Barriers for Nurses Providing Cancer Pain Management: A Qualitative Systematic Review

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PROBLEM IDENTIFICATION: Improperly managed pain can negatively affect physical and mental health, quality of life, and functional status of individuals with cancer. To address nurses' experiences with and barriers to providing cancer pain management, a systematic review was conducted.

LITERATURE SEARCH: PubMed®, Embase®, Web of Science, CINAHL®, Cochrane Library, CNKI, VIP Chinese Science and Technology Periodicals Full-Text Database, Wanfang, and SINOMED databases were searched for articles published from database inception through August 2022.

DATA EVALUATION: Two researchers independently evaluated the studies' quality, and meta-integration was performed using thematic synthesis. Eighteen qualitative studies, including 277 nurses from 11 different countries, were included in the review.

SYNTHESIS: The following three themes regarding nurses' barriers to providing cancer pain management were identified: (a) healthcare professional–related barriers, (b) patient-related barriers, and (c) organizational-related barriers.

IMPLICATIONS FOR PRACTICE: This systematic review provides an evidence-based reference for nurses to manage pain among individuals with cancer and develop appropriate interventions.

By 2060, it is estimated that more than 16 million individuals per year will die from malignant neoplasms and experience health-related distress (Armoogum et al., 2020). Cancer pain is one of the leading causes of health-related distress among patients with cancer and is a significant symptom of the disease and its treatment (Money & Garber, 2018). A meta-analysis reported that the overall incidence of cancer pain during treatment could be as high as 40% (Evenepoel et al., 2022). In addition, cancer pain is most prevalent in low- and middle-income countries because as many as 88%–95% of patients are diagnosed with advanced-stage cancer (Onsongo, 2020). Despite an increased awareness of cancer-related pain reported in the literature (Russo & Sundaramurthi, 2019), one study revealed that more than one-third of patients do not receive adequate treatment, which can lead to suboptimal pain relief and poor outcomes for patients (Al-Masri et al., 2020). Untreated or improperly treated cancer pain can negatively affect patients' physical and mental health, functional status, and quality of life (Li, Aninditha, et al., 2018), as well as increase the burden on family members and limit social interactions (El-Aqoul et al., 2020). Over time, the evolution of many and varying sites and types of pain have added to the complexity and timeliness of cancer pain prevention, assessment, and management (Russo & Sundaramurthi, 2019). Therefore, improving cancer pain management (CPM) is particularly important.

CPM is widely recognized, and cancer pain–related guidelines and consensus are regularly updated. However, there are still barriers to CPM globally, and resources are unevenly distributed. Poor pain management has serious consequences for patients and their families, including decreased quality of life, diminished functionality, and greater emotional burden (Lara-Solares et al., 2017). Although nurses understand the harm and impact