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Perceptions, Expectations, and Satisfaction on Pain Management: A Cross-Sectional Study among Women

Myra Cusi Britiller, PhD[1]*, Layla Aldossari[2], Zainab Alessa[1], Wasaif Aljummah[1], Latha S Kannan, MSN[1], Eman M Gaber Hassan, PhD[1,3]

[1]Nursing Department, Mohammed Al-Mana College for Medical Sciences, Dammam Kingdom of Saudi Arabia
[2]Department of Medicine, National University of Singapore, Singapore
[3]Medical Surgical Nursing Department, Faculty of Nursing, Cairo University, Cairo City, Egypt

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***Corresponding author:** Myra Cusi Britiller
Nursing Department, Mohammed Al-Mana College for Medical Sciences, Dammam Kingdom of Saudi Arabia

Abstract

Despite increasing global attention to improving women's healthcare experiences, limited research has examined how cultural expectations and health system structures influence women's pain management experiences. This study investigated women's perceptions, expectations, and satisfaction with pain management provided by caregivers in hospitals in the Eastern Region of Saudi Arabia. A descriptive, cross-sectional design was employed, involving 307 women who experienced pain and sought care in outpatient clinics or emergency departments. Data were collected using the validated Pain Treatment Satisfaction Scale (PTSS). Descriptive statistics summarized demographic characteristics and satisfaction levels, while the Kruskal–Wallis test examined differences in perceptions, expectations, and satisfaction across groups. Results showed that 72% of participants believed pain medication was effective, and 45.3% reported that it met their expectations. Approximately half of the women were "satisfied," and about one-fourth were "very satisfied" across all items (22.5%–31.9%). The highest "very satisfied" ratings were for nursing care related to pain (30.3%) and pain medication (31.9%). Younger women (20–25 years) reported higher satisfaction, expectations, and positive perceptions of pain management compared to women over 45 years. The findings highlight the need for personalized, culturally competent, and communication-centered pain management approaches that consider women's emotional, social, and demographic contexts.

Keywords: Satisfaction levels, Women's Expectations, Pain Perceptions, Feelings of Nervousness, Pain Management, Saudi Arabia.

INTRODUCTION

Pain is a subjective experience that cannot be directly observed by individuals who do not experience it. Throughout life, humans encounter various sensations, and pain is among the most common. It refers to the discomfort felt when the body is injured, which can manifest as a sting, throbbing, or other sensations that vary in severity and duration. Pain can range from mild and subtle to intense and debilitating, and its management often depends on its type. 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" (Raja *et al.,* 2020). Pain is commonly classified as either acute or chronic. Acute pain typically results from trauma or medical conditions, while chronic pain persists for at least three months (Michaelides & Zis, 2019). Effective pain management is a critical component of patient care, particularly in emergency departments (EDs), where pain is the most common reason for patient visits (Hachimi-Idrissi *et al.,* 2020). Inadequate management of acute pain can lead to both immediate and delayed negative outcomes for patients (Hamalainen *et al.,* 2021). Therefore, pain management is not only a therapeutic intervention but also a key indicator of healthcare quality and patient satisfaction (Brant *et al.,* 2017).

Although research has increasingly explored pain and its management, clinical literature suggests that gender significantly influences how individuals experience and cope with pain. Women, in particular, often face unique challenges in having their pain

recognized and treated appropriately. Pryma (2017) notes that societal gender norms frequently portray women as overly emotional or hypochondriacal, leading to assumptions that they have lower pain tolerance and tend to exaggerate their symptoms. This gender bias can result in insufficient or delayed diagnoses and reduced access to effective treatments (Wiklund *et al.,* 2016). In response to unmet healthcare needs, many women turn to alternative care providers such as integrative general practitioners, Chinese medicine, or homeopathy where they often report greater satisfaction and a stronger sense of being believed (Merone *et al.,* 2022). Even when conventional treatments like analgesics and nerve blocks are used, women frequently describe feeling judged by healthcare professionals, which can impact their willingness to seek or trust care (Merone *et al.,* 2022).

In addition to these perceptions, women also have specific expectations regarding pain management. Research has shown that satisfaction is closely tied to how well caregivers communicate with patients, offer clear explanations about treatment options, and involve patients in selecting their preferred pain relief methods. Pietrzak *et al.,* (2022) found that patient satisfaction is most strongly influenced by staff responsiveness, the clarity of communication around pain relief, and the autonomy to choose pain management techniques. Similarly, Evans *et al.,* (2021) emphasized that women value holistic and interdisciplinary approaches to care that respect their emotional, physical, and cultural needs. When these expectations are met, women report higher levels of trust and satisfaction in their care.

Patient satisfaction itself has emerged as a vital indicator of healthcare quality. It reflects both clinical outcomes and the broader experience of being treated with dignity and respect. Brant *et al.,* (2017) highlighted that satisfaction is strongly linked to the adequacy of pain management across healthcare settings. Unfortunately, many studies still focus narrowly on pain intensity or medication efficacy, often overlooking how patients feel about their overall care experience (Bhakta & Marco, 2014; Göransson *et al.,* 2015). This has led to a limited understanding of how women evaluate the care they receive, especially in diverse sociocultural contexts.

There are several gaps in the existing literature that need to be addressed. Much of the current research has been conducted in Western settings and fails to consider how cultural and sociodemographic factors influence women's experiences of pain and satisfaction with care. Studies also often rely on single-point measurements of pain or satisfaction, rather than more comprehensive assessments taken throughout the care process or at discharge. Moreover, gender biases in both clinical perception and treatment remain underexplored in pain management research. As Osborne and Davis (2022) argue, the inclusion of sex and gender analyses in both preclinical and clinical research is essential to developing equitable and personalized treatments.

Despite growing global interest in improving women's experiences in healthcare, there remains a lack of research focusing on Middle Eastern populations, particularly in Saudi Arabia. This gap is significant, given that cultural expectations and health system structures may influence how women experience and respond to pain management. To address these gaps, the present study investigated the perceptions, expectations, and satisfaction of women with the pain management they received from caregivers in hospitals located in the Eastern Region of Saudi Arabia.

MATERIAL AND METHODS

Research Design

This study employed a descriptive, cross-sectional research design to assess women's perceptions, expectations, and satisfaction with pain management in hospitals located in the Eastern Region of Saudi Arabia.

Sample and Sampling Techniques

The participants of the study were women who had experienced pain and were actively seeking medical management in either outpatient clinics or emergency departments. A total of 307 women (N = 307) were included in the study and were recruited using convenience sampling techniques. To be eligible for participation, individuals had to meet the following inclusion criteria: they were females aged 20 years and above, had experienced acute or chronic muscular or visceral pain, and were receiving medical care in hospitals located in the Eastern Region of Saudi Arabia. Women experiencing cardiac-related pain and symptoms, as well as those suffering from conditions such as fractures or burn-related pain, were excluded from the study.

Data Collection Tools

The primary data collection instrument used in this study was the Pain Treatment Satisfaction Scale (PTSS), developed by Evans *et al.,* (2004). The PTSS is a validated and comprehensive tool designed to assess satisfaction with pain treatment and consists of 39 items categorized into five dimensions: information, medical care, impact of current medications, satisfaction with pain medication, and side effects of medication. The satisfaction dimension itself includes two subscales: medication characteristics and efficacy. However, for the purposes of this study, only the dimension related to satisfaction was utilized. The PTSS employs a five-point Likert scale ranging from 1 (very dissatisfied) to 5 (very satisfied). Previous research has reported high internal consistency for this tool, with reliability coefficients ranging from 0.83 to 0.92. In addition to the PTSS, a separate section was included in the questionnaire to collect demographic information, such as age, marital status, and educational level. The questionnaire was distributed electronically through Google Forms, and a cover letter explaining the study's objectives and informed consent procedures was attached.

Data Analysis

Data collection took place over a five-month period, from July to November 2024. After the data were gathered, statistical analysis was conducted using SPSS. Descriptive statistics, including frequency, percentage, mean, and standard deviation, were used to summarize the participants' demographic characteristics and their satisfaction levels regarding pain management. To assess the normality of the data distribution, the Shapiro-Wilk test was employed. Since the data were not normally distributed, non-parametric tests were used. Specifically, the Kruskal-Walli's test was applied to determine whether there were statistically significant differences between groups in terms of their perceptions, expectations, and satisfaction with pain management.

Ethical Considerations

Prior to the commencement of data collection, ethical approval was obtained from the Institutional Review Board (IRB) at Mohammed Al-Mana College for Medical Sciences under reference number SR/RP/166, dated 19/05/2024. Additional permissions were secured from the Education Division, the Director of Nursing (DON) office, and other authorized personnel in the outpatient clinics and emergency departments of the selected hospitals. All participants were fully informed about the study's purpose and procedures and were asked to sign an informed consent form confirming their voluntary participation. The researchers emphasized participants' rights to decline or withdraw from the study at any point without penalty. Confidentiality and anonymity were strictly maintained throughout the research process, and all data were used exclusively for academic purposes. These ethical safeguards were implemented to ensure compliance with institutional guidelines and to uphold the dignity and privacy of all participants.

RESULTS AND DISCUSSION

Table 1: Demographic Data of Participants

		Frequency	%
Age	36-45	70	22.8 %
	20-25	133	43.3 %
	26-35	67	21.8 %
	above 45	37	12.1 %
Marital status	Married	168	54.7 %
	Not married	139	45.3 %
Education level	University	253	83.2 %
	Secondary school	45	14.8 %
	Intermediate	6	2.0 %

Table 1 represents the distribution of participants by age, marital status, and education level. The age group 20-25 years constitutes the largest proportion of participants (43.3%). The majority of participants (168 women, 54.7%) are married. Most participants (253 women, 83.2%) have a university-level education.

The demographic characteristics of the women in this study offer meaningful insights into their pain experiences and interactions with pain management strategies. A relatively young, educated, and married population suggests a group likely to be informed, engaged, and active in managing their health. These traits can shape not only expectations for care but also satisfaction with pain management, as previous literature suggests that higher education levels often correlate with greater health literacy and more critical evaluations of care quality (Evans *et al.,* 2022).

However, the influence of education on satisfaction is nuanced. While highly educated women may advocate more strongly for individualized care, they may also experience greater dissatisfaction if those expectations are unmet. In contrast, as observed by Tawil *et al.,* (2018) and Subramanian *et al.,* (2016), women with lower education levels may report higher satisfaction due to fewer expectations or limited access to alternative pain management approaches. These contrasting patterns underscore the importance of aligning communication styles and care strategies with patients' educational and experiential backgrounds.

Marital status also appears to influence pain experiences and satisfaction. The presence of a supportive partner or household environment can contribute positively to emotional well-being and may enhance adherence to treatment plans. As found in other studies (e.g., Tawil *et al.,* 2018), married individuals often report more positive care experiences, possibly due to the buffering effect of social support on stress and illness perception.

The data reflects participants' perceptions of pain medication's effectiveness and willingness to continue using it. Figure 1, reflects that a total of 72% of participants [Yes Definitely 20.2% and Probably Yes 51.8%] believed that pain medication was effective, indicating a generally positive perception of its efficacy in managing pain. Only 40.7% of participants [Yes Definitely 16.9% and Probably Yes 23.8%] expressed a clear willingness to continue using pain medication. On the other hand, a significant proportion (42.4%)

expressed reluctance to continue pain medication, with 26.4% firmly against it.

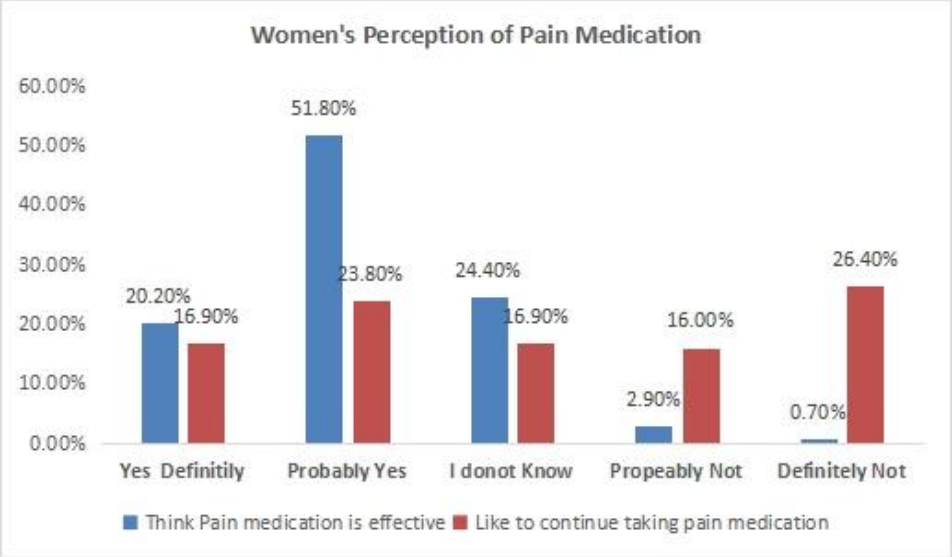

Figure 1: Women's Perceptions on Pain Medication

Women's perceptions of pain medication reflect a complex interplay between belief in clinical efficacy and personal concerns about safety, dependency, or long-term use. While many participants recognized the usefulness of pharmacologic interventions, their ambivalence toward continued use signals an underlying tension between trust in medicine and fear of harm. These attitudes resonate with the findings of Gagnon *et al.,* (2017), who observed that internal beliefs such as mistrust in medication or fear of addiction may override clinical outcomes when it comes to adherence. This highlights a persistent gap between the delivery of effective treatment and the patient's emotional and cognitive acceptance of that treatment. The presence of uncertainty or reluctance to adhere to pain medication, despite its perceived effectiveness, suggests that emotional safety is as critical as physical relief in shaping the pain management experience. These findings suggest the need for care providers to address not only the technical aspects of medication but also patients' emotional and psychological readiness to engage with it.

Additionally, cultural narratives around pain and medication can significantly shape women's perceptions. Some may internalize messages that discourage expressing pain or relying on pharmacologic relief, while others may question the legitimacy of their own pain. Such internalized beliefs can complicate both help-seeking behaviors and patient-provided communication. Acknowledging and addressing these social and cultural layers is essential in providing patient-centered, responsive care.

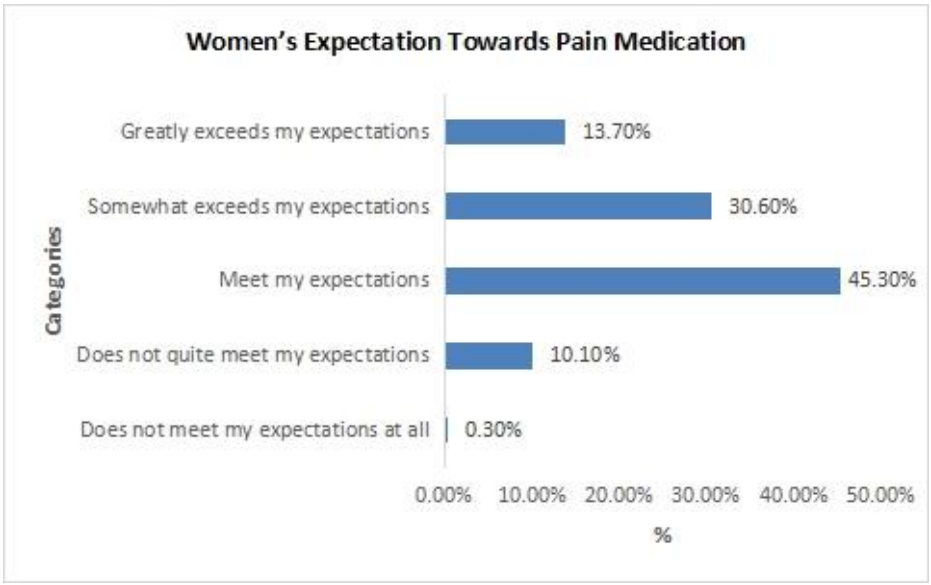

Figure 2: Women's Expectations Towards Pain Medication

According to Figure 2, 13.70% of participants stated that the pain medication they received “greatly exceeds their expectation,” 45.3% of participants indicated it "meets their expectation", while 30.6**%** stated it "somewhat exceeds their expectation." However, 10.10% of the participant mentioned that the pain medication they have “does not quite meet their expectations,” and 0.30% “does not meet their expectations at all.”

The data reflects participants' levels of nervousness related to their pain medication usage. According to Figure 3, across all items, nearly half of the participants reported no nervousness at all about their pain medication. A smaller proportion felt moderately, very, or extremely nervous (21.5%) about pain medication. The proportion of participants experiencing moderate to extreme nervousness (31.0%) is significantly higher for long-term use compared to short-term use (23.8%) of pain medication.

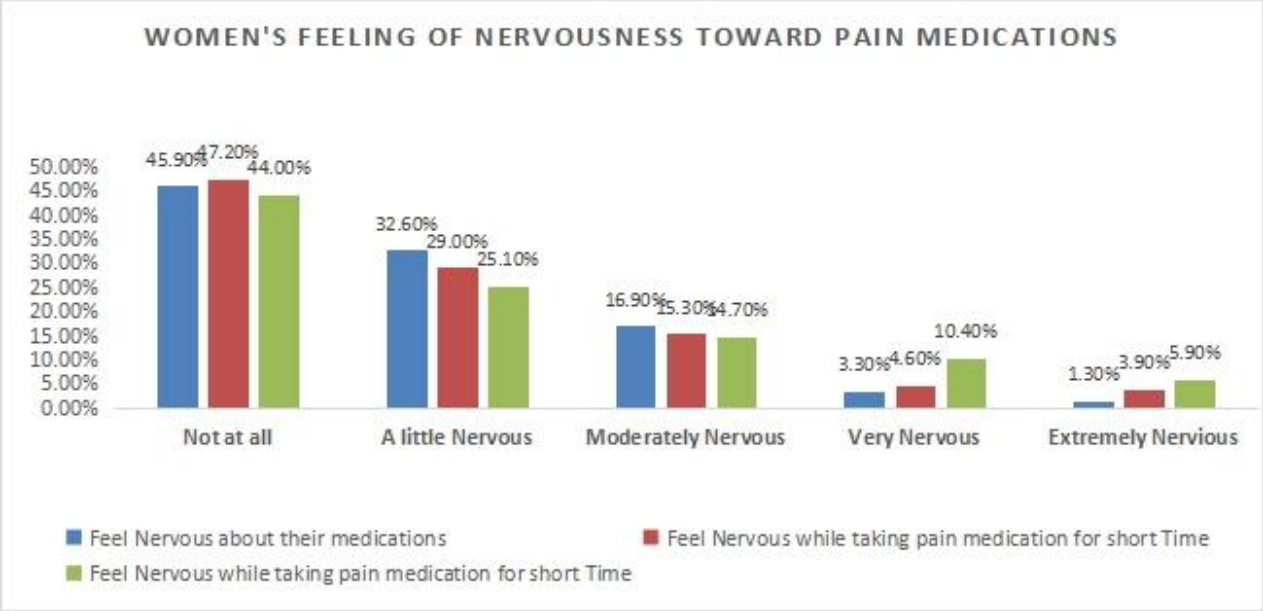

Figure 3: Women’s Feeling of Nervousness toward Pain Medication

The woman participants responded to a question about previous pain medication (have you ever used another pain medication). 62.2% (191 participants) reported using another pain medication versus 37.8% (116) responded “No”. The participants responded to a comparison question between their current pain medication and their previous one. 35.4% (80 participants) reported that their pain medication is "much better" than the previous one, which is the highest response. 33.2% (75 participants) stated that the current medication is "somewhat better." 25.7% (58 participants) indicated that their current medication is "about the same" as their previous one. 3.5% (8 participants) felt that their current medication is "somewhat worse." 2.2% (5 participants) reported that it is "much worse."

Expectations act as a lens through which patients evaluate their pain management experience. When the care provided aligns with or exceeds these expectations, patients tend to report satisfaction. However, mismatches often due to unclear communication or unacknowledged concerns can lead to dissatisfaction, even when outcomes are clinically acceptable. This reinforces the argument made by Najmi *et al.,* (2019), who emphasized that effective communication is not merely an adjunct to care but a core component of patient satisfaction.

Cultural sensitivity and emotional validation also emerge as key in shaping expectations. When healthcare providers misread or overlook cultural cues in pain expression, patients may feel misunderstood or invalidated. This not only erodes trust but may also reduce openness to further intervention. Likewise, delays in response whether due to systemic issues or individual oversight can create a sense of neglect or dismissal, especially in acute or postoperative settings. These dynamics reveal that expectations are formed not just by clinical information but by the quality of relational interactions between patients and care providers. The implication here is that managing expectations is not about lowering them but rather aligning them with evidence-based care through open, empathetic, and inclusive communication. Providers who actively involve patients in care decisions are more likely to meet or exceed expectations, even in the presence of pain or discomfort.

Table 2: Satisfaction Level of the Women on the Pain Management Received During their Illness

How satisfied are you with	Very satisfied	Satisfied	Neutral	Dissatisfied	Very dissatisfied	Average
Information that you received	72 [23.5 %]	175 [57.0 %]	46 [15.0 %]	13 [4.2 %]	1 [0.3 %]	**3.99**
Amount of time that doctors devoted to you during visits	81 [26.4 %]	163 [53.1 %]	41 [13.4 %]	19 [6.2 %]	3 [1.0 %]	**3.98**
Care provided by nurses for your pain	93 [30.3 %]	166 [54.1 %]	39 [12.7 %]	8 [2.6 %]	1 [0.3 %]	**4.11**
From your medication	98 [31.9 %]	165 [53.7 %]	32 [10.4 %]	10 [3.3 %]	2 [0.7 %]	**4.13**
How often pain medication you take	85 [27.7 %]	171 [55.7 %]	41 [13.4 %]	8 [2.6 %]	2 [0.7 %]	**4.07**
Amount of pain medication you received	82 [26.7 %]	158 [51.5 %]	50 [16.3 %]	13 [4.2 %]	4 [1.3 %]	**3.98**
Time for pain medication to work	69 [22.5 %]	166 [54.1 %]	44 [14.3 %]	25 [8.1 %]	3 [1.0 %]	**3.89**
Degree of pain relieved by your pain medication	91 [29.6 %]	157 [51.1 %]	41 [13.4 %]	14 [4.6 %]	4 [1.3 %]	**4.03**
Length of pain relief produced by pain medication	80 [26.1 %]	165 [53.7 %]	46 [15.0 %]	13 [4.2 %]	3 [1%]	**4.00**
Your pain medication overall	87 [28.3 %]	172 [56.0 %]	34 [11.1 %]	11 [3.6 %]	3 [1.0 %]	**4.07**

Table 2 evaluates women's satisfaction levels with various aspects of pain management they received during their illness. Across all categories, around half of women reported being “satisfied”, and around one-fourth of participants were "very satisfied" in all items (raged between 22.5% to 31.9%). The highest percentage of "very satisfied" responses was observed for care provided by nurses for pain (30.3%) and pain medication (31.9%). Instances of dissatisfaction ("dissatisfied" or "very dissatisfied") were rare, typically under 8.1% across all categories, showing minimal negative feedback. The time spent on pain medication to work showed higher dissatisfaction (8.1%).

Satisfaction with pain management is not determined solely by clinical outcomes but is deeply influenced by the relational and contextual dimensions of care. Women in this study consistently associated satisfaction with the interpersonal qualities of healthcare providers particularly nurses who were perceived as attentive and empathetic. These findings are in line with Deng *et al.,* (2021), who argue that nursing care plays a central role in the emotional and psychological dimensions of pain relief. Despite general satisfaction, issues such as delays in pain relief and inadequate information-sharing weakened the overall experience for some participants. These concerns illustrate that patients evaluate care not only by what is provided, but by how and when it is delivered. For example, effective medication can be viewed unfavorably if administration is delayed, or if the patient is left uninformed about its purpose and effects. As Henry and Matthias (2018) pointed out, patients' perception of time especially in acute pain settings can significantly influence their retrospective evaluation of care.

Furthermore, information gaps emerged as a recurring theme. When patients felt uninformed or excluded from decision-making, trust in the care team diminished even when physical symptoms were managed. This reinforces Haverfield *et al.,*’ s (2018) claim that clear, empathetic, and tailored communication enhances both satisfaction and adherence. These findings underscore the need for a consistent, transparent approach to patient engagement, one that includes both clinical and emotional dimensions of care.

Table 3: Comparison between Age groups using Kruskal-Walli’s test

	Age	N	Mean	Median	SD	Minimum	Maximum
Total Satisfaction toward care and pain management	36-45	70	40.06	40	6.399	15	50
	20-25	133	40.86	40	6.845	17	50
	26-35	67	39.99	40	5.561	28	50
	above 45	37	38.95	40	5.126	21	50
Expectations regarding pain medication	36-45	70	3.53	4	0.928	2	5
	20-25	133	3.53	3	0.875	2	5
	26-35	67	3.42	3	0.721	2	5
	above 45	37	3.24	3	0.925	1	5
Total belief regarding pain medication	36-45	70	6.51	6.5	1.824	2	10
	20-25	133	7	7	1.846	3	10
	26-35	67	6.69	7	1.979	4	10
	above 45	37	6.57	7	1.834	3	10
Total Feeling regarding pain medication	36-45	70	12.17	12	2.593	3	15
	20-25	133	12.61	13	2.555	3	15
	26-35	67	11.79	12	2.81	3	15
	above 45	37	11.57	12	2.844	5	15
Kruskal-Wallis: compare the women with the age group							
	χ^2	df	p	ε^2			

Total Satisfaction	2.09	3	0.553	0.00684
Pain relief meets expectations	3.8	3	0.284	0.0124
Total perception	3.24	3	0.356	0.01059
Total Feeling	7.66	3	0.053	0.02505

The Shapiro-Wilk test result ($p < .001$) indicates that the data deviates significantly from normality. As a result, The Kruskal-Wallis test is used to determine whether there are statistically significant differences between age groups for various factors related to satisfaction, beliefs, feelings, and expectations about pain management. According to Table 3, The p-value is greater than 0.05 in total satisfaction ($\chi^2 = 2.09$, df = 3, p = 0.553, $\varepsilon^2 = 0.00684$), pain medication meeting expectation ($\chi^2 = 3.80$, df = 3, p = 0.284, $\varepsilon^2 = 0.01240$.), total perception ($\chi^2 = 3.24$, df = 3, p = 0.356, $\varepsilon^2 = 0.01059$), and total feeling ($\chi^2 = 7.66$, df = 3, p = 0.053, $\varepsilon^2 = 0.02505$.), indicating no statistically significant difference among the age groups. Feelings (Total Feeling) showed the closest significance, with a moderate effect size. The analysis of the age groups' descriptive data reveals that younger participants (20-25) generally report higher satisfaction, expectations, beliefs, and positive feelings regarding pain management, while older participants (above 45) exhibit slightly lower scores.

Age emerged as a factor influencing women's emotional and perceptual experiences with pain management, though not necessarily their overall satisfaction scores. Younger women tended to report more positive feelings toward their treatment, greater belief in medication effectiveness, and higher satisfaction, whereas older women demonstrated more reserved responses across these domains. This pattern is consistent with existing literature, including findings from The Gerontologist, which suggest that older adults often face unrecognized or undertreated pain, potentially due to age-related biases or lower expectations for care. While the statistical analysis did not show significant differences in overall satisfaction by age, the near-significant trends in emotional responses particularly in the 'Total Feeling' category suggest that younger patients may experience a more emotionally affirming relationship with their care. Leap *et al.,* proposed that this may be influenced by perceived control and involvement in decision-making, both of which tend to be higher in younger patients who are more familiar with contemporary patient rights and advocacy frameworks. Physiological, hormonal, and psychological factors also differ by age and may shape both pain perception and treatment response, as noted by Casale *et al.,* (2021). Furthermore, older adults may be more cautious or skeptical about medications due to prior negative experiences or greater concern over side effects, which can influence their satisfaction.

It is clear that age-sensitive approaches are essential for equitable and effective pain management. Tailoring care to acknowledge generational differences in communication preferences, health beliefs, and emotional responses can help ensure that both younger and older women feel supported, respected, and satisfied with their treatment.

CONCLUSION

This study highlights the complex and multifaceted nature of women's experiences with pain management. Women's satisfaction is shaped not only by the perceived effectiveness of pain medications but also by the quality of interpersonal communication, cultural sensitivity, timeliness of care, and the level of information provided by healthcare professionals. The findings suggest that while many women recognize the value of pharmacological pain relief, concerns around long-term use, side effects, and communication gaps can hinder adherence and overall satisfaction.

Higher educational attainment was associated with greater expectations and more critical evaluations of care, whereas younger women tended to report more positive feelings and greater satisfaction with pain management than their older counterparts. These insights highlight the importance of tailoring pain management approaches to individual patient backgrounds and preferences.

The generalizability of the study findings is limited by the characteristics of the sample, which may not adequately represent women from rural communities, diverse cultural backgrounds, or varying socioeconomic statuses. As a result, the insights gained may not be fully applicable to the broader population of women. Additionally, the absence of clinical variables such as pain type, intensity, comorbid conditions, and specific medication regimens restricts the ability to explore how these factors may influence women's perceptions, expectations, and satisfaction with pain management.

Overall, the study reveals a clear need for more personalized, culturally competent, and communication-centered care strategies that not only address physical symptoms but also consider the emotional, social, and demographic contexts of women's pain experiences. A more holistic and patient-centered model may contribute significantly to improving outcomes and fostering trust in pain management practices.

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