Special Article

Clearing Barriers in Cancer Pain Management: Roles of Nurses

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Abstract

Most of the cancer patients experience pain due to advanced stage diseases, treatment side effects or other acute/chronic conditions. Although today more than 90% of the patients are provided with adequate pain control with effective treatment methods, it is reported that pain is still not managed successfully. For the efficiency of pain treatment, it is fundamental to assess the pain systematically and overcome barriers related to patient/family, healthcare personnel or the system. Nurses are team members who have an active role at all stages of pain management such as pain assessment, healthcare planning, and setting institutional and clinical standards for the pain. In this review, barriers related to by patient/family, healthcare personnel, and the system in pain treatment and roles of nurses in clearing these barriers are discussed.

Key words: barriers, pain, nurses, management

Introduction

Pain is one of the most common problems in patients with cancer. It has been reported that 20-50% of the patients with cancer experience the pain at first admission; 30-40% of them experience the pain during the treatment; and 60-70 % of them experience the pain at terminal stage. Besides, 33% of the cancer patients whose treatment is finalized experience chronic pain (Brevik et al., 2009; Portenoy, 2010; Kuwon, 2014). Unrelieved cancer pain is one of the problems to be brought under control as it affects patient's physical, social and mental functions as well as a decrease in quality of life (Yamagishi et al., 2012; Kuwon, 2014). Adequate pain assessment and interdisciplinary team work can provide pain control and an increase in quality of life. However, in spite of the researches on pain management, written guides, medical and interventional methods, pain management is still inadequate (Kwon, 2014; Egan & Cornolly, 2013; Polomano et al., 2008). Inadequacy in pain management reveals patients' lack of knowledge and false beliefs regarding pain treatment as well as barriers caused by healthcare professionals who are responsible for relieving the pain. Barriers related to pain management are described under patient/family, healthcare personnel, and the system titles (Kuwon, 2014; Jacobsen et al., 2009; Egan & Cornally, 2013). We discussed roles of nurses overcoming these barriers.

Barriers related to patients

Patient's/Family's beliefs and attitudes towards cancer pain are substantial in pain management. One of the serious problems in pain management is patients' wrong attitudes towards the effects of analgesics (Kwon et al, 2014; Jerant et al., 2011). Patients have negative attitudes such as believing that analgesics cause addiction, being concerned about analgesics' detrimental effects, or fearing that they will tolerate more and more analgesics in time. Studies show that patients take medication only when they have pain and take under dose when they don't have pain due to their fears about addiction-tolerance to analgesics, false beliefs regarding side effects, and lack of knowledge on the treatment (Jerant et al., 2011; Jacobsen et al., 2009). These barriers hinder the efficiency of pain treatment and minimize the individual's adaptation to the treatment. Moreover, patients with fatalism philosophy think that their pain is untreatable and that applied treatment is not effective, so they

don't express that they are in pain. Other patients are unwilling to state that they have pain thinking they would get their doctors angry by complaining about the pain (Egan & Cornally, 2013; Jacobsen et al., 2010).

Overcoming these barriers, patients' knowledge and attitudes should be paid attention before attempting to control the pain. It is also reported that patient coaching should be implemented in pain assessment, overcoming false beliefs, and pain management (Jacobsen et al., 2010; Kwon, 2014; Fahey et al., 2008). It is stated that pain education given to the patients reduces pain level significantly, increases satisfaction in pain treatment, and prevents obstacles caused by patients. Thus, oncology nurses should play an active role in educating the patient/family about the pain and pain treatment (Kuwon, 2014; Bartoszczyk & Gilbertson-White, 2015). Nurses should give education to patients about pain management strategies, usage of pain scale, importance of taking analgesics regularly, causes of pain, and reporting the pain before it gets severe (Bennet, Bagnall, & Jose´ Closs, 2009; Vallerand Musto, & Polomano, 2011). While planning the pain management, nurses should include patients, and their families into the planning as well as encouraging patients join an environment where they can communicate freely when they feel the pain (Lani et al., 2004; Mehta et al, 2011; Fielding, Sanford, Davis, 2013; Gordon et al., 2005).

Patient's coping skills are closely related to overcoming the pain cognitively and behaviorally. Patient's medical history, accompanying other symptoms, and sociocultural characteristics have important place in coping with pain. Therefore, nurses should inquire about patient's and family's sociocultural background, beliefs, and applied coping methods (Gibson & Helme, 2001; Fielding, Sanford, & Davis, 2013).

After all, pain assessment is not an easy practice to control because the pain is subjective and reactions given to pain by individuals vary too much. Nurses should reinforce and encourage the behaviors relieving the pain, reduce the tendency to be addicted to analgesics, and strengthen the positive coping methods (Kuwon, 2014; Fielding, Sanford, & Davis, 2013; Vallerand, Musto, Polomano, 2011; Bartoszczyk & Gilbertson-White, 2015).

Barriers related to healthcare personnel

A comprehensive pain management deals with pain's physical, psychological, mental and sociocultural effects. Hence, a comprehensive assessment is quite important to provide adequate pain management (McCracken, 2015). However, healthcare personnel's inadequate assessment on patient's pain level, having general clinical judgments about pain, not using standard scales including multi-purpose pain assessment are among the basic obstacles caused by healthcare personnel (Devi, Tong, & Carbex, 2004; Manias, Bucknall, & Botti, 2005; Kuwon, 2014). In studies where nurses' and cancer patients' pain assessments are compared, it has been reported that oncology nurses take mostly verbal statements in consideration and don't use pain scales (Young, Horton, & Davıdhızar, 2006; Kuwon, 2014). Sloman et al. determined that pain scores estimated by nurses are lower than patients' scores (Sloman et al, 2005).

It has been pointed out that pain assessment tools which are standardized and which support the systematic assessment of the pain should be used to clear the obstacles in the process of pain assessment (Gordon et al., 2005; Young, Horton, & Davıdhızar, 2006). Standard pain assessment tools provide more reliable and valid assessment of this subjective symptom. While assessing patient's pain level, nurses should be open-minded and unprejudiced, they should show that they acknowledge the patient is in pain, and try to establish an empathetic relation (Vallerand, Musto, & Polomano, 2011; Dangizer, Prkachin, & Willer, 2000; Tait, 2018). Nurses should inquire about when the pain started, how often the pain recurs, factors that increase and reduce the pain, how long and how often the analgesics are used. Nurses should determine how much analgesics relieve the pain, whether the pain restricts daily activities, and the effects of symptoms such as sleep withdrawal, nausea, loss of appetite or depression on the patient. It is crucial to eliminate nurses' lack of knowledge on pain management. In the literature, it is ascertained that nurses getting trained on pain control use pain scales more, have increased knowledge level on pain assessment, and have less prejudices like opiophobia. Nurses are responsible for taking education on pain management and popularizing the research

results on pain management use (Vallerand, Musto, & Polomano, 2011; Gordon et al., 2005; Fielding, Sanford, & Davis, 2013).

Healthcare personnel's lack of experience and knowledge on pain treatment is among the top obstacles in front of pain control (Motov & Khan, 2009; Kuwon, 2014). Studies show that doctors and nurses generally have wrong or imperfect knowledge on basic principles of pain management, controlling side effects, addiction, tolerance, and dosage. Consequently, this situation leads to no use of opioids and less use of analgesic (Al Khalaileh & Al Quadre, 2012; Kuwon, 2014; Jacobsen et al., 2009). In Devi et al.'s study, reasons that prevent morphine usage in cancer patients' pain control have been stated as 53,1% respiratory depression, and 36,5% fear of addiction (Devi, Tong, & Carbex, 2004). In a study with 800 nurses, Edward et al. remarked that nurses have a lot of negative beliefs towards the usage of opioid (Edward et al., 2001). In order to provide an effective pain management, nurses should plan a 24-hour analgesic-focused care and set up mechanisms to assess analgesic treatment results continuously. Careful dosage titration and monitoring should be provided for prevention of potential side effects, and the treatment type where no tolerance is developed towards side effects should be adopted. It is vital to choose a suitable treatment method for the patient (Vallerand, Musto, & Polomano, 2011; Bartoszczyk & Gilbertson-White, 2015; Mahfudh, 2011). An individual treatment and care should be provided after the consideration of factors which contribute to the frequency of side effects (age, gender, comorbid disease). Lastly, healthcare personnel should be educated on pain control and opioid treatment; opioid's effective and safe use should be increased; side effects and misuse should be diminished (Fielding, Sanford, & Davıs, 2013; National Comprehensive Cancer Network (NCCN) Clinical Practice Guidelines, 2011; Gordon et al, 2015).

Pain, which is a multidimensional concept, is a physiological, psychological, cognitive and mental situation. Pain doesn't always reflect only the biological or physiological causes, but also patient's pain perception, beliefs, and cognition about the pain. Pain is a subjective experience that occurs in many different quality and severity. Accordingly, pain control process is run differently in every case (Prem et al., 2011; Sambo, 2010). During pain assessment, healthcare personnel's assessing the pain from only one perspective is one of the problems experienced in providing effective analgesic so nurses should assess pain in multidimensionality. Another reason for this situation is the fact that multidisciplinary team approach isn't used. With the team approach, pain can be brought under control in a shorter time and more effective way. Oncology nurses are responsible for coordinating care service working with health professionals with the aim of developing a multidisciplinary treatment plan (Young et al., 2006; Fielding, Sanford, % Davis, 2013; McCracken, 2015).

The fact that healthcare personnel don't use non-pharmacological methods with pharmacological treatment increases the dependency on analgesic treatments in coping with pain. Although there are studies showing the effectiveness of non-pharmacological methods such as progressive muscle relaxation, directed imagination, and massage in coping with the pain, it has been noticed that non-pharmacological methods are used little or not at all. Nurses should adopt and support the safe use of non-pharmacological attempts (Turk & McCarberg, 2015; Akyuz & Ozkok, 2012).

In conclusion, joint Commission Accreditation of Health Care Organizations (JCAHO), giving importance to safe pain management, has announced pain management as a patient right as well as an educational topic. NCNN (2011) pointed out that in case guidelines are implemented, monitored, and made specific to the patient, cancer pain of a vast majority of the patients can be brought under control effectively. Nurses should use their assessment and good communication skills, other care attempts like psychological support, and other non-pharmacological treatment methods in favor of the patients. And in this context, nurses should follow the current approaches and guides NCCN Clinical Practice Guidelines, 2011; Cohen et al., 2003; Gordon et al., 2005).

Barriers related to healthcare system

Among the basic obstacles caused by the system are insufficient repayment for pain management services and difficulties in obtaining opioids due to the restrictions in prescription. Besides, the fact that institutions don't use pain assessment scales, that there aren't guides on pain management, work-oriented business, giving lower priority to the pain, inadequacy in

palliative care organization, lack of psychosocial support services, unattainable analgesic mediation in rural areas are other obstacles (Egan & Cornolly, 2013; Kuwon, 2014).

Healthcare systems and professionals are responsible for adopting and monitoring institutional and clinical guides/principles related to pain management. Healthcare services should set up mechanisms to assess pain results of cancer patients continuously. Healthcare services and institutions should be altered in such a way that they can implement current knowledge and experience easily (Jacobsen et al., 2009; Kuwon, 2014). Nurses should interpret the pain holistically as members of an interdisciplinary team which is included in implementation, education, and research stages. To clear the systematical obstacles in pain treatment, nurses should play an active role in coordinating the teams, and specifying the institutional and clinical standards for pain (NCCN Clinical Practice Guidelines, 2011; Cohen et al., 2003)

Conclusion

Roles of the nurse in controlling the pain include elements such as believing the patient, assessing the pain, specifying the cause of the pain, planning the care service, implementing analgesic treatment to the patient, assessing the efficiency of the treatment, and assuring the treatment to be specific for the patient. Giving information and educating the patient, communicating with the patient, comforting the patient, supporting and guiding the patient, continuous education are only possible with a close cooperation and communication between the health team and the patient and patient's relatives. It is recommended that comprehensive pain assessment and pain treatment should be included in the curriculum of nursing education.

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