Chronic Pain Management and Social Supporting in Older People: A Qualitative Study

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ABSTRACT
Background and Aim: With respect to high prevalence of chronic pain in the elderly, identifying factors influencing on its management process is high importance. Hence, the current study aimed to explore the chronic pain management and its facilitators from elderly, relatives and health care providers’ viewpoints. Materials and Methods: In the present study, which is a part of a qualitative study, the grounded theory approach was applied using unstructured interviews and observation of participants as the main methods for data collection. Study participants consist of thirty elderly people with chronic pain, three relatives and twenty nine health care providers participated with purposive and theoretical sampling methods in Ahvaz city. Sampling was continued until data saturation and data analysis was performed concurrently with data gathering based on Strauss and Corbin’s proposed method. Data rigor [trustworthiness] was confirmed via Lincoln and Gubba’s approach. Results: Social supporting as a facilitator in chronic pain management process was one of extracted themes-composed of three categories namely care facilities, welfare and dynamic environment. A large number of old participants encountered a series of disabilities and limitations in terms of personal, familial and environmental aspects of chronic pain management. Utilization of governmental and nongovernmental organizations, multidisciplinary clinics and living in a lively and attractive environment as a way for reducing these restrictions, facilitating pain management process and improvement quality of life for seniors and their next of kin were declared. Conclusion: Chronic pain in the elderly often is inadequately assessed and treated; therefore, planning for the education, introduction, development and optimal use of available social support may be useful in the path of developing a comprehensive caring program. This would lead to improve the management of chronic pain in elderly, their restrictions and reducing the problems associated with their next of kin and medical staff.

INTRODUCTION

Today, the elderly population in the world and Iran is escalating manner as the elderly population in the world is expected to be near two billion by the year 2050 and in Iran at about ten million by the year 2019 [1,2]. Chronic pain is a major problem for the elderly as its recovery time may take more than three months and exists beyond its expected time frame for healing or where healing may not have occurred and in fact resist to treatment [3]. Hence if the pain is not well controlled - major complications such as impaired mobility and functionality, loneliness, social isolation, depression and increased use of health care services and costs would follow for the elderly [4]. Moreover, inadequate pain management deteriorates physical and mental condition of the elderly which leads to a decrease in the life quality of both the elderly and their families. On top of that the medical cost and insurance system charges would increase accordingly [5, 6, 7, 8], as the economic costs of it is estimated over €200 billion per annum in Europe, and $635 billion per annum in the United States of America in 2008 [9]. In addition to direct medical costs, indirect costs for chronic pain are also substantial including: treatment side effects, missed days of work, activity limitations, lost productivity, functional impairments, resultant disability and disability compensation [10, 11].

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Despite the fact that one-third of elderly people suffering from chronic pain [12], there is evidence that suggests chronic pain in elderly often is inadequately relieved [13,14] and which has been relatively neglected by policy makers and service planners [15], whereas one of the fundamentally human rights is pain management [3]. Pain management is not only to use of pharmacological and non pharmacological interventions but its beyond of pain relief, so including of life quality improvement, productivity and enjoy of life [16]. In order to effective chronic pain management in the elderly increase awareness about chronic pain management as well as adaptive approaches that is used deal with this type of pain in the elderly substantially increase their quality of life and decrease costs related to the management of chronic pain in the community [17]. In addition, participation of the elderly in the care and safety will increase. Hence, identifying the barriers and facilitating factors for chronic pain management process from older people perspectives, their relatives and health care team members is essential. Therefore, health care providers should be aware of the older people viewpoints in relation to chronic pain and should be know of the ways in which they can use to deal with this type of pain as well as the reasons for choosing this method [18]. Qualitative research could be useful whenever there is not enough knowledge about study subject [19]. In the present study qualitative research was used because there isn’t enough research and efficient knowing related to the experiences of elderly and other participants about chronic pain management and how we might better support them in these efforts, and to attain information of chronic pain management process state and its barriers in the elderly from participant’s perspectives.

Method:

Data collection:

Strauss and Corbin Grounded theory approach was applied for a more enhanced identification of chronic pain management process in the elderly at 2012-13 in Ahvaz city. Grounded theory approach includes several steps that their careful execution will emerge one hidden theory on information as the outcome [20].

Data collection was started with purposeful sampling followed by theoretical sampling. At the theoretical sampling, selection of each participant is related to gathered data from previous sample or samples [21,22]. The selection criteria for elderly people participated in this study was include: being 60 years of old or older, having experience of noncancerous chronic pain, fully consciousness, willing to explain their emotions and experiences relevant to study subject, being able to speak in Persian, having efficient mental stability for transformation of experience, no history of cognitive disorders which determined by gain 6 score or over in L.V. O. A. M. T. S [23], and have not psychological disorders, blindness and deafness confirmed by their physicians.

In addition, elderly participants were selected with maximum variation such as age, sex, educational backgrounds, as well as socio economic and marital status, living with wife, widows and staying with families or relatives. The selection criteria for other participants was include the having a good deal of information related to chronic pain management among elderly relatives and health care providers, also willing to explain this information. For data gathering, triangulation methods in time, place and kinds of participants including the elderly; their associates and healthcare providers were applied.

Hence, data gathered from initial interviews with elderly people participated in this study and emerged primary categories, has been guided researcher for other interviews with some of their relatives and health care providers until selected persons could help for better clarifying of theory evolution. The participants of this study were including: 30 elderly people over 60 years old, three elderly relatives and 29 health care providers whose work more related to chronic pain management in elderly. The group of health care providers were including: three general physician with MPH degree in geriatrics, three geriatric nurses, three psychologist, three physiotherapist, three specialist in clinical nutrition, two orthopedist, two neurologist, one neurosurgeon, two anesthesiologist, two specialist in clinical pharmacology, two psychiatrist, one occupational therapist and two social worker.

Unstructured interviews, memo writing and observation of participants’ nonverbal behaviors were the main methods of data collection, which continued until data saturation occurred [20]. Before starting each interview all participants were explained about the purpose of study and confidentiality of information and recordings interviews. Then in case of willingness to participate in this study, the written consent has been obtained. The interviews were conducted in a face to face manner by the researcher either in the nursing homes, participant’s homes, hospitals, medical clinics or parks within Ahvaz city based on the respondent’s preferences. The interviews were conducted based on an open question and followed by probing questions to satisfy the study goals. The elderly interviews were started with open questions of “what can you say about your pain?” for their relatives: “what can you say about the pain of your elderly?” and for the health care provider: “what can you say about chronic pain management in the elderly?” Then the pursuit questions were discussed based on of participates information that clarified the investigated concept. The next interviews questions were designed on the basis of extracted categories. In addition, probes such as “Could you tell me more about that?” and “what do you mean by that?” were used to obtain more in-depth responses.

Regarding the time of each interview,Filed and Morse recommend it should not be longer than one hour, but experience shows interview’s duration depends on interviewee [24]. In current study, the interviews with
each participant was conducted in one session with at least and utmost 30 and 50 minutes respectively based on participants tolerance and interests and was record by voice recorder.

In order to obtain trust confidence in transmission of participant speech, interviews verbatim exactly to whose colloquial language then typed digitally and rechecked for accuracy. Then text were read several times to obtain a full perception of the concepts in them and immediately organized and analyzed by qualitative analyzing software MAXQDA 10. Furthermore, participant’s nonverbal behaviors during the interview were investigated, recorded and analyzed by mentioned software promptly at the end of each interview. All of interviews and observations conducted by one researcher.

Content analysis of the interviews was performed according to Strauss and Corbin’s method with constant comparison [22]. All of data obtained from transcripts, observations of participant’s nonverbal behaviors and memos analyzed concurrently in this way. Analyze of interview data was guidance for selection of subsequent samples and sampling continued until data saturation. Open, axial and selective coding was used for data analysis. In the open coding process, concepts related to study were identified and coded based on two coding technique either the in vivo codes were respondent speech or observed their status during interview or imply inferred codes by researcher.

In axial coding, coded data were firstly compared with each other; secondly primary codes were reduced to subcategories and the categories were developed, as the similar categories were combined and each of that was compared to others with respect to assure the differentiation between them and until more abstract categories appeared. Finally in axial coding, the main categories with sub categories were related to each other, based on paradigm of “causal conditions”, “context”, “controlling strategies and “consequence of strategies”. In the selective coding, researcher identified the variables and main concepts and selected the topics for the concepts [20,22].

In order to assure the data rigor, the four scale of trustworthiness recommended by Lincoln and Gubba which consist of credibility, conformability, dependability and transference were used [25]. Thus for gaining confidence of data credibility, the researcher had longtime relation with study places which aided to attract participants trust and assist to a better understanding of study circumstances.

In addition, sampling guidelines including diversity for selection of participants and data gathering were used, this technique led to obtaining more data validity based on conducted variety extension of participants and demographic indexes. To determine result conformability and confirm data accuracy and codes, revision by participants were used [Member check], namely after coding process, returning the text of interview to them for accuracy assurance of codes and explanation were conducted. Then correction of codes would be conducted if earned codes hadn’t matched with explanatory participant’s codes. To determine data dependability, some of the interviews text was revised by colleagues [Expert check], as emerged codes and categories moreover the researcher revised by three faculty members. This revision showed 86-90 percent agreement in derivate results. To compute agreement rate, recommended method by Polit and Hungler were used [25]. As for instance if the number of emerged codes in one of the interview by researcher was 92 codes, the second person agreed 81 codes of the total 92 codes, This was calculated to a rate of 88/04 percent.

The results were discussed with samples who had not participated in this study for confirming data transferability and their viewpoints in accordance with the results were assessed and found as that confirmed too. Moreover, for increasing data validity and acceptability, different methods such as constant observation and investigation, designation of efficient time for data gathering, well communication with participants and conducted interview in suitable places selected by them [such as the nursing home, participant’s home, hospitals, medical clinics or parks which lies in Ahvaz city] were used.

**Results:**

This study were conducted on 30 elderly people with chronic pain [14 women and 16 men] ages 61-84 [M=67] years, 3 elderly relatives [2 men and 1 woman] ages 35-57 [M=40] years, and 29 health care providers whose work were more related to chronic pain management in elderly [13 women and 16 men] working experience 1-30 [M=16] years which had different specialty and work experience.

With respect to participant’s viewpoints and content data analysis social supporting as the major themes was created by three categories of care facilities, Welfare and dynamic environment [table 1].

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Social supporting:

One of the factors that facilitate the chronic pain management in the elderly was social supporting. As if there is no social support, management of chronic pain in the elderly will be encountered to many problems. In fact, according to the disabilities and limitations faced by people in older age, social supports can help the elderly, their families and health care providers, thus their problems will be reduced. In this respect an elder stated that:

“...I have worked as an auto mechanic. As a result of this heavy and difficult job through the years, I damaged my back which leads to dispersed disks, blocked lumbar channel and constant pain in my feet for ten years now. I have an extended family living on a tight budget. Sometime ago the doctors told me that I have to change my job since I had to walk a lot during my shift and my supervisor was kind enough to put me on a different position so now I do not have to move a lot and I am very thankful to all of them...”

“... There are elderly who has learnt a number of ways in order to reduce the health care cost. For instance seeking recommendation and testimonial letters different legal and governmental offices including national deputy health care system, an MP from the parliament and even from the president himself and we have to take these recommendations into considerations, a social worker stated.

“... In the treatment process of these patients several factors should be taken into consideration including their socioeconomic situation, the kind and level of treatment they require, their financial situation and the state of their health care order. The idea behind this preliminary identification process is to optimize the whole treatment process and cost of course, an anesthesiologist, said.

Three categories of care facilities, Welfare and dynamic environment were created social supporting as the major themes.

Care facilities:

Study results showed that one of the main problems of chronic pain management is the lack of specialized care centers for the elderly in the community. And given the numerous constraints faced by the elderly, generated necessary and appropriate access to health care centers as a key priority in the care of the elderly, especially elderly patients with chronic pain were discussed.

“... When we go to a GP’s nursery for a consultation, usually the GP’s diagnose and treatment process includes visiting different specialists located at different parts of the city. This makes it very difficult for us due to a several difficulties such as heavy traffic in almost all parts of the city and very long waiting time- consultation time- up to months for each specialist. We wish that all these specialists and the required diagnostic process could be located in one place under the same roof designed for elderly with quick consultation times, a statement by a next of kin.

“... Creation of an elderly medical center similar to pediatric medical centers, a club or an NGO where they could receive all the required diagnose and treatment under the same roof with the chance of socializing with other patients, receiving empathy or sympathy from each other while filling their time could have a great satisfying impact on them accepting the reality of life...” A GP also stated.

“... If we want to do a sustainable job, we should create a series of elderly centers with predefined multi-disciplinary Para clinics such as physiotherapy or treatment room...” an anesthesiologist said.

Welfare services:

Study results showed that one of the factors can facilitate the management of chronic pain in the elderly are receiving welfare services. In this context, the existence of appropriate facilities in health centers, free healthcare, and financial resources of the factors that have been discussed. Many elderly participants in this study to cover medical expenses were facing financial difficulties,

“... A great pain in my neck and shoulder used to bother me a lot for a long time. After taking an MRI test, I was diagnosed by dispersing several disks in my neck area. My assigned specialist suggested a laser therapy which was very expensive and I could not afford it- BUT he offered me this therapy without charging me anything which I will always be grateful to him and I never forget his kindness and help. God wishes him well...” an elderly said.

“... The cost of medicine is on the rise day by day which leads to a decrease in purchasing power of patients, especially the elderly who are mostly retired and their income is limited. In fact the responsibility lies within the government and the operating insurance companies to find a suitable way, e.g. general and supplementary order to cover the cost of medicine for this group of people...” a pharmacologist also said.

“... Most of the seniors who refer themselves to us deal with financial problems. First priority in all of our people life is financial matters. This issue has overshadowed all aspect of their life including the healthcare. Hence we try to convince us to talk to the hospital’s manager in order to get a free or discount on their treatment...” a social worker stated.
Dynamic environment:

Dynamic environment was one of the other categories that make up the theme of social supporting. Due to the increased rates of mood disorders, particularly depression among the elderly, dynamics environment can be increase elderly joyance, motivation, confidence, cooperation and follow-up care programs. One of the dynamic environment specificity in chronic pain management process as a facilitator factor was attention to elderly dignity and veneration.

“…Using a series of clubs and centers for elderly, where the precious experiences of them are being used help to boost their self-confidence. On the other hand they spend some time there leading to some degree of physical fatigue which helps them to have a better sleep and an increase in their pain threshold…” a GP declared.

Other factors such as fresh and attractive environment as another component of a dynamic environment where noted. Many seniors participating in this study were faced with the mood disorders and hopelessness, as many of the health care provider believed that attention to psychological characteristics of elderly people to improve the care and control of chronic pain, are very important.

“…The levels of motivation in seniors are usually very low, therefore they must be helped from a psychological point of view to become more motivated. Creating a happy environment with a series of activities and attractions would boost their mood leading to a better and easier acceptance of their treatment process. If not so, the little motivation they have will soon disappear…” a psychological declared.

“…We have experienced that when the level of spirit in an elderly is low he or she complains more about pain. After giving medication to them, if they do not feel better, we try to change their routine by for instance taking them to movies, taking them to short excursions, or if they have a family asking them to contact their elderly more often. Some other times we decide to dedicate more time to them by socializing with them asking them to tell us their life stories which boosts their spirit and reduce pain …” an elderly nurse said.

Discussion:

Given the trend of increasing elderly population, attention to their needs is essential. Many seniors are faced with several problems, including chronic pain. Efficient use of resources can be helpful for pain management. Considering these factors, attention to the role of facilitators and inhibitors that may be useful for the effective pain management. In this regards Bayer and colleagues [2009] in a qualitative study to develop a self-care and increase the effectiveness of therapeutic interventions, identified barriers and facilitating factors for chronic musculoskeletal pain [26].

The study results showed that ”social supporting” was themes that were introduced as one of the facilitating factors in the management of chronic pain, which can be create in several ways, such as government agencies, associations, NGOs and families. Social support is composed of communication networks that create a series of friendship, cooperation and emotional boost. Moreover, facilitate health promotion behaviors, acceptance of stressful life events and reduce its negative effects, and activities that lead to personal goals to be also encouraging [27]. All of people, including the elderly needs to social support, which offered formally or informally. Informal social support will provide often by friends, family, clergy, neighbors or co-workers and community support staff or the public official or public entity [28]. According to elderly vulnerability to stress and illnesses, social support may play an important role to control the problems. In this respect Gallanbergh and Truglio [2004] suggest that due to the increasing elderly population and increasing expectations, the needs for elderly support was increased [29].

Elderly psychosocial ability are mostly affected by social support, because they affect a person's ability to cope with stressful life experiences influence [28], and can increase the quality of life [30,31]. The results of this study showed that care facilities was one of the categories were made up of social supporting. Seniors participating in this study faced by environmental problems and many of the health care systems constraints, including a lack of specialized centers for the elderly, long periods of taking an appointment, lack of necessary facilities for the elderly, poor coordination of treatment process and did not have a good social support as their pain management process encountered to numerous problems. In this regards Lansbury [2002] in a study was mentioned a number of environmental barriers Including healthcare costs, access to health care-related disorders, health care beliefs and lack of communication to the management of chronic pain in the elderly should be overcome [18].It should be mentioned that Limited access to affordable and adequate health care services, Geographical distance to service centers and health services, Problems of transport, lack of social support and lack of knowledge about available services, reduce the quantity and quality of elderly care and increased risk of abuse by family members than he is [32,33].

One of the other categories that make up the theme of social supporting was welfare. Such that many Appropriate facilities in health centers, free treatment, and having the financial resources roles as an important factor in the management of chronic pain were noted by many of the participants in this study. In this regard, Ceremynch [2003] in a qualitative study concluded that, financial resources and healthcare system factors are
affecting the health of the elderly [34]. A study conducted by Dong et al [2011] also showed that in order to access the health care services financial ability as the important factors should be considered [35]. Indeed, providing basic human needs, promoting context of elderly development and welfare, creation of appropriate and adequate income basis for older people to meet their financial needs, social support by family and community, according to their physical and psychological needs are important factors that are very effective in improving the health of the elderly [36]. The results of this study indicate that the proper environment can elevate vivacity, motivation, self-esteem as elderly cooperation and follow-up care programs may be more. The attention to the elderly dignity and reverence, the freshness and attractive environment played a role in shaping this dynamic environment. In this relationship Ajh and colleagues [2012] in their study concluded that, supporting programs such as weekly visiting, monthly checkups, travel in city, tourism and pilgrimage once a month on the town can be enhanced the quality of life [30].

In fact, the use of formal and informal social support can help to the chronic pain management in the elderly and in this regard the importance of notifying the families of informal social support is essential. In this respect Gallanagher and Truglio [2004] argue that informal social support is an important factor in successful aging. Traditionally, these supports as support from family, friends and acquaintances have been considered [29].

On the other hand, responsible institutions should be provide the appropriate facilities for the more and active presence of elderly population in the social space and community, according to the elderly physical and mental conditions to encourage their further participation in public and community spaces [37]. The official supports originate by government and the private agencies, public and community organizations are more than theirs informal social support. Because when the measures and helps provide by family and friends related to health, counseling, housing and financial assistance for the elderly aren’t enough, this kind of support can be useful [29].

Conclusions:
It can be concluded at the end, according to the UN, governments have a duty to promote, create and ensure access to services for older people, according to the specific needs of the elderly. And the role of families, volunteers, communities and organizations to support and informal care, the government says [38]. The major review of health policy and management decisions for the problems can contribute to better management of this type of pain.

Ethical Considerations:
During the research, Participation confidential and freedom of staying or leaving the study has been respected and they can exit of study any time that they want. This study was confirmed by Shahid Beheshti University of Medical Sciences in Tehran and Jundishapur University of Medical Sciences in Ahvaz, as well as written consents were taken from managers of study fields and participants before start of data gathering process.

Limitations:
With respect to participants living in one geographic zone, generalizability of study results is restricted. Hence, suitable and different approach were used for its control such as triangulation in time, place and informant type in selection of participants and data gathering methods. Though for better identification of chronic pain management process in elderly and its related factors more research would be need.

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REFERENCES


