



Assessment of Challenges associated with Cancer Pain Management in Elderly Patients among Nurses in ABUTH, Shika

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Abstract

Effective management of pain in the elderly by nurses can be challenging as it combines pharmacologic with non-pharmacologic measures. The aim of this study was to determine the challenging factors associated with management of cancer pain in elderly patients among nurses at Ahmadu Bello University Teaching Hospital, Zaria. A cross sectional descriptive research design was used; a semi structured questionnaire was used to obtain information from 73 nurses working in the various oncology units of the hospital. The results obtained were analysed using descriptive and inferential statistics with the aid of data analysis software; Statistical Package for Social Science (SPSS) version 22.0. Based on the findings obtained, the challenges nurses encountered during pain assessment include; too many patients to assess; absence of time for assessing patients with pain; inconsistency of pain report by cognitive impaired patients; institutional policies for accountability for pain assessment; and communication barrier between nurses and patients. The challenges they encountered during cancer pain management include; none availability/inadequate medications, inadequate trained nurses on cancer pain management. It can therefore be concluded that, nurses do not optimally render their care as intended to patients due to absence of adequate number of trained oncology nurses during assessment phase of cancer and in the course of rendering their care to elderly patients with cancer. By way of recommendation, Nurses should be given the opportunity to go for special training in the field of oncology nursing as a specialisation so as to improve quality of cancer pain management.

Keywords: *Cancer, Challenges, Elderly, Knowledge, Nurses, Pain*

Introduction

The incidence of malignancies after the age of 65 years has increased 11-fold compared to younger adults (Marosi & Köller, 2016). Persistent pain experienced by elderly cancer patients may be the direct result of the type of cancer that they have, or it may be related to therapies administered to manage the disease or to disorders unrelated to cancer or its

treatment (Portenoy, 2011 & Mc Cracken, 2015).

The obstacles to an adequate treatment of chronic pain have been identified and categorized as institutional, patient-related and caregivers-related (Swan & Hamilton, 2016). A healthcare system may lack criteria or culturally sensitive instruments for pain assessment as well as institutional

policies for accountability for pain assessment performance and documentation. Patient barriers as a challenge to effective cancer pain assessment include psychological factors such as depression, fear, anger, and anxiety, which can all influence and complicate assessment. Research findings suggest that a provider's expectations of the pain experience of a patient are influenced by the stereotypes he or she has about different genders, races, and ages. Healthcare providers may demonstrate differences in pain expectations based upon these demographic characteristics, which can influence pain assessment and treatment decisions (Wandner, Scipio, Hirsh, Torres, & Robinson, 2013).

On a more specific note, there are certain challenges nurses usually run into often in the management of cancer pain in the elderly. These challenges range from assessment to management of pain itself and the effect of therapies thereafter. For instance, challenges in assessing pain in elderly as mentioned by Voscopoulos and Lema, (2010) were; knowledge deficits, personal principles and feelings affecting ones' own ability to assess, decision making and the use of evidence-based information in managing pain. A lack of documentation of assessment findings by nurses has also been reported as a barrier to effective pain relief (McCracken, 2015).

Once a comprehensive assessment of a patient's pain has been made including the physical, psychosocial and emotional domains, the various treatment approaches should be considered prior to the formulation of a treatment plan. The treatment approach can either be pharmacological or non-pharmacological. Achieving successful pain management strategies is complicated; this is because different techniques needed can only be fulfilled by a combination of skills from different professionals (Kipkorir, 2011) . According to Marosi and Köller (2016), despite the high prevalence of malignancies in elderly people, administering the optimal treatment to elderly patients with cancer

remains challenging. For instance; in Nigeria, according to Oyebola, (2015); opioid phobia and lack of skills and experience of appropriate opioids prescriptions among doctors are common phenomena affecting cancer treatment in elderly patients especially in limited-resource settings.

Wilkie and Ezenwa, (2012) and Reynolds & Dunwoody, (2013) identified some Barriers to adequate pain management by healthcare providers to include; failure to recognise pain or denial of its presence, lack of understanding about the global nature of pain (e.g., psychological, social, and cultural aspects), fear of doing harm or causing adverse effects, including tolerance to opioid effectiveness, Concerns about diversion or misuse of drugs by other than the patient, failure to request assistance from pain specialists, failure to include effective non-pharmacologic measures, lack of knowledge, skills, and time for adequate pain and symptom assessment, lack of knowledge about analgesics, symptom approaches, and side effects of therapies, low priority given to pain and symptom management, reimbursement issues and restrictive regulations designed to curb misuse of prescription drugs (e.g., caps on dosage levels, cost barriers, reclassification of pain medications to more restrictive categories, monitoring compliance among others).

All of these challenges consequently have an effect on patients' quality of life by isolating individuals from important social stimulation, amplifying the functional and emotional losses already experienced from under-treated pain. While according to Global Year Against cancer pain, (2009); Cancer Pain has a detrimental impact on the quality of life of older patients as it impairs elders' physical function, sleep, activities of daily living, life enjoyment, and mood when poorly managed. They also stated that "Older and younger cancer patients may be equally vulnerable to depression, multiple health concerns and are at high risk for psychological distress".

Methodology

The research design employed in this study was a cross-sectional descriptive design. The study area was Ahmadu Bello Teaching Hospital Shika, Zaria being the tertiary oncology based hospital in Kaduna state, one out of the four hospitals in the northern region of Nigeria with an oncology centre and being a hospital that serves as a focal point of referral for cancer patients covering northern Nigeria, southern part of Niger, Chad and northern Cameroon. The population of the study constitutes nurses working in the oncology ward, oncology section of gynaecological ward, female surgical ward (for Breast cancer and other cases), male surgical ward (for urologic cancers and other male-related cancers), and palliative care unit (for cancer cases) in. There were a total of 86 nurses in the oncology section (wards inclusive) in general. The sample size constitutes the whole 86 nurses (census sample size) working in the oncology units of the hospital. Data were collected over a period of 3 months (June 2017-August 2017)

Data Collection Tool

The instrument used in the collection of data was a questionnaire that was constructed by the researcher following a review of relevant literature. The Questionnaire consists of three sections; section A constitute the respondents socio-demographic and professional data, section B constitute questions on the challenges faced by nurses in cancer pain assessment and section C constitute questions on challenges nurses face during the management of cancer pain management. Section A comprises of closed-ended questions while section B and C comprise of Likert scaling, with a scoring system of one to five and an open-ended questions.

Validity and Reliability

- ✧ The instrument was presented to 5 jurors in the field of nursing and quality of life for their valuable vetting and input. They include a professor in Oncology, a consultant in oncology, a professor in Human Physiology and two doctorate degree holders in Nursing for content and construct validity. Test and re-test was done to ascertain the applicability and feasibility of the tool
- ✧ Meanwhile, the reliability index of the questionnaire was computed using SPSS version 22.0, and the alpha value was found to be 0.701; this indicates that the instrument is reliable for the study.

Ethical Consideration

The copy of the proposed dissertation, introductory letter from the department and the copy of the questionnaire were submitted to the ethical research committee of Ahmadu Bello University Teaching Hospital Shika Zaria, for approval which was obtained. The **ABUTH Ethics Committee assigned Number for the research was: ABUTHZ/HREC/M05/2017.**

In order to protect the human rights of the participating nurses, no names were required on the questionnaire and there were no negative consequences associated with participation or non-participation. No risks were identified with this study. Informed consent was obtained from the study participants after explaining the objectives and procedure of the study. The study was voluntary and confidentiality of the study participants was maintained.

Results

Table 1: Socio-demographic and Professional Characteristics of the Nurses N=73

Variables	Frequency	Per cent
Respondents age	21-25 years	7 9.6
	26-30 years	7 9.6
	31-35 years	12 16.4
	36-40 years	15 20.5
	41-45 years	17 23.3
	> 46 years	15 20.5
Gender status	Male	15 20.5
	Female	58 79.5
Marital status	Single	16 21.9
	Married	57 78.1
Religion	Islam	30 41.1
	Christianity	43 58.9
Highest qualification/cadre	Registered Nurse (RN)	11 15.1
	RN/RM	47 64.4
	BSc Nursing	9 12.3
	Msc Nursing	1 1.4
	Others*	5 6.8
Ward working	Oncology	7 9.6
	Palliative	3 4.1
	Female Surgical	21 28.8
	Male Surgical	23 31.5
	Obstetric and Gynaecological	19 26.0
Years of working experience	< 2 years	9 12.3
	3-10 years	25 34.2
	11-20 years	20 27.4
	21-30 years	15 20.5
	> 30 years	4 5.5
Additional cancer/pain related training	Yes	22 30.1
	No	51 69.9
Kind of training	General Pain Management	13 17.8
	Palliative	6 8.2
	Oncology	3 4.1
	General pain Management and palliative	1 1.4
	General pain Management and Oncology	1 1.4
	No Training	49 67.1
	Attended educational class on pain management on elderly	Yes
	No	56 76.7
Managed cancer pain in elderly	Yes	52 71.2
	No	21 28.8
Type of cancer pain managed	Acute	3 4.1
	Chronic	49 67.1
	None	21 28.8

* Represents other qualifications such as Paediatric Nurse, ADPA, Public Health, RPN, Reproductive Health

Table 1: In respect to their qualifications, most of the nurses 47 (64.4%) are Registered Nurse (RN) and Registered Midwives (RM). About 20 (27.4%) of the nurses had a working experience of 11-20 years, but only 22 (30.1%) of the nurses have additional cancer/pain related training. Most of the training being

General pain Management 13 (17.8%). 17 (23.3%) nurses have attended an educational class on pain management in the elderly. Majority of the nurses 52 (71.2%) have managed cancer pain in elderly most of which 49 (67.1%) being chronic pain.

Table 2: Challenges Encountered by Nurses During Cancer Pain Assessment in Elderly Patient N=73

		Frequency	Percent	Mean	t-test/ p-value
Too many patients to assess	Strongly Disagree	2	2.7	4.1	t=4.448 p=.000
	Disagree	7	9.6		
	Uncertain	6	8.2		
	Agree	28	38.4		
	Strongly Agree	30	41.1		
No enough time for assessment	Strongly Disagree	2	2.7	4.0	t=4.590 p=.000
	Disagree	5	6.8		
	Uncertain	3	4.1		
	Agree	45	61.6		
	Strongly Agree	18	24.7		
Elderly patients may be reluctant to report pain	Strongly Disagree	5	6.8	3.2	t=- 2.567 p=.012
	Disagree	20	27.4		
	Uncertain	16	21.9		
	Agree	23	31.5		
	Strongly Agree	9	12.3		
Inconsistency of pain report by cognitive impaired patients	Disagree	3	4.1	3.8	t=2.986 p=.004
	Uncertain	24	32.9		
	Agree	32	43.8		
	Strongly Agree	14	19.2		
	Agree				
Lack of systematic investigation into pain phenomenon	Strongly Disagree	1	1.4	3.4	t=-.836 p=.406
	Disagree	11	15.1		
	Uncertain	25	34.2		
	Agree	29	39.7		
	Strongly Agree	7	9.6		
Institutional policies for accountability for pain assessment	Disagree	10	13.7	3.6	t=1.384 p=.171
	Uncertain	16	21.9		
	Agree	37	50.7		
	Strongly Agree	10	13.7		
	Agree				

		Frequency	Percent	Mean	t-test/ p-value
Communication barrier between patient and Nurses	Strongly Disagree	4	5.5	3.5	t=-.366 p=.715
	Disagree	12	16.4		
	Uncertain	16	21.9		
	Agree	29	39.7		
	Strongly Agree	12	16.4		
Not trained to use scale	Strongly Disagree	7	9.6	3.4	t=-.571 p=.570
	Disagree	16	21.9		
	Uncertain	8	11.0		
	Agree	24	32.9		
	Strongly Agree	18	24.7		
Pain assessment scale not always available	Strongly Disagree	10	13.7	3.4	t=-.571 p=.570
	Disagree	11	15.1		
	Uncertain	5	6.8		
	Agree	33	45.2		
	Strongly Agree	14	19.2		

Grand mean= 3.6 Level of significance (p-value) for t-test under a test value of 3.5 was considered to be valued less than 0.05

Table 2 shows the mean score of the challenges faced by nurses during cancer pain assessment in elderly patients. Majority of the nurses agree to the statement that there is too many patients to assess as a challenge during assessment of cancer pain; this has a mean score of 4.1. Other challenges include Absence of enough time for assessing patient with pain (4.0 mean score), Inconsistency of

pain report by cognitively impaired patients (3.8 mean score), Institutional policies for accountability for pain assessment (3.6 mean score) and communication barrier between patients and nurses (3.5 mean score). While the rest of the statement is within the borderline of agreeing and disagreeing.

Table 3: Challenges Encountered by Nurses During Cancer Pain Management in Elderly Patient
N= 73

		Frequency	Percent	Mean	t-test/ p-value
Medications not available	Strongly Disagree	9	12.3	3.5	t=-.121 p=.904
	Disagree	16	21.9		
	Uncertain	3	4.1		
	Agree	21	28.8		
	Strongly Agree	24	32.9		
Not knowing the medication to give if more than one pain medication is ordered	Strongly Disagree	22	30.1	2.4	t= - 7.244 p=.000
	Disagree	23	31.5		
	Uncertain	5	6.8		
	Agree	21	28.8		
	Strongly Agree	2	2.7		
Fear of use of opioid	Strongly Disagree	10	13.7	3.0	t=-3.629 p=.001
	Disagree	19	26.0		
	Uncertain	19	26.0		
	Agree	14	19.2		
	Strongly Agree	11	15.1		
Do not believe with patients' pain rating	Strongly Disagree	11	15.1	2.6	t=-7.193 p=.000
	Disagree	34	46.6		
	Uncertain	8	11.0		
	Agree	17	23.3		
	Strongly Agree	3	4.1		
Do not practice non-pharmacological interventions	Strongly Disagree	8	11.0	2.9	t=-4.471 p=.000
	Disagree	30	41.1		
	Uncertain	8	11.0		
	Agree	19	26.0		
	Strongly Agree	8	11.0		
Fear of over sedation	Strongly Disagree	5	6.8	3.4	t=-1.000 p=.321
	Disagree	13	17.8		
	Uncertain	13	17.8		
	Agree	34	46.6		
	Strongly Agree	8	11.0		

		Frequency	Percent	Mean	t-test/ p-value
Apprehension about approaching the physician for change in pain medication	Strongly Disagree	11	15.1	2.7	t=-6.039 p=.000
	Disagree	26	35.6		
	Uncertain	15	20.5		
	Agree	17	23.3		
	Strongly Agree	4	5.5		
Poor documentation of drugs administered	Strongly Disagree	16	21.9	2.8	t=-4.453 p=.000
	Disagree	20	27.4		
	Uncertain	7	9.6		
	Agree	23	31.5		
	Strongly Agree	7	9.6		
No training on pain management	Strongly Disagree	4	5.5	4.0	t=4.053 p=.000
	Disagree	4	5.5		
	Uncertain	4	5.5		
	Agree	37	50.7		
	Strongly Agree	24	32.9		
Poor communication between nurses and doctors	Strongly Disagree	5	6.8	3.4	t=-.887 p=.378
	Disagree	18	24.7		
	Uncertain	10	13.7		
	Agree	25	34.2		
	Strongly Agree	15	20.5		
No teamwork among nurses in caring for patients with cancer pain	Strongly Disagree	14	19.2	2.6	t=-6.154 p=.000
	Disagree	24	32.9		
	Uncertain	15	20.5		
	Agree	15	20.5		
	Strongly Agree	5	6.8		

Grand mean= 3.0 Level of significance (p-value) for t-test under a test value of 3.5 was considered to be valued less than 0.05

Table 3 shows the challenges faced by nurses during cancer pain management in elderly patients. Nurses agreed that ‘no training on cancer pain management’ (4.0 Mean score) and medication not available (3.5 mean score) are the main challenges associated with cancer pain management.

Discussion

In respect to their qualifications, most of the nurses 47 (64.4%) have both Registered Nurse (RN), and Registered Midwives (RM) as qualification and the major duration of working experience of the nurses is 11-20 years. This indicates that the majority of the nurses have been caring for patients with

cancer pain for long. But with respect to nurses having additional cancer/pain related training only 22 (30.1%) of the nurses have undergone such training. Most of the training being General Pain Management 13 (17.8%) while merely 3 (4.1%) have had training on oncology care and 6 (8.2%) have had training on palliative care. About 17 (23.3%) nurses have attended an educational class on pain management in the elderly. Majority of the nurses 52 (71.2%) have managed cancer pain in elderly most of which 49 (67.1%) being chronic pain. This finding also reflects what was obtained by Adewuyi *et al.*, (2012) in their study in A.B.U.T.H, the age range of patients with cancer was 18-82 with a median age of 49 and by Marosi and Köller, (2016) who assumed that the number of elderly patients with cancer will considerably increase in the coming years

The study revealed that factors such as ‘too many patients to assess, absence of enough time for assessment, inconsistency of pain report by cognitively impaired patients, Institutional policies with regards to who will assess patient and who is accountability for pain assessment and communication barrier between patients and nurses’ were most persistent challenges nurses encounter during assessment of elderly patient with cancer pain.

The Institute of Medicine, (2012) stated that there exists a belief that there is inadequate time to conduct and document the results of a pain assessment in certain health institutions which is in contour with the finding from the result. More so, the possible reason might be the increased number of patients seen daily at the oncology section being the only tertiary Oncology based hospital in Kaduna state, one out of the four hospitals in the northern region of Nigeria with an oncology centre and being a hospital that serves as a focal point of referral for cancer patients covering the Northern Nigeria, Southern part of Niger, Chad and Northern Cameroon. Inconsistency of pain report by cognitively impaired patients and nurses not believing in patient’s pain rating were also considered as challenges; this

is in line with findings by Herr and Garand, (2001) that older adults, however, experience alterations in cognitive, sensory-perceptual, and motor abilities which interfere with their ability to communicate or to quantify their pain. Institutional policies for accountability for pain assessment (3.6 mean score) was also among the challenges experienced by nurses. Communication barrier between patients and nurses as seen in the study is in line with what was reported by Herr and Garand, (2001) that failure to report pain must not be interpreted as absence of pain in elderly patients, and aggressive approaches to pain assessment should be instituted; as such, communication between healthcare professionals and patients is extremely important (Fink, Gates, & Montgomery, 2015).

The study revealed with regards to the challenges faced by nurses during cancer pain management in elderly patients that ‘medication (drugs) not available and nurses not trained on pain management’ are the bottleneck to cancer pain management. These challenges are alarming, as the effective management of pain depends on the training of nurses on cancer pain management especially on elderly patients and availability of drugs to administer to the patient is also crucial. Thus, this reflects the finding from this study that only 22 (30.1%) of nurses out of 73 according to table 1, had training on cancer and/or pain. This finding is in accordance with what was obtained by Wilkie and Ezenwa, (2012) and Reynolds and Dunwoody, (2013) that barriers to adequate pain management by healthcare providers to include; “... lack of knowledge and skills on cancer management”.

Conclusion

This study indicates through its results that there is shortage of trained and general nurses to care for patients with cancer pain. This is linked to the fact that most nurses complained of too many patients to assess, absence of time for assessing patient with pain, the inconsistency of pain report by cognitively

impaired patients and institutional policies for accountability for pain assessment. On the other hand, the challenges faced by the nurse in the course of managing patients with cancer can be linked to the fact that most of the identified challenges could be related to patient economic status with regards to purchase of the drug.

Recommendations

- ✧ Nurses should be allowed to go for specialised training in the field of oncology nursing as a specialisation so as to improve the quality of cancer pain management.
- ✧ Adequate staff nurses should be made on duty in all oncology wards in order for nurses to render optimal nursing care to the cancer patient.
- ✧ In cases of insufficient staff, there should be a ward visit round by an oncology nurse to supervise the care rendered to the cancer patient.
- ✧ Pain management should be incorporated into the curriculum of Schools of Nursing and all Post Basic Nursing Schools and universities so as to produce future nurses with appreciable knowledge of cancer pain management.

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