

The role of nursing in pain management in patients with terminal cancer

O papel da enfermagem no manejo da dor em pacientes com câncer terminal

El rol de enfermería en el manejo del dolor en pacientes con cáncer terminal

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Pain management in terminal cancer patients continues to be an important aspect of the nursing profession, since nurses are often the professionals who spend the most time with patients and their families.

Originality/value:

It offers a synthesis of the available literature about the nursing role, evidencing that requires not only clinical but also cultural competence.

ABSTRACT

Introduction: Treatment with chemotherapy is the most widely used in almost all types of neoplasms, however, the side effects that it triggers affect the patient's style and quality of life, for this reason the nursing staff must know what their intervention should be with these patients. **Objective:** To analyze the role played by the nursing staff in patients receiving chemotherapy. **Methodology:** A study was carried out with a qualitative, descriptive approach, non-experimental design, the databases used included search engines such as Scopus, PubMed, eJournals, Google Scholar and Trip Database, Scielo, Ocronos). A total of 27 articles are included. **Results:** Nursing care for patients undergoing cytostatic therapy must be comprehensive from a holistic approach. In which it allows to cope with activities that are of the utmost importance for the patient such as reducing the risk of phlebitis and extravasation, controlling nausea and vomiting, informing about side effects. In this way it provides physical, emotional, psychological, and practical support. **Conclusion:** The nursing role is one of the most essential pillars when providing the care required by cancer patients, allowing maintaining the integrity of the skin, achieving optimal nutritional status, attending to the emotional spheres of the patient, reducing the degree of duration of diarrhoea, correct medication administration and effective communication.

Keywords: Nursing staff, terminal cancer, palliative care, pain management.

RESUMO

Introdução: O controlo da dor em doentes oncológicos terminais continua a ser um aspecto importante da profissão de enfermagem, uma vez que os enfermeiros são muitas vezes os profissionais que passam mais tempo com os doentes e suas famílias. A visão holística do enfermeiro sustenta a necessidade de uma avaliação abrangente da dor e seu impacto em todos os aspectos da vida dos pacientes e de seus cuidadores. **Objetivo:** Identificar o papel da enfermagem no manejo da dor em pacientes com câncer terminal. **Métodos:** Foi realizada uma revisão bibliográfica para encontrar os artigos apropriados em bases de dados científicas nacionais como Scielo Equador e Revista Enfermeria Investiga, bem como bases de dados internacionais como Pubmed e Scopus. **Resultados:** Esta revisão identificou avaliação, manejo da dor crítica, prevenção da dor, educação no manejo da dor e cuidados paliativos como as áreas de interesse mais comuns na literatura atual. **Conclusão:** O tratamento da dor em oncologia evolui cada vez de forma diferente. O papel do enfermeiro requer competência não só clínica, mas também cultural. Você deve aplicar habilidades de avaliação criativa, julgamento clínico, apoio psicológico, defesa e boas habilidades de comunicação para garantir que medicamentos, cuidados de enfermagem, cuidados e outras terapias não farmacológicas sejam do melhor interesse do paciente.

Palavras-chave: Equipe de enfermagem, câncer terminal, cuidados paliativos, manejo da dor.

RESUMEN

Introducción: El tratamiento del dolor de los enfermos terminales de cáncer sigue siendo un aspecto importante de la profesión de enfermería, ya que los enfermeros suelen ser los profesionales que más tiempo pasan con los pacientes y sus familias. La visión holística de la enfermera respalda la necesidad de una evaluación exhaustiva del dolor y su repercusión en todos los aspectos de la vida de los pacientes y sus cuidadores. **Objetivo:** Identificar el rol de enfermería en el manejo del dolor en pacientes con cáncer terminal. **Métodos:** Se realizó una revisión bibliográfica para hallar los artículos adecuados en bases de datos científicos nacionales como Scielo Ecuador y Revista Enfermeria Investiga, como también bases de datos internacionales como Pubmed y Scopus. **Resultados:** Esta revisión identificó la evaluación, el tratamiento crítico del dolor, la prevención del dolor, la educación sobre el tratamiento del dolor y los cuidados paliativos como las áreas de interés más comunes en la bibliografía actual. **Conclusión:** El tratamiento del dolor en oncología evoluciona cada vez de forma diferente. El papel de la enfermera no sólo requiere competencia clínica, sino también cultural. Debe aplicar habilidades creativas de evaluación, juicio clínico, apoyo psicológico, defensa y buenas dotes de comunicación para garantizar que la medicación, los cuidados de enfermería, la atención y otras terapias no farmacológicas contribuyan al máximo al interés superior del paciente.

Palabras clave: Personal de enfermería, cáncer terminal, cuidados paliativos, manejo del dolor.

INTRODUCTION

Over the past decades, nurses have advanced practice, research, and education in the field of cancer pain. In practice, nurses assume primary responsibility for pain assessment, intervene with pharmacological and non-pharmacological treatments, and monitor and evaluate patients' responses to pain therapies (Reyes-Pacheco, 2019).

In practice, nurses work independently or in collaboration with physicians and also prescribe analgesic regimens for pain and influence the development of evidence-based practices and translate research and guidelines so that clinical care is in line with scientific findings and accepted practices (Díaz-Morales et al., 2019).

Pain management in patients with terminal cancer remains an essential aspect of nursing practice. While important for all clinicians, nurses are often the professionals who spend the most time with patients and their families. The holistic perspectives of nurses support the need for comprehensive assessments of pain and its impact on all aspects of life for patients and their caregivers (Fonseca & Novoa, 2020).

The literature related to assessment demonstrates important benefits in terms of obtaining clinical information to better understand pain and guide care. Pain assessment documentation practices are critical to justify the basis for pain treatments, monitor therapeutic responses to interventions, and ensure safe as well as quality care for each patient. Pain assessments are necessary to evaluate the nature of pain (Vargas & Huanacuni, 2019).

Cancer pain can be acute, chronic and very severe. It can be opioid sensitive, partially sensitive or opioid resistant. As the tumour grows, it puts pressure on organs causing ischemic or colicky pain, or on nerves causing neuropathic pain. The pain could be due to treatment, for example, side effects of radiotherapy, stomatitis due to chemotherapy, or constipation due to opioids (Herrero Trujillano et al., 2019; Pineda González et al., 2019; Vilchis-Valentín et al., 2021).

The role of nurses in cancer pain management includes believing the patient, assessing pain, identifying the root cause, planning care, administering medication, assessing efficacy, ensuring good pain control and individualizing treatment. It also includes nursing interventions such as providing sensitive nursing care, preventing pain, educating, advocating, communicating, comforting, supporting and counselling the patient (Carvajal-Valdy et al., 2020; Torcal Baz et al., 2020; Velásquez & Salas, 2020).

Nursing

Nursing encompasses the autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings. Nursing includes the promotion of health, the prevention of illness and the care of the sick, disabled and dying. Advocacy, promotion of a safe environment, research, participation in health policy development and patient and health system management, and education are also key functions of nursing (Martínez Trujillo et al., 2020).

Nursing, as an integral part of the health care system, encompasses the promotion of health, the prevention of illness and the care of the physically ill, mentally ill and disabled persons of all ages, in all health care and other community settings. Within this broad spectrum of health care, the phenomena of particular concern to nurses are the "individual, family and group responses to actual or potential health problems". These human responses range from health restoration reactions to an individual episode of illness to the development of policies for the long-term health promotion of a population (Fernández Sola, 2020; Quirino Afonso et al., 2020).

Cancer

Cancer can result from abnormal proliferation of any of a number of different cell types in the body, so there are over a hundred different types of cancer, which can vary substantially in their behavior and response to treatment. The most important issue in cancer pathology is the distinction between benign and malignant tumours (Ramírez et al., 2019).

A tumour is any abnormal proliferation of cells, which may be benign or malignant. A benign tumour, such as a common skin wart, remains confined to its original location, without invading surrounding normal tissue or spreading to distant areas of the body. However, a malignant tumour can invade surrounding normal tissue and spread throughout the body via the circulatory or lymphatic systems (metastasis) (Tinoco-García, 2019).

Terminal cancer

Terminal cancer is cancer that cannot be cured or treated. It is also sometimes called terminal cancer. Any type of cancer can become terminal cancer. Terminal illness, often referred to as a life-limiting illness, refers to a person who has an illness that cannot be cured and will eventually lead to death. A physician often uses a range of days, months or years to predict the life expectancy of a person with a life-limiting illness. If the illness is terminal, it is important to discuss death and plan for the end of life. (Hermosilla-Ávila et al., 2020).

Pain management

Everyone experiences some form of pain from time to time. Pain is the most common symptom of thousands of injuries, illnesses, diseases, disorders and conditions that a person may suffer throughout their life. It can also be the result of treatments for conditions and diseases. The pain may last for a short time and go away as it heals (acute pain). Or it can last for months or years (chronic pain). Anyone with pain can benefit from a pain management plan. A comprehensive plan can help people manage pain that lasts for a few days (for example, after an injury or surgery). It can also help people with long-term pain as a result of a chronic disease or condition (Carrillo-Torres et al., 2019; Esparza-Miñana et al., 2020; Guamba Leiva et al., 2019; Mesas Idáñez et al., 2019).

Against this background, the aim of this article is to identify the role of nursing in the management of pain in patients with terminal cancer, highlighting the valuable contributions that nurses have made to the science and practice of pain through the literature published in recent years, based on the palliative care line of research.

METHODS

Descriptive study based on the PRISMA method (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) has been used as a guide for reporting the findings in this systematic review.

Search strategy

In this systematic review, electronic databases were searched. In addition, Google, Google Scholar and reference lists were handsearched. The search terms were "Terminal cancer", "Pain management", "Nursing staff", "Palliative care" and "Palliative care".

These searches were combined with a Boolean "OR"; "AND" statement to complete the search strategy for each database.

Scielo Ecuador

Nursing Research Journal

Pubmed

Scopus

Study selection criteria

This systematic review included original qualitative, quantitative and mixed articles that met the following general criteria, which were verified by original searches or reference lists in primary research articles, systematic reviews and included synthesis reviews:

Professionals, adult cancer patients, family cares of cancer patients and the general public aged 18-65 years.

Studies focused on cancer, the palliative phase and quality of life.

Studies in English or Spanish.

Original studies.

Protocols and pilot studies, degree theses, opinion articles, pay articles were excluded. In addition, studies in which the population consisted of patients with other types of diseases were excluded. Similarly, articles that deviated from the topic or did not relate to the role of nurses in pain management in patients with terminal cancer were excluded.

Data extraction and synthesis

The extracted data were tabulated, stratified and presented in a results table as follows.

Theme

Author

Year

Study methodology

Results

Population and sample

From all databases, 119 articles were found that appeared to meet the selection criteria based on the abstracts and were independently peer-reviewed. Of these, 31 results were excluded because they did not meet the inclusion criteria. In addition, 29 articles were removed from the analysis because they were not relevant to the main topic. In addition, 25 studies were excluded due to overlaps.

During this initial review, a total of 34 articles were retrieved and analysed, assessed in full text and critically read. Upon re-analysis, four studies in which participants had not been burned were excluded. Finally, 30 articles were selected. To understand the data extraction process, a flow chart is shown in Figure 1.

Figure 1

Study selection

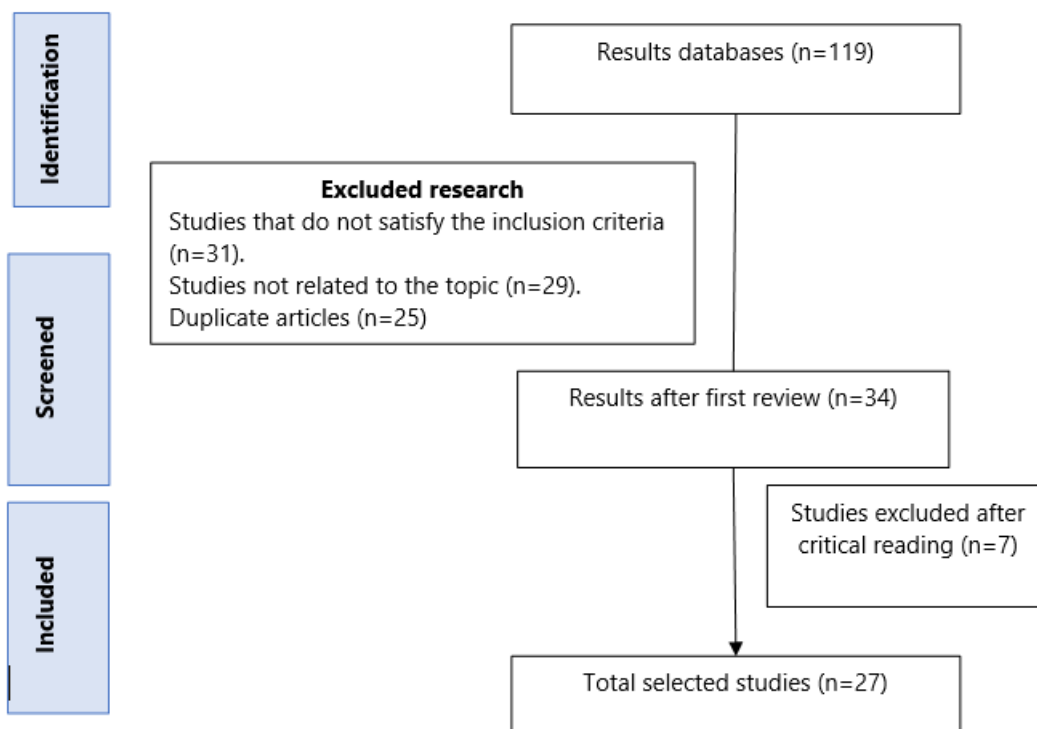


Chart 1. Results

N°	Theme	Author	Year	Methodology	Results
1	Care complexity and place of death in palliative home care	Busquet X, Manresa J, Llobera J.	2022	Descriptive study	The use of play therapy in palliative care is explored through case studies demonstrating the efficacy of play therapy. The study included complementary/alternative medicine (e.g., diet, yoga, tai chi, qigong, meditation, guided imagery, relaxation and deep breathing).
2	Spinal Cord Stimulation: Beyond Pain Management	Tapia J.	2022	Descriptive study	The care plan should also include regular monitoring and reassessment of pain levels and physical performance, as well as mutually agreed goals and expectations.
3	Supportive care in oncology of the upper aerodigestive tract	Rambeau A, Guillaumé C, Cabé N, Humbert M.	2022	Descriptive study	To assess specific elements of pain, the nurses developed and tested an instrument to measure pain management outcomes.
4	Comparative study between ultrasound-guided thoracic paravertebral block, pectoral nerve block, and erector spinae muscle block for pain management in breast cancer surgeries. Randomized controlled study	Eskandr A, Mahmoud K, Kasemy Z, Mohamed K.	2022	Comparative study	Multimodal strategies were originally described for acute pain management but are also used for chronic pain because they are more rational and balanced and differ from polypharmacy, which often lacks a specific approach.
5	Necrotizing fasciitis: management experience in the last two decades in our center	Pérez I, Martínez L, Piquera P, Pont C.	2022	Retrospective study	Some aspects of central sensitisation persist even when the peripheral signals that stimulate pain are no longer present. However, both peripheral and central neural mechanisms are involved in central sensitisation, which can lead to long-lasting problems.
6	Ketamine in cancer pain management	González S, Báez W, López F.	2022	Descriptive study	Promoting self-management in pain management requires an understanding of how race, ethnicity and culture influence learning preferences and therapeutic approaches.
7	Physical therapy after breast cancer surgery improves range of motion and pain over time	Rett M, Pereira D, Bispo F, Bezerra H.	2022	Descriptive study	It is important that research findings are not over-generalised. Research findings should only be used to provide more culturally sensitive care and to raise awareness of differences in how different populations respond to self-care interventions.

8	Descriptive analysis of palliative sedation in a Pediatric Palliative Care Unit	De Noriega I, Rigal M, Martino R.	2022	Descriptive study	Nurses provide palliative care from diagnosis to the end of life, but their role is evolving and expanding.
9	Analysis and recommendations for improving the clinical management and care of metastatic breast cancer in Spain	Noriega A, Lluch A, Colomer R, Casado P.	2022	Descriptive study	The use of alternative methods by pain patients did not differ by gender, and patients who used progressive relaxation and deep breathing techniques were more likely to be in pain.
10	Translation and adaptation into Spanish of the KnowPain-12 and Nurses Pain Management Attitude Survey Questionnaires	Del Reguero L, Salazar A, Duellas M, De Sola H.	2021	Translation retranslation	The instrument is designed for use in quality improvement measures of pain management in adult hospitals and measures quality in six dimensions: pain intensity and pain relief.
11	Percutaneous management of bone metastases	Chen S, Martel J, Bueno A.	2021	Descriptive study	The observed differences in response to opioids can be explained by patient variability due to the pharmacokinetic and pharmacodynamic properties of opioids, to which variables such as age, pharmacological treatment, and the use of opioids contribute.
12	Kinesiotherapy in the prevention of functional disorders of the upper limb after breast cancer surgery	Mogollón M, Robalino G, Muyulema D.	2021	Descriptive study	Postoperative pain must be monitored frequently and treated aggressively. Treatment often involves the use of opioids and requires assessment of respiratory status and sedation.
13	Burden and quality of life in caregivers of cancer patients at the beginning of palliative care.	Castilla J, Jiménez A, Ossa M.	2021	Descriptive study	Nurses are not only responsible for the assessment, management and evaluation of pain management, but also continue to develop evidence-based guidelines to define and justify their newly expanded role, both nationally and internationally, and to expand into new areas of care.
14	Comprehensive approach to cancer pain in pediatric patients	Pineda A, Águila G, Acosta A, Ramírez M.	2020	Descriptive study	Training sessions for nurses on pain screening and assessment are needed to increase awareness of symptom severity so that specific interventions for neuropathic pain can be implemented.
15	Characterization of pain in patients with breast cancer attending the oncology unit of Hospital San José	Buitrago C, Pachecho O, Estrada C, Acevedo M.	2020	Descriptive study	Positive outcomes included that most patients had their pain assessed on admission using a validated pain scale and that the main components of a comprehensive pain assessment were completed on admission.
16	Nurses' perception of pain management in children in a Hospital Oncology Service in Chile	Parra D, Cuadro V, Nies R, Pávez C, Romero M.	2020	Descriptive study	Oncological pain should be recorded as assessed, reassessed or treated in local palliative care clinics, in line with evidence-based recommendations for older cancer patients.
17	Perioperative anesthetic management of patients with malignant pleural mesothelioma undergoing cytoreductive surgery and intrathoracic chemotherapy	Gómez J, Pujol G, López M, Sánchez D, Jiménez M.	2020	Descriptive study	It examines the impact of pain on activity, sleep and negative emotions, side effects of treatment, usefulness of pain management information, ability to participate in treatment decisions and use of non-pharmacological treatments.
18	Mindfulness as an adjuvant pain treatment	González G, Barrios M, Hernández E.	2020	Descriptive study	The use of multimodal analgesics requires nurses to understand the physiology and pathophysiology of cancer pain and to be familiar with the pharmacological properties of analgesics.
19	Metastatic disease of the spine	Witt D, Jaque I, Sepúlveda I.	2020	Descriptive study	It is important that nurses know how to maximise the analgesic effect of opioids, including opioid rotation and management of breakthrough pain.
20	Use of morphine as treatment of acute pain in the Emergency Service of Ambato General Hospital	Carrasco R, Hurtado L, Toscano D, Quisiguiña S.	2020	Descriptive study	Patients requiring opioid analgesia for more than three days should be started on enteral therapy, including stimulant laxatives such as Senna, to counteract the effects of opioids.
21	Evidence-based recommendations for cancer pain management	León M, Santa J, Martínez S, Ibatá L.	2019	Descriptive study	As inadequately treated cancer pain is a public health problem, accurate assessment is crucial to ensure timely and effective treatment, from diagnosis to regular follow-up and the introduction of new therapies.
22	Treatment of pain in cancer patients	Díaz Y, Hernández Y, Hernánde L, Cuevas O, Fernández D.	2019	Descriptive study	Gaps in clinical practice were identified, such as some additional components of the comprehensive assessment not being completed within 48 hours of admission.
23	Evaluation and treatment of pain in newborns, children and adolescents	Annequin D, Ngo J.	2019	Descriptive study	Pain assessment can be improved by health interventions that provide a comprehensive pain assessment.
24	Opioid consumption in the Community of Madrid (Spain) between 2004 and 2014	Ruiz D, Alonso A.	2019	Analytical study	Opioid rotation is often used when patients do not respond to higher doses of opioids or have worrisome side effects that cannot be effectively treated.
25	Clinical management of cutaneous adverse events in patients treated with chemotherapy: national consensus of the Spanish Academy of Dermatology and Venereology and the Spanish Society of Medical Oncology	Sanmartín O, Beato C, Jin H, Aragón I.	2019	Descriptive study	The rationale for active pain management is explained in terms of a cascade of events involving neurotransmitter release and electrophysiological, intracellular stress, structural and neuropsychological responses to acute pain.
26	Ethical considerations for the care of patients with cancer pain in the community	Cruz C.	2019	Descriptive study	Promoting self-management and family involvement through patient-centred education in pain management is an area of interest in health services research.
27	Estimation of short-term prognosis to adapt the transfer of terminal cancer patients to medium-stay palliative care units	Sancho M, Plaza S, Pita A, González N.	2019	Prospective study	Alternative therapies were widely used by cancer patients and more often by women, middle-aged, white and highly educated people.

Elaborated by: Author

DISCUSSION

Pain assessment is necessary to determine the nature of the pain. León et al., (2019) identified the possibility that pain may be more prevalent than assumed due to its unique characteristics that may be overlooked when simply measuring pain intensity. Consequently, González et al., (2020) They indicated that in order to increase awareness of symptom severity so that specific interventions for neuropathic pain could be prescribed, educational sessions on pain screening and

assessment for nurses are needed.

On the other hand, Buitrago et al., (2019) reported on providers' evidence-based assessment and treatment practices for older adults with cancer in community-based hospices. Positive aspects of the study included that most patients had their pain assessed on admission using a valid pain scale and that the primary components of a comprehensive pain assessment had been completed on admission.

Díaz et al., (2019), mentioned that the pain management plan was re-evaluated only one third of the time, and re-evaluation of pain of moderate or higher severity was rarely completed, under this argument, Parra et al., (2020); suggests that oncological pain should be documented as assessed, reassessed or treated in a manner consistent with evidence-based practice recommendations. According to the study carried out by Rambeau et al., (2022), indicate that, to assess the specific components of pain, nurses have developed and tested instruments to measure pain management outcomes. These measure 6 aspects of quality: pain intensity and relief; impact of pain on activity, sleep and negative emotions; side effects of treatment; usefulness of pain management information; ability to participate in treatment decisions; and use of non-pharmacological strategies. (Reguero et al., 2021; Gómez Tarradas et al., 2020).

Thus, pain-directed therapy in recent decades, multimodal pharmacological treatment, is that which combines two or more analgesics from different classes (e.g., opioids with non-opioids and/or adjuvants) targeting more than one pain mechanism. Indeed, it has evolved as a more effective treatment for both acute and chronic cancer pain. Initially described for the treatment of acute pain, multimodal strategies are also applied to chronic pain as they are more rational and balanced, and distinct from polypharmacy, which often lacks targeted approaches (Bautista-Hernández et al., 2021; Eskandr et al., 2022).

According to González et al., (2020), the use of multimodal analgesia requires nurses to understand the physiology and pathophysiology of cancer pain, be aware of the pharmacological properties of analgesics (e.g. onset, peak and duration of action, and adverse effects), ensure timely administration to avoid gaps in analgesia and be aware of potential synergistic adverse effects, while monitoring and managing patients' symptoms.

Meanwhile maximisation of analgesia is shown through observed differences in opioid response which can be explained by patient variability based on the pharmacokinetic and pharmacodynamic properties of opioids, to which variables such as age, concomitant drug treatment and duration of opioid treatment contribute. The practice of rotating patients from one opioid to another due to lack of efficacy or adverse effects necessitates conversions using equianalgesic tables (Chen-Xu et al., 2021). However, caution should always be exercised when converting from one opioid to another, as equianalgesic tables merely serve as a guide to estimate dose equivalence (Alcaraz Asensio et al., 2022).

Given recent advances in pain science and the mechanisms by which acute pain unrelieved by tissue injury can lead to chronic pain, nurses have opted for more complex and robust pain management practices (Álvarez Ossorio et al., 2022). The rationale for aggressive pain management is explained through a cascade of events involving neurotransmitter release and electrophysiological, intracellular stress, structural and neuropsychological responses to acute pain that can potentially lead to central sensitisation, a complex condition defined by an increased excitability of neurons within the peripheral and central nervous systems and abnormal sensitivity and responses to painful and other stimuli (Sanmartín et al., 2019).

Mogollón et al., (2021) consider that postoperative pain should be monitored frequently and treated aggressively. Treatment usually includes opioids, which requires assessment of respiratory status and level of sedation. Opioids also slow peristalsis, so constipation must be prevented. Patients requiring opioid analgesia for 3 days or more should begin a bowel regimen that includes a stimulant laxative, such as senna, to counteract the effects of the opioid. In addition to opioids, non-opioid analgesics and/or anticonvulsants may be used as multimodal approaches to pain management (Carrasco et al., 2020).

Cruz (2019) mentions that the promotion of self-management and the involvement of families in patient-centred pain care through education has been a focus of nursing research. Promoting self-advocacy for pain management requires an understanding of racial, ethnic and cultural influences on learning preferences and treatment methods. However, Rett et al., (2022) believe that it is important to avoid over-generalisations from research findings, which should only be used to guide more culturally sensitive attention and raise awareness of the differences in how various populations respond to self-management approaches.

The role of nurses provides palliative care from diagnosis to the end of life, and their role is evolving into a broader and more inclusive one Noriega et al., (2022). Nursing is not only responsible for assessing, managing and evaluating pain management, but seeks to move into new domains of care, defining, justifying its new and expanded roles both nationally and internationally, and continues to develop evidence-based guidelines to direct patient care in comfort, palliative and end-of-life care settings (Castilla et al., 2021).

According to the results of Sancho et al., (2019) showed that alternative therapies were widely used by cancer patients, and were more prevalent among women, middle-aged, white and well-educated. However, Noriega et al, (2020) stipulate that the use of alternative practices in pain patients did not differ by gender, with patients being more likely to

engage in progressive relaxation or deep breathing exercises when in pain.

CONCLUSIONS

Throughout the continuum of care, from diagnosis to end of life and with cancer survivors, nurses address patient and family issues related to pain; formulate care plans and research programmes to effectively manage pain. Nurses are responsible for assessing pain, using evidence-based practice guidelines in clinical care, applying alternative modalities, evaluating treatments through reassessment and documenting outcomes by demonstrating that they are both clinically and culturally competent enough to use creative assessment skills, clinical judgement, psychological support, and can apply assertive communication in conjunction with medication, nursing care, and non-pharmacological treatments as each patient is unique.

Research conducted by nurses has a profound effect on the advancement of pain science, both in better understanding the experiences of pain and in researching effective ways to treat it. Nurse researchers have been at the forefront of work to develop and test new instruments and approaches to measure pain, to elucidate pain experiences through quantitative and qualitative methodologies, and to measure the quality of pain care for survivors, inpatients and those receiving palliative care at the end of life.

Nurses act as advocates to empower patients to self-manage their pain and provide education and support to patients and families in their most vulnerable moments. It is therefore important for the nursing professional to strengthen their knowledge as medicine is advancing and self-education on topics within this field will help to improve clinical practice with patients. That is why, at the first level of care, nursing plays a fundamental role as they are the main ones to take the role of the caregiver, because at this level is the prevention and relief of ailment through early identification, assessment and treatment of pain.

For this reason, Guevara et al., (2017) mentioned that the place where they are trained as professionals does not disseminate essential content that covers information on care for cancer patients or palliative care, which in turn represents a challenge. Therefore, it is recommended to include protocols that help to improve knowledge and guarantee good care according to their needs.

REFERENCES

- Alcaraz Asensio, A., Alvarez Ossorio, J. L., Cozar Olmo, J. M., Chantada Abal, V., Juarez Soto, A., Linares Espinos, E., Moreno Jimenez, J., Muñoz Rodriguez, J., Perez Fentes, D., Plata Bello, A., Rodrigo Aliaga, M., Unda Urzaiz, M., & Vilaseca, A. (2022). Cáncer de próstata resistente a la castración no metastásico: Recomendaciones de manejo. *Actas Urológicas Españolas*, 46(4), 193-213. <https://doi.org/10.1016/j.acuro.2021.11.004>
- Álvarez Ossorio, J. L., Rodrigo Aliaga, M., Rodríguez Antolin, A., Unda Urzaiz, M., Calleja, M. Á., de la Cruz Ruiz, M., Blas Quilez, J., Hernández Millán, I. R., Sánchez Zalabardo, D., & Cozar Olmo, J. M. (2022). Una actualización en el protocolo en cáncer de próstata metastásico hormonosensible. *Actas Urológicas Españolas*. <https://doi.org/10.1016/j.acuro.2022.09.003>
- Annequin, D., & Ngo, J. (2019). Evaluación y tratamiento del dolor en recién nacidos, niños y adolescentes. *EMC - Tratado de Medicina*, 23(1), 1-6. [https://doi.org/10.1016/S1636-5410\(18\)41701-1](https://doi.org/10.1016/S1636-5410(18)41701-1)
- Bautista-Hernández, M. A., Castillo-Real, L. M., Castro-Gutiérrez, M. E. M., Gijón-Soriano, A. L., & Argueta-Figueroa, L. (2021). Terapias complementarias en el manejo integral del paciente con cáncer de cabeza y cuello: Una revisión sistemática exploratoria. *Revista Internacional de Acupuntura*, 15(3), 100151. <https://doi.org/10.1016/j.acu.2021.05.001>
- Buitrago Martín, C. L., Pacheco, J. O., Estrada, D. C., Acevedo, C. M., Buitrago Martín, C. L., Pacheco, J. O., Estrada, D. C., & Acevedo, C. M. (2019). Caracterización del dolor en las pacientes con cáncer de mama que asisten a la unidad de oncología del Hospital San José. *Revista de la Sociedad Española del Dolor*, 26(4), 221-226. <https://doi.org/10.20986/resed.2019.3692/2018>
- Busquet-Duran, X., Manresa-Domínguez, J. M., Llobera-Estrany, J., López-García, A. I., Moreno-Gabriel, E., & Torán-Monserrat, P. (2022). Complejidad asistencial y lugar de muerte en atención domiciliaria paliativa. *Gaceta Sanitaria*, 37, 102266. <https://doi.org/10.1016/j.gaceta.2022.102266>
- Carrasco, R., Hurtado, L., Toscano, D., & Quisigüña, S. (2020). Uso de morfina como tratamiento del dolor agudo en el Servicio de Emergencia del Hospital General Ambato. *Medicinas UTA*, 4(1), Art. 1. <https://revistas.uta.edu.ec/erevista/index.php/medi/article/view/1355>
- Carrillo-Torres, O., Brito-Ramírez, F., Carrillo-Torres, O., & Brito-Ramírez, F. (2019). Problemática actual de dolor crónico por insuficiente manejo de dolor agudo postoperatorio. *Revista mexicana de anestesiología*, 42(3), 173-174. https://www.scielo.org.mx/scielo.php?pid=S048479032019000300173&script=sci_arttext
- Carvajal-Valdy, G., Rocha-Romero, A., Carvajal-Valdy, G., & Rocha-Romero, A. (2020). El retiro de la escalera analgésica de la OMS y sus limitaciones como estrategia para el control del dolor relacionado con cáncer. *Acta Médica Costarricense*, 62(2), 91-91. http://www.scielo.sa.cr/scielo.php?script=sci_arttext&pid=S0001-60022020000200091
- CASP Checklists—Critical Appraisal Skills Programme. (s. f.). CASP - Critical Appraisal Skills Programme. Recuperado 16 de noviembre de 2022, de <https://casp-uk.net/casp-tools-checklists/>
- Castilla-Soto, J., Jiménez-Tertero, A. I., de-la-Ossa-Sendra, M. J., Barón-López, F. J., Contreras-Fernández, E., & Wärnberg, J. (2021). Sobrecarga y calidad de vida en cuidadoras de pacientes oncológicos al inicio de los cuidados paliativos. Estudio CUIDPALCOSTASOL. *Enfermería Clínica*, 31(4), 222-226. <https://doi.org/10.1016/j.enfcli.2021.01.009>
- Chen-Xu, S., Martel-Villagrán, J., & Bueno-Horrajadas, Á. (2021). Manejo percutáneo de las metástasis óseas. *Radiología*, 63(4), 345-357. <https://doi.org/10.1016/j.rx.2021.02.006>
- Cruz, M. D. (2019). Consideraciones éticas para el cuidado de pacientes con dolor por cáncer en la comunidad. *Revista Cubana de Medicina General Integral*, 35(4), 1-12. <https://revmgi.sld.cu/index.php/mgi/article/view/1106#:~:text=Conclusiones%3A%20El%20cuidado%20a%20pacientes,est%3A%1n%20unidos%20de%20manera%20in%20disoluble.>

- Díaz Juvier, Y. L., Hernández Ortega, Y., Hernández Rodríguez, L. A., Cuevas Pérez, O. L., Fernández Ruiz, D. R., Díaz Juvier, Y. L., Hernández Ortega, Y., Hernández Rodríguez, L. A., Cuevas Pérez, O. L., & Fernández Ruiz, D. R. (2019). Tratamiento del dolor en el paciente oncológico. *MediSur, 17*(4), 552-561. http://scielo.isciii.es/scielo.php?script=sci_arttext&pid=S1137-66272004000600007
- Díaz-Morales, K., Reyes-Arvizu, J., Morgado-Nájera, K., Everardo-Domínguez, D. M., Díaz-Morales, K., Reyes-Arvizu, J., Morgado-Nájera, K., & Everardo-Domínguez, D. M. (2019). Síntomas en niños con cáncer y estrategias de cuidado familiar. *Revista Cuidarte, 10*(1). <https://doi.org/10.15649/cuidarte.v10i1.597>
- Eskandr, A., Mahmoud, K., Kasemy, Z., Mohamed, K., & Elhennawy, T. (2022). Estudio comparativo entre bloqueo paravertebral torácico, bloqueo de los nervios pectorales y bloqueo del músculo erector de la columna ecoguiados para el manejo del dolor en cirugías de cáncer de mama. Estudio controlado aleatorizado. *Revista Española de Anestesiología y Reanimación, 69*(10), 617-624. <https://doi.org/10.1016/j.redar.2022.02.004>
- Esparza-Miñana, J. M., Vicedo-Lillo, R., Esparza-Miñana, J. M., & Vicedo-Lillo, R. (2020). Revisión del impacto del tratamiento con acupuntura en el manejo del dolor lumbar inespecífico. *Revista de la Sociedad Española del Dolor, 27*(1), 53-58. <https://doi.org/10.20986/resed.2020.3762/2019>
- Fernández Sola, C. (2020). Teoría y práctica de los fundamentos de enfermería. *Teoría y práctica de los fundamentos de enfermería*, 1-280.
- Fonseca, B. N. R., & Novoa, C. M. A. (2020). Adaptación y validación cultural del cuestionario II, barreras del paciente adulto con cáncer para el manejo del dolor. *Enfermería Oncológica, 22*(1), Art. 1. <https://doi.org/10.37395/seeo.2020.0003>
- Gómez Tarradas, J. M., Pujol Fontrodona, G., López-Baamonde, M., Sánchez, D., Jiménez, M. J., & Navarro-Ripoll, R. (2020). Manejo anestésico perioperatorio de pacientes con mesotelioma maligno pleural intervenidos mediante cirugía citoreductora y quimioterapia intratorácica. *Revista Española de Anestesiología y Reanimación, 67*(1), 15-19. <https://doi.org/10.1016/j.redar.2019.03.003>
- González, A. R. P., Calero, G. Á., Hernández, A. A., Méndez, M. R., González, A. R. P., Calero, G. Á., Hernández, A. A., & Méndez, M. R. (2020). Enfoque integral del dolor por cáncer en pacientes en edad pediátrica. *Revista Finlay, 10*(3), 304-313. http://scielo.sld.cu/scielo.php?script=sci_arttext&pid=S2221-24342020000300304
- González Pardo, S., Báez Morales, W. E., López-Muñoz, F., González Pardo, S., Báez Morales, W. E., & López-Muñoz, F. (2022). Ketamina en el manejo del dolor oncológico. *MediSur, 20*(5), 956-967. http://scielo.sld.cu/scielo.php?script=sci_arttext&pid=S1727-897X2022000500956
- González-Perilla, G., Barrios-Martínez, M., & Hernández-Rincón, E. (2020). Mindfulness como tratamiento coadyuvante del dolor. *FMC - Formación Médica Continuada en Atención Primaria, 27*(7), 349-352. <https://doi.org/10.1016/j.fmc.2019.11.013>
- Guamba Leiva, J. M. M. A., Herrera García, R. J., Gallardo Aluisa, S. G., Morales Cajas, E. L., Pazmiño Jara, J. D., Guamba Leiva, J. M. M. A., Herrera García, R. J., Gallardo Aluisa, S. G., Morales Cajas, E. L., & Pazmiño Jara, J. D. (2019). Manejo del dolor en el postoperatorio de cirugías articulares. Nuevos enfoques. *Revista Cubana de Reumatología, 27*(1). <https://doi.org/10.5281/zenodo.2555861>
- Guevara Valtier MC, Santos Flores JM, (2019). Conocimiento de enfermería sobre cuidados paliativos en centros de primer y segundo nivel de atención para la salud. *Revista Conamed. https://www.medigraphic.com/cgi-bin/new/resumen.cgi?IDARTICULO=79259*
- Hermosilla-Ávila, A., Sanhueza-Alvarado, O., Hermosilla-Ávila, A., & Sanhueza-Alvarado, O. (2020). La vivencia de los pacientes con cáncer y el cuidado de enfermería. *Revista Cuidarte, 11*(1). <https://doi.org/10.15649/cuidarte.782>
- Herrero Trujillano, M., Mendiola de la Osa, A., Insausti Valdivia, J., Pérez-Cajaraville, J., Herrero Trujillano, M., Mendiola de la Osa, A., Insausti Valdivia, J., & Pérez-Cajaraville, J. (2019). Revisión de los procedimientos intervencionistas neurológicos en el dolor asociado al cáncer de páncreas. Propuesta de algoritmo. *Revista de la Sociedad Española del Dolor, 26*(6), 342-358. <https://doi.org/10.20986/resed.2019.3715/2018>
- León, M. X., Santa-Cruz, J. G., Martínez-Rojas, S., Ibatá-Bernal, L., León, M. X., Santa-Cruz, J. G., Martínez-Rojas, S., & Ibatá-Bernal, L. (2019). Recomendaciones basadas en evidencia para el manejo del dolor oncológico (revisión de la literatura). *Revista mexicana de anestesiología, 42*(1), 45-55. http://www.scielo.org.mx/scielo.php?script=sci_arttext&pid=S0484-79032019000100045
- Martínez Trujillo, N., Díaz Bernal, Z., Martínez Boloña, Y., Chao Flores, M., Dandicourt Thomas, C., Vera Rodríguez, J. E., Elers Mastrapa, Y., Martínez Trujillo, N., Díaz Bernal, Z., Martínez Boloña, Y., Chao Flores, M., Dandicourt Thomas, C., Vera Rodríguez, J. E., & Elers Mastrapa, Y. (2020). Modelo de Enfermería Salubrista para las prácticas de cuidado interdisciplinar. *Revista Cubana de Enfermería, 36*(3). http://scielo.sld.cu/scielo.php?script=sci_abstract&pid=S0864-03192020000300015&lng=es&nrm=iso&tlng=es
- Mesas Idáñez, Á., Aguilera Martín, C., Muñoz Alcaide, C., Vallano Ferraz, A., Ribera Canudas, M. V., Agreda Martínez, G., Aguilera Martín, C., Bosch Graupera, C., Botella Samaranch, D., Caballero López, J., Victoria García Aparicio, M., García López, J., Gil Rubio, P., Gros Subías, L., Les Morell, E., Mesas Idáñez, Á., Muñoz Alcaide, C., Oliveras Arena, M., Planas Gras, D., ... Vallano Ferraz, A. (2019). Estudio observacional del control del dolor postoperatorio antes y después de la implementación de una guía del manejo del dolor postoperatorio. *Medicina Clínica, 153*(8), 312-318. <https://doi.org/10.1016/j.medcli.2019.01.035>
- Mogollón, M. D. J., Morales, G. E. R., & Moyolema, D. D. R. M. (2021). Kinesioterapia en la prevención de trastornos funcionales de miembro superior post cirugía de cáncer de mama. *Medicinas UTA, 5*(4.1), Art. 4.1. <https://doi.org/10.31243/mdc.uta.v5i4.1.1137.2021>
- Noriega, Í., Barceló, M., Pérez, M. Á., Puertas, V., García-Salido, A., & Martino, R. (2020). Ingresos hospitalarios en cuidados paliativos pediátricos: Estudio retrospectivo. *Anales de Pediatría, 92*(2), 94-101. <https://doi.org/10.1016/j.anpedi.2019.02.001>
- Noriega, I., Rigal Andrés, M., & Martino Alba, R. (2022). Análisis descriptivo de la sedación paliativa en una Unidad de Cuidados Paliativos Pediátricos. *Anales de Pediatría, 96*(5), 385-393. <https://doi.org/10.1016/j.anpedi.2021.01.005>
- Parra Giordano, D., Cuadro Maturana, V., Nies Moraga, R., Pávez Castro, C., Romero Torres, M., & Seoane Cabezas, C. (2020). Percepción de las Enfermeras frente al manejo del dolor en niños en un Servicio Oncológico Hospitalario en Chile. *Enfermería: Cuidados Humanizados, 9*(2), 85-99. <https://doi.org/10.22235/ech.v9i2.2094>
- Pérez-Sánchez, I., Martínez-Gil, L., Piqueras-Vidal, P. M., Pont-Gutiérrez, C., Cebrián-Gómez, R., & Montoza-Nuñez, J. M. (2022). Fascitis necrosante: Experiencia de manejo en las últimas dos décadas en nuestro centro. *Revista Española de Cirugía Ortopédica y Traumatología, 66*(6), 429-437. <https://doi.org/10.1016/j.recot.2021.12.007>
- Pineda González, A. R., Águila Calero, G., Acosta Hernández, A., Pineda González, A. R., Águila Calero, G., & Acosta Hernández, A. (2019). Dolor por cáncer en el niño: Un reto para los profesionales de la salud. *Revista Finlay, 9*(4), 320-323. http://scielo.sld.cu/scielo.php?script=sci_abstract&pid=S2221-24342019000400320
- Quirino Afonso, B., da Costa Ferreira, N., & Gengo e Silva Butcher, R. de C. (2020). Definiciones conceptuales y operacionales de los indicadores del resultado Control de síntomas para pacientes con insuficiencia cardíaca en cuidados paliativos. *Enfermería Clínica, 30*(6), 386-397. <https://doi.org/10.1016/j.enfcli.2020.01.001>
- Rambeau, A., Guillaumé, C., Cabé, N., Humbert, M., Bastit, V., & Babin, E. (2022). Atención de apoyo en oncología de las vías aerodigestivas superiores. *EMC - Otorrinolaringología, 51*(2), 1-11. [https://doi.org/10.1016/S1632-3475\(22\)46421-6](https://doi.org/10.1016/S1632-3475(22)46421-6)
- Ramírez, R. F. D., Cruz, A. G. de la, Verdusco, E. K. O., Esqueda, J. G. M., & Luciano, G. S. F. (2019). Cáncer y depresión: Una revisión. *Psicología y Salud, 29*(1), Art. 1. <https://doi.org/10.25009/pys.v29i1.2573>
- Reguero, L., Salazar, A., Dueñas, M., de Sola, H., & Failde, I. (2021). Traducción y adaptación al castellano de los Cuestionarios KnowPain-12 y Nurses Pain Management Attitude Survey. *Educación Médica, 22*(6), 314-319. <https://doi.org/10.1016/j.edumed.2021.06.009>
- Rett, M. T., Moura, D. P., Oliveira, F. B. de, Domingos, H. Y. B., Oliveira, M. M. F. de, Gallo, R. B. S., & Silva Junior, W. M. da. (2022). La fisioterapia después de la cirugía de cáncer de mama mejora el rango del movimiento y el dolor a lo largo del tiempo. *Fisioterapia e Pesquisa, 29*, 46-52. <https://www.scielo.br/j/fp/a/XVJsFXgpFy4CDxS96rgJn9w/abstract/?lang=es>
- Reyes-Pacheco, V. A. D. los. (2019). Manejo intervencionista del dolor en el paciente oncológico. *Revista Mexicana de Anestesiología, 42*(S1), 76-77. <https://www.medigraphic.com/cgi-bin/new/resumen.cgi?IDARTICULO=87103>
- Rodríguez-Lescure, Á., Lluh Hernández, A., Colomer Bosch, R., Casado Duráñez, P., & Gimón Revuelta, A. (2022). Análisis y recomendaciones para la mejora de la gestión clínica y la atención del cáncer de mama metastásico en España. *Revista de Senología y Patología Mamaria, 35*(4), 260-268. <https://doi.org/10.1016/j.senol.2020.11.002>
- Ruiz-López, D., & Alonso-Babarro, A. (2019). Consumo de opioides en la Comunidad de Madrid (España) entre 2004 y 2014. *Revista Clínica Española, 219*(7), 367-374. <https://doi.org/10.1016/j.rce.2019.02.002>
- Sancho Zamora, M. A., Plaza Canteli, S., Pita Carranza, A. J., & González García, N. (2019). Estimación de pronóstico a corto plazo para adecuar el traslado de pacientes oncológicos terminales a unidades de cuidados paliativos de media estancia. *Revista Clínica Española, 219*(6), 303-309. <https://doi.org/10.1016/j.rce.2019.01.003>

Sanmartín, O., Beato, C., Suh-Oh, H. J., Aragón, I., España, A., Majem, M., Segura, S., Gúrpide, A., Botella, R., & Grávalos, C. (2019). Manejo clínico de los eventos adversos cutáneos en pacientes tratados con quimioterapia: Consenso nacional de la Academia Española de Dermatología y Venereología y de la Sociedad Española de Oncología Médica. *Actas Dermo-Sifiliográficas*, 110(6), 448-459. <https://doi.org/10.1016/j.ad.2019.01.011>

Tapia Pérez, J. H. (2022). Estimulación de la médula espinal: Más allá del manejo del dolor. *Neurología*, 37(7), 586-595. <https://doi.org/10.1016/j.nrl.2019.05.009>

Tinoco-García, A. (2019). Definición de cáncer: Una controversia científica entre el paradigma ortodoxo y el crítico en oncología. *Revista Colombiana de Filosofía de la Ciencia*, 19(38), Art. 38. <https://doi.org/10.18270/rcfc.v18i36.2271>

Torcal Baz, M., Ventoso Mora, S. A., Torcal Baz, M., & Ventoso Mora, S. A. (2020). Manejo y tratamiento del dolor en cuidados paliativos. *Revista Clínica de Medicina de Familia*, 13(3), 203-211. http://scielo.isciii.es/scielo.php?script=sci_arttext&pid=S1699-695X2020000300203

Vargas, K. R., & Huanacuni, G. H. (2019). Acupuntura en el manejo del dolor crónico. *Revista Peruana de Medicina Integrativa*, 4(3), Art. 3. <https://rpmi.pe/index.php/RPMI/article/view/157>

Velásquez, J. I. M., & Salas, S. P. E. (2020). Adherencia a principios del manejo del dolor establecidos por la OMS en cirugía mayor electiva. *Alerta, Revista científica del Instituto Nacional de Salud*, 3(2 (julio-diciembre)), Art. 2 (julio-diciembre). <https://doi.org/10.5377/alerta.v3i2.9741>

Vilchis-Valentín, D., Morales-Rabanales, A. M., Molina-Romero, M. A., Medina-Castro, J. M., Cuellar-Garduño, N., Camacho-Ramos, C. E., Vilchis-Valentín, D., Morales-Rabanales, A. M., Molina-Romero, M. A., Medina-Castro, J. M., Cuellar-Garduño, N., & Camacho-Ramos, C. E. (2021). Dronabinol en manejo de apetito y pérdida de peso en pacientes con cáncer terminal, VIH, cuidados paliativos y vejez. Revisión de la literatura. *Revista mexicana de anestesiología*, 44(3), 207-214. <https://www.medigraphic.com/cgi-bin/new/resumenI.cgi?IDARTICULO=99668>

Witt, D., Jaque, I., & Sepúlveda, M. I. (2020). Enfermedad Metastática de la columna vertebral. *Revista Médica Clínica Las Condes*, 31(5), 460-471. <https://doi.org/10.1016/j.rmcl.2020.11.003>

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Task	% of contribution of each author				
	A1	A2	A3	A4	A5
A. theoretical and conceptual foundations and problematization:	20%	20%	20%	20%	20%
B. data research and statistical analysis:	20%	20%	20%	20%	20%
C. elaboration of figures and tables:	20%	20%	20%	20%	20%
D. drafting, reviewing and writing of the text:	20%	20%	20%	20%	20%
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