

FEATURE ARTICLE

Pain Attitudes and Knowledge Among RNs, Pharmacists, and Physicians on an Inpatient Oncology Service

Ying Xue, DNSc, Dena Schulman-Green, PhD, Cindy Czaplinski, RN, MSN,
Debra Harris, RN, MSN, and Ruth McCorkle, PhD, FAAN

Patients with cancer often experience pain, yet studies continue to document inadequate and inappropriate assessment and management of cancer-related pain. This study aimed to evaluate the attitudes and knowledge of inpatient oncology healthcare providers toward pain management by surveying nurses, pharmacists, and physicians working on the inpatient oncology units at an academic medical center. Healthcare providers generally reported positive attitudes toward pain management but were deficient in their knowledge of pain management. The authors suggest that pharmacists become more integral members of palliative care teams and actively participate in rounds. A need exists for educational programs in pain management for healthcare providers, especially for those who do not routinely care for patients with cancer.

Pain negatively affects the quality of life of patients with cancer. Therefore, pain management is critically important to reduce patients' physical distress. Estimates of the frequency of cancer pain based on published studies range widely from 14%–100% (Patrick et al., 2003), but many patients are affected. A total of 1,399,790 new cancer cases and 564,830 deaths from cancer were estimated in the United States in 2006 (American Cancer Society, 2006), making pain management a topic of continuing significance.

Despite the prevalence of pain in patients with cancer, studies have documented the inadequate and inappropriate care of patients with cancer who are experiencing pain (Cleeland et al., 1994; Desbiens et al., 1996; Weiss, Emanuel, Fairclough, & Emanuel, 2001). One of the major barriers to optimal pain management is healthcare providers' inadequate knowledge of pain assessment and management (Bressler, Geraci, & Schatz, 1991; McMillan, Tittle, Hagan, Laughlin, & Tabler, 2000; O'Brien, Dalton, Konsler, & Carlson, 1996; Von Roenn, Cleeland, Gonin, Hatfield, & Pandya, 1993). In 1994, the Agency for Health Care Policy and Research, a branch of the U.S. Department of Health and Human Services, issued clinical practice guidelines for the management of pain in patients with cancer (Jacox, Carr, & Payne, 1994). The major recommendations included attention to the assessment of pain, pharmacologic management of pain, nonpharmacologic management of pain, and continuity of pain management. Building on the guidelines, the American Pain Society (2005) issued an evidence-based clinical practice guideline to help healthcare providers and patients control cancer pain.

Healthcare providers, including nurses, pharmacists, and physicians, vary in their attitudes toward and knowledge of cancer

At a Glance

- ◆ Nurses', pharmacists', and physicians' attitudes toward pain management were positive and consistent, but physicians were more likely to believe that patients over-reported pain.
- ◆ Pharmacists and RNs who routinely cared for patients with cancer performed better on questions about cancer pain than physicians and RNs with less opportunity to care for such patients.
- ◆ Nurses, pharmacists, and physicians need continuing education in pain management.

Ying Xue, DNSc, is an assistant professor in the School of Nursing at the University of Rochester in New York; Dena Schulman-Green, PhD, is a research scientist in the School of Nursing at Yale University in New Haven, CT; Cindy Czaplinski, RN, MSN, is the director of oncology at St. Vincent's Medical Center in Bridgeport, CT; Debra Harris, RN, MSN, is a nursing practice education coordinator at Oregon Health and Science University in Portland; and Ruth McCorkle, PhD, FAAN, is the Florence S. Wald Professor of Nursing and the director of the Center for Excellence in Chronic Illness Care in the School of Nursing at Yale University. This study was supported by a grant from the Swebilius Foundation and the Yale Cancer Center. When this article was written, Xue was a postdoctoral fellow, supported by a National Institute for Nursing Research grant titled, "Advanced Training in Nursing Outcomes Research" (T32-NR-007104), in the Center for Health Outcomes and Policy Research at the University of Pennsylvania in Philadelphia. (Submitted September 2006. Accepted for publication April 20, 2007.)