DOI 10.18471/rbe.v39.63889
Original Article

PAIN IN HOSPITALIZED CHILDREN: KNOWLEDGE, EVALUATION AND INTERVENTIONS OF NURSING PROFESSIONALS

DOR EM CRIANÇAS HOSPITALIZADAS: CONHECIMENTO, AVALIAÇÃO E INTERVENÇÕES DOS PROFISSIONAIS DE ENFERMAGEM

DOLOR EN NIÑOS HOSPITALIZADOS: CONOCIMIENTO, EVALUACIÓN E INTERVENCIONES DE LOS PROFESIONALES DE ENFERMERÍA

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How to cite this article: Lopes AS, Cañedo MC, Gauna SC, Nunes CB, Luizari MRF, Gaiva MAM. Pain in hospitalized children: knowledge, evaluation and interventions of nursing professionals. Rev baiana enferm. 20225;39:e63889.

Objective: to identify the knowledge and interventions developed by nursing professionals for evaluation and minimization of pain in children hospitalized in pediatric ward and intensive care unit. Method: qualitative study, developed in a hospital in the Brazilian Midwest. The participants were 12 nursing professionals, four nurses and eight nursing technicians. The data collection was carried out through semi-structured interview, from June to September 2023. Data were analyzed according to the thematic analysis technique. Results: the professionals reported that non-pharmacological methods of pain relief are more used in neonates, and in children, pharmacological methods are more used. There was a lack of knowledge on the part of the interviewees about the scales for assessing pain. Final considerations: Nursing professionals face difficulties in the application of effective methods to evaluate, prevent and treat pain in hospitalized children, both in the pediatric ward and in Pediatric Intensive Care Unit (PICU).

Descriptors: Pain. Pain Measurement. Pain Management. Pediatric Nursing. Child, Hospitalized.

Objetivo: identificar o conhecimento e as intervenções desenvolvidas pelos profissionais de enfermagem para avaliação e minimização da dor em crianças internadas em enfermaria pediátrica e unidade de terapia intensiva. Método: estudo qualitativo, desenvolvido em um hospital do Centro-Oeste brasileiro. Participaram da pesquisa 12

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profissionais de enfermagem, sendo quatro enfermeiros e oito técnicos de enfermagem. A coleta de dados foi realizada por meio de entrevista semiestruturada, de junho a setembro de 2023. Os dados foram analisados segundo a técnica de análise temática. Resultados: os profissionais relataram que os métodos não farmacológicos de alívio da dor são mais utilizados em neonatos, e em crianças utiliza-se mais os farmacológicos. Evidenciou-se o desconhecimento por parte dos entrevistados sobre as escalas de avaliação da dor. Considerações finais: Os profissionais de enfermagem enfrentam dificuldades na aplicação de métodos eficazes para avaliar, prevenir e tratar a dor em crianças hospitalizadas, tanto na enfermaria pediátrica quanto na Unidade de Terapia Intensiva Pediátrica (UTIP).

Descritores: Dor. Medição da Dor. Manejo da Dor. Enfermagem Pediátrica. Criança Hospitalizada.

Objetivo: identificar el conocimiento y las intervenciones desarrolladas por los profesionales de enfermería para la evaluación y minimización del dolor en niños internados en enfermería pediátrica y unidad de terapia intensiva. Método: estudio cualitativo, desarrollado en un hospital del Centro-Oeste brasileño. Participaron en la investigación 12 profesionales de enfermería, siendo cuatro enfermeras y ocho técnicos de enfermería. La recogida de datos se realizó mediante entrevista semiestructurada, de junio a septiembre de 2023. Los datos fueron analizados según la técnica de análisis temático. Resultados: los profesionales informaron que los métodos no farmacológicos de alivio del dolor son más utilizados en neonatos, y en niños se utilizan más los farmacológicos. Se evidenció el desconocimiento por parte de los entrevistados sobre las escalas de evaluación del dolor. Consideraciones finales: Los profesionales de enfermería enfrentan dificultades en la aplicación de métodos eficaces para evaluar, prevenir y tratar el dolor en niños hospitalizados, tanto en la enfermería pediátrica como en la Unidad de Cuidados Intensivos Pediátricos (UCIP).

Descriptores: Dolor. Medición del Dolor. Manejo del Dolor. Enfermería Pediátrica. Niño Hospitalizado.

Introduction

Pain is an individual experience influenced by biological, psychological and social factors, being defined by the International Association for the Study of Pain (IASP) as a sensory and emotional unpleasant experience associated, or similar to that associated, to a real or potential tissue injury[1:2]. Health professionals should listen to their patients and evaluate pain as the fifth vital sign[2], because pain is as important as temperature, pulse, breathing and blood pressure[3].

During hospitalization, the child is subjected to various invasive and painful procedures. The way in which these pains are experienced can have a significant impact, even causing traumas that will be carried throughout their life[4]. Thus, health institutions should facilitate access to treatment for children and adolescents with pain[5].

However, the neglect of pain is a recognized problem in the practice of health professionals, especially the nursing team that performs daily procedures that generate pain. It is important that professionals know the mechanisms to relieve it, so that the procedures are less traumatic, because often for certain children, it will be their first experience of pain, and the way they will experience it can contribute to its coping[6].

Before applying pain relief strategies, the patient must be evaluated correctly. The evaluation aims to characterize the painful experience, to know its intensity and location, as well as to identify the contributing factors and their determinants, in order to select the appropriate treatment and measure its effectiveness[7]. In addition, there are misconceptions on the part of professionals regarding pain perception, generating consequences in effective treatment for its relief, affecting the psychological part and quality of life of patients[8].

Pain can be treated by pharmacological and non-pharmacological methods. The use of drugs should not be minimized, but pain management is not limited to pharmacological therapies. Non-pharmacological interventions, many of them based on the Integrative and Complementary Health Practices (ICHP), such as music therapy, playful therapies, dances, paintings, theater, massage, yoga, acupuncture, reiki, homeopathy and spirituality can be used to minimize the pain and suffering experienced by children, in addition to avoiding the overload of the body by excess analgesics[9].

In this scenario, nursing professionals are responsible for evaluating and adopting appropriate strategies for pain management and treatment[10]. A study conducted with the nursing team of a hospital in the south of the country showed that professionals still perform the evaluation of pain with an intuitive approach, without theoretical foundation, although the pain in the child deserves to be valued and developed continuously, bringing improvements to both professional practice and the recovery process of pediatric patients[7]. Additional research on the subject can contribute to transform the practice into a scientifically based process, something that is little recognized by the professionals who carry it out.

In view of the above, the following question arises: what are the knowledge and interventions used by the nursing team to assess and manage pain in hospitalized children? Therefore, the present study aims to identify the knowledge and interventions developed by nursing professionals for evaluation and minimization of pain in children hospitalized in pediatric ward and intensive care unit.

Method

This is a descriptive study with a qualitative approach. The research was carried out with 12 nursing professionals, nurses and nursing technicians, who worked in pediatric ward and pediatric intensive care unit (PICU) of a teaching hospital in a capital of the Brazilian Midwest. The hospital assists only patients of the Unified Health System (UHS), having 6 beds of PICU and 30 beds of pediatric ward, to assist neonates and children up to 12 years old. This hospital is a state reference for the care of clinical and surgical patients and children affected by accidents with venomous animals.

The PICU nursing team consists of 12 nursing technicians and 4 nurses. The nursing team is composed of 20 nursing technicians and 4 nurses. The units have a nurse and a nursing technician for every two beds in the PICU and a nurse and a technician for every six beds in the pediatric ward on each shift. Nurses perform care and management activities of the nursing team. The shifts are six hours during the day, divided into two morning and afternoon shifts, and twelve hours at night.

The population consisted of nursing professionals who worked in PICU and the ward. Thus, the participants were 12 nursing professionals who met the following inclusion criteria: workers related to the nursing team crowded in the two pediatric units that provide direct assistance to the child during hospitalization. There was exclusion of the professionals who were away from their work activities for vacation or leave during the data collection period.

The selection of participants was carried out by convenience, and the initial interaction with the nursing team occurred through direct contact, when the researcher presented the objectives and justifications of the study. During the research, there were no dropouts, but there were five refusals: a nurse and two nursing technicians from the pediatric ward, as well as a technician and a nurse from the PICU. Moreover, a pilot test was conducted, which did not require modifications, and the interview was included in the study.

The dialogues were conducted by the researcher responsible for the study, who was a nursing intern of the Multiprofessional Integrated Health Residency Program (PREMIS), with concentration in the maternal and child area of the hospital. Furthermore, the research had the guidance and supervision of a researcher with experience in qualitative studies, specialist in pediatric nursing and who had already worked at the institution and in the sectors involved in the study.

The data were collected between June and September 2023, by means of an individual semi-structured interview, using a script previously prepared by the research team, containing sociodemographic data, such as age, sex, schooling, position occupied in the institution, family income, ethnic-racial affiliation, marital status, daily/weekly working hours, number ofemployments,

time spent in the sector, type of employment relationship (statutory or contractual).

The interviews were conducted through the following guiding questions: What pain relief strategies do you know or have used in childcare? How do you usually evaluate the pain in children during care? Could you describe the tools or methods you use to measure pain and how you choose which one to use in each situation? In your practice, do you use any pharmacological and non-pharmacological treatment before, during and after performing painful procedures? Do other professionals from the nursing team also have this practice? What differences do you notice in the patient's behavior when using the pharmacological and/or non-pharmacological strategies of pain relief?

The number of participants was defined by the data theoretical saturation, that is, the interviews were closed when the speeches began to be repeated, because they did not bring new information that would enable the deepening or foundation for theorizing against the objective of the study[11]. The interviews were collected in the professional's own work environment, had an average duration of 10 minutes and were performed with the help of a mobile voice recorder, in a place and time previously agreed with the participant. Transcripts were not returned to participants for comments and/or correction.

The data were fully transcribed at the end of each interview and systematized according to the thematic analysis approach proposed by Minayo[11], which establishes the following phases: pre-analysis and exploration of the material, treatment of the results obtained and interpretation. After the transcription of the speeches, the interviews were read to ensure consistency of information. Then, the clipping of each interview was carried out in sense units that sought to know the connections between them. The recurrence of data was grouped by corresponding themes and, subsequently, in thematic categories. The final analysis consisted of data interpretation. The main researcher presented the results of the research to the nursing team through her residency completion work (RCW) in meetings specially scheduled for this purpose.

The research was approved by the Human Research Ethics Committee, under Opinion n. 6.060.968. All ethical precepts were respected, taking into account the recommendations of Resolutions n. 466/2012 and n. 510/2016 of the National Health Council. The research report was based on the Consolidated Criteria for Reporting Qualitative Research (COREQ), Portuguese version. In order to preserve the confidentiality of the participants, identification codes were assigned according to the sequence in which the participants were interviewed. Thus, each speech report will be presented with the following codes [Nur 1], [Tec 2], [Nur 3].

Results

The participants were 12 nursing professionals, being 8 (66.7%) nursing technicians and 4 (33.3%) nurses. The workers were, on average, 42.6 years old and had been working for 4.3 years in the pediatric units; 9 (75%) of them worked in the PICU. They were mostly female 10 (83.3%); 4 (33.3%) considered themselves white and 4 (33.3%) brown; 7 (58.3%) had completed higher education and 5 (41.7%) had a *lato sensu* degree; the family income of 7 (58.3%) participants was between 4 and 6 minimum wages; and, all 12 (100%) interviewees had a workload of 44 hours per week, and 9 (75%) worked only in this hospital and 7 (58.3%) were hired.

The convergence of data will be presented in three thematic categories, namely: Knowledge of the nursing team on evaluation of pediatric patient pain, the experience of nursing professionals in relieving child pain and The role of hospital management in controlling children's pain.

Knowledge of the nursing team on evaluation of pediatric patient pain

Health professionals recognize the importance of assessing pain in pediatric patients and evaluate it by the cry and vital signs. However,

they do not know the existence of specific valuation scales focused on this clientele.

Several professionals do not know and do not use pain assessment scales, but employ their own strategies to determine whether the patient is experiencing pain, including facial expression, speech and cry.

> *Little ones have an expression of pain. Some make a face of pain. That expression of pain. The older ones already say that they are in pain. So, sometimes, either the one who speaks is already saying that it hurts and the other one is not. You can see by the patient's face of pain that you recognize by the patient's face that it is hurting. Sometimes, some are even afraid to say that they are in pain. But just by the face you can identify they are in pain.* (Tec 4).

> *Expression. I think the expression is… when the patient is in pain, you see it on their face. The baby expresses it in a tearful way, in the way of frowning, like this.* (Tec 7).

For post-operative patients, professionals also assess pain through the cry.

> *If the patient is older, they will say that they are in pain. We know that post-operative babies will always feel pain after surgery, so we already know that the cry is a sign of pain because it is post-surgery.* (Tec 6).

Interviewees report that pain is assessed by the patient's vital signs, especially in those admitted to the PICU.

> *Look, since they are monitored, we can see on the monitor, by frequency, by pressure as well. By vital signs.* (Nur 2).

Regarding pain assessment scales, two professionals reported that they had heard about them, but had never used them in their hospital practice.

> *I've used it in college, where we studied vital signs, like in pediatrics, which was a very short internship, but we learned how to make a scale and we used it with just a few children. But not in another occasion.* (Nur 4).

> *I know it exists, I know it does, but we don't have a protocol that we use in the sector. No sector I've worked in has ever used the scale.* (Nur 1).

The experience of nursing professionals in relieving child pain

The experiences of the nursing team concerning the strategies used to relieve pain were described in the following subcategories:

Pharmacological and non-pharmacological interventions to alleviate pain in neonates and children

The speeches showed that the application of non-pharmacological strategies for pain relief is more common for neonatal patients. Among these interventions, sweetened solutions stand out:

> *We use it in some cases... which were with* [newborn] *NB, in this case, we gave glucose or water to be able to alleviate, help in relieving the pain. But that's it.* (Tec 6).

One of the professionals reported that some colleagues are concerned about patients' pain, but emphasizes that it is more in the neonatal ICU.

> *If we have? Yes. Not here in the PICU, but in Neonatology you will see that there are many more...* [...] *I don't know... maybe because of the baby. Who is small. But there they are more concerned with pain relief.* (Tec 8).

Breastfeeding and skin-to-skin contact were highlighted by participants as measures to alleviate pain:

> *What I see is what we practice here, what we use a lot with newborns is glucose. We usually give them a little glucose when puncturing them, which helps. The mother can also hold the child in her arms. I've also seen breastfeeding while being punctured not to feel pain. But it's not common to use it here either.* (Tec 9).

The difficulty in applying non-pharmacological strategies to alleviate children's pain is a challenge for professionals, and this difficulty is related to the lack of information in the work environment or even during their training.

> *Actually, because no one ever taught it to me, because I'm just a technician, I didn't study, besides that. So no one taught it to me. From the moment they start teaching it to me, we're going to use it, because we don't want to see the patient suffering.* (Tec 3).

Many nursing professionals reported that they use drug therapy to relieve pain for children hospitalized in the PICU and pediatric ward.

> *We medicate all the time* [...] *we're always medicating.* (Tec 3).

> *I know there are several, but... what I know we use most is medication* [...] *we prefer to medicate.* (Nur 4).

Drug treatment of pain in children has a positive impact on patient recovery, often resulting in faster hospital discharge:

Medication, the stay is short within the PICU. (Tec 1).

One interviewee stated that the use of measures to prevent and alleviate pain in pediatrics can bring significant benefits in the recovery of children's health and even suggests the use of strategies such as therapeutic toys.

If the patient doesn't feel pain, they become more confident. Nowadays, we can get close and do the procedure, and they can believe that it won't hurt and that it will be as painless as possible, I think. If we had a therapeutic doll, it would be cool too, for older children. But I think that just using dipyrone, something before doing a procedure that you know will hurt, like, for example, the first baths you're going to give to patients who have drains [...]. (Tec 4).

In the case of children, the interviewees reaffirmed the routine use of pharmacological therapy, but they do not perform any other measures to alleviate pain other than those prescribed by the doctor.

Sometimes when we are going to do a procedure, we already do it, for example, we are going to change the dressing, knowing that there will be pain, we already ask the doctors for authorization if we can use analgesia, which I think already helps and when it can be done, it is done. (Tec 4).

On the other hand, some professionals stated that they do not observe benefits in the child's health recovery when some non-pharmacological measure is applied to treat pain. (Tec 7).

Well, as I don't practice anything, only medication if necessary, I believe that only in the case of extreme pain, of dressings, as soon as there is, as I told you, that there really is medication, otherwise, as I don't do anything, then I can't tell you that it caused anything to the patient, any benefit to the patient. (Tec 6).

The role of hospital management in controlling children's pain

Hospital managers play a crucial role in pain management and the care of pediatric patients for a variety of reasons, especially in the acquisition of supplies.

Because I think that... we had a time here, where the purchasing department bought very poor quality material. For example: you go there, puncture the patient, you pierce once, and with that material you would have to pierce many more times, and sometimes, you couldn't even get the children's access. It hurt the children a lot, the children had a lot of bruising. [...]. (Tec 9).

Furthermore, hospital management does not provide support for professionals to promote pain relief for children, whether by passing on information or offering training/qualifications.

Because there is no support... they [hospital management] *don't give us any support... any training or talk about this subject. What we really know is from college, which we used very little.* (Nur 4).

Other participants stated that the hospital is concerned about patients' pain, although for the most part, they are referring mainly to the provision of pain relief medications.

But if we need glucose at the pharmacy and the doctor prescribes it, there is it. And if there is also analgesia, like dipyrone, there is also it. So, at this level, I think the hospital provides appropriate medication. (Tec 1).

Management has an important role in implementing pain assessment as the fifth vital sign, especially by providing information and training to the team.

There should be training and include vital signs as far as they are placed on the scales, and have this pain assessment [...] *In the system itself.* (Nur 4).

For the hospital to incorporate pain as the fifth vital sign, some interviewees understand that in addition to training, establishing protocols is essential.

There should be a training and use... like I said, maybe a pain scale for everyone to follow. Because then everyone follows the same scale in the institution. Use a scale from 0 to 5. So everyone follows that scale. So, when reporting... no complaints of pain, five, two, three, you know? Because there's already a little pattern, there's already a standard of what it is, you know? (Tec 2).

Implementing a protocol. Implementing a protocol. Because what we need is the protocol. I think so. (Tec 4).

The ambiance plays a key role in the prevention and treatment of pain in pediatrics. For one of the participants, the hospital does not meet this requirement:

We could have a better, more comfortable room for the children, because as soon as the child gets close to the procedure room, they are already scared to death. If there was a suitable environment [...] *I see that the child feels less pain too. One day, I had a child who couldn't get close to it [the procedure room].* (Tec 9).

Discussion

The participants of the research were 42.6 years on average, mostly women, and they had been working in pediatrics on average for 4.33 years. This may be related to the fact that, although the hospital has a statutory regime, for many years it has not held a public tender and has been filling the shortage of employees with temporary contracts. The characterization obtained from the sample of this study reinforces the female profile of nursing, reaffirming the data from the Brazilian Nursing Profile Survey (PPEB) [13], as well as the international research carried out in the United States of America, reinforcing the characteristic of the nursing profession to be mostly female (60.8%)[14].

It is known that the pain monitoring, evaluation and relief should be performed for all patients including neonates, children and adolescents, because pain generates stress, suffering and discomfort for the patient and the family[15]. The research identified that the pain attention often focuses on the NB, and pediatric patients over two years of age are in the background. However, hospitalized children in this age group may face painful situations, and health professionals should be prepared to deal with their needs[1]. According to the participants' responses, the most used non-pharmacological methods are aimed at neonates, and professionals mention non-nutritive sucking with or without glucose use, breastfeeding and skin-to-skin contact.

Among the non-pharmacological strategies for relieving pain and stress in neonates are: coiling, easy containment, non-nutritive suction, use of sweetened solutions such as glucose and sucrose, massage, balancing, kangaroo position, breastfeeding, environmental control with noise reduction and visual stimulation, sensory stimulation and care grouping. In addition to breastfeeding, reduced light, non-nutritive sucking, kangaroo position, and bedside coziness also do not require a prescription, are easy to do and are universally recommended[17-18].

The neglect of pain generates traumas for hospitalized children, and professionals are responsible for using strategies that generate comfort and pain relief during procedures[19]. This study evidenced the absence of training on the subject, lack of application of pain assessment scales and lack of preparation on best practices for monitoring and relieving pain in pediatrics. It is recommended to use pain scales as a guide to determine the most appropriate approach, ensuring personalized and effective treatment[20].

Prior to the procedures for pain relief, it is crucial to perform an accurate assessment of the patient. This process aims to characterize the experience of pain, understand its intensity and location, as well as identify the factors that point to it, including its determinants. This approach allows the choice of appropriate treatment and subsequent evaluation of its effectiveness[7]. The present study demonstrated that several professionals do not know any scale or only had contact with the subject during the college, but never applied in their professional practice. As a form of pain assessment, they reported that they consider the intensity of the cry, verbal reports or facial expressions of children.

The evaluation of pain begins with history and detailed physical examination, followed by diagnosis of causes and measurement, and the quantification of pain will depend on age and child development[21]. Among the scales used in NB and infants (up to two months), there is the Neonatal Infant Pain Scale (NIPS); for children older than two months, the Face, Legs, Activity, Cry and Consolability (FLACC); children over three years old, the Wong-Baker Faces Pain Rating Scale, the Poker Chip Tool, Visual Analog Scale (VAS), Numerical and Photographic Evaluation Scale of Oucher; for children and adolescents between 10 and 18 years old, Adolescent Pediatric Pain Tool, and the Comfort-Behavior Scale (COMFORT-b) for children who are using continuous sedation[20,22].

It was identified that most professionals are more familiar with pharmacological approaches to pain relief. However, it is crucial to understand that both pharmacological and non-pharmacological methods should be considered and selected based on the evaluation

of patient-specific pain, with criteria of proven efficacy and balance between risk and benefit[23].

Concerning the benefits of non-pharmacological strategies to relieve pain and recover the health of pediatric patients, all professionals, with only two exceptions, recognize significant advantages. These include immediate pain relief, reduction of the time of hospitalization in PICU and assistance for professionals to carry out procedures more effectively. The positive perception highlights the crucial importance of these methods in pediatric care, since studies show that the use of non-pharmacological methods influences the protective synergistic effect, relieves pain and provides comfort[8].

Undoubtedly, the hospital plays a vital role in pain management and in the care of pediatric patients, since the hospitalized child is subjected to painful and stressful procedures as part of the treatment routine[16]. Nevertheless, the professionals' speech pointed out that the role of the hospital, most often, is limited only to the provision of medicines and glucose. There is a significant gap when it comes to providing support to professionals, mentioning the lack of training, protocols, work environment and adequate material resources. This discrepancy highlights the importance of addressing not only patients' needs, but also providing an environment that promotes effective and humanized care.

Pain is considered the fifth vital sign, which must be recorded in the clinical evolution of the patient along with other vital signs[24]. For pain to be recognized as the fifth vital sign by all health professionals of the hospital studied, most of the participants in this research pointed to the need for training, since many of them are not familiar with the methods of assessment, prevention and treatment of pain in pediatrics and do not know their benefits. Some highlighted that the implementation of protocols directed to this issue in pediatric units would be an additional benefit, providing clear guidelines and contributing to a more consistent and effective approach in pain management.

Some participants demonstrated knowledge of the use of the Therapeutic Toy (TT) as a non-pharmacological strategy for pain relief, but they do not use it. An integrative review showed that, although most nursing professionals know the TT and value its use in care practice, they do not use it and report that it occurs due to lack of time[25].

A similar investigation showed the barriers faced by the nursing team in pain management. As this study, the research showed that professionals have theoretical knowledge about pain relief strategies, but there is a devaluation of the pain quantification scales, with the predominance of intuition as well as the overvaluation of pharmacological interventions to the detriment of non-pharmacological ones[21].

As limitations of the study, it is noteworthy that it was carried out in a single hospital and with a larger number of respondents with medium level of education. Moreover, the participants included more nursing professionals from the PICU than from the pediatric ward. Studies like this should be replicated in other hospitals in the state and country in order to know the gaps that need investments and that children and adolescents have the right to have their pain recognized and treated. However, the results of this research may contribute to the effectiveness of the role of nursing in this and other institutions in the control of pain in children during hospitalization.

Final Considerations

The proposed objective of identifying the knowledge and interventions developed by nursing professionals for evaluation and minimization of pain in children hospitalized in pediatric ward and PICU was achieved. The results showed that nursing professionals face difficulties in applying effective methods to evaluate, prevent and treat pain in hospitalized children, both in the pediatric ward and in the PICU. It was observed that non-pharmacological methods of pain relief are more often used in neonates and infants, while pharmacological methods predominate in preschoolers, schoolchildren and adolescents.

This indicates a gap in the knowledge of the nursing team about best pain management practices in different age groups.

Furthermore, many professionals do not adopt up-to-date protocols based on scientific evidence, which compromises the effectiveness of interventions. The evaluation of pain is performed by the intensity of the cry, facial expressions and verbal reports, showing the lack of more advanced strategies to diagnose and treat pain in a systematic way.

The data collected points to a significant gap in the training and clinical practice of nursing professionals, which evidences the urgent need for continuous educational actions and effective strategies for pain management in the institution. It is considered essential the implementation of continuing education programs aimed at updating nursing professionals, focusing on the evaluation and treatment of pain in hospitalized children.

In addition, the health team should adopt validated tools for pain assessment and the use of pharmacological and non-pharmacological interventions with proven effectiveness. These changes have the potential to improve the quality of care provided by promoting a more humanized approach in the care of the hospitalized child. The correct evaluation and treatment of pain not only prevent unnecessary trauma, but also contribute significantly to the recovery of the health of hospitalized children, resulting in a positive impact on the healing process and their well-being.

Collaborations:

1 – conception and planning of the project: Adrielli de Souza Lopes and Mayara Carolina Cañedo;

2 – analysis and interpretation of data: Adrielli de Souza Lopes, Mayara Carolina Cañedo and Maria Aparecida Munhoz Gaiva;

3 – writing and/or critical review: Adrielli de Souza Lopes, Mayara Carolina Cañedo, Silvania Corrêa Gauna, Cristina Brandt Nunes, Marisa Rufino Ferreira Luizari and Maria Aparecida Munhoz Gaiva;

4 – approval of the final version: Adrielli de Souza Lopes, Mayara Carolina Cañedo, Silvania Corrêa Gauna, Cristina Brandt Nunes, Marisa Rufino Ferreira Luizari and Maria Aparecida Munhoz Gaiva.

Competing interests

There are no competing interests.

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Received: September 26, 2024

Approved: April 04, 2025

Published:June 17, 2025