International Journal of Science and Research (IJSR)
ISSN (Online): 2319-7064
Impact Factor (2012): 3.358

Pain Management And Evaluation Cancer Patients From Staff In Oncology Nursing Service University Hospital Centre "Mother Teresa "In Tirana, Albania

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Abstract: ***Objective:*** ***What is pain, identifying its cause, the initial assessment of pain which included history, location and intensity of pain assessment pain. Recognition and by visual analog scale, verbal numeric scale and verbal expressions instance, the treatment of pain in the way pharmacological and non-drug ways to facilitate the its.*** ***Purpose:*** ***Evaluation of the level of knowledge of nursing staff, the nursing staff informed whether understands pain management principles and applying the latest standards and best practices when caring for patients with cancer.*** ***Material and methods:*** ***cross-sectional study (transverse). Data collection was conducted through a structured questionnaire self manageable nursing staff in the oncology service was estimated through sampling UHC Win Pepin for a sample of 280 cases and responsiveness (response berth) was 252 cases, which means 90% responsiveness.*** ***Score:*** ***252 nurses completed the questionnaire 22% were qualified for pain management in cancer patients, while only 78% had formal training in management pain.From about this survey 80% of nursing staff gave definitions of questions and 20 % will be able to give a positive evaluation for the management of cancer pain and the use of scale for the assessment of pain.This study show insufficient knowledge of cancer pain management in nursing staff.*** ***Conclusions:*** ***As a result of numerous principles in the field of pain management nursing staff may have incomplete information or the inaccurate assessment of pain, the use of opioid and other analgesic, and that contributes to an inefficient management of pain and its sub-address. Nurses must recognize the need to enrich their influence basis for pain management, participating in continuing education courses and reading professional journals and clinical practice guidelines.***

Keywords: Pain, assessment, analgesic, nursing management

1. Introduction

What is pain, identifying its cause, initial assessments included pain where the history, location and intensity of pain assessment pain. Recognition and by visual analogue scale, numeric scale verbal and verbal expressions instance, in the treatment of pain and pharmacological mode non-drug ways to facilitate the pain. Stafi nursing is responsible to ensure that patients receive the evaluation and appropriate nursing interventions, which effectively treat the patient's pain and meet recognized standards of nursing care for the management pain. personal opinion, together with lack of education often lead them to an incorrect assessment of nursing pain. Staff must accept the reporting of patient respect for the pain and continue with interventional pain alleviation. This makes it so that the patient will not suffer without being required and helps in providing a higher quality of care.

2. Purpose and Objectives

Assessing the level of knowledge of nursing staff, the nursing staff informed whether understands the principles of pain management and applying the latest standards and best practices when caring for patients with pain cancer. The recognize, identify its cause, type and some of the methods of evaluation of pain, treatment with pharmacological and non-pharmacological methods, the role and awareness of nursing staff and family members to care for their patients.

2.1 What is pain?

Pain is a subjective experience and personal injury caused by the apparent, or potential tissue of the body. Individuality is underlined by the experience of pain when Mc Caffery gives the definition "pain is whatever the experiencing person says it is, wherever there is a person who sees it says it is." Reporting of pain by the patient himself should be considered sufficient for establishing a diagnosis of pain as agencies nursing. One American health care policy and research guidelines supports the aforementioned statement with "indicator only valid for the existence and intensity of pain and the situation resulting from this is self - reporting the patient, unless the patient is unable to communicate. "Pain can be classified according to origin, somatic, visceral, and neuropathic. (2)

2.2 Identification the cause of pain

A localization of pain fits with damage, or has an unknown source of pain. Nurses should not forget that patients may have existing medical condition such as arthritis, and appropriate tools for pain assessment will help identify the involvement of these. Visual scale analogue or verbal staff can help to objectively measure pain, so they do not underestimate the intensity of pain and can also evaluate the effectiveness of analgesia. One fallacy more common is that all the pains have an identifiable physical cause or the etiology of the pain can be diagnosed and isolated. We erroneously thought that if there is pain, can be found and a cause: if you do not find the cause, we incorrectly conclude

that where there pain. Any pain is real, regardless of its cause and regardless of whether the cause is identified. many patients who are forced to endure chronic pain become depressed and anxiety. If to these patients and found no cause for the pain to a place they are often an emotional response that makes medics believe the pain is psychogenic and it is all in the head of the patient. However, psychogenic pain is very rare and cannot put her diagnosis we simply lack the ability to find a physical cause.(1)

2.3 The initial assessment included pain

- **History:** Through a careful history of collected data for localizing the spread and type of pain, duration of pain and what pain and relax.
- **Localization of pain**: anatomical diagrams are used to illustrate the localization of pain. Many patients have more than a painful place, different countries are shown in letters e.g. A, B, C.
- **Intensity**: the person experiencing the pain is the only one able to accurately describe the intensity of its. The most common types of pain are escalating: numerical scale, the rate and degree of verbal description with facial expression. In fact they are often combined. Information is taken as pain, as arises, how long, rhythm and facilitate it. After facilitate complete this assessment, develop a plan for managing the initial short pain. Plan is a successful collaboration between the health care team, the patient and the family. Provided some cases the patient that the effectiveness of this plan will be evaluated consistently and appropriately achieved until an acceptable level of comfort.(5)

2.4 Some of the methods of pain assessment are

2.4.1 Visual analog scale (VAS)
This level serves to make the visual appearance of the magnitude of pain by patient. It can be to express the degree of pain or the extent of appeasing her. This level is presented as a visa, usually 10 cm long, with or without separation for each cm. In both ends may have numbers: 0 at one end and 10 at the other end, or may be the words: "no pain "at one end and" the strongest pain that can imagine "at the other end. There may be other kinds of lines p.sh.si magnitude of 10 cm divided into 10 units. Patient is required to Put a visa, which according to him represents the level of pain that he feels. Distance the edges can be measured and qualify pain. This Rating scale is very simple to use and can be used to express the level changes pain as a result of therapy. **Verbal numeric scale (VNS)** .This similar magnitude usually bi VAS scale, but the difference is that here the patient must choose a number of male from 0 to 10 to express the level of pain you feel. Even this scale is very simple to use, because it is easily understood by patient, and preferably to used for evaluation of pain in the early period post operatore. **Rate verbal expressions (VRS)** .This type evaluation is the most common, because it is simpler and more preferably be completed by patient. According labeled magnitude pain: mild, moderate or hard. Missing or without pain, stressful, horrible, excruciating, however, is limited because VRS offers a limited number of words to present pain, and does not allow the determinations made with its detailed. (6)

2.4.2 Treatment includes pain medication

a) Analgesic opioids (narcotic)
Opioid analgesic medications are useful for period preoperatore, because it can provide excellent analgesia, can be managed more street and methods.

b) Tricyclic antidepressants
Which are used successfully as we management that blunt neuropathic pain (such as peripheral neuropathy) and in the treatment of painful conditions associated with sleep disorders.

c) Antikonvulsivet
Who sometimes are helpful for pain neuropathic. Adjuvants not -opioide. Unlike opioid, non-opioid having a ceiling for maximum effect of analgesia, p.sh beyond a certain dose of not more analgesia obtained unlike opioid Also, the use of non-Opioid not results in analgesia or tolerance to physical dependence. (3)

2.4.3 Non-drug ways of pain relief are

a) Stimulating the skin
Involves stimulating the skin to relieve pain. He includes heating, cooling, massage, vibration, irritating surface electrical nerve stimulation and transkutan (tens).

b) Alternation of the heat island and cold
It can be more effective that their use separately. The massage is soothing and relaxing both physically and mentally. Massage reduces pain by relaxing muscle tension and increased capillary circulation, which improves a general circulation.

c) **Distraksioni**
Attracting attention from the pain involves focusing attention on stimuli other than the feeling of pain.Incentives may be hearing or visuale. Distraksioni does not remove the pain and the effectiveness of distraksionit not indicates the absence of pain. Music therapy is one of the most common complementary therapies and is perceived as effective or very effective.

d) **Relaxation**
Relaxation is a state of relative release as anxiety and skeletal muscle tension, calm the mind and a muscle. Relaxation can be used as adjuvant therapy for pain, it is not intended to eliminate the need for analgesics.(4)

2.4.3 Knowledge of nursing care standards included
The standard of care is effective assessment of pain and its management, this includes but is not limited to: **1**-In patient acceptance of pain, and level of determination using an assessment tool for the identification dhimbjes.**2**-possible sources of pain that the patient .**3**-evaluation of pain at regular intervals in each new report of pain or if the pain is expected to appear or rishfaqet.**4**-barriers to effective pain management, which may include personal barriers, cultural and institutional.(7)

2.4.4 Nursing interventions for pain management are

1) Educating the patient and family members.
2) Crossing the barriers for an effective pain management.
3) A management plan for the pain and expected performance plan.
4) Assessment of the effectiveness of nursing interventions and strategies.
5) Documentation and reporting of interventions, responsibilities the patient and his progress.(7)

3. Material and Methods

Cross-sectional study (transverse).Collection of data was conducted through a structured questionnaire self manageable nursing staff in the oncology service was estimated through sampling UHC Win PEPI for a sample of 280 cases and responsiveness (response berth) was 252 cases, which means 90% responsiveness.

Questionnaire

1- Specialty, ward where the nurse works. _____

2- Age of the nurse. _____ 3-Educational niveli ._____

4. Eksperienca work in years. _____

5.Trajnime in connection with the management of pain. _____

Answer the following questions by placing the sign "X" to answer that you think is correct .This is a questionnaire without name that satisfies him and simultaneously without any consequence or impact of what satisfies this questionnaire following data will be used for a study on nursing management of pain in patients with cancer.

S.No	Questions	Yes	No
1	Increase of vital signs (tachycardia, rise in blood pressure) it's a sign that patient is experiencing pain		
2	Intramuscular injections are an effective route for pain medication administration		
3	A patient cannot manage to sleep when experiencing pain		
4	Depression is common for patients with headache		
5	A nurse can identify the amount of pain a patient is experiencing, only by observing him/her.		
6	Patients that are impatient for their next dose of pain medication, are addicted to analgesics		
7	Opioid dose may be increased, without fearing overdose, until pain control has been reached. Opioids do not have minimal or maximal dose.		
8	A patient that has developed psychological addiction to opioids, needs higher dose of opioids for pain control		
9	NSAIDs (aspirin, indomethacin, ibuprofen, etc.) when used for mild pain control, manifest side effects.		
10	If patient is not complaining for pain after injection with sterilized water, physiologic or i/m sol, his pain is not real.		
11	Patient that can distract his focus from paim, has no severe pain.		
12	Respiratory depression is not common in patients with consistent prolonged doses of opioids		
13	Patients should be encouraged to endure as much as he/she can the pain, before using opioid (Morphine)		
14	A patient that uses opioid for pain control is not addicted to it even if he/she is taking it for a long time.		
15	In a scale from 1 (I am strongly uncertain) to 5 (I am strongly certain), how would you rate your accuracy of most answers?		

4. Results

Below we give the results of the study and data analysis that got through a questionnaire that supplemented the nursing staff in service onkology HUCT, which are presented in tabular and graphic, to understand precisely how nursing staff knowledge about pain management the following data are presented according to different age groups of nursing staff, their educational level, years of work experience and training in various related pain in all wards involved in oncology services to UHC.

Table 1: Distribution of subjects by Department

Department	*%*	*N*
Oncology*	63.49%	160
Surgery	15.48%	39
Gynecology	10.71%	27
Urology	11.11%	28
Total	100.00%	252

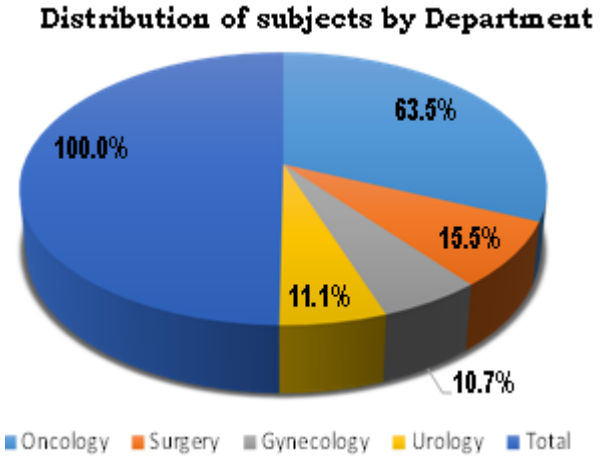


Table 2: Distribution of cases by age-group

Age-group	*%*	*N*
Under 25 years	1.98%	5
25 - 29 years	8.33%	21
30 - 39 years	32.54%	82
40 - 49 years	34.13%	86
50 - 54 years	11.51%	29
55 years and over	11.51%	29
Total	100.00%	252

Average age of the participants was 45.6 ± 3.52.

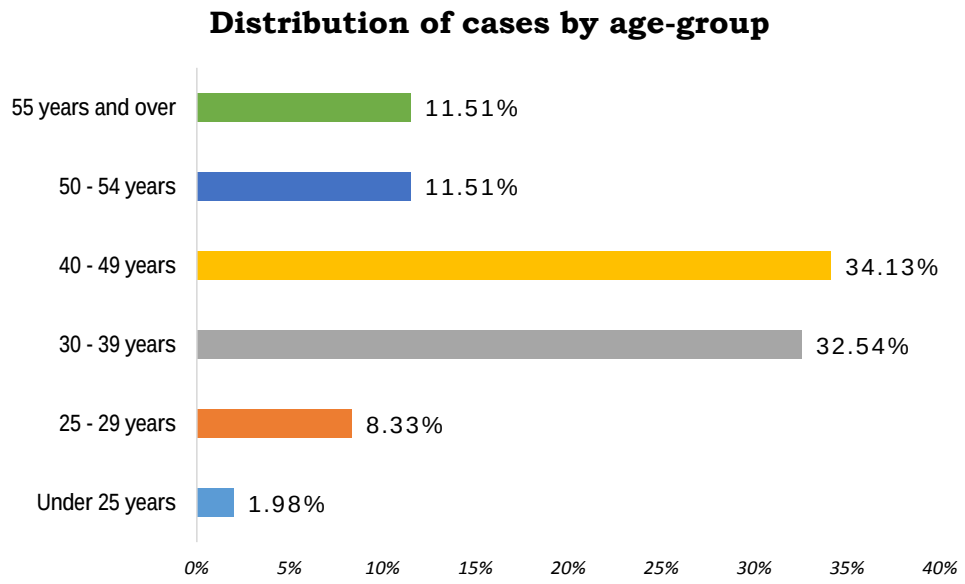


Table 3: Distribution of cases by educational level

Education level	N	%
High school	22	8.7%
University	162	64.3%
Master or higher	68	27.0%
Total	252	100.0%

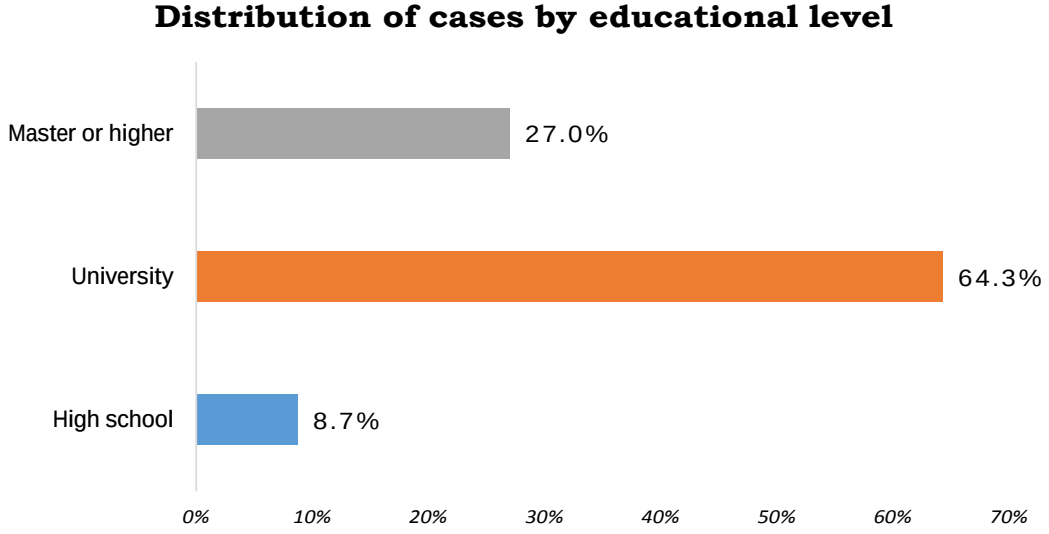


Table 4: Distribution of cases by work experience

Experience	*N*	*%*
Under 5 years	87	34.5%
5 - 10 years	131	52.0%
10 - 20 years	23	9.1%
Over 20 years	11	4.4%
Total	252	100.0%

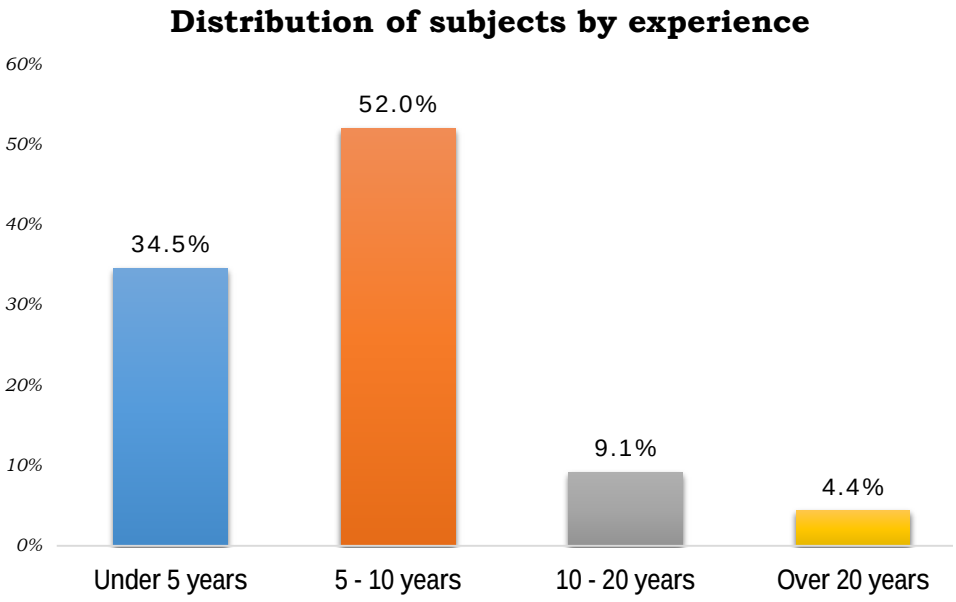
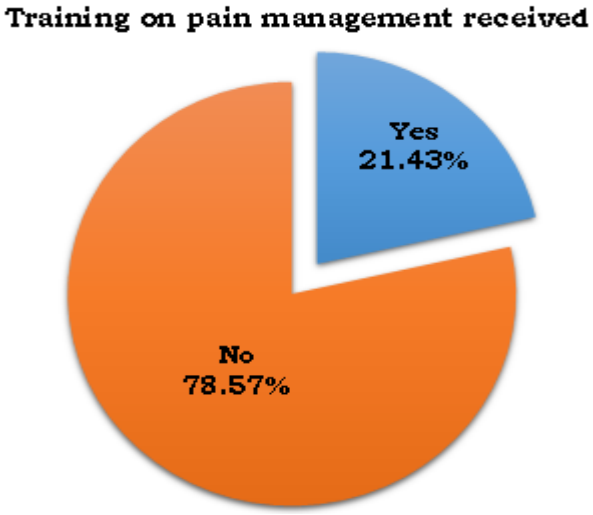


Table 5: Distribution of cases by training received on pain management

Trainings received	*N*	*%*
Yes	54	21.40%
No	198	78.60%
Total	252	100%



Question Correct answer %

1.Increase of vital signs (tachycardia, rise in blood pressure) it's a sign that patient is experiencing pain	98.2%
2. Intramuscular injections are an effective route for pain medication administration	88.5%
3. . A patient cannot manage to sleep when experiencing pain	79.6%
4. Depression is common for patients with headache	56.2%
5. A nurse can identify the amount of pain a patient is experiencing, only by observing him/her.	87.6%
6. Patients that are impatient for their next dose of pain medication, are addicted to analgesics	99.1%
7. Opioid dose may be increased, without fearing overdose, until pain control has been reached. Opioids do not have minimal or maximal dose.	61.4%
8. A patient that has developed psychological addiction to opioids, needs higher dose of opioids for pain control	65.7%
9. NSAIDs (aspirin, indomethacin, ibuprofen, etc.) when used for mild pain control, manifest side effects.	77.7%
10. If patient is not complaining for pain after injection with sterilized water, physiologic or i/m sol, his pain is not real.	83.4%
11. Patient that can distract his focus from paim, has no severe pain.	92.5%
12. Respiratory depression is not common in patients with consistent prolonged doses of opioids	55.2%
13. Patients should be encouraged to endure as much as he/she can the pain, before using opioid (Morphine)	79.1%
14. A patient that uses opioid for pain control is not addicted to it even if he/she is taking it for a long time.	87.2%
15. In a scale from 1 (I am strongly uncertain) to 5 (I am strongly certain), how would you rate your accuracy of most answers?	3.5

Average correct answer rate was 79.4%±0.15%

5. Discussion

252 nurse questionnaire 22% were eligible for management of patients with cancer pain, while only 78% had formal training in management pain. From about this survey 80% of nursing staff gave definitions of questions and 20% will you can give a positive assessment for the management of cancer pain and the use of scale for the assessment of pain. This study showed insufficient knowledge of cancer pain management in nursing staff.

6. Conclusions and Recommendations

Consequently many of the principles in the field of pain management nursing staff may have incomplete information or incorrect data for assessment of pain, use of analgesic Opioid and others who contribute to an inefficient management of pain and in the treatment of pain. Nurses must recognize the need to enrich their influence basis for pain management, participating in continuing education courses and reading professional journals and clinical practice guidelines guide. These help to remove many wrong ideas about assessment and pain. Improvement treatment of pain management is a process that will continue for many years and for an effort that knows no end .Component practitioners and knowledge are key to a good performance patient. Improvement knowledge of nursing students and their attitudes about pain management can improve patient pain relief in the future, thus giving an impetus to change decades of under-treatment of pain within the nursing profession. The nursing staff can do much to relieve the pain experienced by almost every patient .Nursing have different roles in the management of pain ranging from preparation of simple comforts to medication administration and observation .We all aspects of holistic care treatment and can reduce the human suffering of the patient. One of the major challenges nursing staff which is providing comfort to the patient.

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