

“The Impactful Role of Nurses in Managing Pain Relief for Cancer Patients”

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Abstract

Cancer-related pain is a prevalent and debilitating symptom encountered by numerous people, profoundly impacting their physical, emotional, and psychological health. The management of cancer-related pain is essential in cancer care, with nurses playing a crucial role in implementing efficient pain reduction strategies. This study examines the significant role of nurses in administering pain management for cancer patients, emphasizing both pharmaceutical and non-pharmacological approaches. Nurses are integral parts of the healthcare team, tasked with evaluating pain, giving drugs, monitoring adverse effects, and offering emotional support. They also instruct patients and their families on pain management strategies, enabling them to engage actively in their care. It asserts that nurses are essential in enhancing the quality of life for cancer patients by providing ongoing, compassionate care and treating both the psychological and physical dimensions of pain. Overcoming obstacles to effective pain treatment and augmenting nurse education and training are crucial for improved cancer pain outcomes and patient satisfaction.

Keywords: Cancer pain, nursing interventions, pharmacological pain management, patients, non-pharmacological therapies.

الملخص

الألم المرتبط بالسرطان هو أحد الأعراض الشائعة والموهنة التي يواجهها العديد من الأشخاص، مما يؤثر بشكل عميق على صحتهم الجسدية والعاطفية والنفسية. إن إدارة الألم المرتبط بالسرطان أمر ضروري في رعاية مرضى السرطان، حيث تلعب الممرضات دورًا حاسمًا في تنفيذ استراتيجيات فعالة لتقليل الألم. تدرس هذه الدراسة الدور المهم للممرضات في إدارة الألم لمرضى السرطان، مع التركيز على كل من الأساليب الدوائية وغير الدوائية. الممرضات جزء لا يتجزأ من فريق الرعاية الصحية، مكلفات بتقييم الألم، وإعطاء الأدوية، ومراقبة الآثار السلبية، وتقديم الدعم العاطفي. كما يقومون بإرشاد المرضى وأسراهم حول استراتيجيات إدارة الألم، وتمكينهم من المشاركة بنشاط في رعايتهم. وتؤكد أن الممرضات ضروريات في تحسين نوعية الحياة لمرضى السرطان من خلال تقديم رعاية مستمرة ورحيمة ومعالجة الأبعاد النفسية والجسدية للألم. إن التغلب على العقبات التي تحول دون علاج الألم الفعال وتعزيز تعليم وتدريب الممرضات أمر بالغ الأهمية لتحسين نتائج آلام السرطان ورضا المريض.

الكلمات المفتاحية: آلام السرطان، التدخلات التمريضية، إدارة الألم الدوائية، المرضى، العلاجات غير الدوائية.

Introduction

Cancer is characterized by the unregulated proliferation of cells that can metastasize to various parts of the body. The disease is one of the primary causes of mortality globally. Approximately 8.2 million individuals succumb annually to the disease, representing 13% of worldwide fatalities. Furthermore, a 70% rise in cancer cases is anticipated during the next twenty years. Over 100 distinct cancer forms necessitate precise diagnoses and treatments (Oliveira et al., 2017).

Pain is an inevitable part of living with cancer. This discomfort may be a result of the cancer itself or its therapy (Toba et al., 2019). The frequency of pain experienced by cancer patients rises as the disease advances. Twenty percent to fifty percent of cancer patients report discomfort at admission, thirty percent to forty percent during therapy, and sixty to seventy percent in the last stages of the disease. Even after their cancer treatments are complete, chronic discomfort affects 33% of individuals (Uysal, 2018).

Cancer pain may manifest as acute, persistent, breakthrough, intensely severe, excruciating, or debilitating. It may exhibit opioid responsiveness, partial responsiveness, or opioid resistance. As the tumor enlarges, it exerts pressure on organs, resulting in ischemia or colicky discomfort, or on nerves, leading to neuropathic pain. The discomfort may result from treatment, such as radiotherapy side effects, chemotherapy-induced stomatitis, or opioid-related constipation. The discomfort may be associated with malignancy, muscular spasms, concurrent conditions like arthritis, or a medical procedure.

Coexisting with cancer necessitates significant daily adjustments that need personal and familial rearrangement across social, physical, emotional, and spiritual domains. Pain evaluation is inherently challenging to regulate due to its subjective nature and the considerable variability in individual responses to pain. Nursing is integrated into patient care to identify the needs of this population and to reevaluate a care program addressing the current issue (Oliveira et al., 2017).

Nurses should promote and support behaviors that alleviate pain, diminish the risk of analgesic addiction, and enhance healthy coping strategies. Nurses allocate more time to patients than any other healthcare team member. They perform a crucial, active, and significant role in managing cancer patients' pain and reducing suffering.

Cancer nurses are integral to pain management and frequently serve as the primary source for information and education, care coordination, screening and assessment of signs and symptoms, as well as the administration and follow-up of both pharmaceutical and non-pharmacological therapies. Furthermore, cancer nurses are typically more available to patients for candid discussions regarding their signs, symptoms, and associated worries. Nurses play a crucial role in patient safety, serving as the final line of defense in pain management.

In managing cancer pain, the nurse must comprehend the psychological condition of the cancer patient, the nature of cancer pain, therapeutic modalities for cancer pain, the detrimental consequences of unrelieved cancer pain, and the patient's socio-cultural context. It encompasses nursing interventions include providing compassionate care, alleviating suffering, educating, advocating, communicating, soothing, supporting, and counseling the patient. The nurse must employ both pharmacological and non-pharmacological interventions to tailor treatment, be knowledgeable about all medications utilized for cancer pain management, understand their analgesic mechanisms, and be aware of their potential side effects (Mahfudh, 2011).

Research Significance

This study is essential for enhancing patient outcomes and ensuring the optimal allocation of resources within healthcare systems. Pain treatment in oncology is frequently undervalued, despite its significance, resulting in numerous patients experiencing insufficient pain relief. This research is significant for its potential to promote enhanced nurse education, training, and the adoption of evidence-based standards to ensure appropriate pain management. Comprehending the function of nurses in this context might elucidate methods to address deficiencies in healthcare delivery, guaranteeing that cancer patients receive not only efficient pain management but also psychological and emotional support throughout their treatment process.

Definition of Key Terms

Nurses: Healthcare practitioners who are educated and authorized to deliver treatment and assistance to patients (Himmelfarb et al., 2016).

Pain Relief: Denotes the alleviation or diminution of pain, generally via pharmacological or non-pharmacological approaches (Komann et al., 2019).

Cancer Patients: Individuals diagnosed with cancer, a category of disorders marked by unregulated cellular proliferation (Nenclares & Harrington, 2020).

Pain Management: A comprehensive strategy for treating or mitigating discomfort. This may encompass pharmacological therapies (such as analgesics and opioids), non-pharmacological interventions (including cognitive behavioral therapy, physical therapy, and massage), and holistic approaches that seek to address both the physical and psychological dimensions of pain (Alorfi, 2023).

Literature Review

1. Overview of Cancer Pain

1.1. Types of Cancer Pain

Cancer pain is intricate and multifaceted, originating from several origins throughout the body. Cancer patients typically feel three basic categories of pain: somatic pain, visceral pain, and neuropathic pain. Each pain type possesses unique characteristics, causes, and treatment approaches, making comprehension of these distinctions essential for efficient pain management.

- **Somatic Pain**

Somatic pain, or nociceptive pain, arises from tissues, muscles, bones, or skin. This pain is frequently characterized as acute, agonizing, or throbbing, typically confined to a particular region of the body. In cancer patients, somatic pain may arise from the direct infiltration of malignant cells into osseous structures, muscular tissues, or the dermis (Franjić, 2023).

- Visceral Pain

Visceral pain originates from internal organs, including the lungs, liver, pancreas, intestines, or bladder. It is frequently characterized as a profound, cramping, or dull ache that is more diffuse and challenging for people to pinpoint. In cancer, visceral pain is frequently linked to tumors that develop within or infiltrate internal organs, exerting pressure on the organ walls or adjacent structures.

- Neuropathic Pain

Neuropathic pain results from damage to the nerves, either due to direct tumor invasion of nerve tissue or as a consequence of cancer treatments like chemotherapy or radiation therapy. This pain is frequently characterized as scorching, shooting, tingling, or resembling an electric shock, and it may radiate along the trajectory of the afflicted nerve (Yoon & Oh, 2018).

- Breakthrough Pain

Alongside these principal categories of cancer pain, numerous people encounter breakthrough pain, characterized by a sudden and severe exacerbation of pain that arises despite continuous pain management efforts. Breakthrough pain may originate from somatic, visceral, or neuropathic sources, necessitating prompt management with supplementary dosages of analgesics, including short-acting opioids or other rapid-acting pain treatment drugs.

1.2. Causes of Cancer Pain

Certain individuals with cancer experience discomfort attributable to the malignancy, its treatment, or unrelated health conditions, such as arthritis. Discomfort may manifest at any phase of the illness.

- **Before diagnosis:** Cancer may induce intermittent pain prior to diagnosis. In certain instances, pain originates from the tumor itself, exemplified by abdominal discomfort resulting from the tumor exerting pressure on bones, nerves, or organs within the body.
- **Diagnosis:** Diagnostic tests for cancer may occasionally induce transient pain or discomfort. The majority of test-induced pain can be alleviated.
- **During treatment:** Certain therapies induce discomfort; for instance, radiation therapy can result in skin erythema and irritation.
- **After treatment:** Discomfort may persist for months or years. Causes encompass surgical scars, peripheral numbness, lymphoedema, and phantom pain in an absent limb or breast.
- **Advanced cancer:** Metastatic cancer can induce discomfort by exerting pressure on structures such as nerves, bones, or organs.

2. The Role of Nurses in Cancer Care

The European Oncology Nursing Society defines cancer nurses as those who have undergone specialized training and possess certain qualifications, granting them the authority and full duty to deliver essential care to cancer patients. This care is founded on evidence-based research and practice, ongoing specialized education and training, as well as ethical and personal skills and competencies. Cancer nurses are fully accountable for all nursing services administered under their supervision and the corresponding patient outcomes across all domains of cancer care, as summarized in Figure (1).

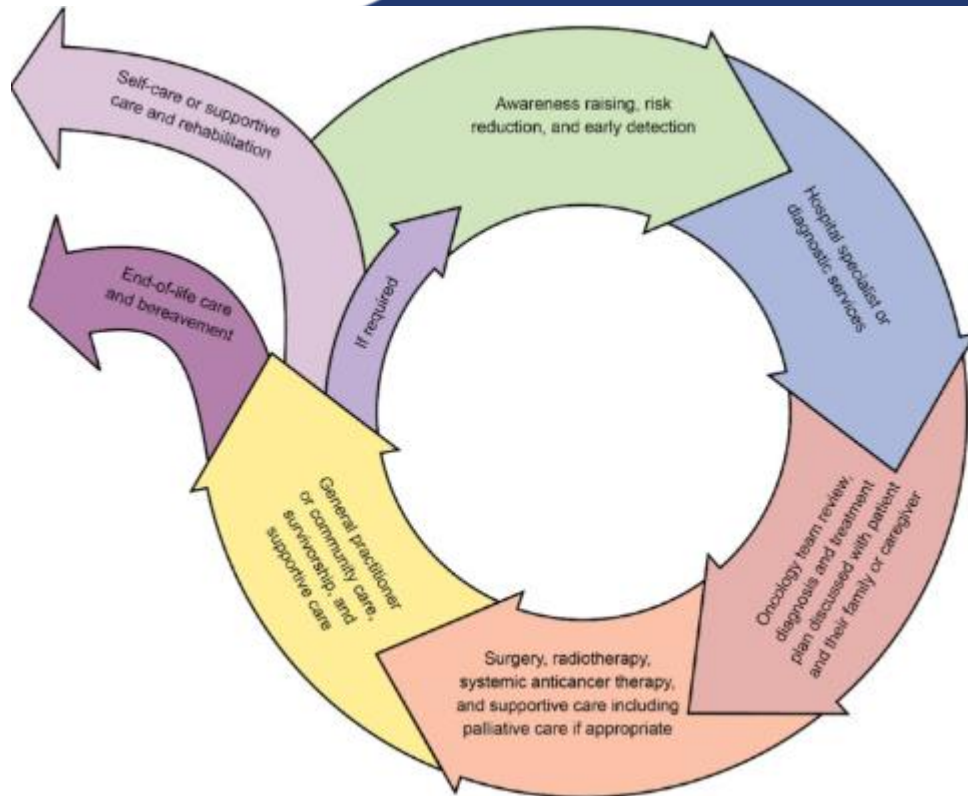


Figure 1: The Function of Cancer Nurses in the Management of Cancer Pain

According to (Alharbi et al., 2023) nurses are essential parts of the healthcare team, especially in the management of cancer pain, where they frequently act as the primary caregivers who diligently monitor and address patients' needs. Nurses, as the primary point of contact for patients, are particularly equipped to deliver continuous care, ensuring that pain management techniques are both initiated and sustained throughout treatment. Their duty includes several obligations, such as evaluating pain intensity, determining underlying reasons, administering analgesics, and executing non-pharmacological treatments. Nurses serve as patient advocates, ensuring that issues regarding pain are addressed immediately and effectively, while also providing continuous emotional support to assist patients in managing the psychological impacts of chronic pain.

Nurses play a crucial role in the management of cancer pain through both pharmaceutical and non-pharmacological therapies. They are accountable for the precise management of pain medications, encompassing opioids and adjuvant analgesics, while concurrently observing patients for possible side effects or consequences (Zweers et al., 2016). Nurses are educated to modify treatment regimens in conjunction with oncologists and other healthcare practitioners, guaranteeing that the patient's pain management is ideal and customized to their own requirements. Nurses, with medication, adeptly utilize non-pharmacological treatments including relaxation techniques, massage, cognitive behavioral therapy, and guided imagery to mitigate pain and lessen the mental distress associated with the disease. These holistic methods are frequently as crucial as medical treatments in delivering full pain alleviation.

Nurses are essential in instructing patients and their families on pain management alternatives, including appropriate medication usage, possible side effects, and the significance of consistent pain evaluation. They enable patients to actively engage in their care by instructing them on self-monitoring of pain levels, effective communication with their healthcare team, and making informed choices regarding treatment alternatives. This teaching strengthens the patient's capacity to manage pain successfully, diminishes emotions of powerlessness, and elevates patient satisfaction with their care.

Nurses have a crucial role in delivering psychological and emotional support, assisting patients in managing the discomfort frequently associated with intense pain, alongside their professional responsibilities. They provide reassurance, affirm patients' experiences, and strive to diminish the stigma associated with the use of potent analgesics, including opioids. Their ongoing presence and compassionate care are essential in assisting patients and their families in confronting the difficulties of cancer pain management, thereby enhancing the patient's overall experience and quality of life. Nurses play a crucial role in providing cancer patients with thorough, empathetic, and effective pain management.

3. Importance of Pain Management

Effective pain management is a fundamental component of cancer therapy, significantly impacting patients' overall quality of life. If untreated, cancer-related pain can severely compromise a patient's physical, emotional, and psychological health. Effective pain management is crucial not only for alleviating discomfort but also for reinstating a sense of normalcy and dignity in cancer patients (Scarborough & Smith, 2018). Efficient pain management enables patients to sustain their autonomy, participate in everyday tasks, and uphold social relationships, all of which are crucial for psychological and emotional well-being. Effective pain management enables patients to more effectively navigate the obstacles associated with cancer and its

therapies, resulting in enhanced psychological resilience and an increased sense of control over their circumstances (Driscoll et al., 2021).

The consequences of unaddressed pain extend beyond corporeal distress. Chronic pain can result in a series of detrimental symptoms, such as exhaustion, sleep difficulties, depression, and anxiety, which subsequently exacerbate the patient's overall prognosis (Ribeiro, 2023). In certain instances, unmitigated pain may impede a patient's capacity to adhere to cancer therapies, as intense suffering may obstruct their ability to complete treatment protocols or lead them to forgo essential interventions entirely. Moreover, pain can impact the relationships patients maintain with their relatives and caregivers, resulting in feelings of isolation and mental turmoil. Consequently, prompt and efficient pain management is crucial not only for mitigating suffering but also for enabling patients to actively engage in their care and treatment procedures.

Efficient management of cancer-related pain improves patient satisfaction with their care, a crucial indicator of healthcare quality. Studies (Geurts et al., 2017; Al-Ghabeesh et al., 2020) indicate that cancer patients with effectively managed pain express greater satisfaction with their care, as they perceive their demands to be recognized and met thoroughly. Furthermore, efficient pain management enhances overall patient outcomes, potentially resulting in expedited recovery, decreased hospitalizations, and improved treatment compliance. From a palliative care standpoint, guaranteeing that patients are devoid of pain or have their pain effectively managed is a vital component of end-of-life care, augmenting their comfort and preserving their dignity during their final phases.

4. Nursing Interventions in Pain Management

- Pharmacological Interventions

Pharmacological therapies are fundamental to cancer pain management, with nurses playing a vital part in the administration and monitoring of these medications to guarantee efficient pain alleviation. Opioids frequently serve as the primary treatment for moderate to severe cancer pain, as they inhibit pain signals by acting on the central nervous system. Opioids frequently utilized in the management of cancer-related pain encompass morphine, fentanyl, oxycodone, and hydromorphone. Nurses are tasked with providing medications, meticulously monitoring their efficacy, and evaluating any adverse effects. Nurses instruct patients and caregivers on appropriate usage, encompassing safe handling and storage to avert misuse or overdose.

Alongside opioids, adjuvant analgesics are frequently employed to augment pain relief or target particular pain types. This encompasses antidepressants (e.g., amitriptyline), anticonvulsants (e.g., gabapentin), and corticosteroids (e.g., dexamethasone) (McCulloch & Berde, 2021). Adjuvants are especially beneficial in the treatment of neuropathic pain (coming from nerve injury), bone pain, or pain associated with tumor inflammation. Nurses must meticulously observe patients for adverse effects of these drugs and ensure adherence to the authorized dosages.

According to (Gupta & Bah, 2016) non-steroidal anti-inflammatory medicines (NSAIDs) are commonly employed to alleviate mild to severe somatic discomfort resulting from tumor growth or surgical procedures. NSAIDs mitigate inflammation and have analgesic properties; nevertheless, nurses must exercise caution while delivering these medications to cancer patients, particularly those with renal impairments or undergoing chemotherapy, as these drugs may compromise renal function and elevate the risk of hemorrhage. Nurses are tasked with monitoring side effects, especially when medicines are administered in conjunction with other analgesics.

- Non-Pharmacological Interventions

Pharmacological treatments are crucial for alleviating pain; nevertheless, non-pharmacological methods significantly contribute to cancer pain management, frequently augmenting medication-based therapies and improving overall comfort. Nurses are educated to integrate several strategies into the treatment plan, contingent upon the patient's needs and preferences. According to (Nakano, 2023) physical therapy is a prevalent non-pharmacological strategy for cancer-related pain, particularly for patients suffering from musculoskeletal pain or pain associated with restricted mobility. Physical therapy can alleviate discomfort and avert additional physical decline by concentrating on muscle strengthening, enhancing flexibility, and fostering functional movement. Exercises aimed at alleviating stress in the back or limbs might mitigate discomfort associated with cancer-related weakness or immobility.

Massage therapy is a helpful method for alleviating cancer-related pain, especially in individuals suffering from muscle stiffness, stress, or discomfort due to therapies such as chemotherapy or radiation. Gentle massage can enhance circulation, facilitate relaxation, and alleviate discomfort. Nurses may administer fundamental massage treatments or send patients to qualified massage therapists specializing in oncology therapy.

Acupuncture is a supplementary therapy that entails the insertion of slender needles at designated sites on the body to activate the nerve system. Certain research (Wang et al., 2019) indicate that acupuncture can diminish pain intensity and enhance overall well-being by generating endorphins and other endogenous analgesics in the body. Nurses may recommend patients to certified acupuncturists or disseminate information regarding the possible advantages of this method as an element of a comprehensive pain management strategy.

Cognitive behavioral therapy (CBT) and relaxation strategies are essential elements of non-pharmacological pain management. Cognitive Behavioral Therapy assists patients in recognizing and contesting detrimental thought patterns associated with pain, enabling them to cultivate more efficient coping mechanisms (El Geziry et al., 2018). This method can alleviate sensations of anxiety, despair, and terror linked to pain. Relaxation techniques such as guided visualization, deep breathing, and progressive muscle relaxation can alleviate muscle tension, decrease blood pressure, and foster calm. Nurses are crucial in instructing patients and their families in these strategies, providing them with resources to manage pain more successfully without exclusively depending on drugs.

- Patient Education

Nurses play a vital role in cancer pain management by delivering patient education. Nurses are tasked with ensuring that patients and their families comprehend the characteristics of cancer pain, the available analgesic alternatives, and the significance of following prescribed therapies. This instruction enables patients to actively manage their pain, resulting in improved outcomes and enhanced satisfaction with their care.

Nurses instruct patients on the appropriate administration of prescribed analgesics, detailing dosages, timing, possible adverse effects, and the significance of adhering to the prescribed regimen. Opioid drugs require regular administration to ensure constant pain relief, and individuals must comprehend the risks of misuse and the necessity of consulting their healthcare professional before altering doses. Nurses educate patients on managing frequent side effects of analgesics, such as constipation, and offer information on adjunctive therapies.

Nurses provide education on non-pharmacological pain treatment choices, ensuring patients are informed about therapies such as physical therapy, massage, acupuncture, and psychological interventions, in addition to drug instruction. Supplying resources, referrals, and instruction on these methodologies allows patients to investigate diverse pain management strategies and identify the most efficacious combination for their requirements.

5. Barriers to Effective Pain Management

- Institutional Barriers

Institutional obstacles in healthcare environments can substantially impede the efficacy of pain management for cancer patients. A significant difficulty is the scarcity of resources, encompassing insufficient staffing, restricted access to pain management specialists, and inadequate time for thorough pain evaluations (Mao et al., 2022). In numerous healthcare contexts, particularly those that are underfunded or resource-constrained, nurses and other healthcare professionals may be overextended, hindering their ability to reliably assess and manage patients' pain levels. Moreover, deficiencies in training about pain management, especially within specialized cancer treatment, may result in inadequate pain alleviation.

- Cultural and Societal Barriers

According to (Rogan et al., 2023) cultural and societal perceptions of pain and analgesics can provide substantial obstacles to successful management of cancer-related pain. Numerous societies harbor a pervasive stigma around the utilization of opioids and other potent analgesics. This stigma frequently arises from misunderstandings regarding addiction and the apprehension that opiate consumption will result in reliance or abuse.

- Patient-related Barriers

Misconceptions regarding pain management can impede appropriate therapy. Certain individuals may harbor unreasonable expectations regarding pain management, supposing that their pain ought to be entirely eradicated rather than managed to a bearable degree. Some individuals may lack a comprehensive understanding of the correct usage of drugs or adherence to suggested non-pharmacological interventions. For example, patients might discontinue their prescriptions upon feeling improvement, potentially resulting in a resurgence of pain, or they may not continuously employ complementary therapies, such as relaxation techniques, to attain advantages. It is essential to educate patients on effective pain management practices, the significance of continuous contact with their healthcare team, and reasonable expectations for pain alleviation to overcome these obstacles.

Methodology

For the purpose of analyzing the impactful role of nurses in managing pain relief for cancer patients, this research adopts a theoretical approach. The study aims to offer an understanding of the various strategies nurses employ in pain management by synthesizing a wide range of findings from academic articles, clinical studies, and scholarly papers. This research will examine both pharmacological and non-pharmacological interventions, drawing on academic literature to highlight the importance of nurse-patient interactions to improving cancer pain management outcomes.

Discussion

This study underscores the pivotal role of nurses in the management of cancer-related pain, highlighting their integral involvement in both pharmacological and non-pharmacological therapies. Cancer pain is a complex illness that adversely affects patients' physical health and has considerable emotional, psychological, and social repercussions. Efficient management of cancer pain is essential for enhancing the overall quality of life for patients, allowing them to preserve a sense of dignity and autonomy during their cancer experience. Nurses, as essential members of the healthcare team, are especially equipped to treat cancer pain through their direct and ongoing interactions with patients, rendering them pivotal in providing appropriate pain relief.

Nurses are essential to the pharmacological and non-pharmacological care of cancer-related pain. According to Alharbi et al. (2023), nurses are integral parts of the healthcare team, frequently serving as the primary caregivers tasked with monitoring and managing cancer patients' pain. Nurses are essential in pain assessment and management, ensuring the appropriate integration of pharmacological treatments (including opioids and adjuvant analgesics) and non-pharmacological methods (such as relaxation techniques and cognitive behavioral therapy) into patient care. This dual approach is crucial as cancer pain is complex, necessitating the management of both physical discomfort and psychological suffering. Research conducted by Zweers et al. (2016) and McCulloch & Berde (2021) corroborates this integrated approach, emphasizing that nurses are tasked with administering analgesics, monitoring adverse effects, and modifying treatments in collaboration with other healthcare professionals to achieve optimal pain management.

The crucial role of nurses in patient education is a recognized topic in pain management literature. Nurses are responsible for instructing patients and their families on efficient pain management, encompassing appropriate drug administration, possible side effects, and the significance of compliance with prescribed therapies. The empowerment of patients is essential for enhancing their capacity to self-manage pain and augment their contentment with care. Research, including Scarborough & Smith (2018), underscores the significance of patient education, indicating that effective instruction on pain management alleviates physical suffering while also reinstating patients' dignity and autonomy, thereby facilitating their navigation of cancer-related challenges.

Furthermore, research by Al-Ghabeesh et al. (2020) and Ribeiro (2023) underscores the significance of the psychological and emotional support offered by nurses, indicating that efficient management of cancer-related pain correlates with increased patient satisfaction about their care. The capacity of nurses to offer emotional comfort and psychological support is essential, as cancer-related pain frequently coexists with considerable worry, fear, and sadness. Their presence, empathy, and advocacy enhance the emotional well-being of cancer patients, which is as crucial as alleviating physical discomfort.

Nonetheless, the study indicates that numerous obstacles to successful pain management remain. Institutional obstacles, like inadequate resources and personnel, can impede nurses' capacity to effectively evaluate and manage pain. Mao et al. (2022) delineate these systemic issues, observing that in resource-limited settings, nurses may encounter difficulties in delivering thorough pain assessments and therapies. Cultural obstacles significantly influence this issue, as Rogan et al. (2023) indicate that cultural perceptions around opioid usage and pain management may inhibit patients from candidly disclosing pain or complying with prescribed therapies. This societal stigma, frequently associated with apprehensions over addiction, can profoundly affect the efficacy of pain management approaches.

Furthermore, patient-related barriers, like insufficient comprehension of appropriate medication usage or misconceptions regarding pain management, can hinder treatment efficacy. Patients may exhibit reluctance to disclose discomfort, apprehension regarding drug adverse effects, or possess false anticipations concerning pain alleviation. This corresponds with the findings of Geurts et al. (2017), who observe that cancer pain is frequently underreported due to communication obstacles. Nurses play a vital role in addressing these problems by instructing patients on achievable pain management objectives and promoting transparent dialogue on pain intensity.

Conclusion

Nurses are essential in the proficient management of cancer pain, a critical component of cancer care that directly influences patients' quality of life. The study emphasizes the various interventions employed by nurses to alleviate pain, encompassing pharmaceutical therapies like opioids and adjuvant analgesics, as well as non-pharmacological methods such as cognitive behavioral therapy, massage, and physical therapy. These measures are essential for mitigating physical pain as well as for addressing the psychological and emotional suffering frequently encountered by cancer patients. Nurses, as primary caregivers, are distinctly equipped to provide ongoing, empathetic care, guaranteeing that pain is consistently assessed and managed during treatment. Nurses utilize their knowledge to deliver comprehensive pain care that addresses both physical and emotional well-being, enhancing patient satisfaction and promoting a heightened sense of autonomy and control over their health.

Nonetheless, despite the crucial role of nurses, numerous obstacles to successful pain treatment remain. Institutional obstacles, such as resource constraints and insufficient staffing, can impede the provision of appropriate pain management. Cultural and societal views about pain and analgesics, particularly opioids, may lead to patients' hesitance in reporting their pain or following prescribed therapies. Patient-related problems, including misunderstandings regarding pain treatment, worries of addiction, and insufficient comprehension of pain management procedures, further hinder the efficient management of cancer pain. Addressing these obstacles necessitates extensive training for nurses, enhanced institutional support, and increased focus on patient education and transparent communication regarding pain and treatment alternatives.

The results highlight the significance of a coordinated, multidisciplinary strategy in cancer pain management, with nurses leading patient care. Their capacity to evaluate, instruct, and offer emotional support, alongside administering and overseeing pain management measures, is crucial for improving the overall quality of life for cancer patients. Mitigating current obstacles and persistently investing in nursing education and training will enhance the efficacy of cancer pain management, guaranteeing that patients have the utmost quality of care across their treatment continuum.

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