

PATIENT EDUCATION

The PRO-SELF[®]: Pain Control Program— An Effective Approach for Cancer Pain Management

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Purpose/Objectives: To describe the PRO-SELF[®]: Pain Control Program, an educational approach that provides patients and family caregivers with the knowledge, skills, and nursing support needed to improve pain relief.

Data Sources: Published research studies, articles, and conference abstracts.

Data Synthesis: Patients with cancer and family caregivers lack knowledge about pain management and side effects. Engaging in self-care behaviors improves patients' health outcomes.

Conclusions: The PRO-SELF: Pain Control Program is an effective approach that can be used to help patients with cancer and their family caregivers obtain the knowledge and skills that are needed to manage pain. Three key strategies for delivering the PRO-SELF program are (a) provision of information using academic detailing, (b) skill building with ongoing nurse coaching, and (c) interactive nursing support.

Implications for Nursing: Adequate pain relief is vital to decreasing cancer morbidity and improving patients' quality of life. The PRO-SELF: Pain Control Program should be implemented in all settings where cancer care takes place.

Key Points . . .

- Cancer pain is undertreated and interferes with daily activities, social interactions, sleep, and mood state, resulting in reduced quality of life.
- Patients with cancer and their family caregivers lack knowledge and skills about cancer pain management.
- The PRO-SELF[®]: Pain Control Program uses education along with repeated reinforcement, skill building, and ongoing nursing support to improve self-care pain management in patients with cancer and their family caregivers.
- Cost-effective adaptations of the PRO-SELF: Pain Control Program in a variety of settings must be tested and implemented.

Pain occurs in 30%–70% of patients with cancer (Bonica, 1985; Miaskowski & Dibble, 1995; Portenoy et al., 1992). Unrelieved pain interferes with performance of daily activities and results in altered mood states, such as anger and depression, and a diminished quality of life (QOL) (Burrows, Dibble, & Miaskowski, 1998; Glover, Dibble, Dodd, & Miaskowski, 1995). Despite the prevalence of cancer pain and its impact on individuals, negative attitudes and lack of knowledge on the part of healthcare professionals, patients, and family caregivers result in the undertreatment of cancer-related pain (Cleeland, 1984; Ward et al., 1993).

A number of efforts have been directed toward changing healthcare professionals' knowledge and attitudes about pain management, including the development of clinical practice guidelines and standards (American Geriatrics Society Panel on Chronic Pain in Older Persons, 1998; Jacox, Carr, Payne, et al., 1994; Joint Commission on Accreditation of Healthcare Organizations, 1999). However, little has been done to change

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