

Improving the Pain Experience for Hospitalized Patients With Cancer

Suzanne M. Cowperthwaite, DNP, RN, NEA-BC, and Sharon L. Kozachik, PhD, RN, FAAN

PURPOSE: To determine the effect of an evidence-based Pain Stoppers bundled intervention on pain management satisfaction scores and actual pain intensity scores of hospitalized patients with cancer, as well as nurses' knowledge and attitudes on pain.

PARTICIPANTS & SETTING: Participants and nurses took part in a preintervention group (n = 173 and 11, respectively) and a postintervention group (n = 157 and 9, respectively) at a National Cancer Institute–designated comprehensive cancer center.

METHODOLOGIC APPROACH: A pre- and postintervention design was used. Evidence-based strategies included staff education, improved staff communication, adoption of caring behaviors and timely responses, improved patient education, and efforts to maintain patients' analgesic levels.

FINDINGS: Patient satisfaction with staff improved from preintervention to postintervention. No statistically significant differences were noted in actual pain intensity scores between the groups; however, fewer patients in the postintervention group received chemotherapy within 30 days, and more were admitted for symptom management versus chemotherapy administration. In addition, no difference was noted between RN group scores, although there was statistically significant improvement on individual questions in the postintervention group.

IMPLICATIONS FOR NURSING: Implementation of a Pain Stoppers bundled intervention may be effective in improving the pain experience for hospitalized patients with solid tumor cancers.

KEYWORDS pain; pain intensity; patient education; quality improvement project; patient satisfaction

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Pain is a significant and multidimensional problem for patients diagnosed with cancer. The National Comprehensive Cancer Network ([NCCN], 2018) adult pain guidelines advise providers to consider hospitalization of patients suffering from “acute, severe pain, or pain crisis” (p. MS-7). Cancer pain has several potential causes. Most often, pain is caused by tumor burden, but cancer treatments and unrelated comorbid conditions may also produce pain (American Cancer Society, 2018). Inadequate management of cancer pain denies comfort and acceptable quality of life, and may even reduce survival (NCCN, 2018). Cancer pain may produce emotional distress, with prolonged duration and higher pain intensity associated with depression (National Cancer Institute, 2018). Patients with cancer may fear addiction, developing tolerance, side effects, or the implications of needing opioid analgesics (National Institute for Health and Care Excellence, 2016). These many features of cancer pain affect the patient's pain experience and the professional caregiver's ability to influence this experience.

The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey (Centers for Medicare and Medicaid Services, 2017; Giordano, Elliott, Goldstein, Lehrman, & Spencer, 2010) sought to measure patient satisfaction with pain management by asking discharged patients requiring pain medication during their admission to answer always, usually, sometimes, or never to two pain-related questions: “How often was your pain well controlled?” and “How often did the hospital staff do everything they could to help you with your pain?” Composite pain satisfaction HCAHPS scores on an adult medical oncology inpatient unit caring for patients with solid tumors was 58% from May to July 2017, indicating an opportunity to reduce suffering in this vulnerable population. Nurses, in the role of patient caregivers, advocates, and educators, are in a unique position to influence the pain experience of individuals with cancer; therefore, an