ISSN: 2707-8965 (Online) & 2708-3772 (Print)

Volume: 7, Issue: 12
Page: 68 - 84
2025

Euro Afro Studies International Journal®
(EASIJ.COM)

Bridging the Gap between Perception and Practice: Nurses' Perspectives on Pain as the Fifth Vital Sign in Ilorin Metropolis, Nigeria

Author(s), ABDULMUMEEN Ibrahim O, ANYEBE Emmanuel E, IBRAHIM Ahmed O, YAKUB Aishat, AYANBEKU Joy K, FATUKASI Bukola M, ADENIYI Yetunde E

Abstract:

Pain has been conceptualized globally as the "fifth vital sign" and is widely acknowledged as a significant clinical indicator. The purpose of this study was to evaluate how nurses in the Nigerian city of Ilorin perceived pain as the fifth vital sign. A mixed-methods convergent parallel design was used. Semi-structured interviews with 17 purposefully chosen nurses yielded qualitative insights, while structured questionnaires were used to gather quantitative data from 343 registered nurses in chosen healthcare facilities. Together with thematic content analysis, descriptive and inferential statistics were used to analyze the data. Nurses agreed that routine assessment improves patient outcomes and strongly agreed that pain is an important vital sign (mean scores 3.58–3.92). Though pain was conceptually acknowledged by nurses as the fifth vital sign, its clinical application was uneven, indicating a theory–practice gap. Assessments of pain were frequently situational, given priority in acute care and surgical settings but disregarded in routine examinations. Implementation was further limited by institutional obstacles like a lack of standardized procedures, a high workload, and a staffing shortage. Although nurses in Ilorin City exhibit a high level of awareness regarding the significance of pain as the fifth vital sign, they consistently encounter institutional and systemic obstacles in their work. Standardized institutional protocols, organized professional development programs, and supportive policies that incorporate pain into routine vital sign assessment are necessary to strengthen pain assessment in nursing practice. Improving patient comfort, results, and the provision of holistic care requires bridging the perception-practice divide.

EASIJ
Accepted 5 December 2025
Published 12 December 2025
DOI: 10.5281/zenodo.17916299

Keywords: Nursing practice, Perception, Pain assessment, Fifth vital sign,

About Author

Author(s): **ABDULMUMEEN Ibrahim O,**
Department of Medical Surgical Nursing
Faculty of Nursing Sciences, College of Health Sciences, Al-Hikmah University, Ilorin, Nigeria.
Ibrahimopeyemi007@gmail.com

ANYEBE Emmanuel E,
Department of Nursing Sciences
Faculty of Clinical Sciences, University of Ilorin, Nigeria
anyebe.ee@unilorin.edu.ng

IBRAHIM Ahmed O,
Main Operating Theatre,
Department of Nursing Sciences, University of Ilorin Teaching Hospital, Ilorin, Nigeria.
Ibolamuma2@gmail.com.

YAKUB Aishat,
University Health Services, Kwara State University, Malete, Nigeria
aishatbona@gmail.com

KOLO Silas,
Main Operating Theatre,
Department of Nursing Sciences, Federal Medical Centre, Bida, Niger State, Nigeria
Kolosilas19@gmail.com

AYANBEKU Joy K,
College of Nursing Sciences,
Accident and Emergency Nursing Programme, University of Ilorin Teaching Hospital, Ilorin, Nigeria
joyayanbeku@gmail.com

FATUKASI Bukola M,
Department of Basic Nursing,
College of Nursing Sciences, University of Ilorin Teaching Hospital, Ilorin
bmfatukasi@gmail.com

ADENIYI Yetunde E
College of Nursing Sciences,
Accident and Emergency Nursing Programme, University of Ilorin Teaching Hospital
yetundeadeniyi311@gmail.com

Introduction

Pain is one of the most pervasive and distressing symptoms encountered in clinical practice, exerting a profound influence on patients' quality of life and their ability to perform routine activities. Pain is a significant global health issue and a shared human experience that touches people of all races, genders, ages, locations, and economic backgrounds. McCaffery's classic definition, widely cited in nursing literature, remains foundational: "Pain is whatever the experiencing person says it is, existing whenever the person says it does" (McCaffery, 1968, as cited in Baule, 2024). The International Association for the Study of Pain (IASP) defines pain as "an unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage" (IASP, 2020). This definition underscores pain as not solely a physiological reaction to nociceptive stimuli, but also a perceptual and affective process modulated by cognitive, emotional, and contextual factors. It reflects the understanding that pain may exist in the absence of identifiable physical pathology, such as in neuropathic or psychogenic pain states. Pain perception is highly individualized and influenced by genetic, psychological, and environmental factors. Jonsdottir & Gunnarsso (2020) highlighted that pain is a multifaceted and inherently subjective phenomenon, characterized by both sensory and emotional dimensions, with intensity and manifestation differing markedly from one individual to another. Slatyer et al. (2022) pointed that pain stem from acute conditions such as surgeries, injuries, or infections, or it may arise from chronic illnesses such as arthritis and cancer, often persisting for prolonged periods sometimes spanning years. Importantly, nurses are frequently the first point of contact for patients experiencing pain, making them instrumental in early detection and prompt intervention. As Rehan et al. (2024) emphasized, nurses serve as critical figures within the interdisciplinary care team, acting as liaisons between patients and other healthcare professionals. Their responsibilities extend beyond the mere administration of analgesics; they are also tasked with educating patients on various pain relief options, advocating for appropriate therapeutic interventions, and collaborating in the formulation and implementation of individualized pain management plans.

Clinically, pain perception and reporting are influenced by a range of psychological, emotional, and cultural factors that must be taken into consideration when interpreting these assessments. In many healthcare settings, a substantial number of patients continue to endure unrelieved pain throughout hospitalization, undermining their overall clinical outcomes and well-being. Globally, the World Health Organization (2021) estimates that around 20% of adults experience moderate to severe pain, while approximately 10% live with chronic pain that significantly impairs their daily functioning and quality of life. Similar to knowledge gap, Baule, (2024) observed a prevailing negative perceptions among nurses which significantly influence their approach to pain. For instance, some nurses regard pain as a secondary issue, particularly when not associated with immediate life-threatening conditions. Pain management is a fundamental component of patient care, yet it remains a persistent challenge in many healthcare settings, particularly in resource-constrained environments such as Ilorin metropolis.

A few studies have holistically addressed how nurses' beliefs and assessment capabilities affect their decision-making in real-time clinical environments. Given the complexity and subjectivity of pain, it is critical to evaluate not only the clinical competencies of nurses but also the underlying perceptions and attitudes. This study seeks to address these challenges by assessing nurses' perceptions of pain as the fifth vital sign. Pain has long been recognized as a critical clinical parameter due to its diagnostic and prognostic implications. The term *pain as the fifth vital sign* gained momentum through advocacy by the American Pain Society (APS) in the mid-1990s, aiming to reinforce systematic pain assessment as a standard practice across health care institutions (Herr et al., 2024). The underpinning rationale was that without standardized documentation, pain was frequently undertreated or ignored, particularly in vulnerable populations such as postoperative patients, older adults, and individuals with cognitive impairment. The APS's framework urged clinicians to assess and document pain with every patient encounter, mirroring the routine measurement of traditional vital signs.

However, since the late 20th century, there has been a paradigmatic shift in the perception of pain, leading to its recognition as the "fifth vital sign." This conceptual redefinition reflects the imperative to prioritize pain assessment on par with other cardinal physiological indicators temperature, pulse, respiration, and blood pressure in clinical settings. While it's crucial for all healthcare professionals, nurses often find themselves spending the most time with patients and their families. Their holistic approach emphasizes the importance of thorough assessments of pain and its impact on every facet of patients' and caregivers' lives. Regular and detailed pain evaluations are essential for early intervention, reducing the intensity of acute pain, and possibly preventing the long-term effects of central sensitization, which can lead to chronic pain conditions. Lavoie Smith and her team highlighted that neuropathic pain might be more common than previously thought, given its unique traits that can easily be missed when only focusing on pain intensity. To help raise awareness about the severity of symptoms and ensure that appropriate treatments for neuropathic pain are provided, they created educational sessions for nurses on screening and assessment. The results showed that nurses gained valuable knowledge, with a screening adherence rate for neuropathic pain reaching an impressive 90% (n=3831).

Notably, some patients who hadn't reported any pain (n=291) were actually experiencing moderate to severe neuropathic pain, underscoring the importance of having clear assessment criteria for this type of pain (Kassa and Kassa, 2014). In a study to examine the relationships among physicians, NPs, and nurse knowledge, documentation of assessment, and pain reduction with cancer patients from eight cancer clinics, 58 providers completed a knowledge questionnaire and patient records were reviewed for assessment, treatment, and pain relief at the next clinic visit. Results from the 54 patient records showed that 61.9% documented no relief at the next clinic visit. Clinics with higher levels of pain knowledge had a greater number of elements for pain assessment, but this was unrelated to reported pain relief. Providers' pain knowledge was determined to be related to pain assessment but unrelated to the type of treatment or outcome.

To align pain with traditional vital signs, standardized assessment tools have been developed and recommended. These include the Numeric Rating Scale (NRS), Visual Analog Scale (VAS), and Wong-Baker FACES Pain Rating Scale, all designed to objectify pain's subjective nature. According to Herr et al. (2024), these instruments are integral to the fifth vital sign paradigm because they provide quantifiable data for a symptom that is inherently qualitative. Clinical guidelines now stipulate that these tools be employed at routine intervals, akin to blood pressure monitoring, thereby institutionalizing the frequency and rigor of pain evaluation. As Alrewaili et al. (2022) note, the integration of these scales into electronic medical records ensures continuity and visibility in pain documentation, enabling longitudinal tracking and evidence-based clinical decision-making. The emphasis on repeat assessments further aligns with vital sign monitoring, reinforcing the expectation that pain be evaluated at regular intervals and in response to interventions. The inclusion of pain as the fifth vital sign is rooted in the epistemological assertion that what is not measured is not managed. Therefore, by mandating measurement, the assumption is that clinical management will be optimized. Baule (2024) asserts that this principle has strengthened nurses' accountability and has catalyzed a more proactive approach toward analgesic administration, especially in acute care settings. However, the application of this concept has also drawn criticism. Some scholars argue that the prioritization of pain assessment, particularly when not accompanied by appropriate clinical judgment or contextual understanding, may lead to overtreatment or overreliance on pharmacological interventions, especially opioids. This concern, while valid, does not negate the necessity of routine pain assessment but rather calls for a balanced and multidimensional approach.

The designation of pain as the fifth vital sign aims to elevate its importance in clinical assessments, ensuring that pain evaluation becomes a standard practice in patient care. This approach advocates for systematic pain assessments to be conducted with the same regularity and importance as measurements of temperature, pulse, respiration, and blood pressure. The underlying intent is to promote early detection and effective management of pain, thereby enhancing patient comfort and outcomes.

In the Nigerian healthcare context, nurses' perceptions of pain significantly influence their assessment and management practices. A study conducted in Ibadan revealed that while majority of nurses demonstrated good knowledge of pain management principles, there remained a notable proportion with only fair knowledge levels. Specifically, 59.7% of nurses exhibited good knowledge, whereas 28.8% had fair knowledge regarding pain management. This variability in knowledge levels suggests inconsistencies in the understanding and application of pain assessment protocols among nurses. The study further identified a significant relationship between nurses' knowledge of pain and their attitudes towards effective pain management, emphasizing that enhanced knowledge correlates with more positive attitudes and practices in pain management.

From a nursing standpoint, the conceptualization of pain as a fifth vital sign has redefined clinical responsibilities. Pain is no longer perceived merely as a symptom but as a measurable clinical entity requiring documentation, intervention, and reevaluation. Abdelmalik et al.

(2024) found that when nurses recognized pain as a vital sign, their compliance with pain documentation protocols improved markedly, and their attitudes toward patients reporting pain became more empathetic and non-judgmental. Similarly, Nawaz et al. (2024) reported that structured educational interventions significantly enhanced nurses' knowledge and attitudes toward pain assessment, aligning their practice with contemporary pain management guidelines. The integration of pain into the vital sign panel served as a heuristic device—prompting clinicians to adopt a more holistic and patient-centered approach to care.

The clinical utility of pain as a fifth vital sign is particularly evident in managing non-communicative patients, such as those with dementia or in critical care units. Herr et al. (2024) emphasize the necessity of using behavioral pain assessment tools, such as the Pain Assessment in Advanced Dementia (PAINAD) scale and the Critical-Care Pain Observation Tool (CPOT), for patients unable to self-report. These tools extend the fifth vital sign framework into complex clinical contexts, ensuring that pain is not neglected in populations with impaired verbal communication. In a similar vein, Chaleewong et al. (2024) identified that critical care nurses who embraced the fifth vital sign model were more likely to employ validated behavioral tools and initiate timely analgesic interventions, thereby mitigating suffering and preventing the long-term sequelae of unmanaged pain.

Empirical studies suggest that Nigerian nurses acknowledge the significance of pain but demonstrate variable understanding and application of pain assessment protocols (Munie et al., 2025). Pain perception among nurses is shaped by multiple factors including academic training, clinical exposure, workload, cultural beliefs, and institutional policies. Rojaye (2024) in a qualitative analysis of nurses in Lagos State, revealed that while most participants verbally endorsed the importance of pain assessment, only a minority routinely incorporated it into vital sign checks. Many cited high patient volumes and lack of standardized pain assessment tools as practical barriers. Moreover, the perception that pain is "non-verifiable" compared to objective vital signs contributed to its clinical underemphasis.

In contrast, nurses who hold strong beliefs in the power of pharmacological solutions may prioritize medication administration, potentially ignoring complementary treatments like cognitive-behavioral therapies or physical interventions. Therefore, personal beliefs and perceptions about pain can shape the entire process of assessment and treatment, sometimes resulting in inaccurate pain evaluations or inappropriate pain management strategies.

Thus, this study seeks to assess nurses' perceptions of pain recognition as the "fifth vital sign" in Ilorin metropolis.

Materials and Methods

This study utilized a mixed methods research design, specifically a convergent parallel approach, which enabled the researcher to collect and analyze quantitative and qualitative data simultaneously to achieve a comprehensive understanding of nurses' perceptions in the Ilorin metropolis. The quantitative component used questionnaires to gather measurable data from a broad sample of nurses, while the qualitative component employed in-depth interviews to generate detailed insights into nurses' experiences and perspectives. Ilorin, the

capital of Kwara State in North-Central Nigeria, served as the study setting and was selected because of its diverse mix of primary, secondary, and tertiary healthcare facilities. The study population consisted of 1,550 registered nurses across major healthcare institutions, including UITH, KWASUTH, Sobi Specialist Hospital, Civil Service Hospital, Children Specialist Hospital, and several cottage hospitals. This population ensured a rich and varied pool of experienced clinical practitioners, providing depth and diversity to both the quantitative and qualitative dimensions of the study.

To determine the sample size for the quantitative aspect, the Taro Yamane (1967) formula was applied, yielding an initial sample size of 318. To accommodate potential non-responses or incomplete questionnaires, a 10 percent attrition adjustment was added, resulting in a final sample size of 354. A multistage sampling technique enhanced representation across hospitals by using proportionate stratified sampling based on each facility's nurse population. The qualitative component targeted approximately 15 participants; however, anticipating attrition, the final target was adjusted to 17 nurses selected through purposive sampling. These nurses were included based on their willingness to participate and their expertise or practical experience in pain management, ensuring that the interviews collected meaningful and contextually relevant data. Eligibility for participation required nurses to be registered practitioners with at least one year of clinical experience in patient care within selected facilities. Nurses on leave, those in administrative or educational roles without direct patient involvement, and student nurses were excluded to maintain accuracy and relevance in reporting clinical perceptions and practices related to pain management.

The data collection instruments were tailored to suit the study's mixed methods design. The quantitative tool was a structured, close-ended questionnaire consisting of two parts: demographic information and items aligned with the study objectives, rated on a four-point Likert scale (SA, A, D, SD). The qualitative tool was a semi-structured interview guide that allowed for deeper exploration of nurses' perceptions of pain as the fifth vital sign. To ensure data accuracy and robustness, the questionnaire underwent face and content validation by academic and clinical experts. A pilot test with ten nurses from a non-participating facility assessed clarity, relevance, and internal coherence. Reliability was determined using Cronbach's alpha, with a score of 0.7 and above deemed acceptable. For the qualitative component, the study adhered to the trustworthiness criteria of credibility, transferability, dependability, and confirmability as outlined by Lincoln and Guba, ensuring methodological rigor and integrity in data collection and interpretation.

Data collection processes were structured and systematically implemented. Quantitative data were gathered through self-administered questionnaires distributed to the selected nurses, allowing respondents to complete them at their convenience within their work environment. The qualitative data were generated through in-depth interviews with purposively selected participants, providing rich narrative accounts of nurses' knowledge, attitudes, and experiences. All interviews were conducted in private and conducive settings to encourage openness and comfort. Quantitative data analysis involved descriptive and inferential statistics, including frequencies, percentages, means, and standard deviations, to summarize

demographic information and explore trends within the dataset. Inferential statistics provided deeper insights into relationships among variables. Qualitative data were transcribed verbatim, and thematic content analysis was applied. Codes were developed both inductively and deductively, and final themes were constructed through constant comparison and iterative refinement.

The study adhered strictly to ethical standards throughout all stages of the research. Ethical approval was secured from the Ethics and Research Committees of the selected hospitals, and letters of introduction were issued to facilitate access to facilities. Participants were thoroughly informed about the study's purpose, procedures, benefits, and any potential risks, after which informed consent was obtained. Participation was voluntary, and nurses were assured of their right to decline or withdraw at any time without consequences. Confidentiality and anonymity were maintained by coding data and storing information securely. The questionnaire avoided intrusive or sensitive questions, and interviews were conducted in private settings chosen by participants to ensure comfort. These ethical measures reinforced the integrity of the study and protected the rights and welfare of all participants.

Results

Table 1: Demographic Characteristic (n=343)

Demographic Variable	Category	Frequency	Percentage (%)
Gender	Male	62	18.1
	Female	281	81.9
Total		**343**	**100**
Age Group	20–29	28	8.2
	30–39	181	52.8
	40–49	79	23.0
	50 and above	55	16.0
Total		**343**	**100**
Marital Status	Single	32	9.3
	Married	183	53.4
	Divorced	85	24.8
	Widowed	43	12.5
Total		**343**	**100**
Educational Qualification	RN	17	4.9
	RN/RM	123	35.9
	B.Sc. Nursing	167	48.7
	Postgraduate Degree	24	6.9
	Others	12	3.5

Demographic Variable	Category	Frequency	Percentage (%)
Total		**343**	**100**
Years of Experience	1–5 years	37	10.8
	6–10 years	66	19.2
	11–15 years	137	39.9
	16 years and above	103	30.0
Total		**343**	**100**
Department	Medical	51	14.9
	Surgical	104	30.3
	ICU	18	5.2
	Emergency	42	12.2
	Pediatrics	55	16.0
	Others	73	21.3
Total		**343**	**100**
Facility Type	Public	343	100
	Private	0	0
	Mission/NGO	0	0
Total		**343**	**100**
Formal Training	Yes	17	5.0
	No	326	95.0
Total		**343**	**100**

Source: Field Survey, 2025

The demographic profile of the 343 respondents shows that the sample was predominantly female, with more than four-fifths of participants identifying as women, and the largest proportion of respondents fell within the 30–39 age group. Most participants were married, although a considerable proportion were divorced or widowed, indicating a relatively mature workforce. Educationally, nearly half held a B.Sc. in Nursing, followed by those with RN/RM qualifications, demonstrating a generally well-qualified nursing population. The distribution of work experience revealed that the majority had between 11 and 15 years of professional practice, with a substantial number also having over 16 years, suggesting an experienced cohort. Respondents were drawn from various departments, with the surgical unit having the highest representation, and all participants worked in public health facilities, as no respondents were from private or mission/NGO settings. Notably, only a small fraction of the nurses had received formal training related to the subject of interest, highlighting a significant gap in specialized capacity-building among the workforce.

Table 2: Perception of Pain as the Fifth Vital Sign

S/N	Statement	SA	A	N	D	SD	X	SD	Decision
1	Pain is a vital indicator of patient well-being.	123	145	30	25	20	3.85	0.78	Accepted
2	Recognizing pain as the fifth vital sign improves patient outcomes.	110	140	45	30	18	3.69	0.84	Accepted
3	Pain assessment should be routine during every vital signs check.	132	138	33	20	20	3.92	0.76	Accepted
4	Pain is just as important to monitor as blood pressure or heart rate.	120	142	38	28	15	3.77	0.81	Accepted
5	Patients expect nurses to prioritize pain alongside other vital signs.	115	130	45	28	25	3.58	0.89	Accepted

KEYS: SA: Strongly Agree, A: Agree, N: Neutral, D: Disagree, SD: Strongly Disagree, X: Mean Score, SD: Standard Deviation

Source: Field Survey, 2025

From the responses obtained as shown in Table 2 above, nurses in Ilorin metropolis demonstrate a strong perception of pain as an essential and routine vital sign, with mean scores ranging from 3.58 to 3.92, all above the cutoff mean of 2.50, indicating agreement with the statements. The highest mean (3.92) was recorded for the statement emphasizing that pain assessment should be routine during every vital signs check, showing strong consensus on the need for regular pain monitoring. The statement that pain is a vital indicator of patient well-being also scored highly (mean = 3.85), reflecting nurses' recognition of pain's critical role in clinical evaluation. Additionally, recognizing pain as the fifth vital sign is perceived to improve patient outcomes (mean = 3.69), suggesting awareness of its clinical significance. Nurses also agree that pain is as important to monitor as other vital signs such as blood pressure or heart rate (mean = 3.77), and acknowledge that patients expect pain to be prioritized similarly (mean = 3.58).

Table 3: Thematic Analysis of Nurses' Perceptions of Pain as the Fifth Vital Sign

Theme	Description	Sub-Themes	Illustrative Quotes	Analytical Insight	Findings
1. Theoretical Recognition of Pain as a Vital Sign	Nurses conceptually understand pain as the fifth vital sign, but implementation is inconsistent.	- Conceptual awareness - Training background	*"I was taught that pain is the fifth vital sign, but it's not always treated that way here."* *"Pain tells us how the patient is coping, just like BP or*	Although awareness exists, clinical routines do not always reflect this knowledge. Pain is still secondary to other vitals in	There is a theory-practice gap in recognizing and treating pain as a vital sign.

			temperature."	practice.	
2. Pain Assessment as Critical to Patient Outcomes	Nurses acknowledge that pain assessment directly affects treatment efficacy, recovery speed, and patient satisfaction.	- Early intervention - Patient cooperation - Healing outcomes	*"When I assess pain early, we can prevent complications."* *"If pain is missed, patients get restless and it delays healing."*	Pain assessment is seen as essential for timely intervention and improved clinical outcomes, especially in surgical or acute cases.	Effective pain assessment contributes significantly to quality of care and patient outcomes.
3. Conditional Integration into Practice	Pain assessment is not universally implemented; it depends on the clinical setting or patient complaints.	- Post-operative settings - Complaint-driven checks - Observation-based assessment	*"I assess pain more often in surgical wards."* *"If the patient doesn't complain, we may skip it."*	Pain checks are more consistent in high-risk cases. Routine practice depends on situational cues rather than a standardized protocol.	Pain is not assessed uniformly; situational factors determine the likelihood of assessment.
4. Practical and Institutional Constraints	External and systemic barriers limit regular pain assessment despite awareness and intent.	- Time and workload - Staffing issues - Institutional protocol gaps	*"I don't always have time to check pain unless the patient complains."* *"We are short-staffed most times, and vitals are rushed."*	Systemic inefficiencies make it difficult for nurses to incorporate pain assessment as a routine activity.	Organizational and staffing challenges hinder full integration of pain as a fifth vital sign.

Source: Interview, 2025

The thematic analysis reveals a clear theory-practice gap among nurses regarding pain recognition as the fifth vital sign. While nurses demonstrate conceptual awareness of pain's importance, their clinical routines often do not reflect this knowledge, with pain assessment typically receiving less priority than traditional vital signs. Nurses recognize that timely pain

assessment significantly improves patient outcomes, including faster recovery and greater satisfaction, highlighting their understanding of its clinical value. However, the integration of pain assessment into daily practice is conditional and inconsistent, heavily influenced by patient complaints or specific clinical settings such as surgical wards. Practical barriers including staff shortages, time constraints, and lack of institutional protocols further inhibit the routine assessment of pain. These findings emphasize the need for systemic changes to bridge the gap between knowledge and practice, such as institutional policy development, adequate staffing, and training to ensure pain is assessed as rigorously as other vital signs.

Discussion of Findings

The findings revealed that nurses in Ilorin metropolis strongly acknowledge the significance of pain as a vital sign, with all items recording mean scores above the cutoff of 2.50. The statement "Pain is a vital indicator of patient well-being" had a high mean score of 4.01, while "Recognizing pain as the fifth vital sign improves patient outcomes" and "Pain assessment should be routine during every vital signs check" had means of 3.92 and 3.80, respectively. This indicates a strong consensus among nurses that pain should be treated with the same urgency as traditional vital signs. Moreover, statements like "Pain is just as important to monitor as blood pressure or heart rate" (mean = 3.77) and "Patients expect nurses to prioritize pain alongside other vital signs" (mean = 3.74) reinforce the perception that pain management is an essential component of holistic care. These findings align closely with the conclusions of Varndell Fry et al. (2020), who found that while emergency nurses in Australia acknowledged the critical importance of pain management, there were notable inconsistencies in practice due to various external factors. Their study emphasized the role of nurse perceptions in shaping pain care behaviors, noting that while nurses generally recognized pain as a vital component of patient health, the actual implementation was often hindered by barriers such as poor staffing and lack of standardized tools.

Similarly, Qamar et al. (2024) reported that nurses' attitudes toward pain were generally poor unless supported by structured training, indicating that while perceptions may be favorable, knowledge and systemic support play crucial roles in effective implementation. In Ilorin metropolis, the data suggest that nurses are conceptually aligned with the global best practice of treating pain as the fifth vital sign, which sets a strong foundation for further interventions such as training and institutional protocol development to bridge the gap between perception and consistent clinical practice. The study established that nurses in Ilorin metropolis generally have a positive perception of pain as the fifth vital sign.

Conclusion

The findings from both the quantitative and qualitative results indicate that nurses generally perceive pain as an essential component of patient assessment and acknowledge its importance as the fifth vital sign. They recognize that regular pain assessment enhances patient outcomes, supports timely interventions, and contributes to overall quality of care. However, despite this strong awareness, actual practice does not consistently reflect these views, as pain assessment is often influenced by workload pressures, institutional limitations,

and situational factors such as patient complaints or specific clinical settings. This inconsistency highlights a clear gap between theoretical understanding and routine implementation, suggesting the need for stronger institutional support, standardized protocols, and improved staffing structures to ensure that pain is assessed with the same priority as other vital signs.

Recommendations

1. Nursing education programs and training organizations ought to integrate extensive modules concerning the assessment and management of pain within their educational frameworks. Pedagogical strategies such as simulation-based learning, workshops, and evidence-informed teaching methodologies should be employed to furnish nursing professionals with the requisite competencies and assurance to systematically evaluate and document pain.
2. Healthcare administrators must initiate ongoing professional development initiatives centered on pain assessment instruments, including the Numeric Rating Scale (NRS), Visual Analogue Scale (VAS), and Wong-Baker FACES scale. These training sessions should also emphasize the importance of non-pharmacological strategies alongside pharmacological treatments.
3. Healthcare facilities ought to establish standardized protocols that necessitate pain assessment during each instance of vital signs evaluation. The documentation of pain should be seamlessly integrated into both patient charts and electronic health records, thereby promoting continuity and accountability in the provision of care.
4. Nursing regulatory agencies and policymakers should formulate national directives that highlight pain as the fifth vital sign. The enforcement of mandatory training, accreditation criteria, and periodic evaluations of nursing documentation should be implemented to enhance adherence.
5. Healthcare organizations should institute regular audits and patient feedback mechanisms to assess compliance with pain assessment protocols and evaluate the effectiveness of interventions on patient outcomes.

References

Abdelmalik, M., Rahama, E., Abbakr, I., Hamed, A., Higazy, O., Mohammed, A., Mohammed, I., Nour, S., Mariod, A. A., Osman, E., Mohammaed, M., & Saeed, A. (2024). Nurses' Awareness and Practice Toward Pain Assessment and Management as Fifth Vital Sign in Sudan: A Cross-sectional Study. *Sudan Journal of Medical Sciences*. https://doi.org/10.18502/sjms.v19i2.12686

Achaliwie, F., Wakefield, A., & Mackintosh-Franklin, C. (2023). Does Education Improve Nurses' Knowledge, Attitudes, Skills, and Practice in Relation to Pain Management? An Integrative Review. *Pain Management Nursing : Official Journal of the American Society of Pain Management Nurses*. https://doi.org/10.1016/j.pmn.2022.12.002

Afolalu, O., Afolalu, A., & Akpor, O. (2023). The Use of Technology in Enhancing Nurses' Pain Management Competencies: A Narrative Review. *The Open Pain Journal*. https://doi.org/10.2174/0118763863271978230925110846

Alfaro-Lefevre, R. (2020). *Applying Nursing Process: A Guide to Practice*. Elsevier.

Alrewaili, M. Z., Alghamdi, F. H., Alruwaili, F. S., Aldhafeeri, A. S. G., Alshamari, M. N. G., Alasmari, M., Alanazi, M., & Alanazi, M. M. (2022). Pain Assessment and Management in Health Care: Nurses' Perspectives. *International Journal Of Pharmaceutical And Bio-Medical Science*. https://doi.org/10.47191/ijpbms/v2-i11-14

Alshehri, F., Levett-Jones, T., & Pich, J. (2024). Nursing students' knowledge of and attitudes towards pain management: An integrative review. *Nurse Education Today*, *139*, 106207. https://doi.org/10.1016/j.nedt.2024.106207

Baule, K. (2024). Nurses' Knowledge and Attitude towards Pain in an Acute Care Setting. *Pain Management Nursing*. https://doi.org/10.1016/j.pmn.2024.02.081

Berman, A., Snyder, S., & Frandsen, G. (2019). *Nursing Care Plans: Diagnoses, Interventions, and Outcomes* (10th ed.). Elsevier.

Chaleewong, N., Chaiviboontham, S., & Christensen, M. (2024). Knowledge, attitudes, and perceived barriers regarding pain assessment and management among Thai critical care nurses: A cross-sectional study. *Intensive & Critical Care Nursing*, *84*, 103764. https://doi.org/10.1016/j.iccn.2024.103764

Dal Sasso, G. T., Caffaro, L. M., Soares, D. A., & Medeiros, D. P. (2018). Nursing process in intensive care: Contribution of the systematic use of nursing diagnoses to quality of care. *Revista Brasileira de Enfermagem, 71*(5), 2722-2729. https://doi.org/10.1590/0034-7167-2017-0673

Gardner, P., Gilbert, J., Plummer, V., & Hills, D. (2024). Registered nurses' knowledge, attitudes and practices of pain management for aged care residents with dementia: an integrative review. *Contemporary Nurse*, 1–20. https://doi.org/10.1080/10376178.2024.2362290

Geraldine A. Anwana U. & Umanah, D. (2023). Investigating the Effectiveness of Mobile Phone-based Education on Learning Pain Management Skills in Nursing Students. *Journal of Medical Education and Development*. https://doi.org/10.18502/jmed.v18i1.12747

Herr, K., Anderson, A., Arbour, C., Coyne, P., Ely, E., Gélinas, C., & Manworren, R. (2024). Pain Assessment in the Patient Unable to Self- Report: Clinical Practice Recommendations in Support of the ASPMN 2024 Position Statement. *Pain Management Nursing : Official Journal of the American Society of Pain Management Nurses*. https://doi.org/10.1016/j.pmn.2024.09.010

Ingelson, B., Dahlke, S., O'Rourke, H., & Hunter, K. (2024). Nurses' knowledge and beliefs on pain management practices with hospitalised persons living with dementia: A qualitative descriptive study. *Journal of Clinical Nursing*. https://doi.org/10.1111/jocn.17164

International Council of Nurses (ICN). (2017). *The ICN Code of Ethics for Nurses*. International Council of Nurses. Retrieved from https://www.icn.ch/what-we-do/code-of-ethics

Işık, M., & Yanık, T. (2022). Cultural Perceptions of Nursing Students Regarding Pain and Methods Used for Pain Management. *Pain Management Nursing : Official Journal of the*

American Society of Pain Management Nurses. https://doi.org/10.1016/j.pmn.2022.02.002

Jonsdottir, T., & Gunnarsson, E. (2020). Understanding Nurses' Knowledge and Attitudes Toward Pain Assessment in Dementia: A Literature Review. *Pain Management Nursing : Official Journal of the American Society of Pain Management Nurses*. https://doi.org/10.1016/j.pmn.2020.11.002

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic Inquiry*. SAGE Publications.

Mccabe, C., Feeney, A., Basa, M., Eustace-Cook, J., & McCann, M. (2023). Nurses knowledge, attitudes and education needs towards acute pain management in hospital settings: A meta-analysis. *Journal of Clinical Nursing*. https://doi.org/10.1111/jocn.16612

Munie, M. A., Taye, A. B., Tilahun, B. D., Alamaw, A. W., Abebe, G. K., Tiruye, M. E., & Abate, B. (2025). Pain management practice and associated factors among nurses working in Ethiopia: A systematic review and meta-analysis. *PLOS ONE*, *20*. https://doi.org/10.1371/journal.pone.0312499

National Association of Nigerian Nurses and Midwives (NANNM). (2017). *Code of Ethics for Nurses in Nigeria*. National Association of Nigerian Nurses and Midwives. Retrieved from https://nannm.org.ng

National Population Commission. (2016). *Population projections for Nigeria 2016*. Abuja, Nigeria: NPC.

Nawaz, H., Bibi, A., Ali, R., Younus, M., Shaheroom, A., Shah, N., Hayat, S., Shaikh, M. H., Khan, Y., & Faisal, S. (2024). Assessment of the Nurse's Knowledge and Attitude Regarding Pain Management. *NURSEARCHER (Journal of Nursing & Midwifery Sciences)*. https://doi.org/10.54393/nrs.v4i04.124

Qamar, M. A., Sakellari, E., & Istomina, N. (2024). Knowledge and Attitudes towards Pain among Nurses. *Health Sciences*. https://doi.org/10.35988/sm-hs.2024.070

Rababa, M., & Al-Rawashdeh, S. (2020). Critical care nurses' critical thinking and decision making related to pain management. *Intensive & Critical Care Nursing*, 103000. https://doi.org/10.1016/j.iccn.2020.103000

Rababa, M., Al-Sabbah, S., & Hayajneh, A. (2021). Nurses' Perceived Barriers to and Facilitators of Pain Assessment and Management in Critical Care Patients: A Systematic Review. *Journal of Pain Research*, *14*, 3475–3491. https://doi.org/10.2147/JPR.S332423

Rababa, M., Al-Sabbah, S., Hayajneh, A., & Al-Rawashdeh, S. (2022). Critical care nurses' perceived barriers and enablers of pain assessment and management. *Pain Management*. https://doi.org/10.2217/pmt-2022-0075

Rehan, H., Asghar, M., Geetha, K. das, Zameer, A., & Sambreen, Z. (2024). Nursing perspective on pain management. *I-Manager's Journal on Nursing*. https://doi.org/10.26634/jnur.14.3.21041

Rojaye, J. (2024). Registered Nurses' Perception of Pain. *Nursing and Health Sciences Journal (NHSJ)*. https://doi.org/10.53713/nhsj.v4i1.303

Saranto, K., & Kinnunen, J. (2019). Documentation of the nursing process in electronic health records: An evaluation of existing methods. *Journal of Clinical Nursing, 28*(15-16), 3151-3159. https://doi.org/10.1111/jocn.14860

Shrestha, S., Dahlke, S., Butler, J., Hunter, K., Fox, M., Davidson, S., Chasteen, A., & Moody, E. (2024). Nursing Students' Perceptions on a Pain Management E- Learning Module: An Exploratory Quantitative Study. *Pain Management Nursing : Official Journal of the American Society of Pain Management Nurses*. https://doi.org/10.1016/j.pmn.2023.12.010

Siddiqui, A., Zehra, T., Ahmed, A., Rehman, A., Ahmed, U., & Afshan, G. (2024). Enhancing Nursing Staff Clinical Skills of Pain Assessment: Impact of the Educational Course. *International Journal of Nursing Education*. https://doi.org/10.37506/jdp7j820

Sirsch, E., Lukas, A., Drebenstedt, C., Gnass, I., Laekeman, M., Kopke, K., & Fischer, T. (2020). Pain Assessment for Older Persons in Nursing Home Care: An Evidence-Based Practice Guideline. *Journal of the American Medical Directors Association*. https://doi.org/10.1016/j.jamda.2019.08.002

Slatyer, S., Myers, H., & Kelly, M. (2022). Understanding Nurse Characteristics that Influence Assessment and Intention to Treat Pain in Postoperative Patients: An Integrative Literature Review. *Pain Management Nursing : Official Journal of the American Society of Pain Management Nurses*. https://doi.org/10.1016/j.pmn.2022.03.003

Tsai, Y., Browne, G., & Inder, K. (2022). Documented nursing practices of pain assessment and management when communicating about pain in dementia care. *Journal of Advanced Nursing*, *78*, 3174–3186. https://doi.org/10.1111/jan.15251

Tsegaye, D., Yazew, A., Gedfew, M., Yilak, G., & Yalew, Z. M. (2023). Non-Pharmacological Pain Management Practice and Associated Factors Among Nurses Working at Comprehensive Specialized Hospitals. *SAGE Open Nursing*, *9*. https://doi.org/10.1177/23779608231158979

Varndell, W., Fry, M., & Elliott, D. (2020). Pain Assessment and Interventions by Nurses in the Emergency Department: A National Survey. *Journal of Clinical Nursing*. https://doi.org/10.1111/jocn.15247

Wagoro, M., & Rakuom, S. (2018). Nursing documentation in Kenya: A critical review of the barriers and strategies. *Journal of Nursing Education and Practice, 8*(5), 84-91. https://doi.org/10.5430/jnep.v8n5p84

World Health Organization (WHO). (2018). *WHO Pain Relief Ladder*. World Health Organization. Retrieved from https://www.who.int/cancer/palliative/painladder/en/

Zeleke, S., Kassaw, A., & Eshetie, Y. (2021). Non-pharmacological pain management practice and barriers among nurses working in Debre Tabor Comprehensive Specialized Hospital, Ethiopia. *PLoS ONE*, *16*. https://doi.org/10.1371/journal.pone.0253086

Cite this article:

Author(s), ABDULMUMEEN Ibrahim O, ANYEBE Emmanuel E, IBRAHIM Ahmed O, YAKUB Aishat, AYANBEKU Joy K, FATUKASI Bukola M, ADENIYI Yetunde E, (2025). " Bridging the Gap between Perception and Practice: Nurses' Perspectives on Pain as the Fifth Vital Sign in Ilorin Metropolis, Nigeria", **Name of the Journal**: Euro Afro Studies International Journal, (EASIJ.COM), P, 68- 84. DOI: www.doi.org/10.5281/zenodo.17916299 , Issue: 12, Vol.: 7, Article: 6, Month: December, Year: 2025. Retrieved from https://www.easij.com/all-issues/

Published By

AND

ThoughtWares Consulting & Multi Services International (TWCMSI)