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SUTEERA CHUKKUL LUENG SUKCHAROEN : PAIN EXPERIENCE AND PAIN MANAGEMENT AMONG HOSPITALIZED CANCER PATIENTS IN RAMATHIBODI HOSPITAL. THESIS ADVISOR : SOMCHIT HANUCHARURNKUL. B.Sc.(NURSING), M.S.N., Ph.D. PRAKONG INTARASOMBAT. B.Sc.(NURSING), M.Ed. (NURSING ADMINISTRATION). 97 P. ISBN 974-589-147-9

Pain is one of the most severe symptoms of distress among cancer patients and has been cited as a critical factor in interference with the patients' functional ability. Pain management is a major problem for patients during hospitalization where a complex symptom management program is often provided by physician and nurse. The purposes of this descriptive study were to; a) examine the pain intensity, b) determine the consequence of pain experienced, c) assess the relationship of the forgoing two variables, d) identify pain management practice by physician and nurse and e) identify barriers to patients' pain management. Purposive sampling was used to select 60 adult patients with cancer from twelve inpatient wards, Department of Medicine, Department of Surgery, Department of Otolaryngology and Department of Obstetrics and Gynaecology, Ramathibodi Hospital, Bangkok, Thailand. The instrument used for data collection was the American Pain Society's questionnaire for demographic data and pain assessment as adapted by Jacox at Wayne State University and Detroit Medical Center.

The result of this study indicated that the subjects perceived high levels of distress from pain and also moderate levels of interference in their functional ability. The mean average of worst pain in last 24 hours was at a high level ($M = 7.08$, $SD = 2.39$, range 2-10) and the mean average of interference with functional ability from pain was at a moderate level ($M = 5.78$, $SD = 2.80$, range 0-10). Moreover the worst pain was positively correlated with general activity ($r = 0.55$, $p < 0.001$), ability to walk/mobility ($r = 0.54$, $p < 0.001$), relationship with other people ($r = 0.60$, $p < 0.001$) and inability to sleep ($r = 0.54$, $p < 0.001$). The data indicated that the subjects may receive inadequate management. Most physicians prescribed non-opioid analgesics, usually on a PRN basis. Nurses administered analgesics when the patients requested medication; however, nurses did not use the instrument to evaluate patients' pain systematically. There was not so much interaction between nurse and patient resulting in inadequate education about narcotics used. Moreover, barriers to patients' pain management were found in all the items relating to pain management (addiction, tolerance, side effect, economic and disturbance).