

# Do Patients' Beliefs Act as Barriers to Effective Pain Management Behaviors and Outcomes in Patients With Cancer-Related or Noncancer-Related Pain?

Ree Dawson, PhD, Deborah E. Sellers, PhD, Judith A. Spross, PhD, RN, AOCN®, FAAN, Erica S. Jablonski, MA, Doris R. Hoyer, MS, and Mildred Z. Solomon, EdD

**Purpose/Objectives:** To understand the role of patients' beliefs in pain management in a cancer population treated in a primary care setting.

**Design:** Secondary analyses of data from the baseline phase of a randomized study.

**Setting:** Eight of the largest primary care clinics in a managed care system.

**Sample:** 342 patients with cancer who reported pain that would not dissipate on its own or when treated by over-the-counter medication; approximately half had pain that was not cancer related.

**Methods:** Telephone interviews.

**Main Research Variables:** Patients' demographic characteristics, self-reported history and beliefs about pain and pain treatment, willingness to report pain and take pain medication, recent pain intensity, and administrative data on opioid prescriptions.

**Findings:** Patients' beliefs were not associated strongly with reporting pain or taking medication. Regression analyses revealed that patients' beliefs played a limited role in predicting recent pain intensity, whereas the providers' pain management practices seemed to have a far greater predictive role. Additionally, among patients with recent moderate to severe pain, the relationship between patients' beliefs and their history of pain and pain treatment further suggests that beliefs are likely to be formed, in part, as a consequence of the care they receive. Results did not depend on whether the cause of pain was related to cancer.

**Conclusion:** Patients' beliefs were important barriers to effective pain management, either as direct or indirect determinants of pain. Providers' pain management practices were more likely to determine the level of pain relief achieved and the beliefs their patients came to hold based on their personal experiences.

**Implications for Nursing:** Nursing interventions should examine the impact of evaluating patients' beliefs in conjunction with pain assessment on pain-related behaviors and pain relief, as well as the ability of patient educational efforts to strengthen accurate beliefs and enable patients to assert themselves when interacting with less knowledgeable providers.

Most research about managing pain in patients with cancer has focused on inpatients or outpatients being treated in oncology clinics, despite the decentralization of cancer care and the dispersal of oncology nurses from the bedside to other care points, including managed care services and primary care offices (Satryan, 2001). This research has focused further on cancer pain, which overlooks

## Key Points . . .

- ▶ Patients who were older, less educated, or unemployed had greater concern about pain and pain treatment.
- ▶ Patients were most concerned about the addictive side effects of pain medication and believed that pain indicates that the illness has worsened, even when controlling cancer-related pain.
- ▶ Provider pain management practices seem to have a greater impact on recent pain than patients' beliefs, independent of whether the pain was cancer related.
- ▶ Patients' beliefs about pain and its management may arise from their experiences of pain treatment.

the trend toward survivorship (Satryan) and the assertion that even the most ill cancer populations may have a significant percentage of patients whose pain is not the result of their disease or its treatment (Cleeland et al., 1994). In particular, research about patient barriers to effective pain management

*Ree Dawson, PhD, is the senior statistician for the Frontier Science and Technology Research Foundation in Boston, MA; Deborah E. Sellers, PhD, is a senior scientist at Education Development Center, Inc., in Newton, MA; Judith A. Spross, PhD, RN, AOCN®, FAAN, is an associate professor in the College of Nursing and Health Professions at the University of Southern Maine in Portland; Erica S. Jablonski, MA, is a research associate at Education Development Center, Inc.; Doris R. Hoyer, MS, is a research coordinator in the Research Department at the Fallon Clinic in West Boylston, MA; and Mildred Z. Solomon, EdD, is the vice president of Education Development Center, Inc., and an associate clinical professor of social medicine at Harvard Medical School in Boston. This research was supported by the Agency for Healthcare Research and Quality and the National Cancer Institute of the National Institutes of Health (Grant No. RO1 HS08691). (Submitted December 2003. Accepted for publication July 14, 2004.)*

Digital Object Identifier: 10.1188/05.ONF.363-374