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Reframing Pain Management: A Nursing Perspective on Multimodal and Holistic Interventions

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Abstract

Keywords:

pain management, nursing intervention, holistic care, non-pharmacologic therapy, patient-centered care, multimodal approach

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Pain is a multidimensional experience that extends beyond physical discomfort, affecting emotional, psychological, and spiritual domains of human-being health. Nurses are uniquely positioned to act a leading role in multimodal pain management, yet the nursing contribution is often underemphasized in practice and policy. This perspective article synthesizes the evolving understanding of pain management from a nursing perspective and explores the importance of holistic, patient-centered care as nursing interventions. It calls for a shift from biomedical models to integrated approaches, emphasizing non-pharmacologic therapies, cultural competence, and continuous reassessment as vital components of nursing care. Enhancing nursing roles in pain management will improve patient outcomes and address disparities in pain relief.

Introduction

Pain is a universal human experience and a leading cause of healthcare visits across all settings. *The International Association for the Study of Pain (IASP, 2020)* defines pain as “*an unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage.*”

Pain is one of the most prevalent symptoms reported by patients in healthcare settings, from emergency rooms to hospice care. Pain

is complex and best managed using an inter-professional approach. Both doctor and nursing have a contribution on managing these comfort needs of patient. While doctor using medication, nurse can use non-pharmacological therapy in managing patient’s pain. While pharmacological solutions, particularly opioids, have dominated traditional treatment approaches, these alone are often insufficient and may introduce new risks. The International Association for the Study of Pain (IASP, 2020) redefined pain to highlight both sensory and emotional components, reflecting a shift

toward more inclusive and person-centered frameworks. Nurse can use complementary therapy as their nursing care intervention that also can be measured well (Austin et al., 2023).

Delivering the idea that nurse tend to have important role in managing pain, there were several study regarding this value. Effective pain management is integral to nursing care and directly influences quality of life, recovery outcomes, and patient satisfaction (Coyne et al., 2018) (Tawil et al., 2018). However, the concept of pain management, particularly from the perspective of nursing interventions, is often ambiguously defined and variably applied.

Nurses have a pivotal role in assessing, planning, implementing, and evaluating pain management strategies. Yet, differences in training, personal beliefs, and institutional protocols lead to inconsistencies in care (Alsayaghi et al., 2022). A clearer understanding of this concept can bridge the gap between theory and practice, improve outcomes, and standardize nursing care. In nursing, pain management is a critical area of care that requires knowledge, skills, and attitudes aligned with best practices and patient needs. However, conceptual ambiguities and a lack of consensus in the several literatures have created inconsistencies rules of pain management in clinical implementation (Lewthwaite et al., 2011). Nurses often face systemic barriers such as insufficient training, time constraints, and inadequate support from inter-professional teams (Al-Shaer et al., 2011).

Nurses are at the forefront of patient care, often being the first to assess pain and the last to evaluate outcomes. Despite this central role, pain management is frequently reduced to medication administration in nursing practice, sidelining the comprehensive toolkit that nursing science offers. As healthcare evolves, it becomes imperative to redefine the scope of nursing interventions in pain management and align practice with emerging evidence.

Perspective and Methodological Approach

This article adopts a **perspective approach**, grounded in the author's clinical and academic expertise, supported by evidence drawn from the last ten years of peer-reviewed literature. Sources were identified through CINAHL, PubMed, and Google Scholar using keywords such as *pain management*, *nursing intervention*, *non-pharmacologic*, and *patient-centered care*. There were cited here to highlight current gaps, successes, and direction for nursing practice.

Rather than presenting original empirical data, this perspective builds a narrative synthesis around four central themes in nursing pain management:

1. Holistic assessment
2. Multimodal interventions
3. Cultural and ethical considerations
4. Reassessment and continuous care
5. Pain Management in Nursing Education

Main Themes and Literature-Based Synthesis

Holistic Pain Assessment

Pain assessment in nursing must account for more than intensity alone. Tools such as the Numeric Rating Scale (NRS) or Visual Analog Scale (VAS) are widely used but insufficient in complex cases, such as in dementia or cancer (Hansen et al., 2020) (Herr et al., 2015). The assessment of pain nursing care was known use as PQRST method. This method of assessing pain is a valuable tool to accurately describe, assess and document a patient's pain. The method also aids in the selection of appropriate pain medication and evaluating the response to treatment (Crozer Health, 2022). While another study conducted to show the communication process during assessment of pain by nurse. Nurses are expected to overcome the problem of pain and make patient shared decision-making in pain as well. By using several frameworks in addressing the shared decision-making on patient during their pain, they reported outcomes regarding shared decision-making, organizational barriers and new developments such as remote shared decision-making. It is needed to advance participatory decision-making in acute pain services (Bello et al., 2023).

Nurses should be trained to explore emotional, psychological, spiritual, and social components of pain. Cultural beliefs can also shape pain expression and reporting, necessitating **cultural competence** in pain assessment. This competencies are educational intervention that can serve to introduce (future) care providers especially nurse to culturally sensitive palliative care and deliver the

effective pain management (Torensma et al., 2020).

Pain management is a multifaceted, dynamic process that requires nurses to integrate scientific knowledge, technical skills, and compassionate care. This concept analysis revealed that nursing interventions extend beyond administering medication—they involve holistic care approaches including physical, emotional, and psychosocial dimensions (Shojaei et al., 2022).

Multimodal and Non-Pharmacologic Interventions

Current best practices support multimodal pain strategies—combining medications with cognitive-behavioral therapy, positioning, massage, heat/cold application, relaxation techniques, and mindfulness (Tick et al., 2018). These non-drug methods are not “re-compliments” but often central to managing chronic or procedural pain.

A study by (Darnall et al., 2016) found that behavioral interventions reduced pain intensity and opioid use in chronic pain populations. Music therapy, guided imagery, breathing techniques, and touch have demonstrated success in pediatric, oncology, and palliative care settings (Bradt & Dileo, 2014)

Non-pharmacological strategies—such as repositioning, therapeutic touch, heat/cold application, cognitive-behavioral therapy (CBT), and music therapy—are increasingly recognized for their effectiveness (Tick et al., 2018). Nurses must be adept at matching interventions to patient needs, values, and cultural beliefs (Wilkie & Ezenwa, 2012).

Cultural, Ethical, and Equity Considerations

Pain disparities exist across racial, ethnic, age, and socioeconomic lines. Research shows minority patients often receive less pain medication or are not believed when they report pain (Anderson et al., 2009). Nurses must be aware of their biases and advocate for equitable pain relief.

Importantly, the nurse's role in advocating for timely and adequate pain relief, especially in vulnerable or non-verbal populations, is paramount. Evidence suggests that nurses often under assess or undertreat pain due to misconceptions, fears of opioid addiction, or institutional limitations. Addressing these barriers requires continuous professional development, supportive leadership, and patient-inclusive care models. Oncology nurses are essential in assessing and managing acute and chronic cancer-related pain syndromes (Brant, 2022).

Ethical considerations also arise in end-of-life care and in balancing opioid stewardship with adequate relief. Nursing advocacy is crucial in navigating these decisions, especially where patient autonomy or values intersect with institutional policy.

Continuous Reassessment and Patient Empowerment

Effective pain management requires **ongoing reassessment**, not a one-time intervention. Nurses should monitor effectiveness, side effects, and patient satisfaction, adjusting care plans accordingly standardized protocol including a four-phase cyclical process (evaluation, planning, reevaluation and recording) (Montoro-Lorite & Canalias-Reverter, 2018).

Understanding the family as a care giver is very important known by nurses because family participation in the care of the elderly is needed to achieve optimal outcomes from nursing interventions. Family as a care giver in caring for the elderly with high dependence at home, in carrying out their role must have good knowledge about elderly care. Many families do not know how to care for the elderly at home, one of which is in overcoming pain caused by illness. Families as a care giver have the role to deal with pain elderly are likely to bring the highest quality of care to older adults with disabilities and improve the quality of care for disabled elderly people (Guo et al., 2023). Caregivers tended to have the readiness in taking care of elderly pain at home. It is expected that caregivers can increase knowledge about pain management and be ready to provide home care to the elderly (Kartika et al., 2024).

Moreover, educating patients and families empowers them to participate in their own care. This approach promotes **self-efficacy**, reduces fear, and aligns interventions with patient goals (Wilkie & Ezenwa, 2012).

Pain Management in Nursing Education

Challenges and incentives for implementation of pain competencies in nursing education are discussed by several previous researched and specific recommendations for how to incorporate the competencies into entry-level nursing curricula are provided. This case conducted to focus on skills and competencies of nursing student in managing pain.

Embedding pain management core competencies into a real-time nursing

education is crucial to ensure that nurses have the essential knowledge and also skills to effectively doing pain management as a basic nursing intervention. Therefore, this is the crucial things that nursing students can do and to serve as a foundation on which clinical practice skills can be later honed (Langford et al., 2020).

Using a Collaborative Patient-Centered Approach and Team Functioning will improve the quality of intervention on managing pain. An interactive Inter-professional Education session is associated with perceived achievement of core inter-professional competencies for acute pain management in patient (Herr et al., 2015). Nursing competencies in pain management is essential for effectively alleviating patients' acute pain, controlling their chronic pain, and promoting patient recovery during hospitalization.

Implications for Nursing Practice

The integration of holistic pain management into everyday nursing care has several implications:

- **Curriculum Development:** Nursing education should embed pain competencies, including non-drug therapies and cultural sensitivity (Gordon et al., 2018).
- Standardizing the definition and core attributes of pain management can guide clinical practice, reduce variability, and inform curriculum development. It can also enhance nurse-patient communication, ensuring that care is aligned with patient expectations and best practices.

- **Clinical Policy:** Institutions must develop protocols that support multimodal care, allowing nurses autonomy in initiating certain non-pharmacologic interventions. Inclusion of pain competencies in nursing education and certification and also the institutional policies supporting multimodal, patient-centered pain interventions is needed for future enhancement of nursing quality care.
- **Research Opportunities:** More nursing-led research is needed to evaluate outcomes of integrated pain interventions, particularly in community and home-care settings.
- **Leadership and Advocacy:** Nurse Leaders must advocate for equity in pain relief and contribute to policy reform that centers patient experience and evidence-based strategies.

Conclusion

Pain management is not just a biomedical issue—it is deeply human, requiring a response that is compassionate, personalized, and evidence-informed. Nurses, as holistic caregivers, are uniquely equipped to lead this transformation. By embracing a broader scope of interventions, integrating cultural and ethical awareness, and prioritizing reassessment and education, nurses can shape the future of pain management and reduce the global burden of unrelieved pain. Clarifying the concept of pain management will ultimately strengthen nursing identity and improve patient outcomes.

Conflicts of interest

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Ethical statement

This manuscript does not include human or animal research, so there is no ethical statement and judgment in this manuscript at all.

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