

Knowledge and Attitudes About Cancer Pain Management: A Comparison of Oncology and Nononcology Nurses

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Purpose/Objectives: To obtain information about the knowledge and attitudes of Utah nurses concerning cancer pain management.

Design: Descriptive study.

Setting: Nurses in Utah.

Sample: 44 oncology nurses and 303 nononcology nurses completed the study.

Methods: Ferrell's Nurses' Knowledge and Attitudes Survey Regarding Pain was given to oncology and nononcology nurses to compare knowledge and attitudes about treating cancer pain.

Main Research Variables: Knowledge and attitudes regarding cancer pain.

Findings: Attitudes of oncology nurses were more in line with recommended practices (principles) of cancer pain management than those of nononcology nurses. Oncology nurses had a better understanding of recommended practices (principles) of cancer pain management than nononcology nurses but still struggled with understanding the pharmacology of medications used to manage cancer pain.

Conclusions: Nurses do not use evidence-based practice in pain management consistently. Continuing education regarding cancer pain management remains important for oncology and nononcology nurses.

Implications for Nursing: Adoption of evidence-based practice requires ongoing education of nurses and support from nursing colleagues, nursing administration, and associated healthcare providers. Data from this study can be used to design a curriculum involving content about cancer pain management. All members of the healthcare team should be supported in practicing the correct principles of cancer pain management in actual practice.

Key Points . . .

- ▶ Oncology nurses have a better grasp of cancer pain management principles than nononcology nurses.
- ▶ Education about principles of cancer pain management must be ongoing for all nurses.
- ▶ All members of the healthcare team should be supported in practicing correct principles of cancer pain management.

Ruzicka & Daniels, 2001; Spross, McGuire, & Schmitt, 1990), many patients continue to receive inadequate amounts of pain medication (Anderson et al., 2000; O'Brien et al.; Ruzicka & Daniels). In fact, the prevalence of pain in hospitalized patients with cancer has not decreased during the 1990s (Wells), even though pain relief is achievable in more than 90% of cases (Fox, 1982; Howell et al.; Joranson & Gilson; Paice et al.; Ruzicka & Daniels).

The *Clinical Practice Guidelines for the Management of Cancer Pain* (Jacox et al., 1994), published by the Agency for Health Care Policy and Research (AHCPR), indicated that 75% of patients with advanced cancer experience pain at some point in their disease and 25% of these patients report their pain as severe. The AHCPR guidelines suggested

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Pain is a symptom experienced frequently by patients with cancer (Ferrell, McCaffery, & Rhiner, 1992; Ferrell, McGuire, & Donovan, 1993; Holzheimer, McMillan, & Weitzner, 1999; O'Brien, Dalton, Konsler, & Carlson, 1996; Paice, Toy, & Shott, 1998; Pritchard, 1988; Wells, 2000) and is one of the symptoms that patients fear the most (Howell, Butler, Vincent, Watt-Watson, & Stearns, 2000; Myers, 1985). Despite new policies and guidelines for pain management published during the 1980s and 1990s (Joranson & Gilson, 1998; McCaffery & Ferrell, 1995;