

We know it works, but why? A qualitative study of patients' views of a pain management programme

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Background

Research has shown Pain Management Programmes (PMPs) are clinically effective^{1, 2, 3, 4, 5} as well as cost-effective⁶. This study aimed to identify which aspects of the PMP approach are important for change to occur. The present study was designed to explore this question by providing an insight into the experience of patients who have completed a PMP.

Method

Purposive sampling was used to identify suitable participants, and seven women chose to take part in the study after completing a ten week outpatient PMP. Semi-structured interviews were conducted by an independent interviewer and ranged from 23 to 56 minutes in length. The interview protocol was devised to help participants explore their experience of chronic pain and pain management services. Interviews were recorded digitally and then transcribed before being subject to Interpretive Phenomenological Analysis (IPA). Transcripts were analysed by separate researchers and a list of themes were agreed upon.

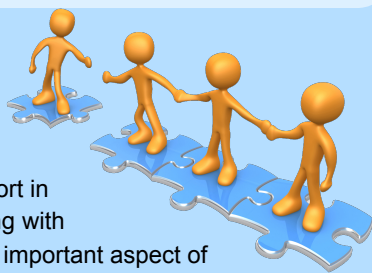
Results

Four super-ordinate themes emerged from analysis:

1. Group aspect of PMPs

Participants noted the importance of peer support as part of PMPs, with many expressing that the group helped with feelings of isolation:

"The fact that, you know, I wasn't necessarily alone, because it is, it's really isolating. [...] with the group it was- everyone was in the same boat and you know, you could see that a lot of the issues that you have [...], that pretty much everyone had the same problems, so it was really, really good in terms of the information and having the support there as well."



2. Communication

Participants also found the support in self-advocacy and communicating with healthcare professionals was an important aspect of the PMP. Participants often felt they were not heard or disbelieved by medical professionals and placed value on the empathetic environment of the PMP.

"The hospital, the doctors, were saying 'you shouldn't be feeling like that'. In other words, they weren't acknowledging that I was in pain. [...] There was no talking; there was no real empathy. Whereas with the [PMP] there's more empathy and understanding."

3. Knowledge and Information

Participants valued the provision of information regarding tools to improve the management of problems caused by pain, as well as knowledge about the physiology of pain and why it persists.

"With [the PMP] it was [...] more about giving you the knowledge, just making you more empowered."

4. Past and present self

Many participants indicated a dichotomy between their past and present selves - their self-concept had been altered since the onset of pain. However, the PMP, by increasing confidence and equipping participants with management tools, facilitated recovery of past, preferred self-concepts:

"So with the program, it's really trying to help me to get back to who I am. I am seeing myself as a person aside from the pain."

Conclusion

As a result of the PMP, participants felt more able to communicate and express themselves clearly with peers and professionals. The provision of information and practical tips on managing pain also helped participants increase confidence in their mobility, their ability to complete tasks, socialise with others, and reduce feelings of reliance on healthcare services. These findings are reflected in outcome research that show a decreased use of healthcare services in participants following completion of a PMP⁶.

Sense of self before and after the onset of pain, as well as changes in self following completion of the PMP was noted by participants. Participants' increase in confidence and improved mood as they regained a prior sense of self, mirrors findings which show that the degree to which a persons' self of sense is 'enmeshed' in their pain affects levels of depression and anxiety⁷.

The findings of our study offer a subjective insight into patients' experiences of chronic pain and PMPs, and adds qualitative support to previous research demonstrating the efficacy of PMPs in helping those living with chronic pain.

References

- Flor et al. (1992). Efficacy of multidisciplinary pain treatment centers: a meta-analytic review. *Pain*, **49**(2), 221-230.
- Guzmán et al. (2001). Multidisciplinary rehabilitation for chronic low back pain: systematic review. *BMJ*, **322**(7301), 1511-1516.
- Hoffman et al. (2007). Meta-analysis of psychological interventions for chronic low back pain. *Health Psychology*, **26**(1), 1-9.
- Koes et al. (2006). Diagnosis and treatment of low back pain. *BMJ*, **332**(7555), 1430-1434.
- Morley et al. (1999). Systematic review & meta-analysis of RCTs of CBT & behaviour therapy for chronic pain in adults, excluding headache. *Pain*, **80**(1-2), 1-13.
- Clare et al. (2013). Can a pain management programme approach reduce healthcare use? Stopping the revolving door. *British Journal of Pain*, **7**(3), 124-129.
- Sutherland & Morley (2008). Self-pain enmeshment: Future possible selves, sociotropy, autonomy & adjustment to chronic pain. *Pain*, **137**(2), 366-377.