



## Oncology nurse reflection on the necessity of a pain assessment tool for Indonesian cancer patients

Imami Nur Rachmawati and Yati Afiyanti\*

Faculty of Nursing, Universitas Indonesia, Depok, Jawa Barat, Indonesia

### KEYWORDS

Cancer pain;  
Oncology nursing;  
Pain assessment

### Abstract

**Objective:** The purpose of this study was to obtain an overview on nurses' opinions and perceptions related to pain assessment and other problems experienced in evaluating pain in cancer patients.

**Method:** This descriptive qualitative study was part of a series of studies to develop a pain assessment tool for cancer patients in Indonesia. Data were collected by semi-structured interviews from 16 oncology nurses. A cross-case comparison of the interview responses was used to analyze the data from verbatim interview transcripts.

**Results:** Six themes were identified: pain as the main complaint reported by cancer patients; pain assessment using a pain scale; an awareness of the absence of nurses' role in pain management; a lack of understanding of pain conditions; acknowledgement that a pain assessment tool should be practical and user friendly; and the need to develop a pain assessment tool. We also explored the knowledge of nurses in pain management and achieved an in-depth understanding of the nurses' desire to seek additional knowledge related to pain assessment.

**Conclusions:** A pain assessment tool should be developed to assist nurses to independently interpret data about pain and allow them to select or modify interventions consistent with the patients' needs. Pain management for cancer patients is one of the essential nurses' responsibilities in providing comprehensive meaningful nursing care.

© 2018 Elsevier España, S.L.U. Todos los derechos reservados.

## Introduction

Pain is one of the main complaints of most cancer patients<sup>1</sup>. The pain is caused by tumor infiltration into pain-sensitive anatomical structures, such as bone, soft tissue, muscles, nerves, viscera, and blood. Some pain arises from medical treatments, including surgery, chemotherapy or radiotherapy. Approximately 15% of cancer patients who require a neu-

rological assessment suffer from disturbing symptoms and neurological complications. Among them, pain is the most frequently reported complaint<sup>2</sup>.

Cancer patients usually have several different types of pain, including nociceptive and neuropathic pain<sup>3</sup>. Neuropathic cancer pain can result from nerve injury associated with neoplasm or anti-neoplasm therapy, such as a nerve or plexus that may be depressed or infiltrated by the tumor or

\*Corresponding author.

Email: yatikris@ui.ac.id (Y. Afiyanti).

damaged during surgery. Chemotherapy can cause axonal injury or changes in the axoplasm, and radiation injuries may lead to gliosis, fibrosis, and vascular disorders<sup>2</sup>.

Pain has been reported as the main reason many patients seek medical help, including those with cancer. The pain management needs of cancer patients should be considered by nurses when providing comprehensive nursing care<sup>4-9</sup>. However, nursing care in Indonesia does not include pain assessment practices that are appropriate to the culture and needs of Indonesian patients. Ideally, any pain assessment must be supported by an instrument that can measure all dimensions of pain.

Aspects that should be covered in a pain assessment instrument are pain intensity, the pattern of pain, treatment or mitigating factors, location, interference, quality, effect, duration, patient beliefs (attitude/coping strategies), and pain history<sup>10-13</sup>. Several instruments have been previously developed and have met the criteria of a good instrument. However, the experience of pain is not only physical but also psychological, socio-cultural, and environmental; therefore, it is necessary to use an instrument appropriate for the Indonesian context.

Various inventories that have been developed allow nurses to choose or modify them according to their needs. However, the ability of nurses and the characteristics of patients should be considered during the development of these instruments. Therefore, a study to develop a pain assessment instrument that involves nurses with considering the nurses and patient background should be conducted so that nursing professionals can easily use the instrument to assess pain and integrate the assessment in their nursing care. This study aimed to explore the different reflections of nurses who work in cancer or oncology care units. The reflections were associated with nurses' opinions and perceptions of pain assessment as well as other problems experienced by the nurses when performing pain assessments.

## Method

This descriptive qualitative study incorporated four phases of analysis: bracketing (ethical inquiry); analyzing (empirical examination); intuiting (personal insight), and describing (esthetics)<sup>14</sup>. The investigators set aside any preconceived ideas that might influence the data collection in the bracketing phase.

The investigation included 16 nurses who worked at the Cancer Hospital in Jakarta, Indonesia, and they were selected using a purposive sampling method. The study was approved by the Ethical Committee of the Faculty of Medicine at the Universitas Indonesia. All participants met the inclusion and exclusion criteria. A close relationship between the participants and the investigators was established. The participants received a detailed explanation about the study and provided written consent for their participation, including permission to record their statements. Next, the participants were asked to determine the time and place to conduct the interviews according to their wishes so that they would feel comfortable describing their experiences associated with the pain assessment. A cross-case comparison of the interview responses was applied to analyze the obtained data. The investigators later transcribed

all interviews into verbatim transcripts. Each participant approved his or her own verbatim transcript to ensure data accuracy. The data analysis was then followed by a four-step procedure using Giorgi's method as follows: the transcriptions were read and re-read to gain a sense of the whole meaning; meaningful units were isolated from the text of the interview; the data were then individually placed on index cards; and the investigators devised a coding system including categories, subcategories, and themes, which were extracted to create a structure<sup>15</sup>.

## Results

The age of participants varied from 22-45 years old, and their amount of work experience at a cancer hospital ranged between 2-15 years. Their educational backgrounds included a mixture of nursing diplomas and bachelor's degrees. Table 1 describes the characteristics of the participants in detail.

Six themes were generated from a variety of the participants' reflections, which included pain as the main complaint reported by cancer patients; pain assessment using a pain scale; an awareness of the absence of nurses' role in pain management; a lack of understanding of pain conditions; the realization that a pain assessment tool should be practical and user friendly; and the need to develop an appropriate pain assessment tool. However, these themes were interconnected with each other to provide an essential meaning of the nurses' reflection related to their experiences in pain assessment and the need to use a pain assessment instrument. Detailed explanations of the description of the themes are as follows:

1. Pain as the main complaint reported by cancer patients. All nurses stated that a pain assessment should be routinely performed and become one of their regular duties. The assessment should be carried out early when the patients are admitted to the hospital for the very first time. The nurses also said that there is a need to change their nursing practice, especially with regard to pain management, because pain is the main complaint reported by cancer patients. Here is one of the participants' statements:

"Ever since I've worked here, I have never found any patient who doesn't have a pain complaint... Well, most of them (the patients) have pain complaints, and in my opinion, the pain is a day-to-day experience. In general, I can say that pain is the primary complaint of cancer patients..." (P1).

2. Pain assessment using a pain scale. Some nurses said that to assess pain, they only used a pain scale. The patient's pain was classified using the numbers listed on that scale. However, some nurses assessed patient pain by measuring vital signs, observing body movements, and evaluating the anxiety experienced by the patients.

"We usually use a pain scale to identify how patients can feel pain... The patient just points to the numbers listed on the scale..." (P4).

Download English Version:

<https://daneshyari.com/en/article/8569000>

Download Persian Version:

<https://daneshyari.com/article/8569000>

[Daneshyari.com](https://daneshyari.com)