Nurse Coaching to Explore and Modify Patient Attitudinal Barriers Interfering With Effective Cancer Pain Management

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Purpose/Objectives: To describe a complex coaching intervention to help patients with cancer pain explore beliefs and attitudinal barriers interfering with pain management. Patients were coached to explore beliefs about pain, communications about pain management, and the use of analgesics and nonpharmacologic interventions.

Data Sources: Published journal articles, abstracts, and psychology textbooks.

Data Synthesis: Personal beliefs, related attitudinal barriers, and associated behaviors impede patient adherence to and success with pain management treatments. Interventions targeting beliefs help patients overcome attitudinal barriers, improve treatment adherence, and obtain better pain relief.

Conclusions: Coaching patients to explore beliefs reduces ineffective behaviors and improves pain treatment adherence.

Implications for Nursing: A coaching intervention incorporating assessment of patient beliefs promotes self-management, self-efficacy, and adherence to pain management treatment plans. Advanced practice nurses should consider incorporating this intervention into their communications with patients experiencing cancer pain.

Key Points . . .

- Unrelieved cancer pain remains a significant problem for many patients with cancer despite numerous and varied treatment options.
- Research has demonstrated that attitudinal barriers can interfere with adherence to pain management treatment plans.
- Nurse coaching that incorporates techniques of motivational interviewing with an understanding of behavioral change theory can address attitudinal barriers effectively and improve treatment adherence and pain relief.

Unrelieved pain remains a significant problem for many patients with cancer despite the availability of numerous treatment options. Studies have shown that unrelieved pain has negative consequences on patients' and family caregivers' mood, functional status, and quality of life. However, patients with cancer are reluctant to report pain and to take opioid analgesics (American Pain Society, 2003; Cleeland, 1998; Jacox et al., 1994a)

Patients' personal beliefs and concerns about pain and its treatments and communicating with healthcare providers can negatively influence treatment adherence and pain management. When beliefs about pain interfere with managing pain, patients may have an attitudinal barrier to some aspect of pain management. Fears of addiction, feelings of stoicism, and desires to please providers have been associated with underuse of pain medication and inadequate pain relief (Jensen, Turner, Romano, & Karoly, 1991; Paice, Toy, & Shott, 1998; Riddell & Fitch, 1997; Turk & Rudy, 1992; Ward et al., 1993; Ward & Gatewood, 1994; Williams & Keefe, 1991; Williams & Thorn, 1989). In addition, Ward et al. found a positive correlation between high attitudinal barrier scores and high pain intensity scores.

In recent years, experts have developed clinical practice standards and guidelines for the treatment of pain in general and cancer pain in particular (American Pain Society, 2003, 2006; Department of Veterans Affairs, 2001; Jacox et al., 1994a; National Comprehensive Cancer Network, 2007; World Health Organization, 1996). Although these treatment guidelines provide valuable information for healthcare

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