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Pain Severity, Satisfaction With Pain Management, and Patient-Related Barriers to Pain Management in Patients With Cancer in Israel

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Cancer pain is a worldwide problem in developing and developed countries (Davis & Walsh, 2004), including Israel (Cohen, Musgrave, McGuire, et al., 2005; Shvartzman et al., 2003). In their examination of the incidence of pain in three Israeli oncology clinics, Shvartzman et al. (2003) reported that 42% of the patients were experiencing moderate to severe pain and 36% were undermedicated. In a large pan-European study, 88% of patients with cancer contacted in Israel reported that they had experienced pain several times a month or more (Breivik et al., 2009). In an effort to improve cancer pain control, the oncology nursing management of a leading Israeli hospital began designing quality assurance and improvement programs. This article describes a survey study conducted for this purpose.

Background

The American Pain Society recommended patient involvement as a primary focus for improving the quality of cancer pain management (Gordon et al., 2005). Patient satisfaction measures also have an important function in evaluating the effectiveness of pain management (Ward & Gordon, 1994). In addition, pain intensity in patients with cancer has demonstrated a significant relationship with how clinicians treat pain (Lin, 2000; Panteli & Patistea, 2007). This notion supports the initial strategy of nursing service to assess pain severity and satisfaction with pain control among patients with cancer. However, literature on Israeli patients with cancer and satisfaction with their pain control is lacking.

Patients' beliefs about reporting pain and using analgesics have an important function in their pain levels (Vallerand, Templin, Hasenau, & Riley-Doucet, 2007) and

Purpose/Objectives: To examine pain severity, satisfaction with pain management, and patient-related barriers to pain management among patients with cancer in oncology units at a teaching hospital in Israel.

Design: Descriptive, cross-sectional, correlational design.

Setting: Oncology, hematology, and bone marrow transplantation (BMT) departments; oncology, hematology, and BMT daycare units; and a radiation department in an Israeli hospital.

Sample: Nonprobability convenience sample (N = 144) of ambulatory (n = 76) and hospitalized (n = 68) patients experiencing pain in the past 24 hours.

Methods: Patients who had experienced pain in the past 24 hours completed the Revised American Pain Society–Patient Outcome Questionnaire, the Barriers Questionnaire–Short Form, and a demographic data questionnaire.

Main Research Variables: Pain severity, satisfaction with pain management, and patient-related barriers to pain management.

Findings: A significant inverse relationship was observed between patients' pain severity and their expectation of pain relief. Less-educated patients had significantly higher pain severity scores. Ambulatory patients waited longer for their pain medication than hospitalized patients. The greatest barriers to pain control were fear of addiction and the notion that medication should be saved in case the pain gets worse. In addition, ambulatory patients had higher pain barrier scores than hospitalized patients.

Conclusions: The relationship between pain severity and the expectations of patients with cancer regarding pain relief indicate that patients' expected outcomes and barriers may impede optimal pain relief. This study also identified areas of possible weakness within the hospital's pain palliation program.

Implications for Nursing: Nurses should assess for patients' expectations and barriers that could impede pain relief and provide appropriate interventions.