

Evidence-Based Practice Beliefs and Behaviors of Nurses Providing Cancer Pain Management: A Mixed-Methods Approach

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Satisfactory pain management remains the single most important challenge to managing quality of life for patients with cancer (Dray, 2010). A seminal study by Cleeland et al. (1994) found that 42% of patients with cancer pain were not given adequate analgesic therapy. A systematic review confirmed that patients with cancer continued to report insufficient treatment of pain (Dean-drea, Montanari, Moja, & Apolone, 2008). About 50% of patients receiving active treatment for cancer experience moderate to severe pain, as do 80%–90% of patients with advanced disease (van den Beuken-van Everdingen et al., 2007). Although evidence-based guidelines for clinical management of cancer-related pain are available from organizations such as the Agency for Health Care Policy and Research, American Pain Society, National Comprehensive Cancer Network, and Oncology Nursing Society, nurses may continue to implement traditional pain management practices rather than basing their care on the best research evidence currently available.

Evidence-based practice (EBP) involves clinical decision making based on current best research evidence, clinical expertise, and patient preferences (Sackett, Rosenberg, Gray, Haynes, & Richardson, 1996). The Institute of Medicine (2009) has set a goal that, by 2020, 90% of clinical decisions made by healthcare professionals will be evidence-based. EBP, in the context of pain management, decreases resource use and patient length of stay and improves patient outcomes, including patient satisfaction, quality of life, and symptom distress (Chang, Hwang, & Kasimis, 2002; Green et al., 2010; Samuels, 2010). Although positive outcomes are associated with EBP, nurses are not consistent about adopting evidence-based pain management practices (Bell & Duffy, 2009; Herr et al., 2012; Idell, Grant, & Kirk, 2007; Samuels, 2010).

Purpose/Objectives: To describe evidence-based practice (EBP) beliefs and behaviors of nurses who provide cancer pain management.

Design: Descriptive, cross-sectional with a mixed-methods approach.

Setting: Two inpatient oncology units in the Pacific Northwest.

Sample: 40 RNs.

Methods: Data collected by interviews and web-based surveys.

Main Research Variables: EBP beliefs, EBP implementation, evidence-based pain management.

Findings: Nurses agreed with the positive aspects of EBP and their implementation ability, although implementation level was low. They were satisfied with their pain management practices. Oncology nursing certification was associated with innovativeness, and innovativeness was associated with EBP beliefs. Themes identified were (a) limited definition of EBP, (b) varied evidence-based pain management decision making, (c) limited identification of evidence-based pain management practices, and (d) integration of nonpharmacologic interventions into patient care.

Conclusions: Nurses' low level of EBP implementation in the context of pain management was explained by their trust that standards of care and medical orders were evidence-based.

Implications for Nursing: Nurses' EBP beliefs and behaviors should be considered when developing strategies for sustaining evidence-based pain management practices. Implementation of the EBP process by nurses may not be realistic in the inpatient setting; therefore, hospital pain management policies need to be evidence-based and reinforced with nurses.

Key Words: evidence-based practice; evidence-based practice beliefs; evidence-based practice behaviors; cancer pain management; mixed methods

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