
THE PAIN EXPERIENCE AND ITS MANAGEMENT IN CANCER PATIENTS DURING HOSPITALISATION (IN NAMIBIA)

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ABSTRACT

There is a lack of information on the management of pain in cancer patients in Namibia. For this reason a survey was done to determine the pain experience of cancer patients during hospitalisation and their evaluation of the treatment thereof by nurses. Eighty-four (84) patients who have been diagnosed with cancer have been interviewed. It was found that 44 (53%) did not experience any pain, or if they did it was very seldom, while 18 (21.4%) experienced continuous pain.

It was also found that patients were not always encouraged to talk about their pain experience. Patients with pain were not always immediately attended to. The effect of the medication on the pain was also not always monitored.

Only 16 (19.2%) of the respondents indicated that they were informed about the side effects of the medication. Families were also not informed in the caring of these patients with regard to pain relief.

The findings indicated that there is a need for in-service education for nurses regarding the treatment of cancer patients with pain.

SAMEVATTING

Weens a gebrek aan inligting oor die hantering van pyn by pasiënte met kanker, is 'n opname gedoen na die pyn belewenis van pasiënte met karsinoom tydens hospitalisasie. Van die vier-en-tagtig (84) pasiënte, het 44 (53%) geen of minimale pyn ondervind tydens hospitalisasie, terwyl 18 (21.4%) deurlopende pyn ervaar het.

Die pasiënte is ook nie altyd aangemoedig om oor hulle pyn ervaring te praat nie. Daarbenewens is daar ook nie dadelik aan pasiënte met pyn aandag gegee nie. Na die toediening van die pyn medikasie is die effek ook nie altyd geëvalueer nie.

Slegs 16 (19.2%) van die deelnemers het aangedui dat hulle ingelig is aangaande die newe-effekte van die pyn medikasie. Die familie is ook nie altyd ingelig aangaande die versorging wat hierdie pasiënte tydens pyn nodig het nie.

INTRODUCTION

As a disease, cancer has been known throughout recorded history and is a major medical problem worldwide. It is recorded that seven (7) million new cases of cancer are diagnosed annually worldwide (Kodiath and Kodiath, 1992:189).

In Namibia 5637 new cases of cancer were reported during the years 1990-1994 (MOHSS Epidemiological report, 1996).

The main characteristic of cancer is that of uncontrolled growth, and spread to sites distant from its origin. Of the many symptoms that can arise in this situation, pain is the most prominent and often the most feared by the patients (Hoskin and Dicks, 1988:208).

Thus, pain is usually associated with cancer although not all patients who are diagnosed with cancer experience cancer pain. The World Health Organisation (WHO) estimates that 35 million people suffer daily from cancer pain (Diekelmann and Wasseur, 1991:314).

It is usually the presence of pain that contributes to the fact that suffering is associated with cancer (van Wyk, 1993:15). According to Hoskin and Dicks (1988:209), the pain associated with progressive cancer is different from the acute pain such as that due to trauma, headache or toothache.

Chronic malignant pain is a complex, multi-dimensional phenomenon. There continues to be considerable emphasis concerning understanding of basic mechanisms of pain and pain modulation (Kodiath and Kodiath, 1992:200).

According to Coyle (1987:259) the pain that a patient with cancer experiences is not only of the

tissue damage which is caused by the destructive processes, but also the psychological implications of multiple losses which the patient experience together with the possibility of death.

Pain of such an extent, also affects - according to Dant and Cleeland (1982:1913) the quality of the patient's life, his/her will to live and his/her cooperation in the treatment of his/her cancer. It is however, generally accepted that pain is an individual experience. For these reasons it is of utmost importance that palliative or active total care of patients with cancer is imperative to achieve the best possible quality of life for both patients and their families.

During their illness many patients are admitted to hospitals for treatment of their condition and pain relief. During their hospitalisation patients rely heavily on the intervention by nurses. This intervention depends to an extent on the knowledge and insight of nurses to assess pain, act accordingly and to evaluate pain relief.

PROBLEM FORMULATION

It is sometimes difficult to assess pain, however, many tools are available in the clinical practice to assess a patient's pain experience. Despite theoretical and empirical support few nursing units use standardised tools to assess pain.

Physicians and nurses frequently underestimate pain and inadequately prescribe analgesics (Faries *et al.* 1991:307 and Donovan, 1990:126). Today there is no shortage of effective analgesics and techniques. Despite major technological advancements, inadequate treatment of pain is a persistent problem documented widely in both medical and nursing literature.

One reason according to Engber (1986:58) and Lander (1990:15) is that it could be that most nurses and doctors are not trained to deal with pain alleviation.

Data concerning the management of pain of the cancer patient is important for the following reasons:

- To emphasise the importance of the aspect of caring by nurses with regard to pain management of cancer patients.
- *The results of the study could indicate areas that should be strengthened during training and education of professional nurses.*

RESEARCH QUESTION

The apparent dichotomy between modern technology, the cancer patients' experience of pain and the nurses' assessment and handling thereof has led to the following guiding question for this research:

How do cancer patients experience their pain, as well as the assessment, management and control thereof by nurses during hospitalisation?

Based on the research question the **purpose of the study** is to:

Qualify and correlate the pain experience by cancer patients, as well as their experience of the pain management/intervention by the nurses.

OBJECTIVES

The objectives of the study are to:

- Determine the intensity of pain experienced by cancer patients during hospitalisation.
- Determine how the nurses manage the pain experienced by these patients.
- Determine the post-pain medication evaluation being done by nurses.

- Determine if any pain relief techniques are being taught to these cancer patients.
- Determine if these cancer patients received any information by nurses on the pharmacodynamics of opioids.
- Determine if any "discharge" information is given to these cancer patients and their families.

CONCEPTUAL FRAMEWORK

The definition of pain used to direct this study was developed by the International Association for the Study of Pain. It states that "pain is an unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of damage".

The conceptual framework that guides this study is an adaptation of Laeser's model of the total pain experience. Nociception is the transduction and transmission of noxious stimuli. The pain experience is the integration of this sensory information with affective responses such as suffering or anxiety. The health care professional must respond to the individual's pain and that greatly affects that pain experience. This response can include the availability of appropriate analgesics and the knowledge and beliefs of the health care professionals who are assessing the patient's pain and providing the necessary drugs (Laeser, 1982:146).

CONCEPT CLARIFICATION

Cancer patient: Is a person suffering from some form of neoplastic pathology.

Nurse: In this study the term "nurse" implies a registered qualified professional person.

Pain: Pain is a subjective, highly individual experience that does not lend itself to direct quantification. In this study pain is defined as "whatever the experiencing person say it is, existing whenever the experiencing person says it does".

This definition is based on McCaffrey and Beebe (1993:8).

Experience: Incident that affects one (Oxford Dictionary, 1965:279).

Management: In this study "management" includes assessment and control of patients' pain experiences.

DESIGN

A survey was used to investigate the problem. The population consisted of all the cancer patients who have been hospitalised between January 1995 and December 1996 in the state and private hospitals in Windhoek (n=1 600).

A sample size of eighty four (84) was randomly selected and interviewed by a research assistant (sample size: 5%).

DATA COLLECTION

The information was obtained through a structured questionnaire (with closed ended questions), which was completed during a face-to-face interview. All the respondents were 18 years or older, the reason for this that they were able to communicate independently or by means of an interpreter. The research assistant was a member of the oncology department and understood the terminology and could therefore also act as an interpreter. The interviews were conducted between January 1997 and September 1997.

The questionnaire was developed by the researchers and the items were based on the objectives of the study and the specific information sought.

For the determination of face content validity the instrument was submitted to a medical practitioner in oncology who agreed to the relevancy of the content. A nursing lecturer in oncology also agreed to the face validity. A literature clearance also indicated content validity.

For reliability the questionnaire was submitted to three patients as part of the pilot study to complete, and after two weeks the same questionnaire was then re- submitted to them and the pre- and post-answers compared. In all the cases the pre- and post-answers were the same.

Early versions of the questionnaire were used as a trial run by letting the research assistant interview five patients who were not involved in the study. The interviews were monitored by one of the researchers.

Confidentiality and anonymity was ensured before written consent was obtained.

DATA ANALYSIS

Data analysis was done with the help of a statistician and the SPSS computer programme. The analysis was descriptive in nature.

FINDINGS AND RECOMMENDATIONS

Most of the respondents were between the ages of 40-49 year (21.4%).

The most prevalent type of cancer was breast cancer, 29.8% (n = 25) and cervical cancer 19% (n = 16). See table 1 for an outline of the most prevalent cancers

Table 1: Prevalent cancers

Type of cancer	f	%
Breast cancer	25	29.8
Cervical cancer	16	19.0
Stomach	8	9.5
Leukemia	8	9.5
Others	27	32.0
Total	84	100

Only two respondents indicated that they had been suffering from cancer for quite a long period, one for eleven (11) years and one for ten (10) years. Most of the respondents, 34.5% (n = 29), were diagnosed a year earlier.

Of the 84 respondents, 94% (n = 79) were hospitalised in state hospitals while only 6% (n = 5) were hospitalised in private institutions.

It was found that most of the respondents, 45.2% (n = 38), were hospitalised for more than four weeks. By implication it meant that there was enough time to assess and treat their respective conditions properly.

Findings concerning the objectives of the study.

Objective 1

To determine the extent of pain experienced during hospitalisation by cancer patients.

- 39.3% (n = 33) did expect to experience any pain.
- 53% (n = 44) did not experience pain or experienced pain very seldom.
- 21.4% (n = 18) did experience continuous pain.
- Most of the respondents, 79.8% (n = 67) were not encouraged to talk to nurses about their pain.
- 51.2% (n = 43) of the respondents were not encouraged to talk to their relatives about their pain.

Conclusion

The above-mentioned findings indicated that not all patients experience pain with cancer. According to Dugan, in McIntyre and Cioppa (1984:285), it is possible that cancer in its total cycle will never cause pain. Another reason, according to Nieweg (1994: 42), could be that patients only use the word "pain" if it was severe. It was also found that

patients were not encouraged to talk about their pain experiences.

Recommendations

- Methods should be identified to determine if a patient is experiencing pain when in effect the patient is denying it.
- Standards for pain assessment should be established.
- Assessment tools should be used to assess pain experience and pain relief.
- Student nurses should get the opportunity to assess cancer pain and plan the management thereof.
- Nurses should communicate with the patient and his/her family whenever necessary about the pain experience.

Objective 2

To determine how nurses dealt with the pain experience of cancer patients.

- 22.6% (n = 19) did receive immediate treatment after they had requested pain relief.
- 14.3% (n = 12) received pain relief without having to request it.
- 9.5% (n = 8) only received their pain medication when it was due according to the doctor's prescription.

According to the WHO freedom from pain should be seen as a right of every cancer patient (WHO, 1986:117). It seemed as if the nurses did attend to the patients needs with regard to their pain relief. The remaining patients either did not experienced any pain (41.7% /n=35), or did not respond to this question (3.6% /n= 3).

Conclusion

These findings correlate with the statements of concern in the literature, which stated that cancer pain continues to be under treated.

Recommendations

- When a high pain intensity rating is obtained, the nurse should be motivated to take action to relieve the pain.
- Management of pain is a multidimensional task and should involve application of pharmacological, cognitive and behavioural interventions.
- Individualised treatment programmes should be planned for each patient.
- Pain flow sheets or pain treatment records should be used in pain management.
- Policies to define the responsibilities for each professional involved in pain management should be developed.
- Standards of pain management should be used to assure high quality of care to patients with cancer pain.

Objective 3

To determine the post pain medication evaluation being done by nurses.

- 28.6% (n = 24) indicated 4 on the scale, which meant relief from pain to a certain extent.
- 16.7% (n = 14) had no relief of pain.
- 48.8% (n = 41) indicated that the nurses checked for the effect of the medication.
- From those respondents who still experienced some pain after the initial dose, 8.3% (n = 7) received a higher dosage.

Not all the patients had total relief of pain, which is their right. Not all the patients were monitored regarding their pain relief. Thus, it appears that all nurses have not established the goal for complete pain relief for their patients.

This links up with the findings of Cohen (1982:265), who discovered that only 3% of nurses stated complete pain relief as a goal in their pain

management.

Recommendations

- Patients should be informed about their rights with regard to satisfactory pain relief.
- Patients should be involved in their pain relief programme and should be educated about appropriate use of analgesics in pain control.
- Appropriate education to teach all health professionals how to treat pain should be a regular part of the orientation and ongoing educational programmes.

Objective 4

To determine if any pain relief techniques are being taught to these patients.

- It was indicated that not many other techniques are used in hospitals.
- The techniques mentioned as being demonstrated to them were:
 - Relaxation therapy- 21.4% (n = 8)
 - Guided imagery - 6% (n = 7)
 - Music therapy - 3% (n = 6)
 - Activity therapy - 14.3% (n = 12)

Conclusion

Pain relief techniques were not taught to the patients.

Recommendations

- A combination of techniques should be taught to these patients.
- Family members should be involved in the planning and implementation of pain relief modalities.
- Policies on new advanced techniques should be formulated, explained and implemented where necessary.

Objective 5

To determine if these cancer patients received any

information by nurses on the pharmacodynamics of opioids.

The findings showed the following:

- 19.2% (n = 16) were informed about possible side effects.
- 14.3% (n = 12) were informed about strategies to decrease side effects.
- 16.7% (n = 14) were informed about the possible causes of pain.

In a study that was done by Katjire (1995:169) 32% (n = 17) respondents did not have any knowledge about pain medication.

Conclusion

Not all patients were informed about side effects of the medication, strategies to decrease side effects and possible causes of pain.

Recommendations

Patients should be informed about side effects, strategies to decrease side effects and possible causes of pain.

Objective 6

To determine if any "discharge" information is given to cancer patients and their families.

- 42.9% (n = 36) of the respondents were informed when and how to self-administer pain medication.

This correlates with a study that was done by Katjire (1995:170) where it was found that only 3.8% of patients were informed during discharge on care related to pain management.

Conclusion

Not all patients or their families were given discharge information. This conclusion correlates with a study done by Katjire (1995) where it was found that only 2.4% (n = 2) of respondents were

informed during discharge on several aspects of care.

Recommendation

- Patients and their families should receive health education and information on all the concerned aspects before discharge.
- Nurses should create an environment for the exploration of concerns by encouraging dialogue that enables patients and their families to work out their own pain situation.

FINAL CONCLUSION

Although the topic of pain relief has been dealt with for a great many years, it was found in this study that optimum pain relief for cancer patients has not been reached yet.

LIMITATIONS OF THE STUDY

Limitations applicable to this study are the participant effects, sample size and data collection method.

- Participant effect:
Although the assumption was accepted that the respondents would answer the questions honestly, they might have given the answers they thought the interviewer expected.
- Sample size:
Only a 5% sample was selected from a population of 1600.
- Data collection:
The use of the structured interview could have limited the opportunity for the respondents to express their real feelings and emotions.
- Research design:

A qualitative approach where patients' experiences are explored would probably have been more applicable for this study.

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