

Abstract

Purpose: Cancer pain is inadequately assessed and managed in Kenya. Despite the development of WHO analgesic ladder since 1986 with the effective response of 80%- 90%, cancer pain at Garissa County Referral Hospital (GCRH) remains inadequately managed. The purpose of this study was to determine the clinical nurses' perspective of cancer pain management of adult patients at GCRH.

Methods and Material: A total of 84 clinical nurses were administered with questionnaires to assess their knowledge on assessment and management of cancer pain based on utilisation of WHO analgesic ladder. Clinical nurses from various departments were purposively stratified and recruited using simple random sampling. Hospital based 94 cancer patients were also assessed for their frequency and level of pain management using MBPI (Modified Brief Pain Inventory). Cancer patients from outpatient and inpatient, aged 18 years and above, present during the study period of May 18th to November 17th were included in the study.

Result: Majority of Clinical nurses 54 (64.3%) had a diploma level of training, and 37 (44%) had working experience of 1-3years. A total of 81% indicated they had no training on cancer pain management and 83.2% of them reported they had not utilised WHO analgesic ladder for pain management. Majority 78 % (66) indicated they had no tool for pain assessment and 81.9% (77) of cancer patients incorrectly utilised WHO analgesic ladder. Mean age of cancer patients was 50years, composed of 42(44.7%) male and 52 (55.3%) female. Prevalence of cancer pain was 78% with majority reporting moderate to severe pain. A total of 91% male and 70% female were undertreated with PIM of (p value < 0.05). Majority of them 65% (61) and 77.6% (73) considered alternative therapy of Quran and Somali herbs respectively for pain management.

Unique contribution to theory, practice and policy: This study found a high prevalence of cancer pain, knowledge deficit among clinical nurses with a negative attitude and suboptimal cancer pain management. Thus recommend the capacity building of clinical nurses' knowledge and review of the curriculum of nursing training. Cultural sensitive and innovative strategy for cancer pain management at GCRH is also encouraged