

# Guided Imagery for Pain Control

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Evidence-based practice is integral to the delivery of effective and efficient nursing care. However, translating evidence into practice remains a challenge in health care. To overcome this challenge, the Oncology Nursing Society developed a program, the ONS Foundation Institute for Evidence-Based Practice Change, to provide nurses with the tools they need to translate evidence-based practice to their units. This article reviews the process of implementing the evidence-based practice of guided imagery for pain management on a medical oncology inpatient unit at a comprehensive cancer center.

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Pain is a significant burden to patients with cancer and one of the most feared symptoms of the disease (Swarm et al., 2010). In a systematic review of 28 epidemiologic surveys of cancer pain, 14%–100% of patients reported pain symptoms (Goudas, Bloch, Gialeli-Goudas, Lau, & Carr, 2005; Montgomery et al., 2007). Because pain is so prevalent in the cancer population, organizations, such as the National Comprehensive Cancer Network (NCCN, 2013), have developed guidelines for appropriate evidence-based cancer pain management (Swarm et al., 2010). These guidelines suggest rating pain intensity, determining goals of treatment, and instituting pain-management methods that primarily focus on pharmacologic interventions. Nonpharmacologic interventions for pain management are recommended by the NCCN (2013), National Cancer Institute (NCI, 2012) and the American Cancer Society (2014).

Guided imagery is considered a non-pharmacologic modality as well as complementary and alternative medicine, as listed by NCI. NCI (2012) describes it as “imagining scenes, pictures, or experiences to help the body heal” (Mind-Body Medicines section). A typical guided imagery intervention uses relaxation techniques and a description of mental images (Astin, Shapiro, Eisenberg, & Fors, 2003). Significant evidence exists to support the use of guided imagery in the management of cancer-related pain (acute and chronic), as well as cancer treatment-related anxiety, nausea and vomiting, and depression (Kwekkeboom, Cherwin, Lee, & Wanta, 2010; Portenoy, 2011; Roscoe, Morrow, Aapro, Molassiotis, & Olver, 2011). A comprehensive meta-analysis by Deng and Cassileth (2013) found evidence of efficacy in the use of guided imagery as adjunct therapy for disease- and treatment-related cancer symptoms.

## Problem Identification

Managing pain is a top priority for oncology nurses. Pain medications, as a single mode of therapy, may fail to eliminate pain; a combination of approaches is needed for relief (Gatlin & Schulmeister, 2007). Therefore, adjunct methods are frequently recommended (Pasero & McCaffery, 2011). The policy and procedure on pain control for the authors’ institution notes, “Use non-drug interventions such as exercise, positioning, heat/cold, music, imagery, etc., as part of the pain relief program” (City of Hope, 2013, p. 4). To evaluate how well pain is managed, the authors conducted a periodic pain survey throughout the year of 2012. As a part of this survey, inpatients were interviewed and asked questions about how well their pain was managed while in the hospital, and the survey showed that 42% of patients were offered non-medication options for pain relief. This question prompted interest in offering guided imagery to patients. When asked why alternative methods were not being offered, some nurses stated that they were aware of other methods to control pain but were uncertain of how to implement them. Nurses expressed a desire to learn about alternative modalities. Recognizing this knowledge deficit as a barrier to evidence-based practice, the authors developed the pilot program described in the current article.

## Methods

The authors’ aim was to test the feasibility of a nurse-led guided imagery intervention on two medical oncology inpatient units. Seven nurses responded to an email invitation and volunteered to participate in the pilot. The project