CONTINUING EDUCATION

Pain-Related Distress and Interference With Daily Life of Ambulatory Patients With Cancer With Pain

Nancy Wells, DNSc, RN, Barbara Murphy, MD, Debra Wujcik, MSN, RN, AOCN®, and Rolanda Johnson, PhD, RN

Purpose/Objectives: To examine the unique and combined effects of pain intensity, pain-related distress, analgesic prescription, and negative mood on interference with daily life because of pain.

Design: Descriptive, cross-sectional.

Setting: Two cancer clinics in academic medical centers in the southeastern United States.

Sample: 64 ambulatory patients with cancer who had pain that required analgesics.

Method: Participants completed a number of self-report instruments during a regularly scheduled clinic visit. Standard instruments were selected to measure the main research variables.

Main Research Variables: Worst pain intensity, pain-related distress, analgesic adequacy, negative mood, and interference with daily life.

Findings: Patients with higher levels of worst pain, pain-related distress, and negative mood and inadequately prescribed analgesics reported greater interference with daily life because of pain. Multiple regression analysis indicated that interference with daily life was explained by the combination of these four predictors. All variables except negative mood were significant predictors of interference. The unique variance explained by pain-related distress exceeded that explained by worst pain intensity or inadequately prescribed analgesics.

Conclusions: Data suggest that pain-related distress may be an important factor when investigating interference with daily life caused by pain. In addition, pain-related distress may provide a target for future intervention studies aimed at improving the impact of cancer-related pain on daily life.

Implications for Nursing: Assessment of pain-related distress may be important in planning interventions. Common nursing interventions may be employed to reduce pain intensity and pain-related distress, which may result in enhanced physical and emotional well-being.

Patients with cancer experience numerous symptoms related to their disease and its treatment. Symptom experiences may be defined as the perception (Rhodes & Watson, 1987) and labeling of unusual sensations (Leventhal & Diefenbach, 1992). Symptom experiences can be approached from a purely biomedical perspective, where symptoms signal the presence of disease or adverse effects of its treatment. This approach, however, fails to recognize that symptoms are more than physical manifestations of biologic processes. Symptoms have profound secondary effects on emotional, social, and spiritual wellbeing (Cella, 1994; Ferrell, 1995; Wells, 1998). In addition, symptoms affect a patient's ability to perform daily activities. Thus, a multidimensional assessment of pain that includes physical and emotional well-being is required to

Key Points...

- Pain has a significant impact on physical and emotional wellbeing in patients with cancer.
- ➤ Higher pain intensity, pain-related distress, inadequately prescribed analgesics, and negative mood are related to interference with daily life because of pain.
- Pain-related distress plays an important role in interference with daily life.

Goal for CE Enrollees:

To further enhance nurses' knowledge regarding painrelated distress and interference with daily life in ambulatory patients with cancer with pain.

Objectives for CE Enrollees:

On completion of this CE, the participant will be able to

- 1. Discuss the significant impact of pain on physical and emotional well-being in patients with cancer.
- Describe how higher pain intensity, pain-related distress, inadequately prescribed analgesics, and negative mood are related to interference with daily life because of pain.
- 3. Discuss the important role that pain-related distress plays in interference with daily life.

Nancy Wells, DNSc, RN, is director of nursing research at Vanderbilt University Medical Center and a research associate professor in the School of Nursing at Vanderbilt University; Barbara Murphy, MD, is an associate professor in hematology/oncology and director of the Pain and Symptom Management Program at Vanderbilt Ingram Comprehensive Cancer Center; Debra Wujcik, MSN, RN, AOCN®, is director of clinical trials training and outreach at the Vanderbilt-Ingram Comprehensive Cancer Center Clinical Trials Office; and Rolanda Johnson, PhD, RN, is an assistant professor in the School of Nursing at Vanderbilt University, all in Nashville, TN. This study was supported by funds from the American Cancer Society (#RPG-95-104-03-PBP). The authors also acknowledge the support provided from the Joint Center for Nursing Research, Vanderbilt University School of Nursing, and the Vanderbilt-Ingram Comprehensive Cancer Center. (Submitted July 2002. Accepted for publication December 15, 2002.)

Digital Object Identifier: 10.1188/03.ONF.977-986