

Improving Cancer Pain Management by Homecare Nurses

April Hazard Vallerand, PhD, RN, Cheryl Riley-Doucet, PhD, MEd, RN,
Susan M. Hasenau, MSN, RN, CNNP, and Thomas Templin, PhD

Purpose/Objectives: To demonstrate the effects of a program, directed at homecare nurses, of structured educational interventions on the management of pain and opioid-related side effects in homecare patients with cancer.

Design: A longitudinal multilevel, randomized, controlled clinical trial.

Setting: Midwestern region in the United States.

Sample: 202 nurses caring for patients with cancer recruited from homecare agencies.

Methods: The two-tiered educational program focused on basic and advanced pain management strategies, particularly in the area of pharmacologic options and assertive communication skills. Instruments used were the Nurses' Knowledge and Attitudes Survey Regarding Pain, the Barriers Questionnaire, Perception of Control Over Pain, and a demographic questionnaire.

Main Research Variables: Knowledge and attitudes about pain management, barriers to pain management, and perception of control over pain.

Findings: Nurses in the intervention group had a significant increase in their knowledge, a more positive attitude about pain management, fewer perceived barriers to pain management, and an increase in perceived control over pain compared to the nurses who did not receive the intervention.

Conclusions: The educational program Power Over Pain has beneficial effects for homecare nurses caring for patients with cancer pain.

Implications for Nursing: A need exists for homecare nurses to gain more insight into pain management strategies and enhance their advocacy skills to improve pain management for patients with cancer treated in the home.

Cancer-related pain often is undertreated despite the availability of effective interventions (Agency for Healthcare Research and Quality, 2002). Although educational programs have been presented regarding cancer pain management, mastery of this content and its use in practice by nurses has not been achieved (Elliott et al., 1997). Numerous factors have affected these results, including the contribution of analgesic side effects to poor analgesic outcomes, the need for individual performance feedback, and the limitation of a single, rather than longitudinal, measure of outcomes.

The purpose of this study was to determine the effects of the two-tiered education program, Power Over Pain (POP), that was targeted to homecare nurses who manage pain and opioid-related side effects in patients with cancer-related pain. In addition to formal instruction, a pain management specialist offered individual feedback to participants throughout their six months in the study. The intervention was based on the belief that for nurses to change practice in pain management, two main areas of expertise are required: (a) Nurses must be

Key Points . . .

- ▶ Effective interventions for cancer-related pain exist, yet pain often is undertreated.
- ▶ Nurses, especially those in home care, must become experts in pain management and communication to advocate for their patients.
- ▶ Education interventions increase nurses' knowledge and attitudes regarding pain, decrease barriers to pain control, and can help nurses reduce their patients' perception of pain.

experts in pain management strategies, particularly in pharmacologic options, and (b) nurses must have the communication skills to present viable options in an acceptable manner to physicians, pharmacists, patients, or caregivers. This article reports on a two-year study of the effectiveness of this intervention from a larger, ongoing research study involving nurses, patients, and caregivers.

Literature Review

Impact of Cancer-Related Pain on Homecare Management

Family members are caring for patients at different stages of cancer in the home in increasing numbers (Pasacreta & Barg, 1998). Although the control and management of cancer are within the domain of healthcare professionals, the control and management of symptoms related to disease are shared by healthcare professionals, caregivers, and patients.

April Hazard Vallerand, PhD, RN, is an assistant professor in the College of Nursing at Wayne State University in Detroit, MI; Cheryl Riley-Doucet, PhD, MEd, RN, is an assistant professor in the School of Nursing at Oakland University in Rochester, MI; Susan M. Hasenau, MSN, RN, CNNP, is a doctoral candidate in the College of Nursing at Wayne State University and an associate professor in the Department of Nursing at Madonna University in Livonia, MI; and Thomas Templin, PhD, is an assistant professor in research in the College of Nursing at Wayne State University. Funding for this study was received by a grant from the National Cancer Institute (#1 K22 CA87713). (Submitted October 2003. Accepted for publication October 13, 2003.)

Digital Object Identifier: 10.1188/04.ONF.809-816