PAIN IN THE EMERGENCY DEPARTMENT: FACTORS INFLUENCING ASSESSMENT AND DOCUMENTATION

Dor no serviço de urgência: fatores que interferem na avaliação e registo

Dolor en urgencias: factores que afectan su evaluación y registro

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ABSTRACT

Background: pain is a subjective and multidimensional experience frequently underestimated in emergency context, which may compromise the quality of care delivered. **Objective**: to identify the factors that influence pain assessment and documentation by nurses in an emergency department. **Methodology**: quantitative, descriptive, and cross-sectional study conducted between April and May 2024, with a sample of 64 nurses. Data were collected through an online questionnaire and analyzed using descriptive statistics. **Results**: most participants reported having adequate knowledge regarding pain assessment and recognized the importance of continuous education. Work overload was identified as the main barrier to pain assessment and documentation (90.6%), followed by lack of knowledge and the absence of scales appropriate to the patient's clinical condition. The most frequently scales were the Numeric Rating Scale, the Wong-Baker Faces Scale, and the Visual Analogue Scale. Discrepances were observed between nurses' perceptions and actual practice. **Conclusion**: continuous education, standardized scales, and the incorporation of instruments such as the Pain Assessment in Advanced Dementia (PAINAD) scale into clinical systems are essential to improve pain management. The specialist nurse plays a crucial role in this process.

Keywords: pain measurement; electronic health records; nursing; hospital emergency service

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RESUMO

Enquadramento: a dor constitui uma experiência subjetiva e multidimensional, frequentemente subestimada no contexto da urgência, o que pode comprometer a qualidade dos cuidados prestados. **Objetivo**: identificar os fatores que influenciam a avaliação e o registo da dor pelos enfermeiros num serviço de urgência. **Metodologia**: estudo quantitativo, descritivo e transversal, realizado entre abril e maio de 2024, com uma amostra de 64 enfermeiros. A recolha de dados foi efetuada mediante questionário online e a análise recorreu a estatística descritiva. **Resultados**: a maioria dos participantes refere possuir conhecimentos adequados sobre a temática e valoriza a formação contínua. A sobrecarga de trabalho foi identificada como a principal barreira à avaliação e ao registo da dor (90,6%), seguida do défice de conhecimentos e da ausência de escalas adequadas à situação clínica da pessoa. As escalas mais referidas foram a Escala Numérica, a Escala de Faces Wong-Baker e a Escala Visual Analógica. Observam-se discrepâncias entre a perceção dos enfermeiros e a prática efetiva. **Conclusão**: a formação contínua, a padronização de escalas e a inclusão de instrumentos como a Pain Assessment in Advanced Dementia (PAINAD) nos sistemas clínicos são fundamentais para melhorar a gestão da dor. O enfermeiro especialista desempenha um papel essencial neste processo.

Palavras-chave: avaliação da dor; registos eletrónicos de saúde; enfermagem; serviço hospitalar de emergência

RESUMEN

Marco contextual: el dolor constituye una experiencia subjetiva y multidimensional, frecuentemente subestimada en el contexto de urgencias, lo que puede comprometer la calidad de los cuidados. **Objetivo**: identificar los factores que influyen en la evaluación y el registro del dolor por parte de los enfermeros en un servicio de urgencias. **Metodología**: estudio cuantitativo, descriptivo y transversal, realizado entre abril y mayo de 2024, con una muestra de 64 enfermeros. La recogida de datos se llevó a cabo mediante un cuestionario en línea y el análisis se realizó utilizando estadística descriptiva. **Resultados**: la mayoría de los participantes refiere poseer conocimientos adecuados sobre la temática y valora la formación continua. La sobrecarga de trabajo fue identificada como la principal barrera para la evaluación y el registro del dolor (90,6%), seguida del déficit de conocimientos y de la ausencia de escalas adecuadas a la condición clínica de la persona. Las escalas más conocidas fueron la Escala Numérica, la Escala de Caras de Wong-Baker y la Escala Visual Analógica. Se observan discrepancias entre la percepción de los enfermeros y la práctica efectiva. **Conclusión**: la formación continua, la estandarización de escalas y la inclusión de instrumentos como la Pain assessment in advanced Dementia (PAINAD) en los sistemas clínicos son fundamentales para mejorar la gestión del dolor. El enfermero especialista desempeña un papel esencial en este proceso.

Palabras clave: dimensión del dolor; registros electrónicos de salud; enfermería; servicio de urgência en hospital

INTRODUCTION

This article results from an investigation carried out in an emergency department (ED), aiming to analyze the pain assessment and documentation processes implemented by the nursing team.

In emergency departments, the dynamic environment, workload overload, and prioritization of critical situations hinder continuous pain assessment, which may compromise clinical decision-making and the patient's comfort. The relevance of this issue arises from the direct impact that pain underassessment has on patient safety and satisfaction, as well as on the quality of care provided.

The choice of this topic stemmed from the observation, within the context of the service under study, of gaps in pain assessment and documentation practices, as well as the perception that these practices do not always reflect their clinical importance. Thus, it became pertinent to understand how nurses perceive their performance and identify factors that influence the effectiveness of the assessment and documentation process. In this regard, it was considered important to apply a questionnaire to the nursing team to understand their perception of their knowledge and interventions in pain management, as well as to identify difficulties and factors that influence pain assessment and documentation. Thus, the objective of this article is to present the key factors identified by the nurses of the emergency department that influence pain assessment and documentation, comparing them with the existing literature. Identifying current practices and barriers allows for the exploration of deficient areas, guiding educational institutions and healthcare managers in defining strategies to promote improvements.

Effective pain management requires thorough assessment and systematic documentation (Mota et al., 2020). However, in critical care contexts, pain assessment is often limited, with potential negative repercussions on the effectiveness of pain management.

BACKGROUND

Pain, according to the International Association for the Study of Pain, is an unpleasant sensory and emotional experience associated with, or similar to that associated with, actual or potential tissue damage (Raja et al., 2020).

Effective pain management represents a fundamental right of individuals and a duty of healthcare providers, being a challenge in the delivery of care (Direção-Geral da Saúde [DGS], 2003). Acute pain has a warning function for injuries or dysfunctions, but when it persists, it loses its biological value and compromises both mental and physical health (DGS, 2017). Therefore, its adequate assessment is the first step toward effective control (Pires et al., 2021).

Care for individuals in pain must be based on scientific evidence, aiming at prevention, control, and improving quality of life and functionality (DGS, 2017).

Recognition of pain as a health problem has evolved significantly. In Portugal, it has been considered the fifth vital sign since 2003 (DGS, 2003). Despite these advances, many people still suffer from moderate to severe pain (Pires et al., 2021). According to the World Health Organization, 83% of the global population lacks access to adequate pain management (Aljumah et al., 2018). Acute pain is common due to its association with specific clinical situations and/or the provision of healthcare (Pires et al., 2021).

Pain is one of the main reasons people seek healthcare, accounting for approximately 70% of hospital and emergency department admissions (Pires et al., 2021). Among these admissions, 35% of individuals report mild pain and 65% report moderate to severe pain (Admassie et al., 2022). Despite scientific advances, pain remains underappreciated and poorly managed. It is estimated that 70% of critically ill individuals receive inadequate pain treatment (Elbiaa et al., 2021).

Poor pain management negatively impacts physical, mental, and spiritual health, in addition to affecting patient satisfaction with services and increasing healthcare costs (Admassie et al., 2022). This difficulty is linked to the subjectivity of pain, individual variability, and challenges in assessment (Nazari et al., 2022). The use of pain assessment scales is essential for effective management, improving care quality and reducing complications. Continuous pain assessment in critically ill individuals reduces the use of sedatives, ventilatory support, length of hospital stays (Coelho, 2023).

In emergency departments, pain assessment is particularly complex due to the dynamic and unpredictable nature of this context. The high number of patients, the need for immediate responses, and the prioritization of potentially critical situations can lead to incomplete pain assessments (Mota et al., 2020). Although pain is one of the main reasons for admission, literature highlights that its assessment and documentation remain inconsistent and, at times, disconnected from clinical decision-making processes (Admassie et al., 2022; Coelho, 2023). Therefore, it is essential to reinforce systematic practices of assessment and documentation, promoting a safer, more humanized, and person-centered approach.

Pain management is a complex, multidisciplinary process, with a particular emphasis on teamwork, especially in emergency departments (Manookian et al., 2018). Nurses play a central role in the assessment, reassessment, management, and documentation of pain, making it essential to develop skills in this area (Coelho, 2023). However, studies point to inadequate attitudes and knowledge among professionals (Dueñas et al., 2016). Systematic pain assessment and monitoring failures persist (Coelho, 2023).

Pain documentation is also of utmost importance (Ordem dos Enfermeiros [OE], 2008). Documentation should be performed promptly, similar to other vital signs, and integrated into the overall care process. Despite recognizing its importance, nurses often neglect this documentation, making it scarce and incomplete. In this regard, it is crucial to have a structured nursing record system, including data on needs, interventions, and outcomes sensitive to specialized care, as well as a minimum summary of data and a core set of nursing indicators specifically oriented towards the care of critically ill patients (OE, 2017).

METHODOLOGY

Study design

This is a cross-sectional, quantitative, and descriptive study carried out in a medical-surgical emergency department in the Lisbon and Tagus Valley region, Portugal, between April and May 2024.

Population

In April 2024, according to the work schedule, the nursing team consisted of 108 members, of whom 16 were absent from the service for an indefinite period.

Thus, from the 92 nurses who met the inclusion criteria, we obtained responses from 64 nurses.

Instrument

The authors developed a questionnaire based on the scientific literature, which was made available online to the nursing team through Google Forms. The questionnaire was structured into three parts. The first part, based on the principles of Moreira (2004), included: an introduction of the authors, a description of the study, the type of information to be collected, guarantees of confidentiality and anonymity, informed consent, and a note of appreciation to participants. The second part contained questions aimed at sample characterization. The third part addressed the main topic, including six questions with a 5-point Likert scale (from “strongly disagree” to “strongly agree”); two multiple-choice questions allowing for several responses and an open text field; and one open-ended question. The response options for the multiple-choice questions were based on the literature review.

Data analysis

The data were extracted directly from Google Forms and subsequently organized for analysis using Microsoft Excel. The results were obtained through descriptive statistics, particularly frequencies and percentages.

Ethical considerations

The study received approval from the Health Ethics Committee and the Board of Directors of the Local Health Unit, in accordance with ethical research principles. Privacy and confidentiality of the data were ensured, and all participants provided informed consent.

RESULTS

Of the 92 nurses performing duties, we obtained 64 responses (69.6%).

The sample included 70.3% female participants and 29.7% male participants, aged between 23 and 63 years, with a mean age of 33 years. Regarding professional experience, approximately 56% of participants had been working for less than 10 years. The sample characterization is presented in Table 1.

Table 1

Characteristics of the nurses

		n	%
Sex	Female	45	70,3
	Male	19	29,7
Age	23-33 years	36	56,25
	34-43 years	24	37,5
	44-53 years	2	3,125
	54-63 years	2	3,125
Professional experience	0-5 years	20	31,25
	6-10 years	16	25
	11-20 years	17	26,56
	> 21 years	4	6,25
	No response	7	10,94

In the fifth question, there was a multiple-choice grid containing six statements for participants to indicate their level of agreement (Table 2). The results presented below show that the nursing team values and recognizes this topic as important and a priority. Although 76.5% of participants agreed that they possessed adequate knowledge about pain, the majority still acknowledge the importance of in-service training in this area.

Table 2

Nurses' level of agreement regarding the topic of pain

		n	%
I consider that I have adequate knowledge about the topic of pain.	Strongly agree	9	14
	Agree	49	76,60
	Neither agree nor disagree	3	4,70
	Disagree	3	4,70
	Strongly disagree	0	0
I consider in-service training on pain assessment and documentation to be important.	Strongly agree	41	64
	Agree	23	36
	Neither agree nor disagree	0	0
	Disagree	0	0
	Strongly disagree	0	0
I consider that, as a rule, I perform a complete pain assessment.	Strongly agree	9	14
	Agree	42	65,60
	Neither agree nor disagree	6	9,40
	Disagree	7	11
	Strongly disagree	0	0
I consider that, as a general rule, I perform an adequate pain assessment.	Strongly agree	9	14
	Agree	35	54,80
	Neither agree nor disagree	11	17,20
	Disagree	9	14
	Strongly disagree	0	0
I consider that the development of a project on Pain Assessment and Documentation is a priority.	Strongly agree	23	36
	Agree	32	50
	Neither agree nor disagree	7	11
	Disagree	1	1,50
	Strongly disagree	1	1,50
I consider that having a liaison within the service with the Pain Unit is important.	Strongly agree	42	65,60
	Agree	19	29,70
	Neither agree nor disagree	2	3,20
	Disagree	1	1,50
	Strongly disagree	0	0

Based on the factors that may contribute to incomplete pain assessment, as reported by Pinheiro & Marques (2019), Valério et al. (2019), Lima et al. (2020), and Mota et al. (2020), nurses were asked to select those with which they agree (Table 3). Work overload emerged as the most frequently mentioned factor, followed by the patient's clinical condition and the undervaluation of pain. Other factors reported included patient' difficulty in understanding pain scales, the lack of scales suitable for the patient's clinical situation, and the non-standardization of the scales used.

Table 3

Factors interfering with pain assessment

	n	%
Lack of empathy	9	14,10
Insufficient training and experience	10	15,60
Knowledge deficit	7	10,90
Patient's clinical condition	30	46,90
Work overload	55	85,90
Undervaluation of pain	23	35,90
Other	3	4,70

In the seventh question, we asked nurses about the factors they consider to influence their pain documentation. Once again, the response was clear: work overload. Knowledge deficits and insufficient training and experience were selected by the same number of participants. Other factors identified included: undervaluation of pain documentation, absence of scales adapted to certain clinical conditions (e.g., persons with dementia), and the lack of systematic documentation practices (Table 4).

Table 4

Factors interfering with pain documentation

	n	%
Work overload	58	90,60
Knowledge deficit	10	15,60
Insufficient training and experience	10	15,60
Other	8	12,50

In the last question, we asked nurses which pain assessment scales they are familiar with (Table 5). The most frequently mentioned scales were the Numerical Rating Scale and the Wong-Baker Faces Scale.

Table 5

Pain assessment scales known by nurses

Scale	**n**
Numeric Rating Scale	54
Wong-Baker Faces Scale	50
Visual Analog Scale	26
Qualitative Scale	17
PAINAD – Pain Assessment in Advanced Dementia	4
Verbal Scale	4
Behavioral Pain Scale	4
Functional Pain Scale	3
DOLOPLUS 2	2
Face, Legs, Activity, Cry, Consolability (FLACC)	1
Critical Care Pain Observation Tool (CPOT)	1
Observer-Based Scale	1
Pain-Indicative Behavior Scale	1

DISCUSSION

Acute pain is the predominant reason why people seek

emergency departments in Portugal (Pires et al., 2021), a reality also observed across Europe, making pain management a priority (European Society for Emergency Medicine, 2020).

Pain assessment and management depend significantly on nurses' intervention, given their close relationship with patients (OE, 2008). However, effective assessment requires nurses to possess adequate knowledge, tools, and strategies.

Most study participants considered themselves to have sufficient knowledge about pain, with only 4.7% reporting deficits, which contrasts with findings from other studies. In the studies by Oliveira (2019) and Borgas (2017), conducted in Portuguese emergency department, significantly higher percentages of nurses reported knowledge gaps or incomplete documentation. Valério et al. (2019), in an integrative review, highlighted lack of knowledge as the main barrier for nurses in implementing pain as the fifth vital sign. These findings suggest that, although perceived competence was high in the present study, national literature indicates persistent gaps in clinical practice, possibly reflecting a discrepancy between perceived competence and actual performance. To optimize knowledge in this area, studies emphasize the importance of both undergraduate education and ongoing professional development.

In this context, nurses were asked about the importance of in-service training for pain assessment and documentation. Responses were unanimous: 64% considered it very important, and the remaining 36% considered it important. This finding aligns with national and international evidence emphasizing the need for systematic and continuous training (OE, 2008; Valério et al., 2019).

According to OE (2008), pain assessment should include: physical examination; characteristics of pain, such as location, quality, intensity, duration, and frequency; forms of communication or expressions of pain; factors alleviating or aggravating pain; coping strategies; impact on activities of daily living; patient knowledge and understanding of the disease; emotional, socioeconomic, and spiritual impact; associated symptoms; and documentation of the use and effect of pharmacological and non-pharmacological interventions. In this regard, nurses were asked whether they conducted a complete pain assessment. Most answered affirmatively, although 11% admitted to gaps. Considering the legal assumption that "if it is not documented, it did not occur," the study investigated how nurses record pain. Most reported doing so adequately, though 14% acknowledged incomplete documentation. In a previous study by Figueira et al. (2021), which analyzed records of 105 patients, only 9.38% documented pain location, 2.08% documented any manifestation of pain, 1.04% documented pain type, and 1.04% documented an aggravating factor. This lack of documentation may compromise patient care and hinder information transfer among the healthcare team (Valério et al., 2019).

Given the above results, nurses were asked about the priority of developing a continuous improvement project in this area and the existence of a liaison between the ED and the Pain Unit. Regarding the project, 50% considered its development a priority, 7% neither agreed nor disagreed, and 2% disagreed. Most nurses recognized the importance of a liaison role, with only 1.5% considering it unnecessary.

Nurses were also asked to indicate factors contributing to incomplete pain assessment, with the option to select more than one. As shown in Table 3, the most

frequently cited factor was workload (85.9%). This result is consistent with findings from Oliveira (2019), Pires et al. (2021), and Borgas (2017), where nurse workload was associated with overcrowding in emergency departments and staff shortages. This suggests that the organizational characteristics of Portuguese emergency departments, often marked by high pressure, may negatively influence pain management. Other contributing factors included patients' difficulty understanding scales, lack of appropriate scales, and absence of standardization.

Regarding factors affecting pain documentation, workload was again the main factor (90.6%), reinforcing that systematic pain recording depends not only on clinical literacy but also on adequate structural and organizational conditions. Other factors included lack of training/experience and knowledge deficits (both 11.6%). Additional issues reported were the absence of scales suitable for patients' level of consciousness, lack of systematic documentation, and undervaluation of records, findings consistent with the literature.

Pain management is hindered by multiple factors throughout life, particularly affecting vulnerable populations. Some older adults tend not to report pain, considering it a "normal" condition. Communication difficulties, cognitive deficits, or delirium further complicate assessment (Pires et al., 2021). In this context, the study authors requested the integration of the PAINAD scale into the SClínico® system to address nurses' needs.

In the final question, nurses identified the pain scales they were familiar with: Numeric Rating Scale (54 responses), Wong-Baker Faces Scale (50), and Visual Analog Scale (VAS) (26). The VAS is considered the reference scale for pain assessment by OE (2008).

Selection of a pain assessment scale should consider pain type, age group, clinical context, application criteria, psychometric properties, and evaluator experience. Validated scales for the Portuguese population and self-report instruments should be prioritized whenever possible. For patients with verbal or cognitive limitations, observer-based scales should be used. The chosen scale should remain consistent throughout hospitalization unless a clinical justification for change exists (OE, 2008). Availability and standardization of validated instruments across all national emergency departments may facilitate uniformity in practice.

CONCLUSION

Although pain-related content is included in undergraduate nursing programs in Portugal, it cannot be stated with certainty that such training is always comprehensive and standardized, as curricular coverage varies across higher education institutions. Therefore, continuous professional development in this area should be a priority for nurses in emergency departments, given that acute pain is the main reason patients seek these services. This training should be regularly updated to ensure high-quality care based on the best clinical evidence.

Nurses in the emergency department where this study was conducted recognize the importance of in-service training and the development of a pain management project aimed at improving the quality of care.

The primary reason cited by the team for incomplete pain assessment and documentation was workload. The complexity and subjectivity of pain, combined with patients' clinical conditions, also constitute barriers to

accurate assessment. Thus, the use of validated pain scales is essential for monitoring.

The absence of appropriate scales and lack of standardization were mentioned by nurses as factors contributing to incomplete assessments. In this context, the integration of the PAINAD scale into the SClínico® system was requested to improve pain evaluation in patients with dementia, non-verbal patients, or those with difficulties expressing pain.

Finally, the role of specialist nurses in medical-surgical nursing is emphasized, as their specific competencies make them key to providing differentiated pain management.

In summary, in the medium and long term, challenges related to pain assessment and documentation in Portuguese emergency departments are likely to focus on structural, educational, and technological dimensions. This includes fostering an institutional culture oriented toward pain management through the standardization of protocols and nursing-sensitive indicators, implementing multidimensional approaches, fully integrating information systems, and enhancing health literacy to empower patients in monitoring and self-assessment of their pain.

CONFLICT OF INTEREST

The authors declare no conflicts of interest.

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