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# Australian survey of current practice and guideline use in adult cancer pain assessment and management: The community nurse perspective



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Received 7 May 2013; received in revised form 17 September 2013; accepted 5 November 2013

## KEYWORDS

Cancer;  
Clinical pathway;  
Community nurse;  
Pain;  
Palliative care;  
Survey

## Summary

**Background:** Cancer pain remains a major public health concern. Despite effective treatments being available to manage the majority of cancer pain, this debilitating symptom is frequently under treated. As cancer has become a chronic disease a range of health professionals, including community nurses in Australia are increasingly caring for people living with cancer related pain. Yet, little is known about community nurses capacity to assess and manage cancer pain in accordance with best available evidence.

**Objectives:** This study aimed to: identify the barriers and facilitators to adult cancer pain assessment and management as perceived by Australian health professionals; identify if cancer pain guidelines are currently used; identify barriers and facilitators to guideline use; and establish the need for Australian cancer pain guidelines. This article reports on community nurses' perceptions of managing cancer pain in the community setting.

**Methods:** A cross-sectional survey was administered online. Invitations were circulated via peak bodies and clinical leaders seeking the views and experiences of health professionals involved

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in caring for people living with cancer pain. Descriptive statistics were used to summarise the quantitative data, and thematic content analysis were used to describe the qualitative data.

*Results:* Sixty-two community nurses responded to the survey, representing 29% of the total sample. These participants reported high levels of adherence to accepted cancer pain management practices in their workplace, with 71% nominating the Palliative Care Therapeutic Guideline V.3 as being most frequently used to manage community patients' cancer related pain. Key barriers to effective cancer pain management in the community were: difficulties accessing non-pharmacological interventions (89%), lack of coordination by multiple providers (89%), and impact of distance on ability to access pain-related services for patients (86%).

*Conclusion:* A range of system, health professional and consumer barriers limit access to best available treatment in the community setting for people with cancer pain. A clinical pathway that gives step-by-step guidance on evidence-based practice along with an evaluation framework may be the best way of enabling community nurses to ensure their patients with cancer related pain have access to best available care.

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## Introduction

Community cancer care is growing in complexity (Kemp, Harris, & Comino, 2005; Vallerand, Musto, & Polomano, 2011). Community nurses are increasingly being called upon to take greater responsibility to assist people living at home with cancer to manage a range of symptoms, including pain (McKenzie, Boughton, & Hayes, 2007; Vallerand et al., 2011). Despite people living with cancer having frequent contact with a range of health providers (Momen, Hadfield, Harrison, & Barclay, 2013), their pain is frequently poorly controlled. It is currently estimated that 30–50% of people receiving cancer treatment and 70% of people with advanced cancer experience unrelieved pain, while pain persists for approximately 33% of cancer survivors (Deandrea, Montanari, Moja, & Apolone, 2008; Fisch, Lee, & Weiss, 2012; Foley, 2011; Stockler & Wilcken, 2012). Unrelieved cancer pain impacts adversely on the patient's everyday functioning, other symptoms, and their quality of life (Dalal & Bruera, 2013). Managing cancer related pain in the community is challenging (Vallerand et al., 2011) and requires an understanding of: the variable nature of cancer pain, its underlying aetiology, the current best evidence, self-management strategies and the skills requires to address a range of patient and carer concerns or misconceptions (Koller, Miaskowski, De Geest, Opitz, & Spichiger, 2012).

In Australia improving cancer pain outcomes is a national priority (Heading, Mallock, Sinclair, & Bishop, 2008; National Institute of Clinical Studies, 2008). The 2010 Australian National Pain Strategy (National Pain Summit Initiative, 2010) identified that a range of actions were required to ensure 'timely access to best-practice, evidence-based assessment and care'. The development and promotion of guidelines and systems to ensure adequate assessment and management of cancer pain, improved communication between patients and providers along with better coordination between providers are crucial areas for action. Many of these priorities could be readily addressed through the implementation of evidenced-based pain clinical practice guidelines as a vehicle for improving care processes and patient outcomes by supporting better clinical decision making (Brink-Huis et al., 2008).

Despite a number of international adult cancer pain management guidelines being available (National Comprehensive Cancer Network (NCCN), 2011), their uptake is limited by them not always being entirely transferable to the Australian health care context. While a large section of the Palliative Care Therapeutic Guidelines (Therapeutic Guidelines, 2010) is devoted to the management of cancer pain, there are no explicit Australian cancer pain guidelines. Unlike many of the international guidelines the Therapeutic Guidelines do not describe, evaluate or grade the evidence-base for the recommended interventions, but are derived from a consensus process.

Implementing cancer pain guidelines has been identified as challenging, with a recent systematic review finding that clinical pathways and expert consultation are two models more likely to increase guideline adoption and improve outcomes (Brink-Huis et al., 2008). Clinical pathways are standardised, evidence-based multidisciplinary management plans, which identify therapies, interventions, timeframes, milestones and expected outcomes which are widely accepted in the community. Regardless of the approach adopted, emerging evidence suggests a need to address patient, provider and system issues to increase adherence to best practice (Benson, 2008; Vallerand et al., 2011).

Understanding community nurses' current pain assessment and management practices and attitudes is critical for any efforts aimed at improving care outcomes for people experiencing cancer pain. Especially as community nurses collaborate with interdisciplinary team members to promote independence, self-management and adherence, improve patients and care givers' quality of life, and prevent unnecessary suffering (Kemp et al., 2005).

## Objectives

This study was designed to: (i) inform the understanding of barriers and facilitators to adult cancer pain assessment and management from different perspectives, including community nurses; (ii) identify which adult cancer pain guidelines are currently used by community nurses and to determine their level of support for new Australian specific guidelines and associated implementation strategies; and (iii) inform

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