Title:
Cancer Pain Management by Nurses Working at Prefectural Core Cancer Hospitals

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Session Title:
Clinical Posters Session 2

Keywords:
nursing care related to cancer pain, cancer pain and pain assessment

References:

Kayo Hirooka, Mitsunori Miyashita, Tatsuya Morita. Regional Medical Professionals’ Confidence in Providing Palliative Care, Associated Difficulties and Availability of Specialized Palliative Care Services in Japan. Japan Journal of Clinical Oncology. 44(3)249-256 2014

Abstract Summary:
Nurses conducted cancer pain assessment; intervention to confirming pain levels and provision of appropriate pain medication well, however, they did not fully attend to the pattern of pain and patients’ feelings and did not perform enough physical or psychosocial intervention nor confirmed patients’ perception towards medical professionals.

Learning Activity:

<table>
<thead>
<tr>
<th>LEARNING OBJECTIVES</th>
<th>EXPANDED CONTENT OUTLINE</th>
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<tbody>
<tr>
<td>The learner will be able to know the assessment item of cancer pain.</td>
<td>The assessment item of cancer pain is the location of the pain and the level of the strongest pain.</td>
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<tr>
<td>The learner will be able to know the nursing care related to cancer pain in Japan.</td>
<td>The nursing care related to cancer pain is recreational activities, deep breathing, or progressive muscle relaxation.</td>
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Abstract Text:

[Background] Cancer is the leading cause of death in Japan and 30 – 70% of people diagnosed with cancer experience cancer pain. Overseas research on the usage of cancer pain treatment using the WHO guidelines showed that the effects of analgesia were reported in 70 to over 80% of patients. However, in Japan the effect of pain therapy was reported in less than 60% of diagnosed patients. Causes include a failure to objectively rate pain; the effects and side effects of pain medicine are poorly understood; accurate data is not collected, and that pain assessment is infrequently conducted.

[Purpose] The study aimed to clarify the status of cancer pain management by nurses who work at prefectural core cancer hospitals in Japan.
[Methods] We targeted 1,762 nurses who work at general ward in cancer hospitals and distributed the questionnaires we developed between September and November, 2015. The questionnaires comprised 11 items on basic attributes, 44 items on cancer pain assessment, 33 items on nursing care, and 10 items on collaboration with palliative care professionals.

[Results] The response rate was 74.5% (1,313/1,762) and the number of valid responses was 1,133 (64.3%). For the cancer pain assessment, more than 90% of participants confirmed the location of the pain and the level of the strongest pain, and about 90% of them used a pain assessment tool. Over 80% of participants conducted ongoing assessment of pain medicine. In regards to nursing care related to cancer pain, over 90% explained to patients that they do not need to endure the pain and when they have acute pain that there are medications which will relieve the pain. As to collaboration with palliative care professionals, over 80% stated nurse managers are willing to collaborate. However, types of pain and levels of patient pain were not well-assessed. The majority of participants did not include recreational activities, deep breathing, or progressive muscle relaxation in their nursing care, and did not ascertain patient perception of medical professionals. In collaboration with palliative care professionals, there was no clear role demarcation between nurses in general ward and palliative care professionals, and nurses did not know when and in what circumstances they should consult with palliative care professionals.

[Discussion] The high percentage of pain assessments undertaken is considered to be related to high usage of the pain assessment tool. Whilst most participants reported widespread use of the pain assessment tool ongoing assessment and guidance for pain medicine were well performed and nurses confirmed the level of pain and understood that it is important to provide appropriate medication. In contrast, nurses did not fully understand the importance of physical and psychosocial intervention and confirmation of patients’ perceptions. Collaboration with palliative care professionals needs to be improved by clarifying roles and informing nurses about criteria for consulting palliative care professionals. It is required to provide general nurses with further information especially on requirements for best practice nursing care for people with cancer through in-service sessions and conferences presentations.

[Conclusion] Nurses conducted cancer pain assessment; intervention to confirming pain levels and provision of appropriate pain medication well, however, they did not fully attend to the pattern of pain and patients’ feelings and did not perform enough physical or psychosocial intervention nor confirmed patients’ perception towards medical professionals.