Concept Analysis of Cancer Pain

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**Introduction**

Pain is a dominant sensation and common human experience (Montes-Sandoval, 1999). Pain is also one of the most common symptoms experienced by a person with cancer, and can drastically decrease quality of life and impact patient satisfaction (Rieger, 2000). Pain in patients with cancer may be caused by pharmacological treatments or from the disease itself and can disturb patients’ quality of life. The importance of understanding the concept of pain in cancer patients is significant for individuals in the health care industry, and particularly nursing, in order to deliver the best possible level of care (Rieger, 2000).

Advance practice nurses are directly involved in patient care and are largely responsible for the assessment and treatment of pain in cancer patients (Chapman, 2011). In order to implement a good pain management plan, nurses need a comprehensive understanding of the concept of pain in cancer patients. The increased understanding of pain in cancer patient by nurses will result in better nursing care and a more therapeutic relationship between nurse and patient (Matzo, 2008).

**Clinical Scenario**

Cancer pain can impact the lives of patient’s in multiple ways. An example of the effects of cancer pain can be related with a clinical scenario. CJ is a 73 year-old male with Hodgkin’s Lymphoma. CJ has gone through multiple rounds of chemotherapy and surgery to treat the cancer, but the cancer remains. CJ states that his pain is “fine”, but the nurse notices he has not eaten breakfast or lunch. CJ also refuses to leave his room and just wants to stay in bed. His respirations, pulse, and blood pressure are increased. The nurse notes facial grimacing and guarding and sees that CJ is diaphoretic and tense. CJ also refuses visitors. It is important for the nurse to identify that CJ is in fact experiencing pain. The pain CJ experiences effects not only his
physical comfort level, but also his nutritional status, social health, and vital signs. Once the nurse has appropriately identified the pain, even though the patient states the pain is “fine”, education and adjustment of treatment should occur. The nurse should educate CJ to become an active participant in his pain management and create a partnership with an effective pattern of communication with the nurse so that proper treatment of the pain can commence.

**Definition**

Despite being a universal concept, the definition of pain is complex and difficult to understand. Pain cannot be assessed adequately if it remains vague, ambiguous, and arbitrarily defined (Montes-Sandoval, 1999).

Mosby’s Dictionary of Medicine, Nursing, & Health Professions (2006) defines pain as “an unpleasant sensation caused by noxious stimulation of the sensory nerve endings. It is a subjective feeling and an individual response to the cause” (p.1377). Mosby’s Dictionary also describes major defining characteristics of pain such as verbal report, guarding behavior, protective behavior, and observed evidence (Mosby, 2006). Pain is defined by the Merriam-Webster’s Medical Dictionary as “localized physical suffering associated with bodily disorder (as a disease or an injury) characterized by physical discomfort” (p.536). For the purposes of this paper, the concept of “pain” will have the implied meaning of physical pain, as not all pain is physical in nature. The concept of “pain” in this paper will also be in the context of pain experienced by patients with cancer.

Cancer pain has unique qualities and challenges for the advanced practice nurse. It is important for advanced practice nurses to understand and be educated on pain experienced by patients with cancer. Ongoing continuing education regarding cancer pain and its management is essential for all oncology nurses (ONS).
Understanding of cancer pain will assist advance practice nurses to deliver optimal patient care. Understanding of pain by nurses will also help them manage the pain in a more effective manor, and improve the patient’s quality of life and sense of well-being. The ability to recognize pain both verbally and non-verbally from the patient is important for advanced practice nurses so they might facilitate relief of the pain (Aiello-Laws, et al, 2009).

**Literature Review**

Pain is a common experience of cancer. A third of patients with cancer present with pain at the time of diagnosis, and approximately two-thirds of patient with advanced cancer experience pain (McNiell, 2007). The under treatment of cancer pain remains a significant clinical problem as the variability of pain among those with cancer is great (Miaskowski, 2008). Pain is a subjective symptom of cancer that frequently presents with little “evidence” to substantiate it. Healthcare professionals might discount or disbelieve the intensity of the pain when they are not well educated in cancer pain and the management of pain (McNiell, 2007).

Oncology nurses must become familiar with new strategies to manage cancer pain and prove effective pain control (Miaskowski, 2008). Managing cancer pain is a challenging endeavor that requires an understanding of both the etiologies of cancer, and also the types of pain they produce (Miaskowski, 2008). Cancer pain may be caused by the cancer itself, test and procedures, treatment of the cancer (chemotherapy, surgery, or radiation), or it may be a co-morbidity of the disease (Blough, 2006).

Quick and effective identification and assessment of cancer pain is crucial to pain management cycles and can influence the remainder of the pain experience (McNiell, 2007). One of the barriers associated with cancer pain assessment and management is inadequate assessment of patient pain due to miscommunication between patient and healthcare providers (Chee, 2006).
One aspect of pain experienced by people with cancer is breakthrough pain. Evidence that breakthrough pain has become recognized as an important aspect of overall cancer care is evident (Fine, 2000). Breakthrough cancer pain needs to be evaluated and treated as part of the overall cancer pain management plan (Fine, 2000). Breakthrough pains experienced by cancer patients include incident pain related to an activity, action or event (Fine, 2000). Incident pain is predictable and nurses can anticipate and pre-treat the patient to prevent serious pain from developing (Fine, 2000). Breakthrough pain can also be spontaneous pain for which there is no evident precipitating event (Fine, 2000). End-of-dose failure pain experienced by patients with cancer is when the medications used to treat the patients have reached the end of their effectiveness and the patient experiences a breakthrough of pain from their baseline pain (Fine, 2000). Patients with cancer or their nurses can recognize end-of-dose failure pain; the pain management program can then be modified to ensure more comprehensive pain control (Fine, 2000). Spontaneous pain are the pains neuropathic or visceral in origin such as gastrointestinal or urinal bladder cramps which are very unpredictable, excruciating and disabling (Fine, 2000). Nurses or healthcare professionals need to recognize the spontaneous breakthrough cancer pain as quickly as possible and provide appropriate pain relief (Fine, 2000).

Nurses have a great need for cancer pain and cancer pain management education (Hasenau, 2004). Nurses are often the major advocate for patients with cancer and must be experts in cancer pain and its management as to communicate effectively with physicians, pharmacists, patients, and caregivers (Hasenau, 2004). Education on cancer pain will create an environment of communication, increased management, and understanding with nurses, patients, and other healthcare professionals. It is important for advance practice nurses to realize cancer pain can affect all aspects of the patient’s life including psychological health, social motivations,
relationships, and emotions (Montes-Sandoval, 1999). If the concept of pain experienced by cancer patients is not clearly understood, unnecessary suffering and a decrease of the patient’s quality of life might occur.

**Defining Characteristics**

When defining a concept such as cancer related pain, it is important to identify defining characteristics. Defining attributes of pain in general include the following: a personal experience, an unpleasant experience, a dominating force, and endless in nature (Montes-Sandoval, 1999). Observable behaviors of pain can include silence, withdrawal from social interactions, impaired thinking, altered attention span, irritability, crying, moaning, holding the painful area, guarding of the involved area, restlessness or avoidance of movement, wincing, grimacing, strained facial expression (Montes-Sandoval, 1999). Observable and concrete physiological aspects of pain can include altered muscles tone, diaphoresis, vomiting, weakness, syncope, increased or decreased respirations, alterations in cardiac rate and blood pressure, or sleep disturbances (Montes-Sandoval, 1999).

Montes-Sandoval also identified critical attributes of pain in the Journal of Advanced Nursing. Pain has been described as dominating, unpleasant, distressful, unwanted. Pain also has been described as having a strong correlation with anxiety and distressful thoughts that can disrupt the activities and relationships of daily life (Montes-Sandoval, 1999).

The literature suggests that cancer pain is undesirable and important to address. Consequences of cancer pain have been described as “hurting”, “suffering”, “not the regular kind of pain”, and “something you never want to experience or wish on someone else” (Houldin & Meghani, 2007). Consequences of cancer pain are not only physical, but mental and emotional as well. Fear, anxiety, physical distress, strain on relationships, and uncertainty are also associated
with cancer pain (Houldin & Meghani, 2007). Pain can lead patients to feeling anger, depression, and loneliness. Interaction among family can decrease or intensify (Smith, 2001). Family members are also affected by the pain and can develop feelings of helplessness and frustration (Smith, 2001). The attributes discussed above can be used by advanced practice nurses to refine and create a useful meaning of the concept of pain in cancer patients. It is important for nurses to remember that cancer pain is a unique experience for each individual. The advanced practice nurse can use the refined concept of pain to create a more effective treatment plan for patients with cancer.

**Nursing Theorist**

Many nursing theories could apply to nursing care and identification and treatment of cancer patients. One such theory that applies is Dorothea Orem’s Self-Care Deficit Nursing Theory. Orem’s Self-Care Deficit theory describes the concept of nurse as a specially trained and able individual that helps patients deal with their actual or perceived self-care deficits (Fawcett, 2005). Pain can be described as a self-care deficit. Patients cannot perform the care needed to relived pain without assistance. One of the central concept’s of Orem’s theory is that nursing is an art through which the practitioner of nursing gives specialized assistance to personals with disabilities which makes more than ordinary assistance necessary to meet needs for self-care (Fawcett, 2005). An underlying premise of Orem’s theory is that humans engage in continuous communication and interchange among themselves and their environments to remain alive and to function (McEwen & Wills, 2011).

Orem’s theory also outlines universal self-care requisites, one of which is promotion of normality (Fawcett, 2005). The goal of patients, including those with cancer pain, is to return to a normal lifestyle (Fawcett, 2005). Pain is not a part of normal life for most people. The goal of
nurse should be to provide care and assist the patient to return to normalcy when the patient cannot return to a state of normalcy by himself or herself. To assist the patient with a return to normality, the nurse needs to be able to identify and recognize when a patient with cancer is experiencing pain. Nurses can facilitate the treatment of the pain when the patient cannot manage pain for himself or herself, which can be considered a self-care deficit.

Non-Nursing Theorist

Non-nursing theories can also shape the care provided for a patient with cancer pain. Abraham Maslow’s humanistic theory on human needs is one such theory. Maslow’s theory supports the idea that an individual is an active participant in their health and that individual strives for self-actualization (McEwen & Wills, 2011). There are six incremental stages or levels of Maslow’s theory which are: physiologic needs, safety needs, love and belonging needs, self-esteem needs, self-actualizing needs, and self-transcendent needs. The stated goal of Maslow’s theory is individuals strive to attain the sixth level or stage of self-transcendent needs (McEwen & Wills, 2011). Maslow’s theory also explains that until the basics needs starting at the first level of physiological needs are met, an individual does not pursue personal growth needs to develop their fullest potential as a human being (McEwen & Wills, 2011). Maslow also claims that when a person strives for personal growth, they are starting to reach their fullest potential or the person is at his or her best, which Maslow describes as self-actualized (McEwen & Wills, 2011).

Nurses can utilize this theory to help provide the best nursing care possible. This theory can provide a plan for prioritizing patient care according to the hierarchy of needs. Once the physical needs such as pain control are met, the patient can then address his or her needs for personal growth, self-esteem, and self-actualization, which can lead to an improved quality of life (McEwen & Wills, 2011).
Application to Nursing and Advanced Practice Nursing

Unrelieved cancer pain is associated with many problems including functional impairment, mood disturbance, social isolation, poor quality of life, and is fundamentally inhumane (Pain Foundation, 2011). Advanced practice nurses have a unique opportunity to engage in multidisciplinary planning with physicians, pharmacists, and other healthcare professionals to ensure that patients with cancer receive optimal pain management through assessment and evaluation of the needs of the patient (Baird et al, 2002).

Advance practice nurses can contribute to cancer pain treatment in many ways. Primary care providers including advanced nurse practitioners need to be more involved in educating themselves on cancer pain, pain management and treatment, and overcoming misperceptions that impede the delivery of adequate pain control (Pain Foundation, 2011). Clinical nurse specialists can provide pain management counseling and education to both the patient and the patient’s family (Smith, 2001). Nurse educators have a responsibility to educate student nurses in both the undergraduate and graduate setting about cancer pain and appropriate pain management (Giuseppina et al, 2001). Cancer pain education improves knowledge of cancer pain assessment and management (Giuseppina et al, 2001). Cancer pain identification and management requires good assessment and recognition by health care professionals, and especially by advanced practice nurses.

Conclusion

The concept of pain is a general idea, but is a complex and often a difficult phenomenon to understand (Montes-Sandoval, 1999). It is important to understand and have the ability to identify pain, especially in the nursing profession. The ability for a nurse to identify pain experienced by a cancer patient can drastically alter the pain management plan. As discussed
previously, increased identification of cancer pain can lead to better pain management, better patient satisfaction, and an increase in quality of life. It is important for advanced practice nurses to identify pain, especially if they are involved in prescribing the treatment and monitoring outcomes of the treatment. It is important for advanced practice nurses in management to recognize cancer pain and the effects it has on the patient so that pain management protocols might be introduced to their departments. It is also for the advanced practice nurse in education to understand pain, as they might be able to educate the patient on effective communication and treatment options regarding their pain.

Pain can affect every aspect on one’s life including physical comfort, appetite, sleep, energy, mood, and relationships with others (Matzo, 2008). Those who are battling cancer are at an increased risk for pain and the disruption of life it can cause. Advanced practice nurses have a unique opportunity and responsibility to assist in the management of pain when treating those with cancer.
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