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Nursing Interventions in the Management of Pain in Cancer Patients

Astklal Ahmed Maloh Alhazeemi, Maram Mohameed Ahmed Alshareef, Nawal Abdullah Hassan Kharaf, Zohor Omar Othman Hamzi, Manal Saad Alzahrani, Sheekaha Shagea Alrasheedi, Albandari Thamer Salem Alruwaili, Nourh Ali Ibrahim Hzazzi, Kholod Serehan Mansour, Nuwayhi Santan Rashed Aloufi, Adel Saleem Alhojily, Khulaif Hadi Abdulrahman Al_Shammari, Ruqayyah Abbas Ali Alhejji,Alsahli, Abdullah Sultan M, Najah Shabab Nawar Almutairi

1. Ksa, Ministry Of Health, Hafar Al Batin Dental Centre
2. Ksa, Ministry Of Health, Jazan Health Cluster-Primary Health Care Center Khadra Ayash
3. Ksa, Ministry Of Health, Jazan Health Cluster-Primary Health Care Center Khadra Ayash
4. Ksa, Ministry Of Health, Jazan Health Cluster-Primary Health Care Center Khodeerat Ayash Phc
5. Ksa, Ministry Of Health, The First Cluster
6. Ksa, Ministry Of Health, King Khalid Hospital In Hail
7. Ksa, Ministry Of Health, Al-Malqe Primary Health Care Center
8. Ksa, Ministry Of Health, Samta General Hospital
9. Ksa, Ministry Of Health, Wadi Al-Dawasir General Hospital
10. Ksa, Ministry Of Health, Madinah Health Cluster
11. Ksa, Ministry Of Health, Madinah Health Cluster
12. Ksa, Ministry Of Health, Hail Health Cluster
13. Ksa, Ministry Of Health, Al Omran General Hospital In Al Ahssa (Al Ahssa Health Cluster)
14. Ksa, Ministry Of Health, Al-Quwayiyah Hospital
15. Ksa, Ministry Of Health, Almuhamadiah

Abstract

Background: Cancer pain is quite frequent and can be very distressing, and therefore should be treated according to situation calls for. Interestingly, assessment and management of pain are among vital responsibilities of nurses because they are accountable for the formulation and implementation of the patient's pain management plan.

Aim: The purpose of this paper is to identify the multifaceted use of patient-specific pain management as part of the oncology nursing care, with focus on the utilization of pharmacological and non-pharmacological interventions.

Methods: The current literature was searched to identify information on cancer pain management techniques, communication between the nurse and the patient, and the use of medications and non-medication methods.

Results: The study reveals interventions based on a patient-specific pain management plan that combines medication and integrative therapies improve the patient's quality of life through better pain management as well as satisfaction. Nurse-patient communication increases the they evaluate and treat cases of pain.

Conclusion: For successful cancer pain control, patients require custom made pain management regimes. These plan involve the nurses in order to enhance patient's outcomes through enhanced individualized interventions and sound relationships between the nurses and patient.

Keywords: Cancer Pain, Personalized Pain Management, Oncology Nursing, Pain Control, Communication

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Introduction

Cancer patients' pain is one of the most regular and terrible complaints that affect the patients‟ physical, emotional, and psychological endurances. Pain control is critical in enhancing the standard of living in patients with cancer or those receiving therapy for the disease. Because cancer pain is usually multiple and diverse, the pain control should be individualized and address the concerns that are relevant for each patient. Given their roles based in oncology facilities as the principal patient attendants, nurses are most competent in the evaluation, and ongoing evaluation, and administration of cancer pain. Thus, nurses, having developed an individual pain management plan, can guarantee that all pharmacological and non-pharmacological measures are effective and meeting the client's needs, as well as culturally relevant. Orientation, language, culture, physical abilities, and learning preferences and styles all factor into that students' learning. This approach not only helps in removing pain but also helps in improving control and well-being of the patient during overall course of treatment. The subject matter of this research delves into the strategies of particular pain management in oncology nursing where the importance of developing individualized strategies has been underlined as a measure for enhancing the control of cancer pain.[1,2]

Pain Management in Oncology Nursing: A Review of the Literature

The management of pain in patients with cancer is an essential aspect in the nursing care of such patients considering that cancer related pain is recurrent and often chronic in nature. It is oncology nurses that are in a better position to evaluate as well as supervise relief pain interventions. Nurse practitioners form a central part of a multi-disciplinary team that undertakes the necessary coordination of efforts in order to adequately meet the pains of the patient. The objectives of cancer pain control are basically to provide relief for suffering while boosting functional capacity and addressing what is physical and emotional about the pain.[3] Due to the complexity involved in management of pain, this shall be done using both drug and non drug approach. Pharmacological approaches encompass opioids and NSAIDs and adjuvants like antidepressants or anticonvulsants because of tackling particular sort of pain including neuropathic or visceral pain. The nurse is required to evaluate the patient's pain characteristics, such as its intensity, frequency, and the location, and change the doses depending on the results registered in that regard as well as looking at potential side effects. They also learn how to apply the World Health Organization's pain ladder, a model for giving analgesics used globally, which starts with non- opioid doses and progress to opioids, where required.[4,5] The following is the list of non-pharmacological treatments that are recommended by the oncology nurses; relaxation procedures relaxation, imaginative visualization, CBT, massages, acupuncture, and physical treatment. These approaches decrease the medication requirements, improve subjective well-being, and increase the perceived amount of control regarding the pain experience. Patient teaching is common for nurses to encourage patients to manage their conditions and self- administer, manage or otherwise make decisions about their pain control.[6]

The nurse in this context goes well beyond the physical kind of handling of the patient since they are the ones who offer psychological and emotional support to patients with cancer who need to deal with the psychological effect of living in pain. This system of pain management is the fundamental to oncology nursing since successful patient care involves recognizing not only the pain but the patient as a total being. Palliative care services together with other healthcare professionals must work together in order to achieve holistic approaches towards multiple facades of cancer pain. pain management therefore needs to be individually, cancer specifically, and pain experience guided in the field of oncology. Despite the fact that the nurses are involved in the study, the patients will likely have better pain management, better comfort level, and thus improved quality of life during their cancer experience.[7,8]

Nurses' Involvement in Cancer Pain: Assessment and Evaluation

Cancer related pain is well managed through quick, proper and patient specific evaluation which is usually done by the nurses. Pain is one of the important aspect of cancer management and, since the pains related to cancer are usually of different and severities, types, and responses to treatment; pain

management is patient centered. Nurses are the most directly involved in this process, and so the recommendation is made based on clinical judgment. And with patients to assess their pain, to review patients' care and management and fight for them to maximize their comfort as patients.[9] Pain assessment in cancer patients starts with the identification of the patient's pain experience to the best of Theas stance. There are formal and informal ways to screen for pain, and these include having the patient complete a self-report questionnaire, the use of pain scales which are in the form of tick 'Numeric Rating Scale, 'Visual Analog Scale, or 'Faces Pain Scale, and there is an observational assessment of pain in cases where the patents is unable to speak for him or herself. Other aspects relating to the patient's history of cancer and its stage, course of therapy and potential effect on pain, involving concomitant infection, metastasis or peripheral neuropathy must also be considered by the nurse. Through this analysis of pain characteristics such as severity, time, site, and type of hurt, the nature of the pain whether it belongs to the acute or breakthrough or chronic type is established.[10,11]

Evaluating and assessing pain is continuous with cancer patients where nurses need to frequently evaluate the level of pain, the efficacy of the administered pain control measures as well as side effects of delivered/used analgesics. Pain can also be dynamic; this is more so when it comes to patients suffering from cancer, as they receive their chemotherapy, radiation or they undergo surgeries. Thus, ongoing assessment is needed to maintain the pain control strategies relevant and usable based on the patient's changing status. …nurses are primarily responsible for the assessment of side effects of pain relieving drugs, including constipation, nausea, somnolence or respiratory depression that occurs in some patients and affect their tolerance to the therapy and the quality of life.[12] Besides pharmacologic interventions, psychosocial interventions have to be made by the nurses in cancer pain management because more than 50% of patients experience emotional and or psychological upset at the time of pain. Depression, anxiety, fear of the progression of disease, all these factors can make the patient see a larger extent of pain. The feelings which patients experience need to be evaluated by the nurses themselves, and then the patient can be counseled or provided with assistance in dealing with such feelings. They may also work closely with psychologists, social workers, and other members of the healthcare team to provide holistic care. Nurses also educate patients and their families about pain management options, the proper use of medications, and how to recognize when pain is inadequately controlled. They empower patients to communicate their pain levels openly and advocate for adjustments to pain treatment plans if necessary. Pain self-management has the patient not as a passive receptor in treatment but an active player who works alongside a health care provider.[13] nurses play vital role in regard to the assessment and continuous evaluation of cancer pain populations. They conduct regular and comprehensive assessment to ensure that patients receive adequate pain relief steps that improves the patients' lifestyle and increase patient satisfaction to the treatment being offered. In combination with pharmacological and non-pharmacological interventions, encouragement of patients' emotions ensures nurses ensure that patient's holistic care needs related to cancer pain management are met.

Pharmacological Approaches to Pain Management: A Nursing Perspective

Medications for managing pain are core to the nursing practice in oncology and especially for cancer pain. Nurses are usually the main care providers who are expected to give out the pain relievers and then monitor the pain's relief level. Specifically, it helps the nurses to understand classes of medications, means of action, and adverse effects in practice in order to offer effective, secure, personalized pain control for cancer patients. Another objective of pharmacological pain management in oncology is not only pain relief but the ability to keep patients as functional as possible during cancer treatment. Pharmacological management of pain in cancer patient involves the use of analgesics which comprises of opioids, non opioids, and adjuncts. Opioids for example morphine, oxycodone, and fentanyl are common for moderate to severe cancer pain. These drugs it achieve their purpose through antagonist opioid receptors in the central nervous system to decrease perception of pain. Nurses taking care of patients on opioids need to be on the watch for some of the common side effects including sedation, nausea, vomiting, constipation, and auxiliary respiration. They also have the role of explaining the correct endorsement of the opioid, its threat of dependency, and how to treat side effects. [14,15] Owing to the fact that patients may develop tolerance

to opioids within some months, it is the work of nurses to monitor the patients and determine inadequate pain control that may necessitate increased doses.Acetaminophen and nonsteroidal anti-inflammatory drugs NSAIDs are used usually for minor-moderate pain and for the supplementing opioids in a multimodal approach to pain control. Such drugs can alleviate inflammation together with fever and pain without being as effective as opioid drugs. Nurses need to pay high awareness about side effects like the gastrointestinal bleeding with NSAIDs or hepatic toxicity with acetaminophen. Besides, these drugs may be lethal in combination with other diseases, such as pathology of kidneys or liver, so the nurse has to know the patient's history.[16]

Adjuvant analgesics, including antidepressants, anticonvulsants, corticosteroids, and bisphosphonates, should also not be overlooked as a part of pharmacological pain management important in patients with cancer, especially with neuropathic pain or pain associated with bone metastases . Those tricyclic and serotonin-norepinephrine reuptake inhibitors are centrally acting drugs which act primarily by changing the contents of nerve impulses in the spinal cord. Another group of drugs used in treating neuropathic pain includes anticonvulsants such as gabapentin and pregabalin because they help to stabilize nerve impulses. It is incumbent upon the nurses particularly when the adjuvant medications may be necessary to adjust dosages of these drugs and watch for signs of dizziness or confusion.[17,18] Steroids can be prescribed to relieve pain related to cancer that is produced by inflammation and/or swelling, for example in the patient with a brain tumor or spinal cord compression. They are beneficial in lessening inflammation and edema which decreases pressure and related pain. Corticosteroids may cause immunosuppression, weight gain, mood changes, and nurses must also watch for the improper usage resulting in adrenal insufficiency and monitor patients for long-term side effects of this medication. Defining optimal pain relief and avoiding side effects have been the greatest limitations of pharmacological pain management. Using Pain, Medications, and Side Effects the assessment is performed daily to evaluate the patient's condition and response. They also have to consult with the physician and other health care team to determine a patient's pain control plan and the type, stage and history of cancer the patient has had. The patient and families need to be empowered by nurses to adhere to the proper pain medication regimen schedule and how to go about this to avoid addiction or overdose on the same.[19]

Besides, the pharmacological management options, the roles of nurses require them to have a having an understanding of the pain management teams like the palliative and interventional pain management teams which may be involved in the management of the patient's pain. These specialist may have extra approaches like the regional anesthesia or intrathecal drug infusions, which may be used when the usual medications are not effective enough in managing the pain. Conclusively, systematic management of cancer pain relies on several components of pharmacology, and this process has a corresponding and complementary structure of involving nursing personnel in order to administer, assess and inform those patients who are under its treatment regimen. Ideally, with proper understanding of the drugs employed in managing cancer pain and their probable side effects, these nurses are best positioned to give the necessary support to the patients and this invariably enhance comfort care for the patients throughout their stage of treatment.[20]

Management of Cancer Pain Without Drug Therapy

This patient care approach of adjunctive pain therapies is an important cornerstone in pain control programs in cancer patients in that they facilitate the total package of pain management, including the psycho physiological dimensions of cancer pain. They are very important in the general management of patients especially because they help in the reduction of the use of drugs, less side effects apart from giving other ways of managing pain. Nurses, who are frequently the initial contact with the patient, are primarily involved in evaluating and implementing those strategies in an attempt to provide inflammation personalized, patient-centered care for their patients' pain. CBT is amongst the most frequently employed non-pharmacological approaches in cancer pain control. CBT is centered on the alteration and explaining of thoughts regarding emotions and pain experience. CBT may also enhance emotional quality of life by helping patients learn ways of managing the distress that comes with pain, as well as changing unhelpful

ways of thinking. They can also help the patient in performing some of the simplistic activities like deep breathing, relaxation images that make up CBT. They make patients to reduce anxiety, relaxation and ultimately reducing the level of pain that patients feel. Nurses may provide these interventions to the patients themselves, or they may refer patients to other more specialized therapists to receive more specialized CBT. Another study revealed that CBT can be quite beneficial in increasing pain threshold and decreasing psychological demand of chronic pain that is why CBT can be employed when necessary in an oncology nursing practice.[21]

The other major form of non-drug treatment mode is physical therapy and rehabilitation. Cancer PT enables enhanced mobility, strength, and function to reduce the pain that stems from muscle wastage, joint stiffness or lack of movement attributed to either the disease or its treatment. ROM, gentle muscle stretches, resistance exercises and range of motion are some of the valuable methods used in improving physical mobility and thus minimizing the pain. Currently, nurses have close collaboration with the physical therapists in the execution of special exercise regimens for clients depending on their physical state or type of cancer. For instance, the cancer patient with bone metastases will have weight bearing exercise to help to improve bone density and reduce pain while the cancer patient with neuropathy will be advised to do gentle stretching or massaging exercises. Apart from this, the over all balance, fatigue and well-being also gets a boost through the various procedures conducted by a physical therapist hence their ability to relieve pain.[22] Another non-pharmacological practice that the oncology nurses can prescribe is massage therapy. Massage has been found to decrease pain and anxiety in cancer patients through activation of the parasympathetic nervous system, relaxation, endorphin release as natural pain fighters. By benefit of the therapeutic touching knowledge the nurses assess the affected area and apply Swedish massage, myofascial release or acupuncture. The use of massage not only relieves pain associated with musculoskeletal system but can also decrease the psychological distress arising from a cancer diagnosis. These arrangements aid in increasing blood flow, reducing muscle stiffness and enhancing sleep which are factor that relieves pain. Nurses should evaluate each individual's tolerance with touch and use the techniques correctly and safely if a patient has delicate skin, or has been receiving some treatment for diseases like cancer which enhance how sensitive they become when touched.

Traditional Chinese therapies like acupuncture and acupressure hold a positive scope of work as they present themselves as ways of relieving pain in patients with cancer. Acupuncture is the use of needles to stimulate organs and tissues into which they are inserted to increase blood flow while acupressure is created by applying pressure on organs and tissues. They both plan to induce endorphins release as well as trigger the pain relief process of the body. Big success was reached in cancer patient's pain relief, decrease of nausea and centred improvement of their quality of life by using acupuncture. ACPM can therefore coordinate with trained nurses to incorporate these techniques into the client's treatment plan while observing how the patient is likely to benefit from it. Acupressure however can more often be carried out by the nurse on the patient and is therefore easy and effective in managing the patient's pain at the ward or unit level.[23] Meditation, mindfulness, yoga and other mind – body therapies are also another important non-pharmacologic approaches toward the control of cancer pain. Meditation and mindfulness also direct the clients' attention on the particular moment and minimize the anticipation of the disease or the enhancement of negative feelings. Thus, besides recommending mindfulness several times throughout a patient's day, nurses can assist patients to learn how to manage their psychological stress that commonly contributes to pain. Yoga is a type of exercise that involves posing the body in various ways, using the breath for maximum control and long periods of meditation; this kind of exercise is useful for assistance in increasing flexibility, calming muscle tension, and promoting general health. Breast cancer patients can ask a nurse to teach them simple yoga poses or can be directed to a professional yoga teacher who focuses on cancer patients. Such mind-body interventions might facilitate patients' self-activated involvement in the process of the pain management and increase perceptions of self-efficacy.[24]

Along with these pharmacological treatments and conventional therapies, patient antecedents should be adjusted, and modules of the environment and ancillary therapies like aromatherapy and music therapy should be considered in order to improve the pain. It is sometimes possible to minimize discomfort and

anxiety just by reducing noise levels, changing the light settings, and making sure that patients are in comfortable sleeping clothes or gowns, and in comfortable, quiet rooms. Some complementary therapies that may lessen the amount of pain and anxiety for people with cancer are aromatherapy that employs oils such as lavender, peppermint oil and chamomile. Another way, nurses can pour diluted oil or use a diffuser to help the patient relax if they can apply the oil directly on the patient's skin safely. Listening to music or engaging in the music therapy practice can minimize perception of pain, anxiety and, therefore, improve mood. People avoiding thinking about pain when listening to music, reduce anxiety levels and the production of dopamine makes them happy. Therefore, non-drug therapies are an irreplaceable method of cancer pain control: They are additional approaches or improvements to the drug therapy. For these reasons, the major implementation of these strategies falls on the nurses since they are the advanced level of the first contact providers. Patient-controlled cognitive and behavioral procedures, physiotherapy, massage, acupuncture, mind-body interventions, and environmental changes by nurses support not only pain control but also better quality of life. Such measures when delivered alongside pharmacological therapies are vital components of by multilateral approach to cancer pain relief as they help the patients to live as comfortably and with purpose as it is possible during the period of their cancer.[25]

Nurse-Patient Communication and Its Relationship to Pain Management Consequences

Nurse patient communication is an essential factor in the overall management of pain in healthcare especially to nursing patients with cancer. Speaking to the patient or not speaking to the patient about pain can | considerably affect the degree of pain in the patient, their compliance to the prescribed treatments, or the overall success of managing pain interventions. The verbal and nonverbal interactions of the nurse with a patient influence both the psychological and the emotional experience of the pain and consequently the quality and the general health of the care receiver.[26] The first way in which nurse-patient communication influences pain control results is on assessment and determination of pain. This work's respondents noted that recognizing pain and discussing the measures to assess it in a patient is an essential part of the work of a nurse who usually meets the patient first. Honesty is facilitated when patients are communicated to in a friendly manner so as to encourage them to report their degrees of pain freely, without being pre judged or dismissed. Such language that ought to be used by nurses includes clear understanding, empathy, and no judgmental language used to the patient when asking about her pain as this enables the patient to describe her pain correctly to enable right treatment to be prescribed. Patients' self-report of pain and willingness to discuss this issue clearly with the nurse can promote better drug administration results.[27] In addition, strong client–server relationships are required when it comes to explaining the range of pain relief methods and expectations. Nurses are professionally and legally required to educate patients on the range of pharmacologic and non-pharmacologic therapies for managing pain discussing its advantages, possible adverse effects, and any associated dangers. Thus through a detailed discussion on the target condition on treatment options, the nurses enhance patient participation in deciding on the pain management options thus making the patients more compliant with the treatment. For instance if the patient is taught why it is possible for him or her to avoid missing a dose in managing the pains or when the patient is explained the necessity of adopting comfort measures such as practicing relaxation, then such a patient will be more willing to take an active part in managing the pains hence improving on the results. It is therefore recognized that nurse-patient, communication not only educates patients regarding the pain, but also relieves the patient's emotions, related to the injury. Cancer pain brings in increased anxiety, depression and fear where inmost patients indicate that the pain has affected their emotions. Thus, nurses that use supportive communication will effectively manage the psychological aspect of pain thus; assisting patients to handle it. Another important part of this communication is assertiveness, which is quickly followed by empathy and reassurance because patients must know they are being heard. Understanding the side emotional and psychological facet of pain, nurses ought to assist the patient develop good coping mechanisms to handle the pain not only aspect but the overall health as well. While this approach of acknowledging the physical as well as the psychological response to pain is redefining in general, it is crucial in oncology, where pain acts directly on a patient's mental health and indirectly as a function of the disease's manifestation. Additionally, nurses and patient involvement in pain management improve interaction or

communication between the nurses and the patients. From the mentioned communication factors, nurses with open communication with the patient are in a better position of evaluating the patient's changing care requirements and modifies the pain abstraction direction accordingly. Daily conversations and evaluations about whether existing methods of pain control are successful or if other approaches are required help nurses to find if a patient's pain is being controlled sufficiently. When it involves the patient, nurses can also find out whether pain relief is still at a maximum, or make changes to the side plan on a continual basis, therefore involving the patient in his/her care process. Nurse-patient and interprofessional communication further enhance the patients' pain needs because all members in the multi-disciplinary team deliver holistic care to the patient.[28,29]

When the patient has issues that may include drug tolerance, side effects, or presence of co morbidities, then communication is even more important. Nurses who share information about these issues can discuss with patients ways of modifying the treatment, explaining the likely effects of the drug, or making sure the patients know exactly how they are likely to experience pain relief. Such proactive communication may have saved the clinicians the costs of having to reverse non-adherence occasioned by anger, disappointment over unmet expectations, or perceived adverse effects.

Moreover, improving nurse patient communication is critical in eliminating the causes of health disparities among patients with a variation in cultural, linguistic or economic status. If the nurses take their time to fathom the cultural background and the patient's choice, then the administration of pain is going to be much better. This type of approach also adds much more chances to achieve a better pain management, as people are inclined to listen and follow what they regard to be important. For instance the possible non-pharmacological pain relief cultural preferences, may include some endogenous preferences such as herbal approaches and or spirituality. Personalized Pain Management Plans for Cancer Patients: A Nursing Approach Evidence-based individualized common pain management care plans for cancer patients are necessary for making treatment for every patient special and unique. Cancer pain is not simple and it may be due to the cancer, its treatments or the mind. Consequently, one global approach to the management of pain is utterly insufficient in addressing these challenges. Thus, key to the development of an IM approach to the patient is a critical role of nurses in creating the specific map of pain management strategies that incorporate: the patient's pain history, preferred modalities of treatment, psychological state, as well as cultural factors.[30,31,32]

The first element of the proposed model for effective chronic pain self-management, therefore, is continuing comprehensive assessment. Nurses are implementers of pain assessment, and Schoenfeld (2014) established that for pain management they need to do a comprehensive evaluation of pain characteristics including intensity, location, type, and duration. These assessment tools include VAS, NRS or McGill Pain Questionnaire, help to device the intensity of pain and type of pain, be it is nociceptive or neuropathic or a breakthrough pain. Another factor that should be considered by the nurses is the patient's medical history concerning medication taken for similar complaints in the past, their reaction to such treatment and form of treatment to any other conditions that might hamper their perception of pain or their ability to handle pain or any other ailment which may have been treated through analgesics. The assessment should be done on going in order to check the status of the patient in terms of pain and change the management if necessary.[33,34,35]

It usually follows that after a holistic evaluation of pain, the nurses may consult with other care givers in developing an individualized management plan for the patient's pain. This must be a combination of medical and other approaches, which are appropriate for a particular patient in question. For instance, treatment involving pharmacological therapies is such things as opioid analgesics, non-steroidal anti-inflammatory medications: one can use Non Steroidal Anti Inflammatory Drugs (NSAIDs), or other drugs called adjuvant which may include antidepressants, anticonvulsants depending with the type of pain and the previous response of the client. Patients need to be made aware of these options, likely side effects, the pros and cons of taking the drugs, and concordance with the regimes by the nurses. In doing so, nurses can

give the patients the knowledge that need to help manage their pain for them to be on their own; thus improving the chances of finding effective ways to manage pain.

Non-pharmacologic therapies are an important component of the multimodal treatment plan addressing specific patient's pain. Such techniques can be used to offer psychological and emotional pain relief which is major in cancer clients. Beckoning to imagination, tropisms, acupuncture, physical therapy, and massage therapy, amongst others can be adjusted to the individual patient's preference. Nurses can evaluate the patient's possibility of practicing these techniques and either guide them concerning these non-pharmacological approaches or assist them in getting in touch with appropriate experts, for instance, the physical or psychological therapists. This ideology is a fair game acknowledgement of the fact of the inter connection of physical, emotional and psychological aspect and makes pain management as integrated as must be.[36,37,38]

Psychosocial aspects are an important component of cancer pain and providing assistance with those issues is an important component in cancer pain treatment. The cancer patients may also have anxiety, depression and/or fear which may inevitably intensify their perception of pain. From own experience, the communication skills employed by the nurses can establish rapport with the patient and enable one explore issues to do with aspect of their feelings related to their condition and pain. In this type of environment what the patient says is listened to hence reducing the distress and improving experiences of pain. Nurses can also often consult psychiatrists or psychologists to refer the person to counseling or cognitive behavioral therapy (CBT) which will allow the patient to practice ways to deal with the stress which is caused by the pain both physically and emotionally.[39,40,41]

Conclusion

In conclusion, all of the above illustrate that one must recognize that compassionate personalized pain management stands as a fundamental foundation of oncology nursing care. Thus, oncology patients need individualized interventions that focus on the numerous and development aspects of cancer and pain and the patients' emotional, psychological, and culture selves. It makes the nurses well suited to employ them in assessing, observing and modifying the pain management strategies, that enhance patient comfort, participation, and satisfaction. This integration of pharmacological and non-pharmacological interventions, positive nurse-patient relationship, and consideration of the psychological and cultural aspect of pain really compliment the cancer patient's care experience by improving the pain management plans for these patients. The constant review of these plans guarantees delivery of the right interventions that assist the patient along his or her cancer experience. In the end, the tailoring of care enhances patients' stewardship while improving their overall directions and therefore, has to be a mandatory part of caring and quality oncology nursing.

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التدخلات التمريضية في إدارة الألم لدى مرضى السرطان

الملخص

الخلفية: يعد ألم السرطان من الأعراض الشائعة والمُعوقة التي تتطلب إدارة فردية. يلعب الممرضون دورًا حاسمًا في تقييم الألم وإدارته، مما يضمن تقديم رعاية مناسبة من خلال خطط إدارة ألم مخصصة.

الهدف: يهدف هذا البحث إلى استكشاف دور خطط إدارة الألم المخصصة في تمريض الأورام، مع التركيز على الأساليب الدوائية وغير الدوائية.

الطرق: تم إجراء مراجعة للأدبيات ذات الصلة، مع التركيز على استراتيجيات إدارة الألم لدى مرضى السرطان، والتواصل بين الممرضين والمرضى، ودمج الأساليب الدوائية وغير الدوائية.

النتائج: تسلط الدراسة الضوء على أن خطط إدارة الألم المخصصة، التي تجمع بين الأدوية والعلاج التكميلي، تؤدي إلى تحسين السيطرة على الألم وزيادة رضا المرضى. كما أن التواصل الفعال بين الممرضين والمرضى يعزز من تقييم الألم وإدارته.

الاستنتاج: تعد خطط إدارة الألم المخصصة أمرًا أساسيًا لتخفيف ألم مرضى السرطان بشكل فعال. يلعب الممرضون دورًا محوريًا في تطوير هذه الخطط، مما يساهم في تحسين نتائج المرضى من خلال التدخلات المخصصة والتواصل القوي بين الممرضين والمرضى.

الكلمات المفتاحية: ألم السرطان، إدارة الألم المخصصة، تمريض الأورام، تخفيف الألم، التواصل بين الممرض والمريض.