

# A Descriptive Survey Study of Patient Needs and Preferences for Cancer Pain Self-Management Support

Alice Jane Anderson, BA, BSN, MSN, OCN®, PhD, Angela Starkweather, PhD, ACNP-BC, CNRN,  
Xiaomei Cong, PhD, RN, FAAN, Wanli Xu, PhD, RN, Michelle P. Judge, PhD, RD, CD-N,  
Dena Schulman-Green, PhD, Yiming Zhang, MS, Andrew L. Salner, MD, and Ellen A. Dornelas, PhD

**OBJECTIVES:** To characterize the needs and preferences for pain self-management support (SMS) among patients with cancer during the transition of cancer care from the hospital to the home setting.

**SAMPLE & SETTING:** 38 participants with cancer pain at a research-intensive cancer center in New England.

**METHODS & VARIABLES:** A descriptive, cross-sectional survey study was conducted to investigate relationships among preferred and received support, extent and management of transitional change, and pain outcomes. Pain intensity and interference were measured using the Brief Pain Inventory–Short Form, transitional change was measured using the Measurement of Transitions in Cancer Scale, and SMS was measured using dichotomous questions.

**RESULTS:** About half of participants reported concordance between preferred and received cancer pain SMS in the hospital and at home. The extent of transitional change in cancer care was found to be a significant predictor of average pain intensity in the hospital and pain interference at home. Satisfaction with cancer pain SMS was a significant predictor of pain intensity at home.

**IMPLICATIONS FOR NURSING:** The extent of change during care transitions should be considered when fulfilling patient needs and preferences for cancer pain SMS to optimize outcomes.

**KEYWORDS** self-management support; needs; preferences; cancer-associated pain; care transitions  
**ONF, 49(1), 46–57.**  
**DOI** 10.1188/22.ONF.46-57

Cancer pain, which can occur because of the cancer itself and/or its treatment, is reported by patients as one of the most distressing symptoms throughout survivorship. A study by van den Beuken-van Everdingen et al. (2016) indicated that the prevalence of undertreated cancer pain is 40% after treatment, 50% during treatment, 66% in advanced disease, and 51% in all phases, with a 38% prevalence of moderate to severe pain that persists despite clinical guidelines, interventions, and pain medications. Factors of undertreated cancer pain are complicated and include the healthcare system, providers, and patients (Scarborough & Smith, 2018). Readmission rates as high as 25% are common among adults with advanced cancer who report uncontrolled pain (Solomon et al., 2019). Kötzsch et al. (2015) found that 40% of participants reported problems with coordination of care when transitioning from the hospital to home. Higher readmission rates among those discharged home with help also suggest that the current process of transitioning care to home may not be addressing patient health needs sufficiently. Transitions in cancer care, whether because of changes in treatment, disease status, or setting (Chick & Meleis, 1986), can influence how patients manage their cancer pain. Because undertreated pain is one of the primary reasons for hospital readmissions, appropriate treatment of pain could reduce individual and economic burdens related to readmissions, improve pain outcomes, and increase quality of life (Sinatra, 2010).

Pain self-management is an important part of treatment because cancer pain occurs most often in the home setting. Cancer pain self-management is designed to facilitate improvement in pain outcomes; however, little is known regarding patient needs and