

3. Material and Methods

Cross-sectional study (transverse).Collection of data was conducted through a structured questionnaire self manageable nursing staff in the oncology service was estimated through sampling UHC Win PEPI for a sample of 280 cases and responsiveness (response berth) was 252 cases, which means 90% responsiveness.

Questionnaire

1- Specialty, ward where the nurse works. _____

- 2- Age of the nurse. _____
- 3-Educational niveli . _____
- 4. Eksperienca work in years. _____
- 5.Trajnime in connection with the management of pain. _____

Answer the following questions by placing the sign "X" to answer that you think is correct .This is a questionnaire without name that satisfies him and simultaneously without any consequence or impact of what satisfies this questionnaire following data will be used for a study on nursing management of pain in patients with cancer.

S.No	Questions	Yes	No
1	Increase of vital signs (tachycardia, rise in blood pressure) it's a sign that patient is experiencing pain		
2	Intramuscular injections are an effective route for pain medication administration		
3	A patient cannot manage to sleep when experiencing pain		
4	Depression is common for patients with headache		
5	A nurse can identify the amount of pain a patient is experiencing, only by observing him/her.		
6	Patients that are impatient for their next dose of pain medication, are addicted to analgesics		
7	Opioid dose may be increased, without fearing overdose, until pain control has been reached. Opioids do not have minimal or maximal dose.		
8	A patient that has developed psychological addiction to opioids, needs higher dose of opioids for pain control		
9	NSAIDs (aspirin, indomethacin, ibuprofen, etc.) when used for mild pain control, manifest side effects.		
10	If patient is not complaining for pain after injection with sterilized water, physiologic or i/m sol, his pain is not real.		
11	Patient that can distract his focus from pain, has no severe pain.		
12	Respiratory depression is not common in patients with consistent prolonged doses of opioids		
13	Patients should be encouraged to endure as much as he/she can the pain, before using opioid (Morphine)		
14	A patient that uses opioid for pain control is not addicted to it even if he/she is taking it for a long time.		
15	In a scale from 1 (I am strongly uncertain) to 5 (I am strongly certain), how would you rate your accuracy of most answers?		

4. Results

Below we give the results of the study and data analysis that got through a questionnaire that supplemented the nursing staff in service onkology HUCT, which are presented in tabular and graphic, to understand precisely how nursing staff knowledge about pain management the following data are presented according to different age groups of nursing staff, their educational level, years of work experience and training in various related pain in all wards involved in oncology services to UHC.

Table 1: Distribution of subjects by Department

Department	%	N
Oncology*	63.49%	160
Surgery	15.48%	39
Gynecology	10.71%	27
Urology	11.11%	28
Total	100.00%	252

Distribution of subjects by Department

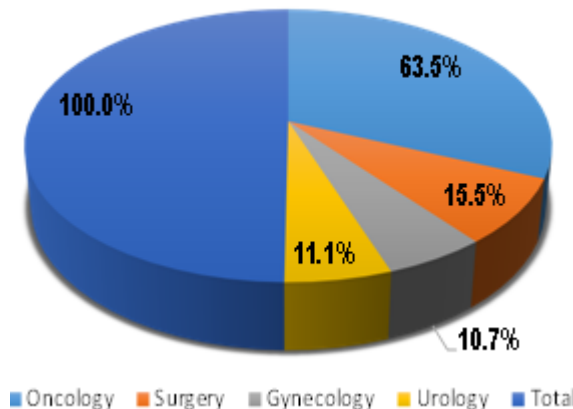


Table 2: Distribution of cases by age-group

Age-group	%	N
Under 25 years	1.98%	5
25 - 29 years	8.33%	21
30 - 39 years	32.54%	82
40 - 49 years	34.13%	86
50 - 54 years	11.51%	29
55 years and over	11.51%	29
Total	100.00%	252

Average age of the participants was 45.6 ± 3.52.

Distribution of cases by age-group

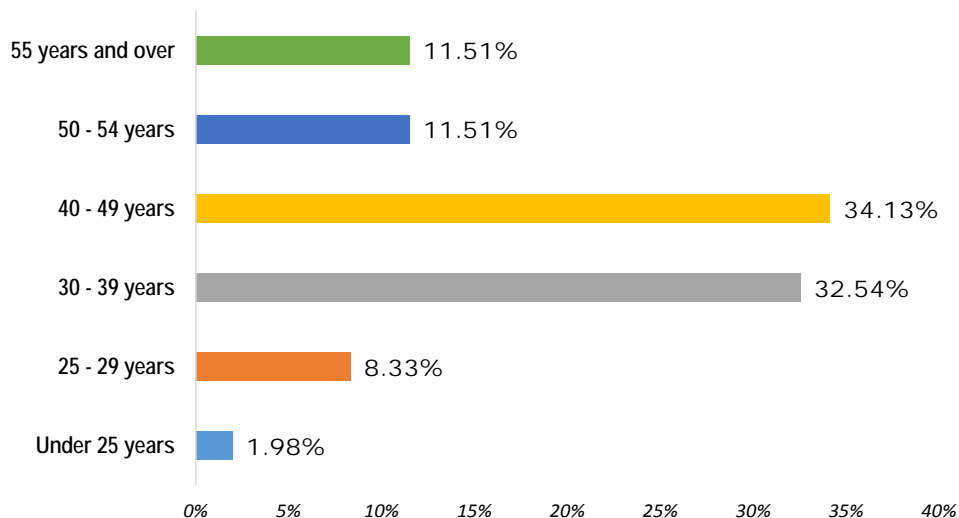


Table 3: Distribution of cases by educational level

Education level	N	%
High school	22	8.7%
University	162	64.3%
Master or higher	68	27.0%
Total	252	100.0%

Distribution of cases by educational level

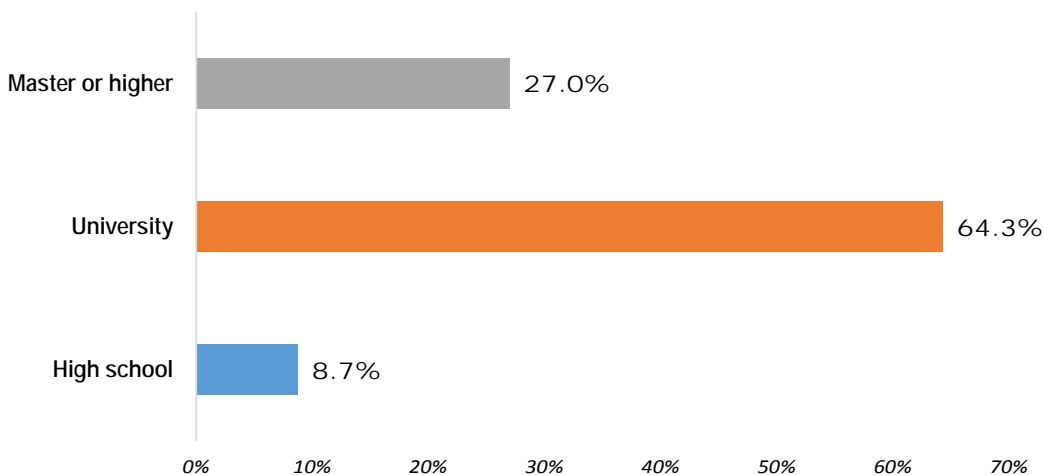


Table 4: Distribution of cases by work experience

Experience	N	%
Under 5 years	87	34.5%
5 - 10 years	131	52.0%
10 - 20 years	23	9.1%
Over 20 years	11	4.4%
Total	252	100.0%

Distribution of subjects by experience

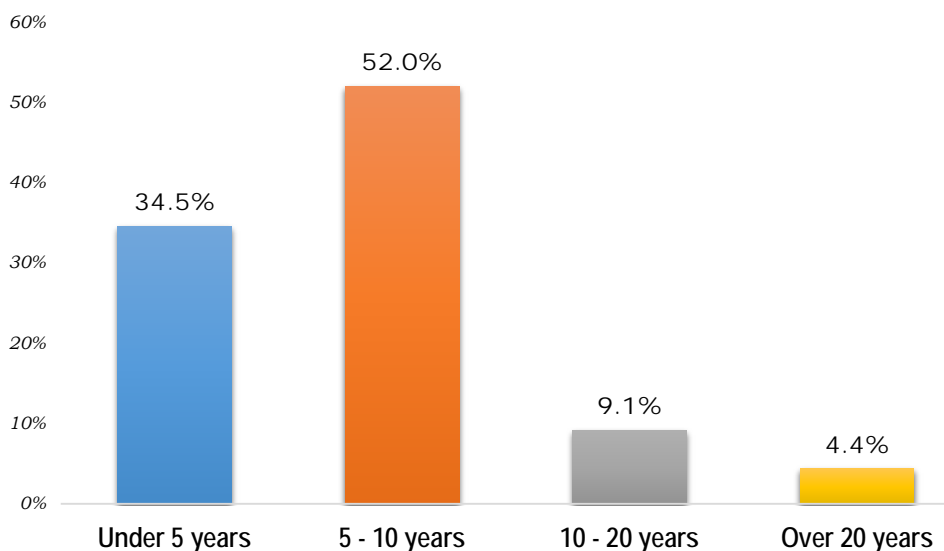
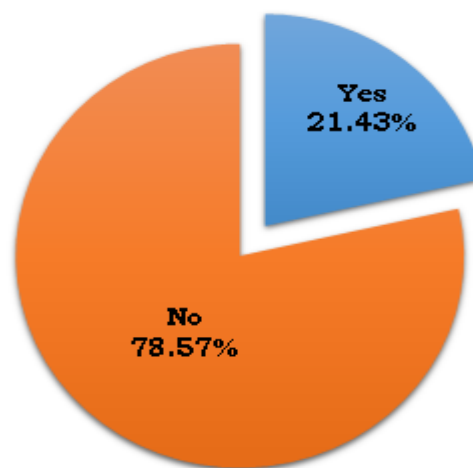


Table 5: Distribution of cases by training received on pain management

Trainings received	N	%
Yes	54	21.40%
No	198	78.60%
Total	252	100%

Training on pain management received



Question Correct answer %

1. Increase of vital signs (tachycardia, rise in blood pressure) it's a sign that patient is experiencing pain	98.2%
2. Intramuscular injections are an effective route for pain medication administration	88.5%
3. A patient cannot manage to sleep when experiencing pain	79.6%
4. Depression is common for patients with headache	56.2%
5. A nurse can identify the amount of pain a patient is experiencing, only by observing him/her.	87.6%
6. Patients that are impatient for their next dose of pain medication, are addicted to analgesics	99.1%
7. Opioid dose may be increased, without fearing overdose, until pain control has been reached. Opioids do not have minimal or maximal dose.	61.4%
8. A patient that has developed psychological addiction to opioids, needs higher dose of opioids for pain control	65.7%
9. NSAIDs (aspirin, indomethacin, ibuprofen, etc.) when used for mild pain control, manifest side effects.	77.7%
10. If patient is not complaining for pain after injection with sterilized water, physiologic or i/m sol, his pain is not real.	83.4%
11. Patient that can distract his focus from pain, has no severe pain.	92.5%
12. Respiratory depression is not common in patients with consistent prolonged doses of opioids	55.2%
13. Patients should be encouraged to endure as much as he/she can the pain, before using opioid (Morphine)	79.1%
14. A patient that uses opioid for pain control is not addicted to it even if he/she is taking it for a long time.	87.2%
15. In a scale from 1 (I am strongly uncertain) to 5 (I am strongly certain), how would you rate your accuracy of most answers?	3.5

Average correct answer rate was 79.4%±0.15%

5. Discussion

252 nurse questionnaire 22% were eligible for management of patients with cancer pain, while only 78% had formal training in management pain. From about this survey 80% of nursing staff gave definitions of questions and 20% will you

can give a positive assessment for the management of cancer pain and the use of scale for the assessment of pain. This study showed insufficient knowledge of cancer pain management in nursing staff.

6. Conclusions and Recommendations

Consequently many of the principles in the field of pain management nursing staff may have incomplete information or incorrect data for assessment of pain, use of analgesic Opioid and others who contribute to an inefficient management of pain and in the treatment of pain. Nurses must recognize the need to enrich their influence basis for pain management, participating in continuing education courses and reading professional journals and clinical practice guidelines guide. These help to remove many wrong ideas about assessment and pain. Improvement treatment of pain management is a process that will continue for many years and for an effort that knows no end. Component practitioners and knowledge are key to a good performance patient. Improvement knowledge of nursing students and their attitudes about pain management can improve patient pain relief in the future, thus giving an impetus to change decades of under-treatment of pain within the nursing profession. The nursing staff can do much to relieve the pain experienced by almost every patient. Nursing have different roles in the management of pain ranging from preparation of simple comforts to medication administration and observation. We all aspects of holistic care treatment and can reduce the human suffering of the patient. One of the major challenges nursing staff which is providing comfort to the patient.

References

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