

# Health Care Professionals: Experiences with Health Care in Pain Clinics: A Qualitative Study

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## Introduction

Approximately one in five persons suffer from chronic pain, making up a sizable portion of the overall population (Gjesdal et al., 2019). The term "chronic pain" refers to pain that lasts or continues for a duration of three months or longer in a number of anatomic areas. It is linked to substantial functional handicaps or mental suffering that cannot be adequately clarified by another persistent medical condition (Kress et al., 2015). The goal of managing chronic pain must change from diagnosis and therapy to recovery and caring. According to Linnemørken et al. (2020), nurses are at the forefront of providing pain management

services to patients, which includes interprofessional teamwork, medication management, and pain evaluation and diagnosis. In Norway, medical professionals and municipality health services are the primary care providers for patients with persistent discomfort. The majority of individuals with chronic pain who are sent to specialized health care are evaluated and treated by divisions that specialize in particular organs or diseases. Integrative pain clinics are designated for individuals with persistent pain who are unable to receive appropriate care from the local healthcare system or other specialized medical services. According to the Norwegian Directorate of Health's current

standards, pain clinics should have a team of professionals that includes a doctor, physical therapist, psychologist, and at least one nurse who has appropriate pain treatment experience (Beverly et al., 2016).

With regard to the management of chronic pain problems, the biopsychosocial framework offers an approach to comprehending pain as a multifaceted phenomenon arising from social, biological, and psychological factors (Dezutter et al., 201). The existential dimensions of a person are also impacted by pain, in addition to their social and biopsychosocial functioning. According to research, people with chronic pain frequently ask how their medical condition can make life meaningful because they frequently refrain from previously meaningful activities, like working or actively caring for kids (Hayes & Hodson, 2011). Although it has been demonstrated that the existential aspect has a significant role in the standard of living, there has been not much emphasis on integrating these themes into health treatment. In order to gain a greater understanding of how to meet the requirements of patients, a holistic treatment strategy aims to combine the physical, psychosocial, and existential components of care (Lehti et al., 2017). Therefore, delivering effective whole-person pain management necessitates a

multifaceted collaborative strategy. It's important to distinguish between integrative and multidisciplinary pain management. Multidisciplinary care means that multiple medical professionals, including physical therapists, psychologists, doctors, and registered nurses, are involved. However, because they are frequently not in the same location and may pursue therapies with different objectives that do not consider the input of other disciplines, communications and collaboration between services may be constrained (Elsesser & Cegla, 2017). Greater coordination between all medical experts, co-location of providers, a shared rehabilitative philosophy, and an emphasis on continual interaction and active participation from patients are all components of integrated treatment. According to Linton and Shaw (2011), rehabilitation programs that are founded on a shared philosophy, ongoing communication, and active involvement of patients have a higher success rate than others. The implementation of multidisciplinary pain clinics has occasionally followed the widespread acceptance of the biopsychosocial-existential paradigm.

According to Oslund et al. (2009), recent studies have mostly examined the efficacy of various treatment plans and advocated

for more multidisciplinary approaches to treatment. The advancements made in pain clinics and the evolution of the integrative or multidisciplinary strategy for managing chronic pain have received less focus. Among the team members at the pain clinic, nurses are likely to spend their time with patients as well as are frequently the first medical professionals to learn about their pain issues. As a result, nurses are in an exceptional position to recognize the strengths and weaknesses in the medical care offered in pain clinics. Therefore, a deeper understanding of nurses' experiences of the care given in pain clinics is needed, and qualitative research can help with this.

### **Perceptions of Care Quality in Pain Management: Insights from Nursing Experience**

Nurses play a crucial role in evaluating the quality of care provided to patients with chronic pain, and their perceptions significantly influence patient outcomes. The effectiveness of pain management is often assessed through various factors, including the nurses' training, available resources, and the overall healthcare environment. Research indicates that nurses' perceptions of care quality can vary significantly based on their experiences and the institutional support they receive (Oslund et al., 2009). For instance, a study

highlighted that nurses reported a good level of satisfaction regarding their performance in pain management, with 32.4% expressing confidence in their ability to provide necessary care (AbuBaker et al., 2019). However, this satisfaction is tempered by challenges such as inadequate training and insufficient resources, which can hinder their ability to deliver optimal care.

### **The Role of Training**

Training is a fundamental factor that shapes nurses' perceptions of care quality in pain clinics. Many nurses express a need for ongoing education and training focused specifically on pain management practices (Lin et al., 2019). Research has shown that younger nurses tend to have a better understanding of pain management than their more experienced counterparts, suggesting that continuous education can enhance knowledge and attitudes towards effective pain relief strategies (Brant et al., 2017). This gap in knowledge can lead to misconceptions about pain management, where some nurses may attribute chronic pain primarily to psychological factors rather than recognizing its multifaceted nature. Such misconceptions can adversely affect the quality of care provided, as nurses may not fully engage with evidence-based practices or adequately address patients' needs.

### **Impact of Resources**

Resources also play a pivotal role in shaping nurses' perceptions of care quality. In many healthcare settings, particularly those dealing with chronic pain management, nurses often face constraints related to staffing levels, access to medications, and supportive technologies (Yava et al., 2013). These limitations can lead to feelings of frustration and helplessness among nursing staff, ultimately impacting their ability to provide high-quality care. For example, when resources are scarce, nurses may struggle to implement comprehensive pain assessments or follow-up protocols that are essential for effective pain management. This situation is compounded by organizational policies that may not prioritize chronic pain treatment adequately, further diminishing the perceived quality of care (Shahriary et al., 2015).

### **Influence of Healthcare Environment**

The healthcare environment itself significantly influences how nurses evaluate care quality. Factors such as workplace culture, interprofessional collaboration, and administrative support all contribute to the overall experience of nursing staff in pain clinics (Keefe et al., 2005). A positive work environment characterized by strong teamwork and open

communication can enhance nurses' confidence in their roles and improve their perceptions of care quality. Conversely, environments marked by high stress and poor communication may lead to negative perceptions and lower job satisfaction among nurses, which can directly affect patient care outcomes (Dilie & Mengistu, 2015).

### **Exploring Registered Nurses' Experiences in Managing Chronic Non-Cancer Pain**

This study's main objective was to investigate and characterize nurses' experiences with the medical care given to patients with persistent non-cancer pain in pain clinics. Gjesdal et al. (2018) found that it was difficult to allocate services at the pain clinics in a perfect way. It was laborious for the nursing staff to try to shift their attention from cure to care in order to encourage acceptance and coping mechanisms because they saw that the individuals who were sent to the pain clinic were continuing to search for a diagnosis and a treatment for their pain condition (Gjesdal et al., 2018). Patients are typically presented with a comprehensive pain clinic method very late in the course of their therapy, frequently as a last resort after all other options have been exhausted. Prior to visiting a pain clinic, patients typically had been on medicine for a long time, generally

in accordance with the biological model that emphasizes diagnosis and cure. In the traditional biomedical sense, chronic pain is by definition incurable. Instead, it is necessary to provide the patient with the means to manage their chronic pain so they can continue to have a happy life despite it.

### **Challenges in Transitioning from Cure to Care**

The lack of resources made it difficult to decide whether to accept new referrals or provide follow-up since the transition from cure to care is crucial in this situation. According to Smith et al. (2023), individuals with chronic pain frequently do not get better enough to stop needing medical supervision or other forms of treatment. This suggests serious difficulties in primary care because the patient frequently requires complicated additional treatment after receiving assistance at the pain clinic. In order to offer an even more flexible management procedure, the registered nurses suggested tighter coordination between primary care physicians and specialized pain clinics (Chatchumni et al., 2016). This suggests that low-threshold support for additional perspectives or minor difficulties like prescription modifications or refresher management and rehab courses are needed in more adaptable pain clinics. Furthermore, to improve resource

allocation, doctors and nurses should place more emphasis on the transition from cure to care before referring patients to the pain clinic (Morley et al., 2015).

### **Medication Dependency and Patient Expectations**

According to the nurses, certain people who are sent to the pain management clinic desire a rapid fix, which includes more medications in pill form as well as injections, obstructions, or drips. Although they considered a number of disadvantages, the nurses agreed that medicine was a crucial component of the whole picture (Rejeh et al., 2009). Specifically, blockades and injections for therapeutic benefits were viewed as temporary fixes that would limit patients' lives and coping mechanisms while also making them reliant on pain clinic visits. While the increase in quality of life, daily activities, and well-being are possibly equally significant treatment advantages, they seem to be overlooked in favor of pain reduction as the primary end measure in the majority of research (Rababa et al., 2021). On the one hand, pain reduction linked to opiate medication or blockades might be offered for a brief time in exchange for supporting active techniques like mental health treatment and self-management. However, there is a chance that any unimodal application of biomedical techniques could divert patients

from proactive self-care. Research by Ryan et al. (2012) stresses finding alternatives and draws attention to the drawbacks and dangers of opioid medication for chronic pain. Using various non-opioid pain management techniques, such as non-opioid painkillers, physical exercise, or behavioral therapy, to address the current healthcare crisis associated with opioid consumption is an area where nurses may make a big difference as time passes (Rababa et al., 2021).

### **Importance of Psychosocial Treatment**

Because nurses found psychosocial strategies for pain management to be the most effective, previous research findings underscore the importance of psychosocial treatment. The significance of psychological elements for successful treatment results in pain rehab was highlighted in a recent review. Moreover, neglecting psychosocial-existential elements can impede both recovery and rehabilitation progress (Alqahtani & Jones, 2015). Biochosocial-existential elements are important in both the cause and treatment of chronic pain, according to the whole-person model of care. Pain education programs, awareness, individual cognitive therapy, and management courses are examples of psychosocial therapies that may give patients psychological techniques to improve their coping skills and more

successfully manage their psychosocial problems (Bell, 2000). This suggests the value of an approach to whole-person care, where collaboration among disciplines appears to be essential.

### **Interdisciplinary Collaboration for Enhanced Outcomes**

Gjesdal et al.'s (2018) research suggest that combining several healthcare professions could produce better results for patients than each member could provide on their own. This is in line with earlier research showing substantial evidence of efficacy—the gold standard of pain management—for specialized clinics offering interdisciplinary care. It is not easy to translate a whole-person approach to care into real-world implementation, though. According to Gjesdal et al. (2018), the results show that various medical practitioners may have varying theoretical perspectives and methods for managing chronic pain. Although the nurses believed that a person-centered approach to managing chronic pain was essential, they also observed that the remaining members of the team needed to significantly alter their perspective in this area. Many constructive possibilities can be missed if collaborative teamwork is neglected and taken in a more "siloed" manner rather than an intuitive healthcare strategy (Lukewich et al., 2015). To deliver effective

interdisciplinary pain care, it is crucial to focus on how crucial it is to guarantee that all team members have a shared theoretical viewpoint and method for managing chronic pain.

### **Barriers to Effective Interdisciplinary Care**

Nurses highlighted a number of obstacles to interprofessional treatment, including the need for a lot of time and resources (Xu et al., 2018). Due to hectic schedules, it was challenging for every team member to set aside time for transdisciplinary meetings. Other challenges included the shortage of offices and the presence of medical personnel in reduced roles. Prior research has confirmed that multidisciplinary pain management programs are both cost-efficient and effective in treating pain (Brant et al., 2017). It has also been demonstrated that multimodal pain programs function better than collaborative initiatives and conventional medical pain care. In contrast to placing many medical specialists in the same clinic without a shared theoretical and practical approach to managing pain, establishing an integrated service might be challenging. However once in place, these multidisciplinary programs significantly improve the efficacy of chronic pain management for patients (Lukewich et al., 2015). Previous literature highlights the tireless attempts of

nurses to create effective multidisciplinary teams to deliver comprehensive care at the pain clinics, while also identifying several barriers to effective interprofessional treatment (Alqahtani & Jones, 2015).

### **Conclusion**

In conclusion, the experiences of nurses in managing chronic non-cancer pain at pain clinics reveal significant challenges and opportunities for improvement. The transition from a focus on cure to one of care is essential but often hindered by limited resources and patient expectations for quick fixes through medication. RNs recognize the importance of a multidisciplinary approach that incorporates psychosocial treatment alongside traditional biomedical strategies. Effective pain management requires not only addressing physical symptoms but also empowering patients with coping strategies and self-management tools. Furthermore, fostering interdisciplinary collaboration among healthcare professionals is crucial for delivering comprehensive care. By breaking down silos and ensuring a shared understanding of chronic pain management, healthcare teams can enhance treatment outcomes and improve patient satisfaction. While barriers such as time constraints and resource limitations exist, the commitment of nurses to develop efficient interdisciplinary teams

is vital. Ultimately, adopting a whole-person care model that prioritizes both physical and psychosocial aspects of pain can lead to better quality of life for patients suffering from chronic pain, ensuring they receive the holistic support they need to thrive.

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