

Interventions for Nurse-Related Barriers in Cancer Pain Management

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Pain often accompanies cancer, and an estimated 60%–85% of patients with advanced cancer will experience pain during the disease process (Kwon, 2014). According to the Institute of Medicine (IOM, 2011), pain affects function and quality of life, increases the use of healthcare resources, and contributes to loss of productivity. Therefore, effective pain management is critical for patients with cancer.

The healthcare system, healthcare providers, caregivers, and patients all play a role in creating barriers to effective pain management. The barriers that affect nurses have been well documented and include inadequate education about pain mechanisms and types of pain medications, the importance of proper pain assessment and documentation, a persistent suspicion about drug-seeking behaviors among opioids users and/or fear of over-sedation, and lack of specialists (Kwon, 2014). In a review of barriers to pain management, Fishman et al. (2013) noted that “inadequate education of health care professionals is a major and persistent barrier to safe and effective pain management” (p. 973). Nurses have inadequate education about how to manage different kinds of pain, how to combine various pain medications, and how to manage side effects such as constipation or nausea. Healthcare providers may be knowledgeable about pain assessment, but the knowledge may not be reflected in their behaviors and actions (Kwon, 2014). For example, nurses may not provide aggressive pain management—even though they know how to—when they are busy with other nursing cares.

Several interventions have been attempted (All & Huycke, 1999; Fishman et al., 2013; Kwon, 2014) to address provider-related barriers—particularly lack of knowledge, negative attitudes, and lack of specialist consultation—in cancer pain management. The initial goal of the current review was to describe studies of interventions aimed at overcoming nurse-related barriers to pain management for older adults (aged 65 years and older) with cancer. However, no studies were

Purpose/Objectives: To describe the findings and critique the studies of interventions for nursing staff to improve pain management in adults with cancer.

Data Sources: Publications were identified through database searches. Studies that describe interventions to overcome nurse-related barriers in cancer pain management practices were included in this review.

Data Synthesis: Nine studies were found that met the inclusion criteria. All studies were experimental and conducted from 1993–2013.

Conclusions: Increase in knowledge, change of attitudes and behaviors, and good relationships with specialists were found to be influential in overcoming existing nursing barriers to pain management in cancer survivors. Educational interventions are more effective in increasing knowledge than in improving attitudes. Specialists were acknowledged as important resources and role models for nurses, particularly when trust was established between the two.

Implications for Nursing: A number of interventions have been developed to address healthcare provider barriers. However, scarce literature exists on whether interventions that aim to overcome nurse-related barriers have been successful. This literature review provides critical insights on the effectiveness of interventions aimed to overcome barriers to effective pain management by nurses for adults with cancer.

Key Words: cancer; pain; nurses; interventions; literature review

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found that exclusively focused on nurses who cared for older adults with cancer. Therefore, the purpose of this literature review was to describe the effectiveness of interventions aimed at overcoming barriers in nursing when providing pain management to adults with cancer.

Data Sources

Comprehensive literature searches were conducted, with the help of a medical librarian using the PubMed, CINAHL®, PsycINFO®, Scopus, and ProQuest Dissertation and Theses databases. The following key words