



A European survey of oncology nurse breakthrough cancer pain practices

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A B S T R A C T

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Purpose of the research: Breakthrough cancer pain (BTCP) is a prevalent type of pain in which the nurse can play an important role in improving patients' pain symptoms and overall well-being. Nurses' experience with BTCP (number of patients, and estimates of severity and frequency), the treatment of BTCP (pharmacological and nonpharmacological treatments normally used), ratings of the importance of treatment factors, and reasons given for not advising patients to take strong painkillers are presented in the present paper.

Methods and sample: Nurses from 12 European countries, who cared for patients with cancer, took part in a survey. In total 1618 nurses were recruited and 1241 completed the survey questionnaire.

Key results: Almost 90% of the nurses were female, and 50.4% had >9 years of experience in oncology nursing. The majority of the nurses (47%) said that a patient typically suffered from BTCP 2–3 times a day, and the severity of the pain for the patients was described as severe by 75.5%. In all, 38.4% of the nurses were unaware that medications specifically intended for treatment of BTCP exist, and 57% reported that oral opioids were normally prescribed for BTCP at their workplace. While 38% said they did not use nonpharmacological treatments for BTCP, the most common treatment approach was positional change (used by 76.6%). The treatment varied between the European countries.

Conclusion: Patients do not receive the appropriate medical treatment for their BTCP. Nurses need better training about BTCP in general, and BTCP assessment and management specifically.

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Introduction

Breakthrough cancer pain (BTCP) is one of the most challenging aspects of cancer. As many as 86% of hospice cancer patients (Fine and Busch, 1998) and 63% of cancer patients with prescribed analgesics (Brevik et al., 2009) are reported to experience BTCP. BTCP is defined as 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). The presence of BTCP is associated with higher pain scores and has a significant negative impact on the quality of life of both patients and caregivers (Zeppetella, 2010).

BTCP is not a single condition, but a heterogeneous pain state. The precipitants and presentation of BTCP episodes can vary from patient to patient and from episode to episode, despite similar cancer diagnoses (Portenoy, 1997). Patients may experience differences in the onset duration and intensity of their BTCP episodes, as well as differences in the time between episodes (Portenoy and Hagen, 1990). Additionally, variations in the diurnal occurrence of BTCP have been observed in a study in which 86% of patients experienced BTCP episodes during the day and 45%

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experienced them during the night (Fine and Busch, 1998). A survey of cancer pain characteristics concluded that slight geographic differences of BTCP exist (Caraceni and Portenoy, 1999). Therefore, in addition to the varying prevalence of BTCP among cancer patients, the heterogeneity of BTCP episode presentation can add to management challenges associated with this pain type.

BTCP is recognized as a challenge for health-care professionals who care for patients with cancer (Davies et al., 2009). Because of the varying knowledge about assessing, diagnosing, evaluating and treating BTCP, BTCP management requires a comprehensive multidisciplinary approach and a combination of treatment strategies, which may include pharmacological and non-pharmacological treatment modalities (Zeppetella, 2011). Recently, a new range of opioids specifically designed for BTCP has been developed, but nonpharmacological strategies should be tried either before, or alongside, pharmacological therapy (Zeppetella, 2011). However, the use of both pharmacological and non-pharmacological treatments varies and is obviously not optimal, as patients still suffer from BTCP.

Nurses who work with cancer patients play an important role in managing BTCP. A European Oncology Nursing Society (EONS) survey of European oncology nurses was conducted to investigate nurses' experience with BTCP, and the treatment usually offered to patients with BTCP. The specific aims of the present study were to evaluate the following:

1. The nurses' experience with BTCP (number of patients with BTCP, and estimations of the severity and frequency of BTCP).
2. The treatment of BTCP (pharmacologic and non-pharmacological treatments) normally used.
3. Reasons for not advising patients to take strong painkillers, and nurses' ratings of the importance of the features of BTCP treatments.

Differences in the use of pharmacological and nonpharmacological treatments between different European countries were also examined.

Methods

Before the study, the 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

Nurses from 12 European countries, who cared for patients with cancer, took part in the EONS survey of 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 nurses were recruited through the EONS Web site (www.cancernurse.eu) and, in some countries, by invitation from the national oncology nursing society, or by email invitation to nurses involved in cancer care.

Instruments

The questionnaire was developed by the EONS Breakthrough Cancer Pain Working Group, with the multidisciplinary advisory board assuming the overall scientific responsibility. The questionnaire was developed from clinical experience and an assessment of the literature, and the group conducted face-to-face and telephone meetings to reach a consensus on the content of the questionnaire.

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 nurses. Each translation was reviewed and approved by an oncology nurse in each of the participating nurses' countries. After the return of the survey responses, an experienced translation agency in the UK (RP Translate Ltd) considered each response to ensure the optimal translation to and from English.

Procedure

Registered nurses who worked with oncology patients were asked to complete an online questionnaire. The EONS was responsible for providing the online survey at its Web site and for promoting 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.

Questionnaire

The questionnaire addressed some demographic characteristics of the nurses, such as the nurse's age, sex, years of experience in oncology nursing (<1 year, 1–3 years, 4–6 years, 7–9 years, >9 years, or unknown), and in which country they lived. The nurses were also asked which division of oncology they worked in, which they answered by choosing from a list of fixed alternatives (see Table 1).

The instrument also included questions on pain management, pain assessment, the nurse's experience with BTCP, characteristics of BTCP, impact of BTCP, treatment of BTCP, patient compliance, and the nurse's confidence in pain management. The nurses' experience

Table 1
Characteristics of the respondents (*n* = 1241).

	<i>N</i>	%
Sex		
Female	1003	89.5
Male	118	10.5
Age		
16–24 years	45	3.6
25–34 years	292	23.5
35–44 years	378	30.5
45–54 years	390	31.4
55–64 years	135	10.9
>64 years	1	0.1
Workplace		
Department of Oncology Surgery	72	5.8
Department of Radiation Oncology	93	7.5
Department of Medical Oncology	328	26.5
Department of Oncology Intensive Care	40	3.2
Outpatient oncology clinic	206	16.6
Children's clinic	13	1.0
Palliative care	126	10.2
Other	359	29.0
Don't know	2	0.2
Years of experience in oncology nursing		
<1 year	39	3.5
1–3 years	171	15.2
4–6 years	196	17.4
7–9 years	138	12.2
>9 years	568	50.4
Don't know	15	1.3
Number of patients seen with BTCP last month		
No patients	66	5.3
1–9 patients	798	64.4
10–19 patients	205	16.5
>20 patients	85	6.9
Don't know	82	6.6

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