

# The Role of Nursing in Pain Management for Cancer Patients: Strategies and Challenges

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## ABSTRACT

As care providers, nurses play an essential role in the management of cancer pain and in the implementation of various strategies. Along with nursing practice, a positive attitude helps patients feel safe. Pain is one of the most common reasons that individuals seek health care. It also causes people to lose work and productivity, and it affects the quality of life. Effectively treating pain can be one of the greatest contributions of the health team. Knowledge of the management and treatment of cancer pain is very important. Unrelieved pain can interfere with sleep, affect patients' activities of daily living, decrease appetite, and bring significant suffering. Thus, cancer pain management affects individuals, families, and society. Thorough pain evaluation, knowledge of pharmacologic and non-pharmacologic pain management, and an effective approach to the demands of cancer patients' pain will help improve the quality of life for suffering patients. Nonetheless, pain remains a critical problem among cancer patients. Approximately 70% of cancer patients experience moderate to severe pain, which reduces the quality of life, impairs function and mobility, and leads to psychiatric illness. Pain management is essentially associated with guarantees for the human rights of the patient and is part of the commitment of healthcare professionals to life. A major challenge facing practitioners and other members of the health team is to propose new insights and future directions in managing cancer pain, which require new

pathways and new mechanisms of action. (Pagani et al.2022)

## 1. Introduction

Pain is a common and distressing symptom among cancer patients, deteriorating their overall quality of life and taking a toll on their physical, intellectual, psychological, mental, and cultural prosperity due to biological and psychosocial adversities. The assessment of pain among cancer patients, therefore, is an essential component of cancer treatment. Cancer pain is defined as the pain directly caused by the malignant tumor, resulting from treatments such as surgery, chemotherapy, or radiotherapy, and may have other causes not related to the tumor, but not related to the treatments. Effective cancer pain may perhaps necessitate a multimodal care strategy. Indeed, cancer pain can be rather complex, requiring a variety of interventions.

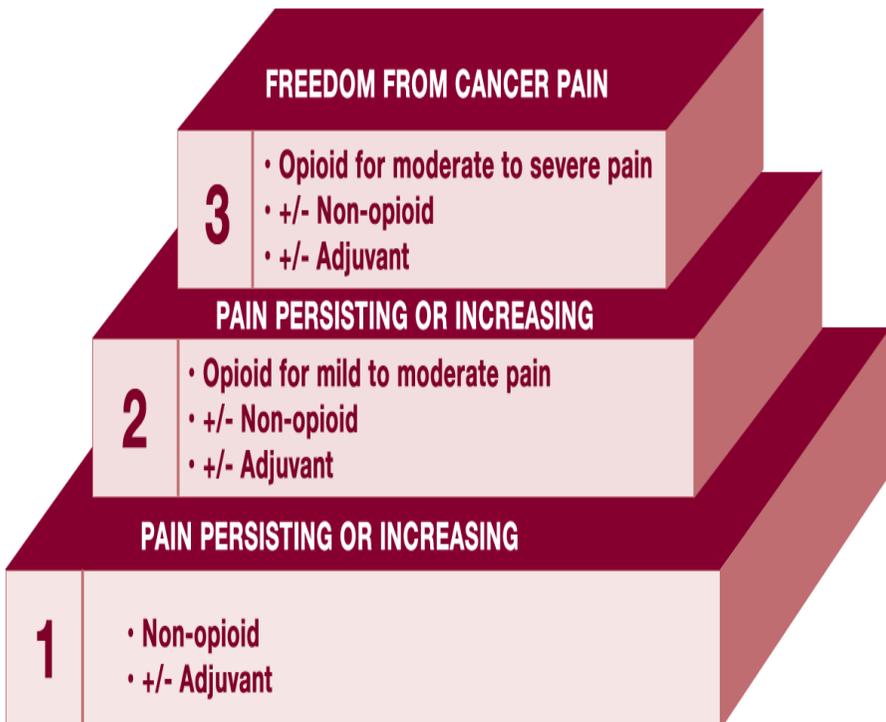
The multifaceted nature of cancer pain demands the collaboration of the whole healthcare team to warrant the provision of holistic care. In holistic care, nurses may have significant roles to execute. The management leads to different patterns of responses. Certainly, nurses should know different individual patterns of response according to religious and cultural backgrounds. A nurse has different roles in the multifaceted paradigm of pain management. One of them is assessing pain. Moreover, a good nurse is also an excellent care provider. Nurses help manage cancer pain with demands to appreciate some pain relief operational principles. Lastly, the nurse is also a good communicator. Providing relief from pain among patients is essential in cancer treatment. Pain is the prime reason why patients come to cancer centers, and even those with advanced illness are concerned about pain associated with cancer. Nurses have a critical position in providing care to these kinds of patients. (Gunawan, 2023)



## 2. Understanding Cancer Pain

Pain is subjectively based, having objective properties, although its qualitative aspects cannot be quantified. The complexities in defining who is in pain and who is not cause the area to be referred to as the ugly fifth vital sign. This often-subjective aspect of pain indicates not only that there is a need for training and understanding but that health professionals should understand there are multiple layers involved in the pain experience. Nurses are on the front line of the assessment and treatment of pain, and it is important to recognize that not only is pain subjective and hard to measure, but cancer pain represents a complex entity in itself.

Cancer pain can be acute, chronic, or neuropathic in nature, or a combination of the two. Typically, however, the significance and relation of these pains are broad and affect many areas of life, including biological (sleeplessness, fatigue, and appetite suppression), social (relationships through withdrawal or anger), psychological (stress, anxiety, and clinical depression), existential (uncertainty and the perceived meaning of life), and spiritual (fault lines in faith). Biological, psychological, and social factors are often stated as contributing to individuals' experiences and need to be understood within the experience. For example, in the emotions associated with aloneness experienced by cancer patients, such as sorrow, anger, guilt, fear, and anxiety. Often, the emotional and psychological impact is the most significant aspect associated with cancer pain, more so than the disease itself or its associated treatments. (Cohen et al., 2021)



## **2.1. Types of Cancer Pain**

Pain is a major and complex symptom in cancer patients receiving active treatment and those in survivorship. According to its time of onset, two main types of cancer pain can be identified: acute pain, which is typically sudden in onset and generally associated with a specific event such as tissue injury, surgery, chemotherapy, or radiation therapy; chronic cancer pain, which persists beyond the expected time period for healing following injury, and may serve as the initial symptom of an untreated cancer, or present at different cancer stages as a symptom of the disease itself or its treatment. Although the lack of a universally accepted definition of neuropathic pain in the cancer population still represents an unsolved issue, current guidelines are unanimous in considering that the number of patients affected by some form of neuropathic pain during their cancer journey is definitely relevant. Similar to the general population, the first-line treatment of neuropathic pain in cancer patients follows the WHO stepladder scheme for cancer pain with small variations. However, many cancer patients with neuropathic pain do not achieve sufficient relief with the first- and second-line treatments, thus requiring ad-hoc drug-based and non-pharmacological strategies. (Kreutzwiser & Tawfic, 2020)

Despite cancer pain reflecting all clinical characteristics typical of "pains," currently, there is a growing trend to distinguish between different types/classes of cancer pain in patient management to offer tailored interventions. Precise and in-depth knowledge of all cancer pain's manifestations is of paramount importance for nurses to support cancer patients from the onset of this dramatic symptom throughout its subsequent evolution. Nurses should be able to distinguish between the various clinical presentations of pain, how pain affects the patient's mental and physical health on a daily basis, and between the many strategies to propose to integrate the pharmacological plan to ensure a complete and useful approach to severe cancer patients. (Zajacova et al., 2021)

## **2.2. Impact of Cancer Pain on Patients**

Pain is a common and challenging symptom often found in patients diagnosed with cancer. Unmanaged cancer pain can negatively affect a patient's quality of life by impeding their daily functioning and social activities and by predisposing them to depression.

Who a person appears to the world might be magnified by the degree of pain he is experiencing. Managing the pain of their body image is among the most stressful aspects of life for cancer patients. The patient's perception of the way family members, friends, and healthcare providers react to their pain is of major importance. The feeling of being stigmatized by society is also a major obstacle to communicating pain. Cancer patients are likely to be particularly concerned about the structural changes in relationships with their family members and how the control of their pain disrupts present family relationships. This brings up the importance of nurses in the management of cancer pain, particularly in cases of severe pain. (Ho et al.2022)

Patients expect much from nurses, but the current reduction in nursing resources undermines the patient-nurse relationship. A significant percentage of patients felt that not enough time was spent by their nurse in providing emotional support, providing

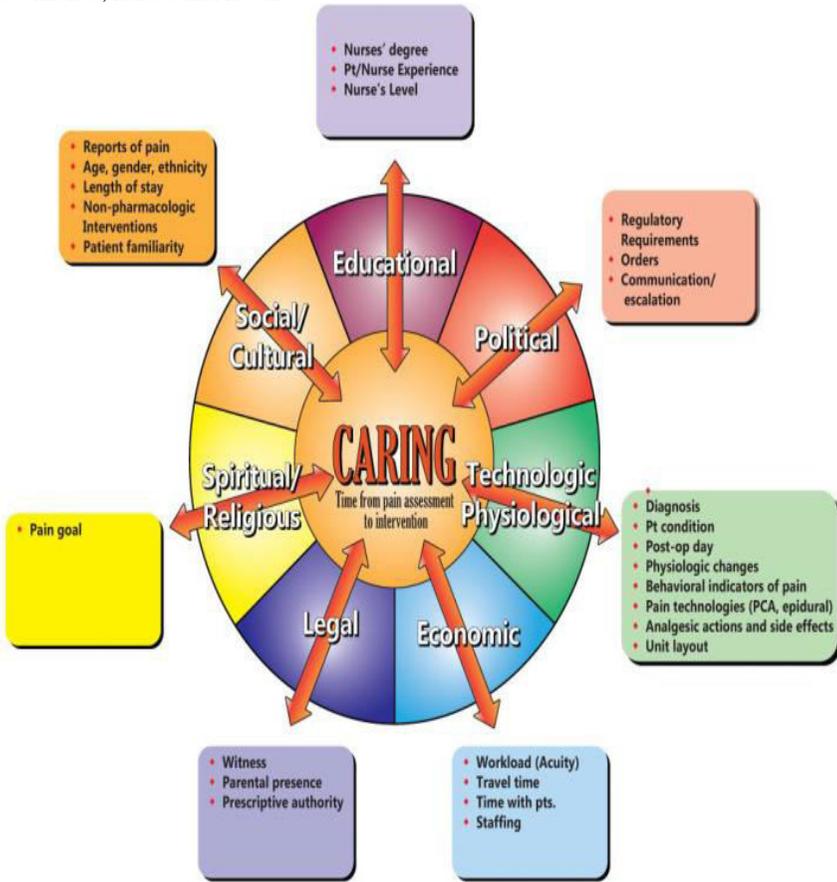
them with pain control knowledge, and making adjustments in their pain medication. Cancer patients require more time for pain management activities than is currently provided. The concept of proper pain management is not taught in undergraduate curricula, making educational changes necessary in future advanced nursing practice programs. Other data indicated a general lack of knowledge and confidence in recognizing and managing cancer pain by junior nurses. (Culp & Abdi, 2022)

### **3. The Role of Nursing in Cancer Pain Management**

Cancer is a major public health problem worldwide with increasing prevalence. Cancer pain not only reduces the quality of life but is also a major focus of nursing care. The nursing care of cancer patients is patient-centered, but in practice, patients still experience unrelieved cancer pain. There are many strategies that can be implemented by nurses to optimally manage the pain of cancer patients. However, these strategies still face obstacles to implementation by nurses in the care of cancer pain. (Hui et al., 2021)

Nurses have common roles in managing cancer pain and caring for patients with cancer. Reaching a perfect goal can vary depending on the relevant health team practice. Nevertheless, generally, the roles of nursing in managing cancer pain are to identify pain as a symptom of the disease, assess pain, monitor the progress of care, provide health education to patients and their families, provide therapeutic interventions to eliminate pain, and ensure quality of life and death, serve as health counselors and rehabilitators, be the basis of referrals, and care for patients reporting pain after outpatient visits. (Wooldridge & Branney, 2020)

Cancer is considered a disease with many symptoms that can present as different patterns in patients, even of similar age and gender. Additionally, symptoms can affect each other and can also result in pain. Cancer pain can be closely related to symptoms that cause discomfort to patients. In general, pain is experienced during cancer because the cancer itself is localized or has metastasized. As a result, the role of nursing in cancer pain includes nurses who assess and treat cancer patients directly, where the two roles are often combined into one. In practice, cancer care is generally implemented in an interdisciplinary approach that involves healthcare professionals to plan treatment or provide comprehensive care to patients. Nurses in this approach are responsible and work closely with doctors, physical therapists, social workers, or nonprofit organizations that assist patients in planning care. In the Plan of Care, nurses are key health workers in every intervention related to the prevention of cancer and cancer pain. The nurse strives to perform an optimal role by expanding information regarding the disease to patients and their families. This is done so that patients and their families can participate in planning pain relief. Protective care includes providing information about the disease's progress as well as the cancer stages suffered by the patient. Nurses should prevent the occurrence of emotional stress and periods of tension related to symptoms that arise. Based on the activities that nurses perform in practice, oral questions guiding this research should be constructed. (Gerber et al.2022)



### 3.1. Assessment of Pain

The assessment of pain in most patients, especially those in advanced stages of the disease, is complex and involves numerous variables. Cancer-related physical, emotional, and psychosocial symptoms contribute to the recognition of their symptoms. Issues such as the patient's primary diagnosis and functional capacities, the nature, location, and stage of their cancer, and previous and potential future cancer-directed treatments affect symptoms. Pain assessment differs in many respects from other forms of pain, including the types of valid assessments. It is imperative, therefore, to have an accurate and complete assessment of pain. To achieve the proper and adequately adjusted management of pain, it is necessary to determine its intensity or severity, character, and aggravating and alleviating factors, as well as the treatments the individual has already received, their effectiveness, and the consequence of the pain on physical functioning and social interaction in daily activities. (Karunarathna et al., 2024)

Pain intensity may be obtained using both self-report validated scales and scales based on the clinical observation of a patient's behavior. Indeed, individuals with communication or cognitive frustrations related to their pain may provide unreliable

ratings. The gold standard for pain intensity assessment is the self-report of pain. Nurses have a key role in assessing the pain of people with cancer. They should foresee the challenges of pain assessment and take appropriate strategies to ensure optimal pain management. The caring approach, promoting communication and counseling toward cancer patients, is essential to gain a complete pain report. In fact, several challenges should be foreseen and addressed by nurses caring for cancer patients in the assessment of cancer pain.

### **3.2. Pharmacological Interventions**

A range of medications is used in the management of cancer pain. Opioids are commonly used and are classified according to their strength or analgesic action. At present, morphine is widely accepted as the drug of choice and is a prototypical opioid. Non-opioids, such as acetaminophen and nonsteroidal anti-inflammatory drugs, inhibit the action of cyclooxygenase, an enzyme involved in prostaglandin synthesis. Adjuvant medications, such as anticonvulsants and tricyclic antidepressants, are also used in cancer pain. Medication administration relies on the “3 As”—analgesia, activity, and adverse effects. The effectiveness of the medication is re-evaluated shortly after the drug is administered. Drugs are titrated or the dose is modulated to achieve a balance between pain relief and function. Around 57% of cancer pain is relieved with the use of the “3-step” analgesic ladder.

Effective pain management is based on an individualized pain management plan derived from an initial pain assessment using a pain assessment tool. Advanced knowledge of the different types of pain and their various causes informs the use of different pharmacological and non-pharmacological therapies. Confounding factors must be considered in the development of a management plan, such as an individual’s drug tolerance and co-existing pain. Indeed, recent pharmacological advancements reveal that there are patients with extreme and intractable pain sensations that are often resistant to the use of a strong analgesic. However, the ability to manage cancer pain poses a challenge because of the difficulty in determining the role of nurses in pharmacological intervention. Although pharmacological pain management is considered effective through its evidence-based approach, it also has certain limitations, such as drug tolerance and dependence. Abuse of painkillers has resulted in criminal activities and even human death. Several facilities and hospitals have set restrictions on the flow of certain strong opioids, mainly because of the various side effects of the drugs on patients. One of the primary roles of nurses in pain management is to reduce the aforementioned issue by ensuring the safe use of such drugs while caring for the patients. To do so, they must be able to work from an intensive partnership concept to ensure safe drug use. They must also provide counseling to patients regarding addiction and pain control. (Amaechi et al., 2021)

### **3.3. Non-Pharmacological Interventions**

Once the underpinning cause of the pain is managed, additional therapies can be implemented that do not require medications. These complementary interventions can also enable increased medication efficacy, therefore making a multimodal approach necessary. These interventions frequently give the patient an opportunity to participate in their own care, may provide a sense of control in what might be perceived as an uncontrollable situation, and can be self-activated, allowing treatment in home

settings. When providing these interventions, the nurses' role also encompasses assessment for choice and continued pain, or these techniques may become 'another intervention' layered onto a crowded regime that may have limited therapeutic response. Assessment of therapy response is also challenging. (Guerra-Martin et al.2021)(Cooke et al.2020)

It is inappropriate to compel patients to undergo these treatments even if they are effective, as fear or discomfort may exacerbate pain. If a patient is keen to explore options, nurses are well placed to act as support, engaging in non-specific, holistic communication that may positively influence change. Patients with a more palliative need may also benefit from some of these therapies, taking a direct mind-disease communication stance, concentrating on breath to generate functional benefits, comfort, and relaxation. During treatment, pessimism over worth or unreasonably high patient expectations needs addressing by exploring patient goals through a compassionate approach. Finally, the use of placebos can have a place in relieving pain. Concerns regarding the area of placebos have been raised, yet functional strengths including safety, side effects, and cost savings have also been proposed where utilized honestly in the clinical environment.

#### **4. Challenges in Pain Management**

Pain management presents numerous difficulties. Access to healthcare and available resources are often limited. Pain guidelines indicate that a comprehensively trained primary care professional should manage pain. This often is not feasible due to a lack of training in pain care at medical school, gaps in continuing education, the changing nature of pain medicine, such as advancements in cancer treatment, and the volume of people who would carry this workload. Cancer pain management guidelines often do not reach patients due to variability in professional training and dissemination of guidelines.

Nurses encounter numerous challenges in providing efficient patient pain management. Cancer pain is complex and is influenced by all realms of the biopsychosocial model of pain care. Commonly, nurses receive pain care orders, have no input, and are limited in implementation or are resource-limited to fully manage cancer pain. Pain is a highly communicated and under-communicated patient symptom. Communication misunderstandings at this magnitude are likely due to societal misconceptions, pain treatment difficulties, and fear of addiction, all of which need to be critically addressed. Even with effective communication, pain at times is inadequately treated due to poor knowledge. As treatment options improve, such as chemotherapy, nurses need to continuously critique their knowledge of new treatments, including targets of chemotherapy medications and side effects. Healthcare systems, as well as nursing care, require multisystemic change, including complete pain care education with medical providers, patients, and policy-set pain care education to change societal misconceptions, and setting targets for training healthcare providers. (Rababa & Al-Rawashdeh, 2021)

#### **5. Strategies for Effective Pain Management**

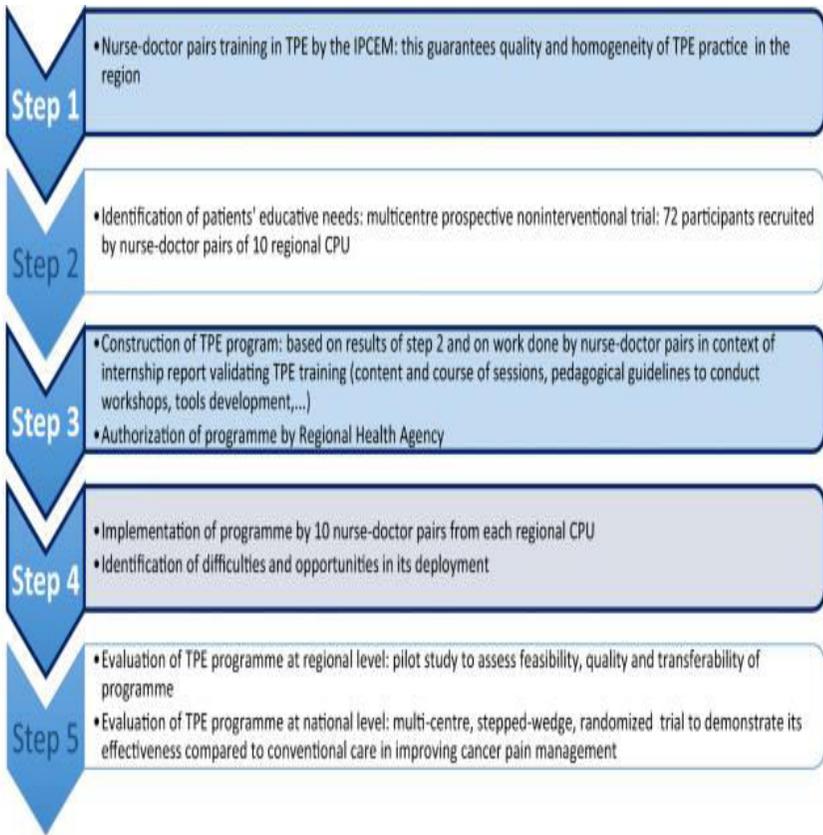
Appropriate and timely pain relief in cancer patients often requires a comprehensive intervention plan that benefits from input from other health care professionals,

including pharmacists, social workers, physical and occupational therapists, physicians, and nurses. An integrated care approach can address both the physical and emotional effects of pain. Patients with cancer pain are usually asked if they want to manage pain with medication or other physical and psychological therapies. If they say they would like to have a comprehensive approach, an algorithm is the guide for further management. Share the pain evaluation information of the biopsychosocial framework with other team members, including pharmacists. Education of patients has long been a cornerstone of pain management. Supporting the open communication of patients and a health care team is an essential aspect of empowering patients in their care. Nurses, whose continuity of patient care is often longer than other health care professionals, are in a unique position to provide education and discussion with patients that supports the principles of effective pain management. The systematic assessment, classification, and knowledge of these parameters should allow nurses to implement specific strategies for improving the assessment and management of patients' pain experiences. Patients with uncontrolled pain will often express dissatisfaction with the quality of their nursing care. Nurses play a crucial role in pain assessment, policy management, and provision of evidence-based guidance to patients so that treatment strategies are individually effective and timely. Education and open communication can help to develop issues of trust and openness, help to determine the truth and credibility of patient reports, and allow the implementation of tailored care. Cancer organizations advocate for the need for pain reassessment within a couple of hours after initiation of pain management or an increase in pain intensity. In reality, a significant percentage of patients continue to experience pain relief, with recent estimates suggesting that there is a considerable delay in developing patterns of step pain management, with only a portion of the population achieving transitory management. Given that a notable number of people living with cancer have pain that remains uncontrolled, these studies may be underestimating the real-life situation. (Nazly et al.2021)

### **5.1. Multidisciplinary Approach**

In the first place, one must bear in mind that the management of cancer pain is a complex goal. Since pain may be influenced by physical, emotional, and lifestyle factors, all members included in the direct care of the patient (doctors, nurses, psychologists, physiotherapists, etc.) should determine, according to their own experience and competencies, the critical issues. A rehabilitative physiatrist can help with therapeutic exercises, and shared decision-making can improve patients' confidence and therapeutic compliance. Such an approach can assist in adopting a personally tailored lifestyle and improve patient outcomes and compliance with medical treatments. To ensure continuity of care, communication among all members of the team caring for cancer patients is crucial, as well as the evaluation of the patient's symptoms. Treating the particular disease of the specific patient shall not only require expertise but also empathy and closeness between those providing care and the recipient, who must indeed be considered a patient. Not by chance, in several clinical cases, especially concerning chronic diseases, a multidisciplinary approach is more effective than mono-disciplinary treatment in assuring a plan that is tailor-made to reflect the patient's specific needs, diverting from a more common approach. Moreover, each specialist can lead therapy when it addresses their field. Open

communication and willingness to share knowledge among a team of experts can guarantee, in the end, the best evaluation and outcome possible, aiding in tailoring treatment towards the complete and absolute benefit of the patient. The concept of comprehensive care is not new. It motivated various attempts to provide better care to the hospitalized patient who had a high incidence of both morbidity and mortality, as well as bedsores, severe infections, and long hospitalizations. The concept of a multidisciplinary team was initiated and developed in a hospital aiming to develop a 24-hour, 7-day-a-week palliative care service where all members of the team could be actively involved in all aspects of care. To do this, it was necessary for team members to take a step back and learn what each person could possibly do in the management of these patients. Before work commenced, education was necessary, as many of us were unaware of the roles of potter, cleaner, gardener, nurse, social worker, psychologist, physiotherapist, occupational therapist, and medical practitioners. This was required for all involved, as these were felt to be essential skills in learning to appreciate the wider role of each profession. (Rangabashyam et al.2024)



CPU: Chronic Pain Units; IPCEM: Institute for Advanced Training in Medical Communication and Education; TPE: Therapeutic Patient Education

## 5.2. Patient Education and Empowerment

Although having comprehensive knowledge about pain does not necessarily result in better pain control, better use of analgesics, or higher satisfaction with management, giving patients information about their specific pain problem can help them better accept the therapy they will receive. Allow health care professionals to work with them and not just as another task! Patients want to know about their pain. Yet we generally do not make the time to teach them about it. Education activates patient participation in their care and pain control by informing them about what they can do themselves. A better understanding of the mechanisms of pain can lead to greatly reduced fear and anxiety on the patient's side. We need, though, to individualize this approach in order not to stress the patient with information that has no meaning for them. Reinforce it with self-management techniques to make them more responsible in managing their condition. This further enhances their sense of control over their situation and decreases anxiety. Use language that they understand and explain the names of the drugs clearly in order to prevent any confusion related to medications. Then give them some information about what the drugs do in simple, non-medical terms. Yet misconceptions about the meaning of the term "analgesic" are still common among nine out of ten members of the public. Barriers against effective pain control in community samples indicated that a significant percentage of the respondents agreed that "amped and plain paracetamol were very similar, as both were painkillers." This is playing with words. In sickness, there is no place for words. They are extremely sensitive to the tone used by members of the health team to describe the medication. More than 90% of the respondents prefer to be informed about their disease and the therapy, but only a small percentage are offered educational programs, thus showing the systematic and scientific neglect of the rights and expectations of the exceptional patient. Although the majority of respondents expressed an interest in discussing their disease with other patients, a significant percentage agreed in being told that this would not be possible for various reasons, but the main concern of the health professionals is the worry about providing accurate details. There is no concern at all for the patients, the majority of whom are healthy when they are told about their disease and cope, on their own, with it, and most will not change their approach even if told "the accurate details." In summary, the majority want to be informed in general terms even about diagnosis and treatment. (Varkey, 2021)

## 6. Ethical Considerations in Pain Management

Several ethical considerations are related to pain management, indicating that it is based on the obligation of health professionals to relieve the suffering of individuals and promote well-being. Managing cancer pain involves a delicate balance between providing sufficient analgesia to alleviate the pain and adverse consequences, especially in the case of high-dose opioids. The fear that patients may become dependent on opioids may prevent or delay the necessary pain relief. To avoid this, initially, the patient, relatives, and caregivers should be informed of the potential risks of opioid use. Ethically, professionals must manage under the principles of autonomy, justice, beneficence, non-maleficence, and veracity. This includes the promotion of patients' autonomy in pain relief decisions. Patients should be given adequate pain management until death, following a pro re nata approach or by administering a pre-planned drug combination through palliative care protocols, and encouraging pain

relief according to bioethical choices that are cooperatively agreed upon with the patient. Furthermore, an overt emphasis on opioid dependence can lead to underestimating pain management problems and put oncologic pain management at risk.

Moreover, there is a potential for disparities related to the socioeconomic and cultural aspects in the pain management field because of beliefs, attitudes, past experiences, and informational needs concerning pain. Pain management decisions—including the choice of drug, routes of administration, and pharmaceutical form—must follow an ethical commitment; the decision should be based on evidence-based data. If the most appropriate pharmaceutical form is not available within the clinical setting, the interruption of pain therapy, which will be postponed until the medication is reacquired and available again, is an additional violation of the principles of beneficence and non-maleficence applied to the single case, thus aggravating the patient's harming condition. At an institutional level, the ethical aspects of pain therapy and the potential consequences for the patient's quality of end-of-life care should be considered by an ethics committee to provide assistance and to find a balance between patients' needs and the complex systems where health operators work. Ethically, integration should be aimed at healthcare workers, without hierarchies, especially including nurses in their educational path in pain therapy. Whether management-based ethical decision-making can equate to compassionate pain relief and enhance well-being as beneficence is still an area for discussion. However, an ethical approach to pain management is important to protect legal rights. Consequently, pain management becomes essentially ethical; this task may require an ethical framework consciously integrated into the clinical pathway. (Morales & Yong, 2021)

## **7. Future Directions and Innovations**

Research is the engine that should drive advanced nursing practice. The pain of cancer will remain a clear threat to cancer patients' quality of life, compounded by multidisciplinary collaborative research through evidence-based practice in nursing, thus learning and promoting nursing interventions. We, as researchers and clinical practitioners, are committed to promoting the initiative for researchers in pioneering the future in reducing cancer pain. New research should focus on finding a solution and integrating the latest findings for a faster effect on pain management, control, and the development of cancer trajectories.

Various strategies may reduce cancer patient pain through: A. Integrated measurement in clinical nursing settings such as telehealth, not only the pain score but also the diagnosis and etiologies; B. Self-Care Nursing management; and C. Cooperation limitations, i.e., telemedicine and tele-nursing. Some research will be steps ahead in pain control, such as animal studies, pharmacological approaches, genetics, and nanotechnology to overcome pain and enhance cancer patients' comfort. Future challenges for nursing academicians, researchers, policymakers, and clinicians involve using this information to develop, share mutual experiences, and model enhancements in adaptive health care settings. It is essential to promote realistic adaptation and to learn from various parties; however, all topics should link to the answers to cancer pain problems. The future concept of cancer pain management and research is highlighted by using the pain management and control paradigm. In this case, we stress

that a continuous and consistent attitude should be adopted by all nurses to reduce traditional and conventional approaches in nursing in combination with paramedical sciences as a whole. Policies supported by collaboration could be operated via funded competitive research-granting capabilities, including nursing care in pain management settings. (Shahzad et al., 2021)

## 8. Conclusion

In conclusion, pain management is a vital aspect of the near-curative approach to improve the quality of life for cancer patients. Nurses play key roles in managing cancer-related pain to alleviate suffering among their patients. Strategies that can be utilized by nurses for cancer-related pain management involve assessment of patients' reported pain, accepting pharmacological and non-pharmacological pain interventions, and educating patients regarding different pain treatments and symptom management strategies to be adopted at home. There are several challenges associated with managing cancer-related pain; these include problems related to knowledge, attitudes, psychological, and spiritual concerns. Thus, a family and supportive care multidisciplinary approach has been advisable to empower patients towards pain management. In conclusion, managing cancer pain is complex and requires a good understanding that needs to be guided by proper assessment to determine various associated etiologies. Indeed, for effective management to be carried out, a comprehensive history taken along with a biopsychosocial assessment, which is not only directed towards symptom attenuation control but also at improving the patient's quality of life, is key. We need to move towards a holistic multidisciplinary care, and more encouragement needs to be placed on clinicians themselves to manage all the different symptoms. Value systems and decision-making markers of adequate practice are easily detectable in this environment and require ethical preparedness and support. The future of improvements in managing cancer-related pain will include a multidisciplinary approach with emphasis on funding strategies for improved interventions as well as an increased emphasis on ethical issues. Overall, nurses and health professionals must work towards knowing and doing best practices. They are especially important by the bedside, where all the actions actually are. (Kelly et al.2022)

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