



# Concept Analysis of Non-Pharmacological Pain Management in Cancer Patients

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**Abstract.** Cancer is a non-communicable disease characterized by the presence of abnormal cells/tissues that are malignant, grow rapidly uncontrollably and can spread to other places in the sufferer's body. The most common complaint encountered is pain. The pain management that we can provide to patients is non-pharmacological pain management, which can be in the form of guided imagery, music therapy, massage therapy, acupuncture, deep breathing relaxation techniques, progressive muscle relaxation. Understanding the definition of non-pharmacological pain management in cancer patients is needed both in hospitals and for further research. In this case the author wants to explain and create an analysis concept regarding non-pharmacological pain management in cancer patients on the basis of Walkers and Avants. The things that are assessed in this management are the patient's age, culture, environment, understanding of pain, and the meaning of pain for the patient. The author explains antecedents, consequences and empirical references. Examples of cases, borderline, related and contrary cases are also explained by researchers to explain what the concept of non-pharmacological pain management is. It is hoped that this concept can help researchers to solve problems that exist in patients and help bridge between patients and health workers. So that health workers are able to provide maximum nursing care and patient problems regarding pain can be resolved by reducing the intensity/scale of pain, so that the patient's quality of life increases and they are able to carry out daily activities well.

Keywords: Pain Management, Non-Pharmacological, Cancer Patients.

## 1. Introduction

Cancer is classified as a non-communicable ailment distinguished by the existence of aberrant cells or tissues displaying malignancy, characterized by rapid and unbridled growth, along with the potential to metastasize to distant sites within the affected individual's body. Malignant cancer cells possess the capacity to infiltrate and disrupt normal tissue function. Metastasis, the dissemination of cancer cells, can transpire via both blood and lymphatic vessels. These cancerous cells have the ability to originate from various cellular constituents comprising an organ, proliferating and multiplying during their

subsequent progression, ultimately culminating in the formation of a tumor mass [1]. In 2020, there were approximately 18.1 million new cases of cancer globally, encompassing all types except non-melanoma skin cancer. Of these cases, 48% occurred in women, totaling 8.8 million, while 52% occurred in men, totaling 9.3 million. This distribution yielded a male-to-female ratio of 10 to 9.5. Age-standardized incidence rates per 100,000 individuals revealed 178.1 new cancer cases for every 100,000 women worldwide, compared to 206.9 new cancer cases for every 100,000 men [2].

Cancer is the second leading cause of death in the world, and causes 9.6 million deaths every year, which is almost the same as the population of Jakarta. Based on Globocan 2020, new cases of cancer in Indonesia were 396,314 cases with 234,511 deaths. Based on BPJS data, cancer is a catastrophic disease with the second highest funding after heart disease (3.5 trillion) [3]. Cancer patients usually have the most frequent complaint of pain. Where the pain can come from the cancer itself because these abnormal cells grow and damage the surrounding tissue. Tumors that continue to grow will also cause pressure on nerves, bones or organs, causing pain. Pain can also come from chemicals released by cancer cells into the tumor.

The pain felt by sufferers varies depending on various factors such as the location of the cancer and the cause of the cancer, including the side effects of treatment such as chemotherapy, surgery and drugs. Pain can appear suddenly and last a short time or last a long time. The pain that arises is very varied, ranging from pressure, soreness, aching, stinging, burning or as if being stabbed by a sharp object. There are various causes of pain, some come and go erratically, some only cause pain when doing activities, and some arise continuously [4]. There are two types of pain management, namely pharmacological and non-pharmacological pain management. Pharmacological pain management uses drugs recommended by the doctor, where in this case opioids are still the main drug in cancer management [5]. Nursing as a form of health service, in providing nursing care to patients, involves non-pharmacological pain management.

Various non-pharmacological strategies exist for managing pain in cancer patients. These methods include guided imagery, such as music therapy and art therapy, progressive muscle relaxation techniques, hand massage, and the use of virtual reality. By applying this method, it can reduce the intensity of pain in cancer patients [6]. Providing reflexology massage interventions, aromatherapy massage and progressive muscle relaxation, muscle relaxation and guided imagery can reduce pain levels in patients undergoing chemotherapy. All of these interventions have one of the same effects, specifically stimulating large nerve fibers to block the transmission of pain impulses before they reach the brain [7].

Pain will be responded to differently by each individual, because patients are unique creatures, nurses provide holistic nursing actions. Kozier et al. (2010) suggest that patients' responses to pain are influenced by various factors. These include ethnic and cultural values, stage of development (age), environmental factors and the presence of supportive individuals, past experiences with pain, the personal significance attributed to pain, as well

as levels of anxiety and stress experienced by the patient. The patient's response to pain is also influenced by gender and level of education [8]. Some cultures believe that showing pain is natural. Other cultures tend to practice reserved behavior. Cultural socialization determines a person's psychological behavior. Thus, this can influence the physiological release of endogenous opioids resulting in the perception of pain. Ethnic and cultural background are factors that influence the reaction to pain and the expression of pain. For example, individuals from certain cultures tend to be expressive in expressing pain, while individuals from other cultures prefer to suppress their feelings and do not want to bother other people (Mubarak et al., 2015) . [9]

A person's age and developmental stage are important variables that will influence reactions and expressions of pain. In this case, children tend to be less able to express the pain they feel than adults, and this condition can hinder the management of the pain they feel compared to adults, and this condition can hinder the management of pain for them [10]. An unfamiliar environment like a hospital, characterized by its bustling noise, bright lights, and constant activity, has been shown to potentially exacerbate the experience of pain. Moreover, individuals lacking a supportive network may perceive their pain as more severe, whereas those with a strong support system often report lower levels of pain perception. Personal preferences vary, with some individuals opting to withdraw during painful episodes while others find solace in the distraction of social interactions and activities. Family caregivers play a pivotal role in alleviating a person's pain, offering substantial support. As outpatient and home care services continue to expand, families are increasingly taking on a greater role in the management of pain for their loved ones [11]. Previous experiences with pain can significantly alter a patient's sensitivity to subsequent pain episodes. Individuals who have directly experienced pain themselves or have witnessed the suffering of someone close to them often exhibit heightened apprehension towards anticipated pain compared to those without such experiences. Furthermore, the efficacy or failure of pain management interventions shapes a person's expectations for relief and subsequent responses to interventions. For instance, individuals who have attempted various non-pharmacological pain relief methods unsuccessfully may harbor doubts about the effectiveness of nursing interventions and may perceive medication as the sole solution for alleviating their pain.

Variability in pain receptivity among clients is contingent upon individual circumstances and their subjective interpretations. Those who perceive pain as yielding positive outcomes often exhibit heightened tolerance. For instance, individuals such as laboring women or athletes undergoing surgery for career extension may endure pain more adeptly due to perceived benefits, viewing it as a transient inconvenience rather than a disruptive force in daily life. Conversely, clients grappling with persistent, chronic pain tend to experience heightened suffering, impacting physical, mental, and social dimensions adversely. Chronic pain impedes functionality and can lead to a decline in overall well-being, affecting activities of daily living like eating, sleeping, and toileting. Moreover, the use of pain-controlling medications often entails burdensome side effects, compounding the physical strain.

Individuals with chronic pain often experience mental shifts towards pessimism and helplessness, leading to mood disturbances like depression. Anxiety and uncertainty about managing pain can escalate, sometimes to the point of panic. Spiritually, pain may be seen as punishment, a test of resilience, or a source of distress or enlightenment. Socially, chronic pain strains relationships due to impaired role fulfillment [11]. Gender influences the patient's pain response. Men have lower sensitivity compared to women in responding to pain (Black & Hawk, 2014) [12].

## **2. Objective**

The objective of this concept analysis is to elucidate the theoretical framework defining non-pharmacological pain management in cancer patients and to delineate the concept comprehensively by exploring its antecedents, attributes, and consequences.

## **3. Method**

Concept analysis serves as a methodological approach to elucidate the significance of concepts, following the framework established by Walker and Avant (14). Following the determination of research objectives, an extensive literature search was conducted across various databases including PubMed, health literature repositories, and Google Chrome. Keywords such as "pain," "management," "non-pharmacological," along with factors like ethnic and cultural values, developmental stage (age), environmental influences, social support, past pain experiences, the significance of pain, as well as anxiety and stress, were employed. Each retrieved article was independently reviewed by team members, focusing on those pertinent to non-pharmacological pain management in the context of cancer between 2018 and 2023. Through literature synthesis, key attributes were identified using models, borderline cases, related concepts, and opposing elements. Antecedents and consequents related to the concept of self-management were proposed to provide a comprehensive understanding. Empirical references were analyzed to refine both theoretical and operational definitions. This endeavor aimed to establish a foundational framework for clarifying the theoretical definition of non-pharmacological pain management in cancer patients.

### **3.1. Identification of Pain Management in Cancer Patients**

In the human body, pain is an innate alarm system that activates when there is actual or potential damage, thereby directing the individual's attention to the problem. Pain is a frequently cited reason for seeking health care or medical assistance. Pain encompasses a variety of elements, including nociception, pain perception, suffering, and pain behavior [13]. Pain is an unpleasant and very private experience invisible to others, while consuming all parts of a person's life [11]. According to the Oxford Dictionary, management is the act

of running and controlling a business or similar organization, or the action or skill of dealing with people or situations in a successful way [14]. The Big Indonesian Dictionary explains that management is the effective use of resources to achieve goals, or leadership who is responsible for the running of companies and organizations, and in terms of health management is the management of public health [15].

Non-pharmacological therapy denotes therapeutic interventions that do not rely on pharmaceutical substances. Complementary therapy emerges as one such approach. Within the realm of non-pharmacological complementary therapy, various modalities are available, including mind-body techniques such as progressive relaxation, meditation, guided imagery, music therapy, humor therapy, laughter therapy, and aromatherapy [6]. According to the Oxford Dictionary, patient means someone who is receiving medical treatment, especially in a hospital. [14] according to the Big Indonesian Dictionary, a patient is a sick person (who is treated by a doctor); sufferer (sick); -- in patients who receive services staying or being treated in a particular health service unit; patients treated in hospital [15]. Cancer is a disease in which some body cells grow uncontrollably and spread to other parts of the body. [16] Cancer encompasses a spectrum of diseases marked by the aberrant proliferation of specific cells within the body, causing damage to surrounding tissues and often culminating in fatal outcomes. Due to its uncontrolled growth and life-threatening nature, cancer is commonly referred to as a malignant disease, with the cells involved termed malignant cells. Virtually all cells in the body are susceptible to cancerous transformation, with the notable exceptions of hair, teeth, and nails (Hendry, 2007) [17].

### **3.2. Attribute Determinants and Definitions**

This paper provides initial ideas for concept analysis regarding non-pharmacological pain management in cancer patients. Based on these ideas, the author reviews other literature to identify and add ideas to previous research, consequences, related concepts and further applications by collecting data and references obtained by the author.

This management is applied to patients diagnosed with all types of cancer, where in terms of non-pharmacological pain management in cancer patients we must pay attention to several factors that influence the patient's response to pain. The factors that can influence the patient's response to pain are the patient's age, culture, environment, the patient's experience of pain, the meaning of pain for the patient. The client's age and developmental stage are important variables that will influence the reaction and expression of pain. Age variations associated with nursing interventions [11]. The prevalence of cancer by age group in Indonesia shows that one of the diseases associated with age is that the incidence of cancer increases with age starting from middle age (White et al, 2014) [12]. Some cultures believe that showing pain is something natural, but there are cultures that teach to suppress behavior so as not to show pain. [18]. The influence of ethnic background and cultural heritage on an individual's response to pain and its expression has been widely acknowledged. Pain-related behavior is considered an integral aspect of the socialization process. In certain cultures, individuals are taught to openly express their pain, whereas in

others, they may be encouraged to conceal their feelings. Nurses must remain mindful of their personal attitudes and expectations concerning cultural diversity in pain expression to provide culturally sensitive care [11].

The presence of family or loved ones will minimize the perception of pain (Saryono & Widianti, 2010) The expectations held by individuals' closest associates can significantly impact their perception and reaction to pain. Gender norms may allow girls more freedom to express pain openly compared to boys in certain contexts. Additionally, familial dynamics play a crucial role in shaping an individual's experience and response to pain. For instance, a single mother responsible for supporting multiple children may downplay her pain to prioritize the necessity of maintaining employment. The presence of supportive individuals frequently alters a person's response to pain; toddlers, for instance, often demonstrate greater pain tolerance when parents or caregivers offer nearby support. [11]. Past encounters with pain significantly alter an individual's sensitivity to subsequent pain experiences. Those who have directly faced pain themselves or have witnessed the suffering of a close associate often harbor increased apprehension toward anticipated pain compared to individuals lacking such experiences. Furthermore, the efficacy or failure of pain management interventions shapes a person's expectations for relief and their future responses to interventions. For instance, someone who has attempted numerous non-pharmacological pain relief methods unsuccessfully may harbor skepticism regarding the effectiveness of nursing interventions and may perceive medication as the sole solution to alleviate their pain [11].

Individuals' receptivity to pain varies depending on their circumstances and interpretations of its significance. Some may associate pain with positive outcomes and thus tolerate it well. For example, a woman in labor or an athlete undergoing surgery to prolong their career may perceive pain as a temporary inconvenience rather than a threat to daily life due to the benefits associated with it. Conversely, those with persistent, chronic pain often experience intense suffering, affecting their physical, mental, spiritual, and social well-being detrimentally. Chronic pain can impair physical function and lead to declines in overall health, impacting activities of daily living negatively. Furthermore, the side effects of pain medications can further burden the body. Mentally, individuals with chronic pain may develop a pessimistic outlook, experiencing disturbances in mood and heightened levels of anxiety. Spiritually, pain can be interpreted in various ways, ranging from punishment to a test of fortitude or a source of enlightenment. Socially, pain frequently strains relationships due to individuals' diminished capacity to fulfill their expected roles [11].

### **3.3. Identify Antecedents and Consequences**

Cancer patients need to understand pain management because this is a frequent complaint. Therefore, it is necessary for patients to understand pain management. It is hoped that by understanding this, patients will be satisfied and can carry out their daily activities well and their quality of life will improve. Nursing actions to overcome pain with non-pharmacological pain management can reduce the patient's pain scale and increase patient

satisfaction. [19]pain management in cancer patients such as music therapy, massage, acupuncture, and guided imagery as alternative choices for cancer patients to reduce pain. [20]where self-management of pain is effective in reducing pain intensity and improving the quality of life of adult patients with cancer [21].

### **Guided Imagery**

Guided imagery is a mind-body technique aimed at enhancing overall well-being and inducing relaxation by combining mental images. This method may involve visualization based on direct imagery suggestions or the use of metaphors and storytelling. Grounded in the belief of the interconnectedness of the mind and body, guided imagery stimulates the brain to conjure positive and affirmative mental events prior to their actual occurrence. Participants are guided to create beneficial mental images by engaging their imagination to sense events as if they were real, incorporating all senses to accommodate different learning and feeling styles. Typically, a facilitator directs an individual's focus and imagination toward a specific goal or outcome, which can be facilitated by another person, an audio recording, or both. Guided imagery can complement traditional interventions to alleviate pain and promote relaxation. It enables individuals to mentally transport themselves to a comfortable and non-threatening environment, leveraging the power of imagination to influence physiological processes through communication with the central nervous system. Grounded in psychophysiological principles, guided imagery acknowledges that every thought elicits a physiological response, and mental images evoke corresponding emotions, thus linking emotional states with bodily sensations and resulting in physiological changes [22].

### **Music Therapy**

Music therapy involves utilizing live or recorded music to alleviate symptoms and side effects, as well as to foster relaxation. It can serve as a means to facilitate communication for individuals who may struggle to express their emotions openly. Research indicates that music therapy has the potential to enhance overall well-being, reduce anxiety, and alleviate physical symptoms such as pain and nausea. Music therapy sessions are conducted in various settings, including hospitals, clinics, cancer centers, and individuals' homes. Participation in music therapy does not necessitate any musical proficiency, as the therapy is tailored to meet the emotional and physical needs of each individual. Sessions may encompass activities such as playing or listening to music, engaging in movement exercises accompanied by music, songwriting, and discussing the personal significance of song lyrics [23]

### **Massage Therapy**

Numerous cancer centers now incorporate oncology massage as a supplementary approach to cancer treatment. In this capacity, massage serves not as a direct cancer treatment akin to chemotherapy or surgery, but rather as a means to alleviate cancer symptoms and mitigate

treatment side effects. While the body of research in this field is still nascent, oncology massage shows promise in addressing pain, cancer-related fatigue, anxiety, and overall quality of life. Moreover, it aligns with evidence-based guidelines for relieving depression and mood disorders among women with breast cancer. Additionally, massage therapy may have a preventive role in mitigating neuropathic pain induced by chemotherapy drugs like Taxol.

Massage is operationally defined as the manipulation of the skin and muscles to promote a sense of well-being. While traditional back massage is familiar to many, massage therapy encompasses various techniques and modalities. The selection of the most suitable massage approach hinges on individual symptoms and the impact of cancer and its treatments on the body. Typically, gentle massage is well-tolerated by the majority of cancer patients and can trigger the release of endorphins—neurotransmitters that exert analgesic effects. However, individuals with tight or stiff muscles may benefit from stronger massage techniques, such as Swedish massage, to achieve desired therapeutic outcomes [24].

### **Acupuncture**

Acupuncture, an integral aspect of Traditional Chinese Medicine, involves inserting thin, solid metal needles into specific points on the skin, which are then activated through gentle movements of the practitioner's hands or by electrical stimulation. Traditional Chinese Medicine posits that the human body harbors over 2,000 acupuncture points interconnected by meridians or pathways, facilitating the flow of energy known as Qi, essential for overall health. Disruption of this energy flow is believed to contribute to disease manifestation. By targeting specific acupuncture points, acupuncture aims to enhance the flow of Qi, thus promoting improved health. Empirical research supports the efficacy of acupuncture for various conditions, although it may not be suitable for everyone. Prior to seeking acupuncture treatment, consulting with a physician is advisable to ensure compatibility. Qualified acupuncture practitioners employ hair-thin needles, typically causing minimal discomfort upon insertion. Needle placement is crucial for efficacy and safety, necessitating sterilization to prevent infections. The FDA regulates acupuncture needles as medical devices, adhering to stringent manufacturing practices and sterility standards for single-use. Additionally, alternative forms of stimulation, such as heat (moxibustion), pressure (acupressure), friction, suction (cupping), and electromagnetic energy impulses, may be employed on acupuncture points to enhance therapeutic outcomes [25].

### **Deep Breathing Relaxation Technique**

Relaxation therapy is a technique to reduce pain tension by relaxing muscles. The steps for the deep breathing relaxation technique are as follows: Set a comfortable position and a quiet environment. Take a moment to unwind and soothe yourself. Inhale deeply through your nostrils, counting to three as you do so. Hold your breath for approximately 5 to 10 seconds. Then, exhale slowly through your mouth, allowing your body to unwind completely and embracing the comfort that envelops you. Meanwhile, deep breathing



exercises involve breathing slowly using the diaphragm, allowing the abdomen to rise slowly and the chest to fully expand [26].

### **Progressive Muscle Relaxation**

Progressive muscle relaxation (PMR) is a relaxation technique aimed at inducing a state of physical relaxation by systematically tensing and then releasing the muscles in various parts of the body, one at a time. Progressive tightening and relaxing movements of these muscle groups are carried out successively (Synder & Lindquist, 2012). When the body and mind enter a state of relaxation, the tension that often leads to muscle tightening is naturally alleviated (Zalaquet & McCraw, 2000; Conrad & Roth, 2007). Relaxation constitutes a form of mind-body therapy within complementary and alternative medicine (CAM) (Moyad & Hawks, 2009). Complementary therapy refers to traditional treatments recognized for their potential to complement conventional medical therapy, often administered concurrently with medical interventions (Moyad & Hawks, 2009). Progressive muscle relaxation (PMR) is among the nursing interventions available for diabetic mellitus (DM) patients to enhance relaxation and self-management capabilities. This practice aids in reducing muscle tension and stress, lowering blood pressure, enhancing tolerance to daily activities, boosting immunity, and ultimately improving functional status and quality of life (Smeltzer & Bare, 2010) [27].

### **Clinical Outcomes**

Nonpharmacological interventions, including physical medicine, self-management and coaching, cognitive behavioral approaches, and technology-based or coping skills interventions, show limited and short-term effectiveness in alleviating pain among patients. However, existing research offers insufficient evidence on nonpharmacological therapies due to the absence of comparison groups, small sample sizes, and inadequate long-term follow-up periods to ascertain sustained effects. Healthcare providers should prioritize further investigation into the potential additional benefits of incorporating nonpharmacological interventions as supplementary options for managing cancer patients' pain [28].

### **Self-efficacy**

Enhancing self-efficacy in managing untreated cancer pain holds significant importance due to its potential to positively impact pain outcomes and overall quality of life. Further exploration into unmet needs and preferences regarding self-management support for cancer pain is warranted to address existing gaps and enhance patient care [29].

### **Consequence**

The consequences of non-pharmacological pain management in cancer patients are almost the same as non-pharmacological pain management in patients in general, where it is hoped

that applying this method can reduce the scale and intensity of pain in cancer patients [6]. after the nurse understands pain management and can explain it and the patient can apply the method as an alternative action in managing pain. [28]So that it will increase the patient's self-efficacy and the patient's quality of life will increase, it is hoped that the patient will be able to carry out daily activities well [29].

### 3.4. Analysis Concept Model

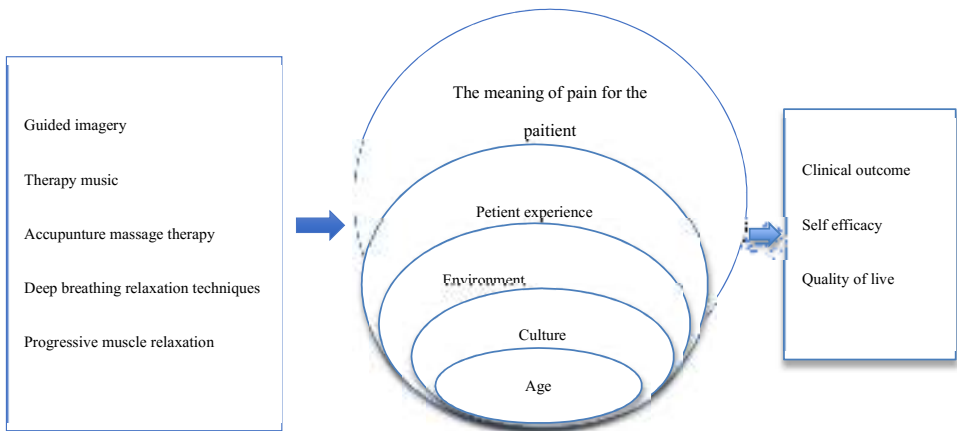


Fig 1. Analysis Concept Model

### 3.5. Operational Definition of Pain Management in Cancer Patients

Non-pharmacological pain management in cancer patients is the provision of nursing actions as a form of health service to deal with the pain of patients diagnosed with cancer using non-pharmacological methods / not (complementary) medicines. Where the methods that can be used can be guided imagery, music therapy, massage therapy, acupuncture, deep breathing relaxation techniques, progressive muscle relaxation. This action can be carried out after administering an analgesic drug with a time span after the analgesic effect of the drug ends, the method can be carried out according to the patient's condition and the duration of administration can be at least 3-5 minutes in one session of the action. It is hoped that the methods given to patients are appropriate to the patient's culture, the patient's age/stage of development, the patient's environment, the patient's experience in dealing with pain, and how the patient interprets the pain that arises from their illness. So, with active participation from patients and support from nurses, the intensity of pain in cancer patients can be reduced and patients can improve their quality of life and can carry out their daily activities well.

### 3.6. Case Study

#### Case Model

Mr. M, 48 years old, came to the hospital accompanied by his family bringing a referral letter from the hospital where he lives. Patients come with complaints of poor defecation, pain and blood in their defecation. During the examination the patient was in the chemotherapy room accompanied by his family. The patient and his family said that after chemotherapy the patient still felt pain in his hands. If the patient feels pain, take medication for the pain. Patients with a diagnosis of C20 malignant neoplasm of rectum, who have undergone surgery, patients with stoma. Undergoing chemotherapy twice a week, has undergone chemotherapy 6 times.

While the patient is in the hospital undergoing chemotherapy, if he feels pain the patient takes deep breaths to reduce the pain. Meanwhile, at home, if pain occurs, the patient takes medication to reduce pain as recommended by the medical team, but if the pain is still there after taking medication, the patient takes deep breaths as is done in the hospital, according to recommendations from the health team.

The existing case shows that the patient is in accordance with the concept of non-pharmacological pain management. Mr. M carries out pain management using deep breathing relaxation techniques. Patients at an advanced age (48 years) have a risk of cancer and at this age the patient is more mature in the development stage. Patients are Javanese and have a habit/culture that if they feel pain they will express their pain, so that the family/environment understands the patient's condition and can help them. Here the patient begins to accept the feeling of pain that arises, previously the patient was still worried about the pain that arises, but after receiving medical action and advice from the medical team and health workers, the patient understands so he begins to accept the pain. Complaints of pain that arise have been felt before the diagnosis, after the diagnosis, after surgery and currently undergoing chemotherapy, so that the patient understands and comprehends the pain that arises and interprets that this is the process of the course of the disease and the process of treating the disease.

#### Borderline Case

Mr. M, 48 years old, came to the hospital accompanied by his family bringing a referral letter from the hospital where he lives. Patients come with complaints of poor defecation, pain and blood in their defecation. During the examination the patient was in the chemotherapy room accompanied by his family. The patient and his family said that after chemotherapy the patient still felt pain in his hands. If the patient feels pain, take medication for the pain. Patients with a diagnosis of C20 malignant neoplasm of rectum, who have undergone surgery, patients with stoma. Undergoing chemotherapy twice a week, has undergone chemotherapy 6 times.

While the patient is in the hospital undergoing chemotherapy, if he feels pain the patient takes deep breaths to reduce the pain. Meanwhile, at home, if pain occurs, the patient takes medication to reduce pain as recommended by the medical team, but if the pain is still there

after taking medication, the patient takes deep breaths as is done in the hospital, according to recommendations from the health team.

Patients are able to carry out non-pharmacological pain management techniques using deep breathing relaxation techniques. However, if pain occurs, the patient will remain silent, because according to the patient, he feels he is an adult and has the habit of covering up a weakness so that society does not know about it (introvert). The patient's family and relatives are always beside the patient and help with the patient's needs. The patient considers the existing pain to be a disease process and has accepted and understood the existing pain.

### **Related cases**

Mr. M, 48 years old, came to the hospital accompanied by his family bringing a referral letter from the hospital where he lives. Patients come with complaints of poor defecation, pain and blood in their defecation. During the examination the patient was in the chemotherapy room accompanied by his family. The patient and his family said that after chemotherapy the patient still felt pain in his hands. If the patient feels pain, take medication for the pain. Patients with a diagnosis of C20 malignant neoplasm of rectum, who have undergone surgery, patients with stoma. Undergoing chemotherapy twice a week, has undergone chemotherapy 6 times.

While the patient is in the hospital undergoing chemotherapy, if he feels pain the patient takes deep breaths to reduce the pain. Meanwhile, at home, if pain occurs, the patient takes medication to reduce pain as recommended by the medical team, but if the pain is still there after taking medication, the patient takes deep breaths as is done in the hospital, according to recommendations from the health team.

If pain occurs, the patient can carry out non-pharmacological management, the patient understands that at his age he is vulnerable to the disease he is suffering from and understands the pain that exists. However, with understanding and the patient understands the pain that arises. The patient seems to live alone, because the family is not there when the patient needs help. So, the patient feels that the pain that arises is a punishment from God due to bad actions or actions towards the family so that when the patient needs support from the environment/family there is no one to help him.

### **Contrary Case**

Mr. M, 48 years old, came to the hospital accompanied by his family bringing a referral letter from the hospital where he lives. Patients come with complaints of poor defecation, pain and blood in their defecation. During the examination the patient was in the chemotherapy room accompanied by his family. The patient and his family said that after chemotherapy the patient still felt pain in his hands. If the patient feels pain, take medication for the pain. Patients with a diagnosis of C20 malignant neoplasm of rectum, who have

undergone surgery, patients with stoma. Undergoing chemotherapy twice a week, has undergone chemotherapy 6 times.

While the patient is in the hospital undergoing chemotherapy, if he feels pain the patient takes deep breaths to reduce the pain. Meanwhile, at home, if pain occurs, the patient takes medication to reduce pain as recommended by the medical team, but if the pain is still there after taking medication, the patient takes deep breaths as is done in the hospital, according to recommendations from the health team.

When complaints of pain come, the patient only takes medication according to the medical team, the patient does not want to carry out non-pharmacological pain management, because the patient has a habit when he is sick, he only follows the advice of the medical team, namely taking medication, after taking the medication the pain will disappear, so the patient takes medication more often to reduce pain, the patient's family does not try to explain or accompany the patient, so the patient does not care about taking more pain-reducing medication than medical advice, the patient does not care that the pain that arises is a disease process and does not want to carry out non-pharmacological pain management, because the patient only wants to feel sick and then make the decision to take medication so that the pain he suffers disappears.

### **3.7. Empirical Reference**

The assessment of this concept uses empirical references. The final outcome of the patient can be assessed from the assessment report. The basic thing that guides us that this concept is successful can be seen from the patient's age which is related to the stage of development and cancer risk factors through a questionnaire sheet. The patient's culture or habits when pain occurs are assessed using a questionnaire sheet. Does the patient's environment or the patient's family support the patient in applying this concept as determined by the questionnaire sheet. How the patient responds when pain occurs, whether they have experienced the same pain or not, can be found using a questionnaire sheet. As well as the pain that arises in patients, how to interpret this pain can be explored using a questionnaire sheet. The consequences of non-pharmacological pain management can be seen from the final results of the questionnaire assessment, the patient's ability to take action and the patient's quality of life.

## **4. Conclusion**

The basic understanding, introduction, attributes and consequences of non-pharmacological pain management in cancer patients have been obtained. Ongoing analysis and further research is needed as the concept develops. Having a clear concept will provide direction and guidance for conducting further research. Where the explanation of the concept can provide an important basic understanding for non-pharmacological pain management in cancer patients.

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