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The Implementation of a Pain Education and Counseling Program for Cancer Patients and Families to Improve the Quality of Management of Cancer Pain

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Abstract

Internationally, priority given to cancer pain management in recent years has emphasized the need for changes. Numerous researchers have documented that the management of cancer pain is not effective and has identified patient and family related barriers are major barriers to management of cancer pain. In Taiwan, family members usually are the gatekeepers are caregivers for cancer patients at home. Therefore,

involvement of family members in pain education has important implications for the management of cancer pain. The purposes of this study were: (1) based on the common patient and family related barriers in Taiwan to develop a pain education program, and (2) to evaluate the effectiveness of the pain education program 2 weeks and 4 weeks after the program implemented. The instruments included Barriers Questionnaire-Taiwan Form, Brief Pain Inventory, and Demographic information. Before the pain education program, patients and family members were individually given the Barriers Questionnaire-Taiwan form, Brief Pain Inventory, and Demographic Information. Then the patient and the primary family caregiver were both involved in the pain education program. Two weeks and four weeks after the program, both the patient and the family caregiver completed the Barriers Questionnaire and Brief Pain Inventory. A total of 44 pairs of patients and family caregivers participated in this study. The major results of this study were as follows. The patient's BQ score at two weeks and four weeks after the pain education were significantly lower than the BQ score before the pain education. The number of patients who hesitated to take analgesics was lower at two weeks and four weeks after the pain education than before. Patients reported significantly lower levels of pain intensity and pain interference four weeks after the pain education but not two weeks after than before the pain education. The family caregiver's BQ score at two weeks and four weeks after the pain education were significantly lower than the BQ score before the pain education. The number of family caregivers who hesitated to administer analgesics was lower at two weeks and four weeks after the pain education than before. Family caregivers reported significantly lower levels of perceived pain intensity and pain interference four weeks after the pain education but not two weeks after than before the pain education. This study has supported the effectiveness of the pain education program, which involved both cancer patients and their family members on improving the management of cancer pain.

Key Words: cancer pain, pain education, family, barriers

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Internationally, priority given to cancer pain management in recent years has emphasized the need for changes. Numerous researchers have documented that the management of cancer pain is not effective and has identified patient and family related barriers are major barriers to management of cancer pain. The Agency for Health Care Policy and Research (AHCPR) guideline supports the importance of patient education, especially on concerns about reporting pain and using analgesics, to overcome the patient-related barriers to cancer pain management. In Taiwan, family members usually are the gatekeepers are caregivers for cancer patients at home. Therefore, involvement of family members in pain education has important implications for the management of cancer pain. The purposes of this study were: (1) based on the common patient and family related barriers in Taiwan to develop a pain education program, and (2) to evaluate the effectiveness of the pain education program 2 weeks and 4 weeks after the program implemented.

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