Nursing Interventions in Promoting Self-Management of Cancer Pain in Tenwek Hospital, Bomet County, Kenya

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Abstract

Approximately 60% of cancer patients attending outpatients' clinics experience severe unremitting pain hence self-management of cancer pain is critical. Nurses play an important role in treatment, pain management, and promotion of self-care of patients of cancer patients. The aim of the study was to evaluate nursing interventions in promoting self-management of cancer pain at Tenwek Hospital, Bomet County, Kenya. This was a qualitative study that utilized case study approach. Data was collected in a period of six months whereby interviewer administered semi-structured interview guide with predetermined themes. On the assistance offered by the nurses in self-management of pain, each participant reported to assist their patients differently. The main intervention nurses used in supporting cancer patients in self-management of cancer pain were a multidisciplinary approach involving all the health care providers, pharmacological counselling and patient education. The study also concludes that nurses' interventions in self-management of cancer can help improve patient outcomes and their quality of life. The study recommends that nurses should incorporate support for self-management of cancer pain in their daily practice with cancer patients. The concept of self-management should be promulgated in such a way that it entails a holistic management of symptoms. Healthcare personnel should initiate self-management of cancer pain at the early trajectory of the disease, at the first contact with the patients.

Keywords: *Nursing interventions, self-management of cancer pain, Bomet County*

1.0 Introduction

Cancer is the second leading cause of death in the world, responsible for about ten million deaths every year and accounting for about one out of every six deaths (Admass et al., 2020). In the Sub-Saharan Africa, the proportion of health burden because of cancer is on the rise with an estimate of 85% increase of cancer burden by the year 2030 (Olaleye & Ekrikpo, 2017). In Kenya, cancer is the third leading cause of death after infectious and cardiovascular diseases (Macharia et al., 2019). Pain is a symptom experienced by many of the cancer patients. Reports indicate that 60% of patients who attend outpatient clinics with metastatic cancer have experience of pain, 20% report moderate to severe pain with half of the patients experiencing mental and physical suffering (Yamagishi et al., 2012). While at the outpatient and the inpatient clinic, pain assessment and medications are offered by the health care professionals. Once at home, patients face many practical challenges since daily management of pain requires more than just simply following the medical prescriptions (Hochstenbach et al., 2015). It is under these circumstances, that it is required of cancer patients to voluntarily to monitor and self-manage their pain and also the problems caused by it (Yamanaka, 2018; Raphaelis et al., 2020).

Pain affects 30 percent to 50 percent of cancer patients undergoing care, and 70 percent to 90 percent of cancer patients in advanced stages experience mild to extreme pain (Scarborough & Smith, 2018). Self-management of cancer pain is "the process in which patients with cancer pain makes the decision to manage their pain, enhance their self-efficacy by solving problems caused by pain, and incorporate pain-relieving strategies into daily life, through interactions with health-care professional (ElMokhallalati et al., 2018). Many cancer patients are continuing to experience pain as a frequent and distressing symptom during curative, palliative, and survivorship treatment. Surprisingly, for the past few decades, the challenges in successful pain relief have remained relatively unchanged (Chwistek, 2017).

Consistently high pain rates in oncology patients indicate that effective pain management remains to be addressed. With increase in the management of cancer cases in the outpatient settings, self-management of pain is becoming increasingly relevant (Raphaelis et al., 2020). Patient-related challenges to pain control include those things that can make it difficult to manage pain effectively. For example, challenges such as pain medication tolerance, addiction, inadequate necessary coping skills and expertise to effectively manage pain (Yamanaka, 2018). Self-management of cancer pain is the mechanism through which cancer patients make a decision to control their pain, improve their self-care effectiveness through addressing pain-related issues, and integrating pain-relieving techniques into everyday life, by interacting with health professionals (Yamanaka, 2018). Many cancer patients are often unprepared to manage cancer pain at home (Cooley et al., 2018), yet it is important for cancer patients to understand symptoms and how to manage their own pain.

It is vital that self-management support is offered by trained healthcare practitioners in order for it to be successful. Nurses, in particular, are in constant interaction with patients and therefore can play a very important role in perpetuating the concept of cancer pain self-management by the patients. Nurses can help patients in understanding and coping with their illnesses or disability (Slev et al., 2020). Evidence suggests that self-management of cancer pain enhances patient outcomes, necessitating further research into nursing support for self-management of cancer pain in order to help them cope with long-term consequences of its treatment and achieve better outcomes while living a better quality of life (ElMokhallalati et al., 2018). This study aimed to

assess the effectiveness of nursing interventions in promoting self-management of cancer pain among cancer patients in Tenwek Hospital, Bomet County, Kenya.

1.1 Problem Statement

Nursing support for self-management of cancer pain is a very important component in oncology care and treatment (Givler *et al.,* 2021). Pain affects 30 to 50 percent of cancer patients undergoing treatment and care, and 70 to 90 percent of cancer patients in advanced stages experience mild to extreme pain (Scarborough & Smith, 2018). Numerous studies have shown that self-management of cancer pain helps improving patient outcomes, but its implementation may vary greatly in different settings (ElMokhallalati et al., 2018). Despite the availability of studies carried out on self-management of cancer pain in the developed countries, very little has been documented regarding nursing support in promoting self-management of cancer pain in African context, particularly in Kenya. These questions the effects of nursing interventions for self-management of cancer pain in Kenyan context due to patients' related barriers. Thus, the necessity to carry out research in Tenwek Mission Hospital with the aim of exploring the support given by the nurses in order to promote self-management of cancer pain among cancer patients.

2.0 Literature Review

Theoretical Review

This study was anchored on Dorothea Orem's' Theory of Nursing. "Between 1959 and 2001, Dorothea Orem developed the Self-Care Nursing Theory or the Orem Model of Nursing" (Dorothea Orem, 2014). According to Dorothea Orem, the role of nursing is to enable people develop and practice self-care abilities to a point that where they can provide the quality of care, they need for themselves. Dorothea Orem's theory defines and explains the relationship between an individual's capacity to participate in self-care (self-care urgency) and their self-care requirements (therapeutic self-care demands). In a wholly compensatory mode, nurses, according to this theory, use advanced skills to build a helping mechanism in circumstances where individuals are considered to have an existent or possible care self-deficit.

The study adopts the theory because it explains how the nurse takes on a supportive educational role when patients can perform self-care acts, with the intention of empowering the patient to accomplish their self-care needs by partially compensating with the patient. Research has demonstrated that with education interventions, patients can learn more about their treatment and can adopt more effective self-care behaviors. Since the intended study aims to assess the nursing interventions in promoting self-management of cancer pain, the researcher will concentrate on the partly compensatory mode of self-care (*Deficient Knowledge – Nursing* Diagnosis & Care Plan, 2016).

The strengths of the theory of self-care, lies in its focus on performance or the practice of activities which individual patients can perform for themselves. These can be the activities for maintaining one's life and activities of daily living, develop self or correcting any health deviation. This theory is valuable in defining when nursing support is needed because an individual is limited or is incapacitated in provision of self-care and is in need of help. The strength of the theory is also found in its focus on relationship between the nurse and the patient and also the wholly or the partially compensatory system of nursing and the supportive-educative system taking place

between nurses and patients. Thus, it is apt for explaining the relationship between nursing support and patient's development of self-management of cancer pain.

Empirical Review

Nurses' Intervention in Promoting Self-Management of Cancer Pain

Nurses have multidimensional and fundamental interventions in cancer pain management (El-Aqoul et al., 2020). These includes assessment of pain and continuous reassessment, managing pain using non-pharmacological and pharmacological approaches, teaching the patients and also their families about pain medication, assessing pain and the plan of treatment, and to be the patients' advocate assuring that patients have their own rights in regard to pain management (El-Aqoul et al., 2020). However, in order to achieve all of these interventions, positive attitudes and sufficient knowledge towards the management of pain are necessary (El-Aqoul et al., 2020).

Globally all nurses play a very important role in assessment of pain, administering analgesics, monitoring and reassessment of patients' responses (Admass et al., 2020). However, there are continuous high rates of pain among cancer patients which suggesting that pain remains a persistent problem in cancer care (Raphaelis et al., 2020). With the shift towards an outpatient setting in oncology, the patients play an important role in managing their pain (Raphaelis et al., 2020). All in all, patients still have fear towards pain medication-associated tolerance and also addiction. In addition, patients may lack knowledge and skills for effective self-management of cancer pain (Raphaelis et al., 2020). Literature underlines that self-management of cancer pain consists of various factors that include the forming partnership with the health-care providers, the ability in coping with mental and physical aspects, and this depends also on patient's self-efficacy and social activities (Li *et al.,* 2021).

In another study by Jahn *et al.* (2019), on nursing interventions for self-management of cancer pain, upon admission, cancer patients were given booster sessions conducted on the third day of every week, and then a follow up counselling session through telephone two to three days after discharge. This intervention was carried out by nurses trained in oncology and it included the components of skills training and patient education on pharmacological and non-pharmacological ways of pain management. This intervention resulted in reduction of patient barriers related to self-management of cancer pain (Jahn *et al.*, 2014). In the same study patients showed improved pain reduction intensity, adherence to pain medication and also improvement in the quality of life (Jahn *et al.,* 2014) as compared to the patients who received only the standard care.

Nurses in supporting self-management of cancer pain, have to ensure that there is improved communication between patients and the health-care providers. This would be more effective if patients have awareness of the problems that are related to cancer pain, patients have skills for self-monitoring of their pain, have attained self-regulation of opioid analgesics and have ways of stress management (Yamanaka & Suzuki, 2021). Furthermore, it has been highlighted that in promoting self-management of cancer pain, nurses should focus on empowering the patients with roles such as education in relation to management of cancer pain, approaches promoting self-monitoring of pain, approaches that promote behavior of relieving pain and how to manage stress (Yamanaka & Suzuki). It consequently follows that the educational support will provide patients with knowledge and skills that are needed for solving problems that are caused by pain (Adam et

al., 2015). It has also been discovered that educational support helps the patients to analyze their conditions of pain and their analgesics by themselves on basis of the results from self-monitoring of pain (Yamanaka & Suzuki, 2021). In implementing nurse's intervention, nurses instruct patients on pain alleviation techniques and how to manage stress in their everyday life (Yamanaka & Suzuki, 2021).

Nurses' support is vital for counseling patients on adherence to opioid analgesics despite the fear of tolerance and side effects brought about by these drugs, such as constipation and drowsiness. Research has revealed that many patients reduce their dose of opioid analgesics because of this fear of tolerance, constipation and drowsiness (Yamanaka & Suzuki, 2021). This shows the importance of pharmacological counselling in supporting patients during their self-management of cancer pain (Yamanaka & Suzuki, 2021).

Studies conducted in Kenya show that there is high prevalence and poor management of cancer pain. Furthermore, it has been discovered that among the many factors influencing this poor management and high prevalence of cancer pain, deficit of knowledge with regard to the treatment options, patients seeking treatment at an advanced stage and patients' lack of knowledge of sources of analgesics due to apparent scarcity were among the top contributory factors (McKee, 2018; Affey & Mwenda, 2019; Maranga, 2021). Thus, the importance of health education, pharmacological intervention and counseling of patients by health care providers in order to address such patients' knowledge gaps is crucial. Many Kenyan cancer patients live in the rural areas in very remote areas and they make long journeys to access health care services (Maranga, 2021). Hence the need to carry out research in Tenwek Hospital with the aim of exploring which are the nurses' interventions promoting self-management of cancer pain.

3.0 Methodology

The study utilized a qualitative research design in which a case study approach was used for in-depth interviews of nursing interventions to support self-management of cancer pain at Tenwek Hospital, Bomet County, Kenya. Data was collected in a period of six months whereby interviewer administered semi-structured interview guide with predetermined themes. Purposive sampling method was used to recruit the nurses for the study as only nurses working in the oncology unit for a period of not less than six months were interviewed. Data was analyzed using qualitative research analysis approach. Qualitative data collected through the interview was systematically arranged, organized, synthesized, looking for patterns, trends and relationships that emerged in line with the research objective. Data was then presented in narrative form according to the emerging themes and in line with the research objectives. A detailed analysis and discussion of the results was carried out to seek a meaningful interpretation of the data.

4.0 Results and Discussion

Demographic Information

The study sought to determine the demographic information of the respondents which was helpful in establishing their characteristics and appropriateness in taking part in the study. Specifically, the study assessed the age, gender, highest nursing qualification, years of experience and duration working with cancer patients. Table 1 shows the results obtained.

Table 1: Demographic Information

Characteristic	Frequency (n)	Percentage (%)
Gender		
Male	8	**62%**
Female	5	**38%**
Age		
21-30 years	6	**46%**
31-40 years	5	**38%**
41-50 years	2	**15%**
Highest nursing qualification		
Diploma	7	**54%**
Higher Diploma	3	**23%**
Baccalaureate	3	**23%**
Years of experience		
Less than 3 years	2	**15%**
4-6 years	4	**31%**
7-10 years	4	**31%**
More than 10 years	3	**23%**
Duration working with cancer patients		
Less than 2 years	4	**31%**
3-5 years	6	**46%**
More than 5 years	3	**23%**
Total	**13**	**100%**

The findings revealed that on the gender of the respondents, majority of them 8 (62%) were male, while the remaining 5(38%) were female. Though this shows that there was slight dominance of male interviewees, it confirms that both genders participated in the study hence no form of gender-based biasness in the responses obtained.

With regard to the age of the respondents, 6(46%) were between the ages of 21-30 years, 5 (38%) were between the ages of 31-40 years whereas 2(15%) were between the ages of 41-50 years. This implies that most of the respondents were above 30 years (54%) hence mature in the responses that they gave.

With regard to academic qualification of the respondents based on their highest education levels attained, 7(54%) indicated they had diplomas, 3(23%) had higher diplomas while 3(23%) had baccalaureate (undergraduate degrees). This reveals that all the respondents were duly qualified nurses with at least a diploma qualification. They were therefore well educated on matters of cancer care and pain management.

The study also sought to find out the years of experience of the participants. The results as per Table 4.1 indicated that 2(15%) had practiced for less than 3 years, 4(31%) had practiced for a duration of 4-6 years, 4(13%) had also practiced for 7-10 years while 3(23%) had practiced for

more than 10 years. From this we deduce that majority of the respondents had a vast experience of more than 3 years (75%).

With regard to duration of working with cancer patients, 4(31%) indicated that they had worked for less 2 years with the cancer patients, 6(46%) for a duration of 3 to 5 years while 3(23%) for more than 5 years. This results thus imply that majority of the respondents (69%) had worked with cancer patients for more than 2 years hence fully conversant with the study topic.

Nurses' Intervention in Promoting Self-Management of Cancer Pain

The objective of the study was on the interventions of nurses in promoting self-management of cancer pain at Tenwek Hospital, Bomet County, Kenya. The interviewer interrogated the participants on three themes including how they help the patients in self-managing their pain, the type of interventions used to support self-management of cancer pain and the challenges that patients face.

Assistance to patients in self-management of pain

On the assistance offered by the nurses in self-management of pain, each participant was noted to assist their patient differently. One described,

"How I manage my cancer patients with pain first is by assessing the pain. And I use a tool of grading the pain from a scale of one to 10, and then I can come with appropriate intervention. If it is graded between one and five, I can administer paracetamol, if it gets to between five and seven, I will give tramadol but if it is severe pain of about seven, I will give the patient Morphine." (Respondent 11).

Another one noted,

"When I visit the patient or when I am dealing indirect with patient, I assess their pain. And how I help the patient is by assessing how much pain they are going through and know which drug I need to administer to the patient. For the pain, we use the score of one to 10. We usually let the patient know that if this pain is not much, it can allow them to do the activities of daily life, they can use medication like either Panadol or Brufen. Then I let the patient know when to use morphine or when to add another drug to relieve the symptom." (Respondent 12).

Another form of assistance was by use of non-pharmacological ways as expressed below,

".... letting the patient know what things, when he does, can help him or her to reduce pain, for example positioning, listening to music, or either chatting with other people. So when we talk with the patient, it helps me to know what helps him, and then I will encourage the patient to apply that managing their pain in everyday living." (Respondent 13).

Educating the patients was also indicated as an important way of assisting the patients,

"You want them to be aware that pain can be controlled. Another thing the patient may need to understand that they can also do something to relieve their pain. Because sometimes you can give pain medication like morphine to a patient and leave it aside and look for something else. So educating the patient on pain management is very important, and this can help to relieve their discomfort." (Respondent 7)

The type of support to the patients was also described to differ depending on their specific characteristics,

> *"Depending on the age of patient, for example a patient maybe in stage four of cancer and unable to verbalize their severity of pain. But for some patients who are in the first stages, they are conscious, they can tell you I have this pain and how severe it is. For patients who are unable to communicate or are unconscious, they can be receiving pain medication maybe six hourly as it is scheduled." (Respondent 6).*

Type of interventions used to support self-management of cancer pain

The main intervention noted was a multidisciplinary approach involving all the health care providers. Particularly, it was described,

> *"...a multidisciplinary approach way, whereby I can be one of the participants, like we have doctors, pharmacists, family, and the patient himself, you can incorporate all of them." (Respondent 5).*

Pharmacological counselling was another intervention that took place once the patients had received their medication. As stated below,

> *"The most important thing that a nurse should do in promoting self-management of cancer pain is pharmacological counselling. Patients' needs to be educated about pain medication, how they act, side effects and what to do in case of the side effects. This is important for patients who are on self-management of cancer pain." (Respondent 8).*

This was emphasized by another interviewee who went on to say,

> "*Once you give the medication, you advise the patients on how to take these drugs. Like for Morphine, they are supposed to take one ml every four hours. We educate them on dosage, side effects, need to comply with medications and when to come for review." (Respondent 10.)*

Another interviewee also added in regard to counselling them on the side effects,

> *"Like for morphine, we counsel the patients that they may get constipation, so we explain to them that this can happen and what to do in case it happens." Respondent 2*

Pharmacological counselling also consisted of teaching them about non pharmacological ways so as to avoid overdependence on pain medication. An interviewee said,

> *"We can also teach the patient to try to use other non-pharmacological ways of pain management in case the pain is not severe to avoid dependency on pain medication…. the nurse should know how to assess pain in order to give the proper intervention. This helps not to go for a higher intervention when just a simple one could have worked. I can also teach them how to evaluate the effectiveness of the management of the pain so as to know what works and what does not work." (Respondent 8).*

Patient education on self-management of pain was another key intervention noted to be used by the participants. As described below,

"We also have some booklets we usually give to our patients with general information on what is cancer and management of common symptoms. We give this booklet with the information to the patients who are newly diagnosed to keep reading while they are at home". Respondent 2.

Patient education was also underlined by another interviewee who went on to say,

"Educating our patient is very important and this helps them to know more about their condition and what they need to do." Respondent 9.

The participants went on to explain that,

"Many a times, patients are left with unanswered questions, maybe they are given information in a way that they cannot comprehend. They do not understand what it means to live with cancer. And so, what nurses can do first of all, is to provide enough health education to the patients who are diagnosed with cancer. I think that would lay the foundation on how the trajectory of the care will be." (Respondent 6, 8.)

Involving the caregiver during the patient education was also noted. As below,

"we ensure that the caregivers or the guardians are aware of whatever the patient is going through so that they are able to give support; to remind them when they are supposed to take their due medications and when to go for follow up because some forget their appointment dates hence lost to follow up." (Respondent 3).

Follow up was another intervention used by nurses in supporting self-management of cancer pain. Mostly the follow up was to find out whether the pain medications were effective, as posited below,

"When being discharged, we supply them with pain medications which are enough. Another Intervention is that we do a follow up, to see how the patient is doing, if they're responding to the medication they were given on the day of discharge. We also encourage them to come back to the hospital when they notice something is not okay or when the pain is worsening or if they need any other care". Respondent 7.

Another interviewee also remarked,

"We encourage the patient when the drug has not worked, to call us in our clinic, we give them the contact for the clinic. So, if they have any question they can call, or if they cannot call, they have a right to come back to the clinic. I think this helps the patient to self-manage his pain while away from the hospital or from the health care provider". Respondent 5

Follow up could also be done in a form of a home visit. As shown below,

"Having the nurses visit the patient at their home is very helpful, we assess whether they are adhering to the advice they were given and in case they are facing any new challenges. Keeping a track of the patients by giving them a home visit is very beneficial." (Respondent 6, 8).

Challenges patients face in self-management of cancer pain while at home

The study participants affirmed that they were challenges faced by patients during self-management of pain. Particularly, an interviewee described that the occurrence of mis-interpretation of the prescribed medication is a common experience as below,

> *"There is a case that I have encountered with a patient I have been nursing with cancer. She had been prescribed Morphine one mg, to take one ml every eight hours. When she went home, she thought it was a mis prescription and gave herself 10 mls. So, I think education really matters too when giving them pain medication." (Respondent 1).*

Another challenge pointed out was overdosing, as pointed out below,

> *"Another challenge is that the patient gets addicted to the pain medication and takes the it even without any pain. And others that I have encountered may develop tolerance to the pain medication." (Respondent 5).*

The occurrence of side effects was another challenge highlighted by the interviewees. Particularly, one described that,

> *"There are complaints with the side effects of the pain medication too. For example, vomiting, loss of appetite and constipation, patients at times, complain of getting overwhelmed with medication, like having too many drugs to take at a given time." (Respondent 10).*

Another challenge was indicated to be lack of concentration from the patients,

> *"Another thing is, cancer patients have a lot of thoughts. So at times when you give an instruction that you need to take this drug this way they may not follow…." (Respondent 12).*

Some patients were also described to be faced with stigma,

> *"Patients with cancers like sarcomas, face stigma. Those with wounds that are foul smelling, may require total care from the relative. Many of them experience some kind of stigma because the relatives don't want to take the entire responsibility of cleaning them, changing them, turning them, feeding them and all that. So, to some extent there is some kind of stigma associated with the care." (Respondent 13).*

It was also observed that some patients may have a main misconception on the medications used in management of cancer pain. As posited,

> *"...you find sometimes you give morphine to the patient which we use commonly for pain in cancer patients. They may not take it because they associate it with death or sleep because of the myths they have got from other people. The family may also restrict the patient from taking the drugs because of the same myths." (Respondent 6).*

Similar to this, an interviewee noted,

> *"you might find some misconceptions from the society whereby when a cancer patient has so much pain, they are just neglected because it is like nothing will work. And they intend to go to other sources and not go to the hospital. They suffer stigma and they are not understood." (Respondent 7).*

Others were also noted to deviate from the conventional methods of treatment to use of herbal medicines, which we do not fully understand how they work,

> *"Also, you find some other people, they opt for herbal treatment and you realize the patient is denied the medication we give from the hospital. They opt for the herbal medication which we don't understand how it acts and the patient continues suffering a lot of pain." (Respondent 8).*

Financial challenges and lack of analgesics was also noted. An interviewee stated

> *"Sometimes they don't have drugs or they finish while they are at home. Other times they lack money to buy pain medications. Patients also live far from the hospital where roads are impassable hence coming for pain medications becomes a challenge to them." (Respondent 10)*

Discussion

The objective of the study was on nurses' interventions in promoting self-management of cancer pain at Tenwek Hospital, Bomet County, Kenya. The interviewer interrogated the participants on three main aspects including how they help the patients in self-managing their pain, the type of interventions used to support self-management of cancer pain and the challenges that patients face. On the assistance offered by the nurses in self-management of pain, each participant was noted to assist their patient differently. The main intervention noted in this study was a multidisciplinary approach involving all the health care providers. This is in line with literature that underlines that successful management of cancer pain mandates a multidisciplinary intervention by interprofessional teams (Kwon, 2014; Liu et al., 2017).

Pharmacological counselling was another key finding in this study. These findings are consistent with (Yamanaka & Suzuki, 2021) that nurses' support is vital for counseling patients on adherence to opioid analgesics. This is because research has revealed that many patients reduce their dose of opioid analgesics because of fear of tolerance, constipation and drowsiness (Yamanaka & Suzuki, 2021).

The current study also established that patient education is vital in promoting self-management of cancer pain. These findings agree with (Raphaelis et al., 2020) that with the shift towards an outpatient setting in oncology, the patients play an important role in managing their pain hence educated on how to own their own care. These findings are also consistent with (van Dongen et al., 2020) that patient education should be introduced early in the disease trajectory and in a range of different formats. This study established that caregivers should be involved during patient education particularly if the patient lacks the ability, confidence or will to self-manage their progressive advanced disease (Budhwani et al., 2019). However these results differ from a study by (Slev et al., 2017) where nurses paid little attention to self-management support for informal caregivers. Nurses should act as an advocate for patients to ensure that they have their own rights in relation to pain management (El-Aqoul et al., 2020).

The study participants affirmed that they were challenges faced by patients during self-management of pain. The interviewees described that the occurrence of mis-interpretation of the prescribed medication is a common experience. This may be as a result of some patients not being learned. Other challenges were overdosing, side effects, lack of concentration from the patients and stigma from the society.

This study also revealed that patients had misconception on the medications used in management of cancer pain. These findings are similar to (Adam et al., 2018) that patient beliefs and attitudes like fatalistic beliefs about cancer and negative perceptions of opioids can adversely affect pain management. Another challenge was that patients were stated to deviate from the conventional methods of treatment to use of herbal medicines. The study found out that patients had financial challenges and sometimes this led to lack of drugs. Kenya being a developing country not all patients are economically stable to access opioids and analgesics even when they are easily available.

5.0 Conclusion

The study concludes that self-management of cancer pain assist patients in adjusting to the long-term effects of their treatment and achieving better outcomes while maintaining a higher quality of life. Self-management of pain is vital for cancer patients, because if they are able to manage their pain at home, they will reduce hospital visits, incur less expenses on health care and improve their quality of life. By responding to patients' challenges, doing pharmacological counselling and patient education, nurses are able support patients with self-management and contribute to improved health care.

6.0 Recommendations

1. Nurses should incorporate support for self-management of cancer pain in their daily practice with cancer patients.
2. The concept of self-management should be promulgated in such a way that it entails a holistic management of symptoms.
3. Healthcare personnel should initiate self-management of cancer pain at the early trajectory of the disease, at the first contact with the patients
4. Patient education regarding actualization of self-management should also incorporate the caregivers.
5. Nursing curriculum should include the concept of self-management of cancer pain in the unit for pain management
6. Hospitals should sensitize healthcare personnel on importance of promoting self-management among all patients

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