

Initial learning experiences of providing cancer pain control in palliative care reported by nursing students

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Abstract

Study design. Inductive/exploratory study of qualitative factors.

Purpose. To clarify how nursing students understand cancer pain control in palliative care.

Materials and methods. As the first stage, we extracted learning experiences from 59 nursing students at College A. Inductive and exploratory analyses were performed from their reports submitted following a clinical practicum in palliative care.

Results. Nursing student's experiences with cancer pain control in palliative care was classified into three groups: 1) physical characteristics of "presence of continuous pain due to cancer", 2) psychological characteristics of "loss of ability brought about by cancer", and 3) family/social characteristics such as "lifestyle changes", "role changes", and "social isolation". From our analysis, "trying to understand the patient's pain" and "reaching to understand the impact of cancer pain" were most important factors.

Conclusions. Experiences of nursing student's learning to understand pain control in palliative care contained two factors: "trying to understand the patient's pain" and "reaching to understand the impact of cancer pain".

Key words

palliative care, cancer pain control, nursing student's experiences

Introduction

In 2002, the World Health Organization (WHO) defined palliative care as "an approach that improves the quality of life (QOL) of patients and their families facing life-threatening illness, through the prevention, assessment, and treatment of pain and other

physical, psychosocial, and spiritual problems" (WHO website)¹⁾. The goal is to relieve pain and other forms of suffering, to respect the process of death as a normal part of life, and to support patients so that they may live as proactively as possible. Additionally, WHO indicate that it is important to support families, so that they can cope throughout the

period from the patient's treatment until after bereavement, and to be mindful of improving QOL (Figure 1).

Assessment and management of cancer pain is one of the most important roles of nurses in palliative care. Nurses have to reflect this in their care and use their knowledge, techniques, and resources to support and carry out patient's wishes as much as possible. In the clinical practicum, they will have mastered how to practice the adequate nursing approach based on the under-graduated clinical education, although their experiences are not universal. Individual nursing perspectives are developed from these elements, and ethical stances are nurtured²⁾.

The clinical practicum to provide better care consists of the true essence of nursing experiences. These experiences cannot be replaced by lectures or words. There is a complementary relationship between practicum and lectures³⁾. One more important object of the clinical practicum is to nurture a rich sense of humanity which respects human life and rights. These experiences are valuable to provide adequate treatment of various physical and psychosocial therapies. Moreover,

they enable patients to spend valuable and meaningful time with their families.

In this study, therefore, we surveyed student's learning experiences of cancer pain control in a palliative care.

Materials and methods

The objects were the reports from 59 nursing students (male 2, female 57, almost all born in average age 19) in the Department of Nursing at the College A. The students participated in the follow up survey preclinical practice in a palliative care. Clinical practicum was performed in the palliative care unit at the Hospital B. We extracted the smallest unit phrases for which meanings could be defined from the reports and the content analysis of the based on 59 reports. These were coded with the focus on thoughts pertaining to cancer pain. Those with shared semantic content were collected. Next, taking into account the contextual meaning, constituent units within categories were decided into some groups with shared semantic content or relationships. Furthermore, these groups were structured by comparing their levels of abstraction. The validity was established by consulting

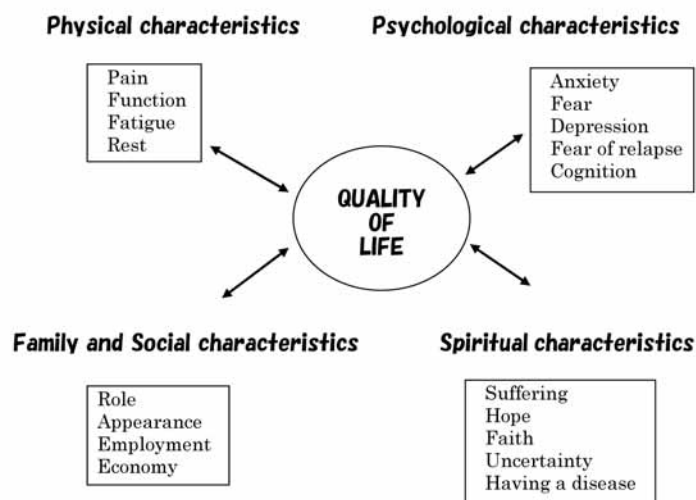


Fig.1 Domains of Quality of Life

intellectuals and experts with an understanding of the current state of palliative care. For category classification, we received guidance from researchers with extensive experience in qualitative research methods. Content analysis of the descriptive about learning of palliative care was conducted.

To obtain subject cooperation in an ethical manner, we explained the purpose of the study and guaranteed: 1) participation was voluntary, 2) anonymity would be maintained, 3) the data would not be used for any other purpose, and 4) the data would be disposed of at the end of the study.

Results

The student's learning experiences to understand cancer pain were divided into following three categories (Figure 2).

1) Physical characteristics of the "presence of chronic pain due to cancer".

In order to lead the first stage of understanding of cancer pain, we extracted phrases such as "Patients can know the pain by themselves," "It's hard for a third person to understand their pain", "They go about their lives shielding the area of pain", and "It seems really hard to live with pain" In the second stage, the following characteristics were mentioned: "pain associated with cancer

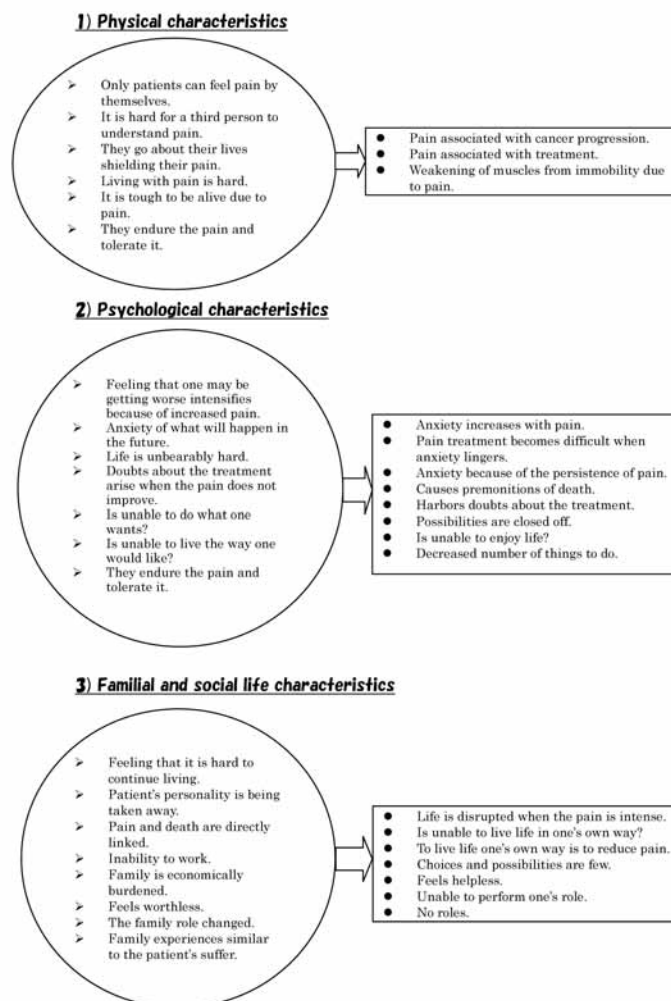


Fig.2 Inductive/exploratory three characteristics

progression”, “pain associated with treatment,” “pain associated with long-term care and reduced activities”, “weakening of muscles from the immobility caused by pain,” and “pain intense enough to overtake the body”.

2) Psychological characteristics of the “loss of ability due to cancer”.

At first, we extracted some phrases such as “feeling that one may be getting worse intensifies with increased pain”, “doubts about the treatment arise when the pain isn’t relieved”, and “inability to do what one wants”. Next stage of giving meaning to experiences, the following characteristics were mentioned: “anxiety increases with pain,” “Pain treatment becomes difficult when anxiety lingers”, “Anxiety exists because of the persistence of pain”, “Pain causes premonitions of death,” “Harbors doubts about the treatment,” “Possibilities are closed off,” “inability to feel the joys of living,” and “decrease in the things one is able to do”.

3) Family/social characteristics of “lifestyle changes”.

At first, we extracted phrases such as “feeling that it is hard to continue living”, “The patient’s sense of self is being taken away”, “Pain and death are directly linked,” “inability to work,” “The family is economically burdened,” “feeling worthless”, “Family roles are changed,” and “family suffering experiences similar to the patient”. Next, the following characteristics defined by giving meaning to experiences, were mentioned, leading to an understanding of the family and social characteristics: “lifestyle changes,” “role changes,” and “social isolation”, or those affected by cancer pain: “Life is disrupted when the pain is intense,”

“unable to live in one’s own way,” “to live one’s own way requires alleviation of pain”, “Choices and possibilities are limited”, “feeling helpless”, “inability to perform one’s role”, and “has no role”.

After all, the learning experiences leading to an understanding of pain control in palliative care is structured as follows: “to try to understand the patient’s pain” and “to reach to understand the impact of cancer pain,” on the basic stance to respect human beings.

Discussion

The basic goal of palliative care is to achieve multi-dimensional assessments to prevent and alleviate physical, psychological, social, and spiritual suffering. An additional aim is to fortify patient and family understanding of the changes in family status as well as changes in relation to future care and treatment goals⁴⁾.

From our study, the initial learning experiences of nursing students brought out the following points: To develop a rich humanity respecting to one’s human life and patient’s rights, and to care the patient’s with various physical and psychosocial responses caused by disease. They can support patients and their families to spend valuable time together and to have meaningful experiences. This type of humanity is characterized by empathy, acceptance, and respecting for each human being as an irreplaceable life. Conceivably, therefore, one’s attitude towards nursing approach was based on “being considerate to others” and “being able to recognize oneself as an important presence by caring for others”⁵⁾

While dealing with cancer pain relief, students become to master the attitudes towards human respect: “trying to understand the patient’s pain” and “reaching out a little

more to understand the impact of cancer pain.” These involved focusing first on controlling pain, other symptoms, psychological suffering, spiritual problems, and actual needs of the patients. Nevertheless, it is important to prevent or alleviate of patient’s suffering and providing care to support the highest QOL for patients and their families, regardless of disease stage or any need of alternative therapies⁶⁾.

Moreover, nursing students appreciated that the unique experiences of patients and family must be understood and respected. They are learning the humanity associated with patient’s care and prevention as well as the need to treat suffering as early as possible, to treat adverse effects caused by cancer therapy, and to treat psychological, social and spiritual problems related to cancer⁷⁾.

Conclusions

The present study extracted three initial learning experiences related to understanding cancer pain: physical problems, psychological characteristics, and social problems in family and other life. Two learning experiences were identified as the initial learning stage of understanding pain control in palliative care: “to try to understand the patient’s pain” and “to reach to understand the impact of cancer pain”.

This study provided additional material to the contents reported at the World Academy of Nursing Science 2nd International Nursing Research Conference (Cancun).

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看護学生の緩和ケアにおける がん性疼痛コントロールに対する初期体験

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要 旨

【目的】 本研究の目的は看護学生の緩和ケアにおける、がん性疼痛コントロールをどの体験に基づき、どのように理解するのかを検討した。

【方法】 A大学看護学生59名に対する緩和ケアの臨地実習後レポートについて、がん性疼痛コントロールにおける理解の初期段階として、学生の体験を抽出し、帰納的・探索的に分析した。

【結果】 看護学生の緩和ケアにおけるがん性疼痛コントロールに対する体験は、「がんによる慢性的な疼痛が存在する」の身体的特徴であり、対象者の理解につながる体験では、「がんがもたらす能力の喪失」の心理的な特徴、「生活スタイルの変更」、「役割の変更」、「社会的孤立」の家庭・社会生活上の特徴の3つに分類ができた。さらに我々の分析から「その人の痛みを理解しようとする事」、「がんの痛みが及ぼす影響などを理解しようとして少しでも歩み寄ること」が重要は因子であることがわかった。

【結論】 看護学生の緩和ケアにおける疼痛コントロールを理解する体験は、がんに対する疼痛緩和のプロセスに、学生が人間を尊重する姿勢として「その人の痛みを理解しようとする事」、「がんの痛みが及ぼす影響などを理解しようとして少しでも歩み寄ること」であった。この2つの体験が、緩和ケアにおける疼痛コントロールを理解する初期段階と示唆できた。

キーワード

看護学生の緩和ケアにおける初期体験