombosis (DVT), especially in elderly people who underwent extensive surgeries. Among these factors, it can even impair sleep, increasing physical exhaustion, fatigue and less motivation to cooperate with the treatment.

In 1995, the American Pain Society (APS) launched the strategy of pain assessment and registration as the fifth vital sign. The objective was to improve its management and increase the patients' quality of life, establishing guidelines for evaluating and recording pain reports. The following year, 1996, Doctor James Campbell drew attention to the need of implementing pain as the fifth vital sign, so that it could be evaluated and treated systematically.³

In 2001, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) included pain relief as an

item to be evaluated in the hospital accreditation process. This decision resulted in the recognition about the patient's right to have their painful complaint properly evaluated, registered and controlled.⁴

Thus, as recommended by JCAHO, it is the responsibility of the hospital organization to seek information about its performance in pain relief through quality indicators, such as verifying the needs, expectations and satisfaction of the clients, family and health professionals.⁵

2018 was considered by the International Association for the Study of Pain (IASP) the global year of excellence in pain education, whose central theme was to "reduce the gap between knowledge and practice", with the main objective of making a difference in the four areas: public and governmental education; patient education; professional education; and research on education for pain.

All these measures together aim at the knowledge evolution in pain management through training and incentive to the professionals teams to improve theoretical and practical knowledge, which will support the patient's evaluation without prejudices and taboos and using precise and appropriate methods for such evaluation.

It is important, in this sense, that professionals are given the possibility of knowing and taking responsibility for the patient with pain, adopting systematized evaluation techniques, so that they can build diagnoses and identify interventions adequate for its relief, minimizing its effects and contributing to better patient evolution, providing humanized treatment.

One of the important steps to improve care for patients with pain in developing countries has been to assist them by technically and scientifically trained multidisciplinary teams with a humanized perspective care.⁶ And this movement by qualification for pain management as the fifth vital sign should be initiated in professional health training courses.

In this sense, this article aims at reflecting on the approach of the topic pain in health training courses.

HEALTH TRAINING AND PAIN TEACHING AS THE FIFTH VITAL SIGN

Health economists at Johns Hopkins University (USA) report that the annual cost of chronic pain amounts to \$635 billion per year, which is higher than annual expenditure with cancer (\$243 billion), heart disease (\$309 billion) and endocrine, nutritional and metabolic diseases (US\$ 127 billion).⁷

According to IASP, the average prevalence of chronic pain in the world population is 35.5%.⁶ In Brazil, a survey conducted in 2016 by the *Sociedade Brasileira para Estudo da Dor* with about 1,000 interviewees showed that 37% reported suffering from chronic pain for, at least, six continuous months.⁸

The relevance of pain is evident, considered since 2000 as the fifth vital sign, that is, an element to be measured, evaluated, treated and reevaluated in its complexity of influence on the well-being of the human being that experiences it. However, studies have shown this topic is precariously treated during training human resources in health.⁹ Thus, these professionals are mostly disqualified for their management.

Research conducted by IASP in 2007 revealed that, in developing countries, during health training, future professionals did not receive specific knowledge that give them instruments, in a safe and appropriate way, for pain understanding and treatment. In most regions of the world, less than half of university students received training for specific pain management, even when the topic represented a significant part of their daily work, as it is the case of intensive nurses and physicians. It is not surprising, therefore, that 91% of these professionals report that the absence or fragility this content knowledge represents the main barrier to pain treatment.⁶

That research also found that most of these professionals report that the patients desire opioid dependence, which represents an important barrier to these drugs availability, and this fact is connected, mainly, to the gap generated by the absence of this content during training.

The management of the painful condition is the responsibility of all professionals who are involved in patient care, as well as their own and their families. It is up to the team to have an integrated, multiprofessional action through implementing strategies for prevention, detection and relief of the painful event, which will provide quality of life to the patient.¹⁰

The health professional, in the search for a correct and resolute management of pain, needs to acquire fundamental concepts regarding its mechanisms and repercussions in the individuals' physical, emotional, and social area, in order to be able to choose the appropriate therapy. Through this expanded range of knowledge and values that complement each other, the professional can both evaluate and intervene safely.

However, there are limiting barriers to pain management with resolution. One of them is related to the fact that policymakers, caregivers, system managers and society do not understand the extent of the impact of pain on patients. Thus, when poorly managed, pain is costly, not only for the individuals affected and for their families, but for governments, taxpayers and society in general. Health training that leaves content gaps with regard to pain care practices is repeatedly recognized around the world as a concrete situation.¹¹

According to IASP team, deficits in this area are associated with: lack of public understanding of the scale of health problems around pain; alarming deficits in the provision of education and training for pain in undergraduate programs; late progression and improvement of pain education in post-

graduate studies; inaccessibility or lack of effective training in pain management.¹²

Studies conducted in Brazil, such as the University Hospital of Sergipe (*Hospital Universitário de Sergipe – HUS*), developed with 82 health professionals, employees and residents also proved this data. Although it is a school hospital, a field of practice of subjects of health professionals training and medical and multiprofessional residences, the study revealed that there is no systematic evaluation of the painful phenomenon.

When asked about the origin and acquisition of knowledge about pain and analgesia, 65.8% of the participants in the HUS research reported having studied subjects that addressed the topic during their under-graduate course. The subjects more often reported were: Pharmacology (35.2 %), Anesthesiology (18.5%) and Physiology (14.8%). However, most of them (79.3%) stated that they acquired knowledge about pain and analgesia after graduating and that they feel the need for specific training (70.7%).

Regarding knowledge about pain treatment, there was a lack of it regarding the use of opioids for pharmacological treatment, because only 20.7% of the professionals reported knowing their use and 12.2% reported that they use them in their practice. On the other hand, 59.7% know the use of non-steroidal anti-inflammatory drugs (NSAIDs) and 42.7% use them in pain care practices. It should be emphasized that only one professional stated using multimodal treatment for pharmacological handling of pain. That is, this professional uses drugs with different mechanisms of action, associated with non-pharmacological therapies.

Moreover, the vast majority of professionals ignored non-pharmacological methods of pain relief. And among those reported, acupuncture was the most mentioned method (34.1%).¹³

Through the results highlighted above, the urgent need for health training courses to reorient their contents is evidenced, and to offer disciplines that more specifically contemplate the pain theme, considering it the fifth vital sign. The offer of this theme in a punctual way and without necessary clinical interconnections has hindered the understanding and resulting in the training of professionals without integrated vision of this phenomenon.

It is also worth mentioning a research conducted in three hospitals, two public and one private, with 418 professionals, in which they evaluated pain knowledge. Only 27.5% of the professionals had specific subjects during their university training, and 30.6% saw it only in short training course. The results corroborate the already mentioned gap in professionals training related to the topic investigated.¹⁴ This reinforces the need for professionals qualification in this area.

Our professional experience, of undergraduates, specialization students and residents, observing care practices for patients with pain, proves that these professionals, at

different times, have to deal with chronic pain conditions and as a single way out, most often, they use drugs to the detriment of non-pharmacological methods such as integrative and complementary practices (ICP). By favoring pharmacological practices, they contradict the guidelines of the Centers for Disease Control and Prevention of the United States, which indicate that non-opioid therapy should be a preferred method for chronic pain management.¹⁵

Integrative and complementary practices objective, as a proposal for complementary alternative offer to pain treatment, is to promote care with focus on the individual's well-being. Besides generating cost reductions, ICPs have been effective in health promotion and education, fostering a broader and integral dialogue and cooperating to prevent the disease and serious consequences onset.¹⁶ They have also been allies in the composition of pain treatment.

Health professional-training institutions need to take responsibility, offering basic content about pain and its different control therapeutic forms through an interdisciplinary reading of the painful phenomenon. Projects forwarded to the Ministry of Education to include the topic in health colleges curricula are under way.⁹

It is evident, therefore, the lack of the topic pain in the curricula of undergraduate health courses. Studies in this segment highlight that basic training should be seen as a starting point to professionals' knowledge instrumentation to perform the profession.¹⁷

FINAL CONSIDERATIONS

IASP established the year 2018 as the global year of excellence in pain education, with the objective of working these topics in vocational education: advanced interprofessional skills from integration and accreditation; improve educational delivery based on training and resources for teachers; improve and share culturally sensitive fundamental training resources for all healthcare providers.

Thus, we found the importance of inserting the topic pain as a basic issue of curricular subjects of health training courses, a fact that will contribute to qualify care for patients living with pain.

What we proposed with this reflection was to highlight the urgent need to include the pain topic in health training courses, to the extent that it composes the daily lives of millions of Brazilians, that is, given its prevalence and high cost. Training health professionals to work in transdisciplinary teams of pain is essential, as common aspects of knowledge and activity are shared, and may represent a significant advance in care and humanized care.

Bringing this reflection to the scene in 2018, established as a global year of excellence in pain education, by the

International Association for the Study of Pain (IASP), means the co responsibility to include and expand the discussion of this topic in health professional training.

It is relevant mapping the concepts and contents related to pain acquired by undergraduates during their training, because it may identify readjustments and insertions in curricula and subjects. This will contribute to the review the current teaching model, which is moving towards meeting the demands of the labor market and its reinvention in the face of new demands in pain treatment.

Training safer, more humanized and conscious professional will reflect on the development of differentiated care to patients with pain. In addition to performing their technical functions in a cautious and reflective way, avoiding value judgments and allowing the establishment of more effective interpersonal relationships between professionals and patients.

By weaving these considerations, we also refer to the need for the qualification of health professionals of services, based on the premises that guide pain management as the fifth vital sign, related to holistic care, to the development of technical and behavioral skills that value teamwork and transdisciplinarity.

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