



How nurses assess breakthrough cancer pain, and the impact of this pain on patients' daily lives – Results of a European survey



Tone Rustøen^{a,b,*}, Jenske I. Geerling^c, Theodora Pappa^d, Carina Rundström^e,
Isolde Weisse^f, Sian C. Williams^g, Bostjan Zavratnik^h, Yvonne Wengströmⁱ

^a Division of Emergencies and Critical Care, Department of Research and Development, Ullevål, Oslo University Hospital, Postbox 4956, Nydalen, 0424 Oslo, Norway

^b Lovisenberg Diaconal University College, Oslo, Norway

^c University Medical Centre Groningen, The Netherlands

^d Ag. Anargyri Oncology Hospital, Greece

^e Department of Oncology, Section of Cancer Rehabilitation, Karolinska University Hospital, Sweden

^f Eberhard Karls University Tübingen, Department of Gynaecological Oncology, Germany

^g Division of Health and Medical Sciences, University of Surrey, Guildford, Surrey, United Kingdom

^h Institute of Oncology, Ljubljana, Slovenia

ⁱ Karolinska Institutet, Department of Neurobiology, Care Science and Society, Division of Nursing, Huddinge, Sweden

A B S T R A C T

Keywords:

Breakthrough cancer pain
Assessment
Impact of pain
Pain management
Nurses
Cancer care

Purpose: To increase our knowledge of how nurses assess breakthrough cancer pain (BTCP); and whether they find it difficult to distinguish BTCP from background pain; how they estimate the impact of BTCP on patients' daily lives, and the factors that nurses consider to induce BTCP. Variations in their use of assessment tools and their ability to distinguish between different types of pain were also examined in terms of the number of years of oncology nursing experience and the practice in different countries.

Methods: In total, 1241 nurses (90% female) who care for patients with cancer, from 12 European countries, completed a survey questionnaire.

Key results: Half the sample had >9 years of experience in oncology nursing. Although 39% had no pain assessment tool to help them distinguish between types of pain, 95% of those who used a tool found it useful. Furthermore, 37% reported that they had problems distinguishing background pain from BTCP. Movement was identified as the factor that most commonly exacerbated BTCP across all countries. The nurses reported that BTCP greatly interfered with patients' everyday activities, and they rated the patients' enjoyment of life as most strongly affected. The use of tools and the ability to distinguish between different pains varied between European countries and with years of experience in oncology nursing.

Conclusions: The nurses reported that BTCP greatly interfered with patients' lives, and many nurses had problems distinguishing between background pain and BTCP. Nurses require more knowledge about BTCP management, and guidelines should be developed for clinical use.

© 2012 Elsevier Ltd. All rights reserved.

Introduction

Breakthrough cancer pain (BTCP) affects 19–95% of cancer patients (Zeppetella and Ribeiro, 2003). A Europe-wide survey found that as many as 63% of cancer patients who had been prescribed analgesics experienced BTCP (Breivik et al., 2009). The

prevalence of BTCP varies between patient groups, with more patients who were receiving palliative treatment reporting BTCP (Greco et al., 2011). One reason for the variations in the prevalence of BTCP may be that there are several definitions of BTCP (Caraceni et al., 2012). One of the most cited definitions was suggested by an expert group in 2009: "a transient exacerbation of pain that occurs either spontaneously, or in relation to a specific predictable or unpredictable trigger, despite relatively stable and adequately controlled background pain" (Davies et al., 2009).

Cancer patients with BTCP experience a significant negative impact on their daily lives (Fine and Busch, 1998; Fortner et al., 2002; Hwang et al., 2003; Portenoy et al., 1999; Zeppetella et al.,

* Corresponding author. Division of Emergencies and Critical Care, Department of Research and Development, Ullevål, Oslo University Hospital, Postbox 4956, Nydalen, 0424 Oslo, Norway. Tel.: +47 22 11 95 30.

E-mail address: tone.rustoen@ri-research.no (T. Rustøen).

2000). Psychological distress, activity, mood, walking, working, social relationships, sleep, enjoyment of life, and quality of life (QOL) are negatively affected by BTCP (Portenoy et al., 1999; Portenoy et al., 2010). For example, movement is reported to trigger BTCP in 20.4% of cancer patients (Portenoy et al., 1999). It is important to understand the factors that induce BTCP to provide nurses with the best information about patient pain and the best training in pain management (Davies et al., 2009). Breivik et al. (2009) found that 69% of cancer patients suffering pain reported pain-related difficulties with everyday activities, but their health-care professionals did not give their QOL priority in their overall care.

BTCP is hard to evaluate or to diagnose, and no tools for the assessment of BTCP have been fully validated (Haugen et al., 2010). To assess BTCP, it is necessary to identify its source and subtype (Bennett et al., 2005). Furthermore, understanding the impact of BTCP on a patient's QOL is important in determining the goals of treatment.

In successful pain management, a team with various professional backgrounds is likely to manage the patient's pain most effectively (Wilson, 2008). Nurses are an important part of that team, especially when patients are hospitalized, because nurses spend more time than other professionals with the patients throughout both day and night, administering medications and evaluating their pain management. Therefore, it is important that nurses feel confident in assessing BTCP and in administering the treatments prescribed. However, it has been shown that health professionals continue to lack knowledge about pain management in cancer patients (Howell et al., 2000; Jacobsen et al., 2009; McMillan et al., 2000).

The roles and functions of nurses in cancer care vary across Europe (Glaus, 2011). In many European Union countries, specialist nursing roles are not recognized, whereas in others, additional education and continuing professional development have led to the establishment of advanced roles (Schneider and Faithfull, 2011). The Bologna Process was implemented across Europe to ensure that study programs are compatible and comparable, to facilitate transparency and academic recognition at the European level (Faithfull, 2006).

To gain further insight into nurses who work with cancer patients and about their knowledge of and views on BTCP, we examined in this study how nurses assess BTCP and whether they find it difficult to distinguish BTCP from background pain. We also examined whether the use of an assessment tool and the ability to distinguish one pain from another were related to the number of years of oncology nursing experience, and whether they varied across countries. We also investigated the impact that nurses perceived BTCP to have on their patients' daily lives and their QOL, and the factors that nurses consider induce BTCP.

Methods

Before the study, the European Oncology Nursing Society (EONS) recruited a working group and a multidisciplinary advisory board. The working group consisted of six oncology nurses from Germany, Greece, the Netherlands, Slovenia, Sweden, and the United Kingdom (UK).

Participants and procedure

Nurses from 12 European countries who care for patients with cancer took part in an EONS survey on BTCP. The 12 countries selected to participate in the survey were the Czech Republic, Denmark, Finland, France, Germany, Greece, Hungary, the Netherlands, Norway, Slovenia, Sweden, and the UK. The way the

nurses were recruited to the survey varied slightly between countries. The nurses were recruited through the EONS website (www.cancernurse.eu) in all countries. Other related websites were also used to inform nurses about the survey, including the websites of the national oncology nursing societies or the National Pain Society (Sweden, UK). Invitations were also sent via email to nurses involved in cancer care (Norway), to head nurses in major hospitals (Slovenia), or to the relevant networks (the Netherlands). In some countries, nurses were informed about the survey at meetings and conferences (Sweden, Slovenia). No reminder was sent because the nurses were approached in different ways.

Instrument for data collection

The questionnaire was developed by the EONS Breakthrough Cancer Pain Working Group, with a multidisciplinary advisory board assuming the overall scientific responsibility. The questionnaire was developed from clinical experience and an overview of the literature, and the group held face-to-face and telephone meetings in addition to email contact to reach a consensus on the content of the questionnaire. Standardized steps in developing a survey were followed (Passmore et al., 2002). After a consensus was reached, the questionnaire was tested on nurses in cancer care in the different countries before use. The main aim of the pilot test was to determine whether the questionnaire was easy to understand and complete.

The final survey questionnaire, which consisted of 36 questions, was written in English and then translated from English into the local languages of the participating countries. Each translation was reviewed and approved by an oncology nurse in each of the participating countries. After the return of the survey responses, an experienced translation agency in the UK (RP Translate Ltd) considered each response to ensure its optimal translation to and from English.

Data collection procedure

Registered nurses who work with oncology patients were asked to complete an online questionnaire. EONS provided the online survey on its website and promoted the survey by involving the relevant national societies. Virtual Surveys Ltd, based in the UK, conducted the survey in close collaboration with members of the advisory board when the survey was sent to nurses involved in cancer care.

The questionnaire

The questionnaire elicited some background characteristics of the nurses, such as age, sex, and years of experience in oncology nursing (<1 year, 1–3 years, 4–6 years, 7–9 years, >9 years, or unknown). The nurses were also asked whether they saw patients with cancer (yes, no), approximately how many cancer patients they saw each month (no patients, 1–4 patients, 5–9 patients, 10–14 patients, 15–19 patients, 20–24 patients, 25–29 patients, or ≥30 patients), and in which division of oncology they worked. They were given fixed alternatives (see Table 1).

The instrument also included questions about pain management, pain assessment, the nurse's experience with BTCP, the characteristics of BTCP, the impact of BTCP, the treatment of BTCP, patient compliance, and the nurse's confidence in pain management. The present paper only reports the data about the nurses' assessments of BTCP, including their use of any tool to distinguish one type of pain from another, their ability to distinguish background pain from BTCP, and the impact of BTCP on their patients. Any variations in the use of tools to assess pain or in the nurses'

دانلود مقاله



<http://daneshyari.com/article/2649470>



- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات