

Hospice and Hospital Oncology Unit Nurses: A Comparative Survey of Knowledge and Attitudes About Cancer Pain

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Purpose/Objectives: To identify knowledge strengths and weaknesses and misperceptions about cancer pain management between two groups of registered nurses in different settings.

Design: Descriptive, comparative survey.

Setting: 11 community-based hospices and 7 inpatient hospital oncology units within an urban county.

Sample: A convenience sample of 30 hospice and 34 hospital oncology unit nurses. Sample criteria included registered nurses who had worked for at least the preceding six months exclusively in either a hospice or hospital oncology unit.

Methods: The North Carolina Cancer Pain Initiative survey and a demographic survey were distributed to the work mailboxes of nurses in the participating facilities who met the inclusion criteria.

Main Research Variables: Hospice and hospital oncology unit nurses' knowledge and attitudes about basic pharmacologic cancer pain management.

Findings: Hospice nurses scored significantly higher than hospital oncology unit nurses regarding overall pain management knowledge, opioids, scheduling, and liberalness. Hospice nurses also reported more pain education and a higher frequency of pain guideline review requirements than hospital oncology unit nurses.

Conclusions: The most prevalent knowledge deficits concerned opioids. Practice setting and pain education may influence knowledge, as well as attitudes, about pain.

Implications for Nursing Practice: Further research is needed regarding nurses' pain management behavior and outcomes of pain management education in various settings.

The World Health Organization (WHO) (1996) has estimated that approximately one-third of patients receiving cancer treatment and more than two-thirds of patients in the advanced stages of cancer experience pain. The suffering associated with pain often can interfere with daily living activities, adversely affect quality of life, and exacerbate fear among patients with cancer (Ingham & Foley, 1998; McCabe, 1997). Although complete relief of suffering is a major goal of cancer care, misperceptions about pain persist, and cancer pain continues to be inadequately treated (Oncology Nursing Society,

Key Points . . .

- ▶ Misperceptions about cancer pain and insufficient management of cancer pain have been widely documented in the literature.
- ▶ Adequate knowledge about cancer pain is crucial for all nurses in different delivery systems who care for patients who are suffering.
- ▶ Work settings that emphasize total pain relief, as well as increased pain education, may positively affect nurses' knowledge and attitudes about pain.

1998; U.S. Department of Health and Human Services, 1994). This inadequate treatment of pain has serious ethical implications, including threatened patient autonomy, loss of patient dignity, and absence of patient freedom (Henkelman & Dalinis, 1998; McCabe).

For patients with terminal cancer, the final stages of the disease process can be devastatingly painful, and frequently these patients are referred for care through hospice programs. However, many terminally ill patients do not receive hospice care or fail to enter hospice programs until the last few days of life (Hospice Association of America, 1998; Massey & Hurzeler, 1998). Thus, the core principles of hospice care must be integrated into all healthcare delivery systems (Massey & Hurzeler), and comfort measures should command as much importance in the hospital setting as in the hospice setting (Twyccross, 1990). Within these different settings, nurses caring for patients

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