

MEASURING ONCOLOGY NURSING SENSITIVE PATIENT OUTCOMES:  
EVIDENCE-BASED SUMMARY  
**PAIN**

Pain is one of the most common symptoms experienced by patients with cancer. Various disciplines, including nursing, have made significant contributions to the understanding of cancer-related pain and its assessment and treatment. This evidence-based summary focuses on current knowledge related to cancer pain management and describes instruments used to measure cancer pain, including their reliability and validity. This summary was reviewed and critiqued by research and clinical content experts in March 2005.

**Key Points:**

1. Definitions of pain note that the experience is subjective, may occur without actual tissue damage, and is multidimensional with sensory, affective, behavioral, cognitive, and physiologic components.
2. Correlates of pain include changes in physical and emotional/psychological state, such as interference with daily activities and sleep, reduced functional status, diminished quality of life, psychological distress, anxiety, and depression.
3. Several reliable and valid instruments to measure pain in cancer are available, including unidimensional and multidimensional tools. Many of these measures are available in languages other than English.
4. Guidelines for cancer pain management have been available since 1994 and were updated in 2005 by the American Pain Society. The National Comprehensive Cancer Network (NCCN) and other professional organizations also offer similar guidelines for cancer pain management.
5. Evidence supports the use of certain pharmacologic agents as well as adjuvant psychoeducational and nonpharmacologic nursing interventions in managing cancer pain.

**Recommendations:**

1. Cancer care providers should use American Pain Society or NCCN guidelines for general screening, evaluation, and treatment of cancer pain.
2. Oncology nurses should provide all patients with cancer with routine education about pain and its management.
3. All people working with patients with cancer should receive ongoing education related to cancer pain management.
4. Hospital-based pain management initiatives should include measures of the core indicators recommended by Gordon et al. (2002) for quality improvement in pain management.
5. Oncology nurses should be informed about current pain research.

**Topics for Future Research:**

1. Conduct studies to evaluate the duration, side effects, and cost-effectiveness of nursing interventions for pain.
2. Design and conduct studies to identify individual characteristics of people who respond to specific pain interventions and that assess patient preferences for treatment types.
3. Identify effective components of multimodal pain interventions.
4. Design and conduct studies of interventions for specific cancer pain syndromes (bone pain, neuropathic pain, etc.).
5. Evaluate instruments that measure pain behaviors, nonverbal pain indicators, and neuropathic pain used in other pain populations for suitability with patients with cancer.
6. Conduct studies to identify the most appropriate pain measures for older adult, cognitively impaired, and culturally diverse patients with cancer.

Gordon, D.B., Pellino, T.A., Miaskowski, C., Adams McNeill, J., Paice, J.A., Laferriere, D., et al. (2002). A 10-year review of quality improvement monitoring in pain management: Recommendations for standardized outcome measures. *Pain Management Nursing*, 3, 116–130.

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