A nurse led educational intervention for cancer pain management was effective in cancer patients in ambulatory settings

Yates P, Edwards H, Nash R, *et al.* A randomized controlled trial of a nurse-administered educational intervention for improving cancer pain management in ambulatory settings. *Patient Educ Couns* 2004;**53**:227–37.

Q In cancer patients in ambulatory settings, is a nurse led, individualised educational intervention for overcoming attitudinal and behavioural barriers to cancer pain management effective?

METHODS

Design: randomised controlled trial.

Allocation: {concealed}.*

Blinding: blinded {healthcare providers}*.

Follow up period: 1 week.

Setting: ambulatory oncology clinics at 2 tertiary hospitals in Australia.

Patients: 189 patients ≥18 years of age (66% women, mean age 56 y) who had cancer and had experienced cancer related pain greater than everyday pain in the previous 2 weeks or who had been ordered to receive an opioid for cancer pain relief, or both, and who had an anticipated life expectancy ≥3 months.

Intervention: a patient management intervention (PMI), 2 sessions given 1 week apart by trained nurses, who identified personal pain management concerns and barriers and used instructional and cognitive behavioural strategies to provide individualised pain management recommendations (n=97; PMI group) or patient education on general cancer issues, given equivalent timing and duration as the PMI (n=92; control group).

Outcomes: pain knowledge; perceived control over pain; concerns about addiction, side effects, and being a "good" patient; and number of pain treatments recommended.

Patient follow up: 88%.

*Information provided by author.

MAIN RESULTS

At 1 week, patients in the PMI group had greater knowledge about pain ($p<0.01$); greater increases in number of treatments recommended ($p<0.01$); greater reductions in concerns about addiction ($p<0.01$), side effects ($p<0.05$), and concerns about being a "good" patient ($p<0.05$); greater tolerance to pain relieving medication ($p<0.01$); greater willingness to tolerate pain ($p<0.01$); and greater perceived control over their pain ($p<0.05$) compared with patients in the control group.

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CONCLUSION

In cancer patients in ambulatory settings, a nurse led, individualised educational intervention for overcoming attitudinal and behavioural barriers to cancer pain management improved knowledge about pain, reduced concerns about addiction and side effects, and increased tolerance to pain relieving medication and control over pain.

Commentary

Although many studies report the effectiveness of nursing interventions on patient attitudes and behaviours,^{1,2} few attempt to capture the link between changes in patients' attitudes and their wellbeing. The study by Yates *et al* examined the way in which an intervention affected several aspects of patients' lives.

The intervention (which appears to be easily integrated into clinical practice) improved patients' knowledge, reduced concerns about side effects, and increased their sense of control. Despite these improvements, no change in wellbeing was found. Perhaps, however, the duration of the intervention (only 2 sessions, each <1 h) was insufficient to have an enduring effect. The authors suggest other possible explanations for the lack of a significant effect on wellbeing, including lack of patient specific targeting of the intervention and the differential effects of medical or social circumstances on the effectiveness of the intervention. However, the data may support use of a different theoretical approach and an alternative focus for the intervention (eg, a multimodal approach). Education alone is often not adequate, but education plus problem solving, social support, or additional approaches might lead to greater success in effecting change in patient outcomes.

Practitioners in oncology will find this study useful when evaluating educational programmes. The integration and individualisation of the intervention are commendable. The results also emphasise the value of including variables that measure both knowledge and wellbeing when evaluating effectiveness. Healthcare and oncology researchers should pay attention to the study's design and questions, and the effect of the intervention on knowledge, side effects, perceived control over pain, and willingness to tolerate pain. The authors have provided a model for an intervention study with an emphasis on clinical applicability.

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