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Barriers to chronic pain management in community-dwelling low-income older adults: Home-visiting nurses' perspectives

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Summary This study identified barriers to effective chronic pain management for low-income community-dwelling older adults from home-visiting nurses' perspectives. Four focus group discussions investigated 23 nurses (five to six participants in each focus group) at local home-visiting nursing care centres in Suwon, Korea for data collection. Data were analyzed with inductive thematic analysis. Patient-related, nurse-related, and organizational barriers were identified. Patient-related barriers included limited understanding, lack of success in achieving compliance, continued use of traditional medicines, and financial hardship. Nurse-related barriers were limitations of managing chronic pain, inadequate knowledge and experience, lack of confidence, and uniform interventions. Organizational barriers included inadequate staffing and time constraints, few national support policies, unclear guidance, and limited access to available resources. The nurses' experiences in caring for older adults with chronic pain provided insights into how nurses perceived barriers to adequate pain management in community-based settings; this may be different from acute care settings. This understanding precedes development of innovative practice strategies for chronic pain management in primary healthcare services.

1. Introduction

With increased longevity globally, 50—80% of older adults experience chronic pain (Bernhofer & Sorrell, 2012; Ministry of Health & Welfare, 2009). Persistent chronic pain has negative physical and psychosocial influences on daily functioning, including sleep disturbance, depression, anxiety, loneliness, and lack of socialization (American, Geriatrics

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Society Panel on the Pharmacological Management of Persistent Pain in Older Persons, 2009; Dewar, 2006). In particular, low-income older adults in the community report a high prevalence of chronic pain (van Hecke, Torrance, & Smith, 2013). They are unlikely to be treated or managed well due to the high cost burden of pain management (Gaskin & Richard, 2012; Park, Hirz, Manotas, & Hooyman, 2013; Park & Hughes, 2012) and limited resources (Bair et al., 2009). In addition, untreated chronic pain in older adults leads to increasing physical activity difficulties (Gudmannsdottir & Halldorsdottir, 2009; Xu, Descalzi, Ye, Zhuo, & Wang, 2012). Therefore, chronic pain in low-income older adults is a significant and complex health problem (Dewar, 2006) requiring appropriate management to improve their health and quality of life.

Older adults with chronic pain are generally managed in primary care (Henry & Eggly, 2012; Ock et al., 2014). For low-income older adults designated as beneficiaries of the Korean National Basic Livelihood Security System, public health centres provide home-visiting primary care by registered nurses. They perform continuing care after inpatient management or provide preventive care to high-risk groups such as patients with hypertension or diabetes (Ministry of Health & Welfare, 2009; Yang & Lee, 2010). As primary care providers, nurses caring for non-institutionalized older people with low socioeconomic status in particular play a critical role in managing chronic pain in the community (Dewar, 2006). In Korea, home-visiting nurses for low-income older adults conduct educational activities such as exercise, provide information about over-the-counter medication, and coordinate referrals (Ministry of Health & Welfare, 2009; Yang & Lee, 2010). Despite the existence of effective chronic pain management, improving customized assessment and management for older adults and empowering them remains challenging (Karttunen, Turunen, Ahonen, & Hartikainen, 2014). It is therefore essential to identify and overcome major barriers to chronic pain management from the nurses' perspectives (Egan & Cornally, 2013).

Previous studies identified the barriers to optimal chronic pain management in terms of patient-related, healthcare provider-related, and organizational barriers (Dewar, 2006; Egan & Cornally, 2013). There are misconceptions and myths (Weiner & Rudy, 2002), natural consequences of ageing (Bair et al., 2009), and insufficient communication (Matthias et al., 2010) as patient-related barriers. In provider-related barriers, chronic pain knowledge deficits (Kaasalainen et al., 2010) and limited recommendations for future approaches (Park et al., 2013) are included. Organizational-related barriers involve inadequate policies (Kaasalainen et al., 2010), limited resources (Davis, Hiemenz, & White, 2002; Park et al., 2013), few practice guidelines (Smith & Torrance, 2011), and insufficient time and staffing (Wilsey, Fishman, Crandall, Casamalhuapa, & Bertakis, 2008).

Most previous studies examined barriers to chronic pain management in institutional settings such as hospitals and nursing homes (Gudmannsdottir & Halldorsdottir, 2009; Teh et al., 2009; Wilsey et al., 2008), and patients' perspectives (Austrian, Kerns, & Reid, 2005; Davis et al., 2002; Dima et al., 2013; Gudmannsdottir & Halldorsdottir, 2009; Lansbury, 2000; Park et al., 2013; Teh et al., 2009), rather than nurses' perspectives. There is an urgent need for more investigation of the barriers nurses perceive when caring for older adults with chronic pain in community settings (Dewar, 2006; Teh et al., 2009). From nurses' perspectives, a better understanding of the significant barriers to chronic pain management is an initial step towards developing strategies to facilitate primary care nursing practice. Therefore, this study aimed to describe nurses' experiences and views of barriers influencing chronic pain management during home-visit interventions for low-income older adults living at home.

2. Methods

2.1. Design

A qualitative methodology utilizing focus group discussion was employed to collect data. Unlike survey or individual interviews, the focus group method captures group dynamics through interaction and discussion between home-visiting nurses and the individual expression of their views (Kitzinger, 1995). This data collection method obtains a wide range of perspectives from in-depth responses (Barbour & Kitzinger, 1999).

2.2. Setting and participant eligibility

The study was conducted at four public health centres (PHC) in Suwon, Korea. Four PHCs were chosen because they reflected nurses' experiences of chronic pain management in different communities. In Korea, registered nurses from PHCs provide home-visiting care for low-income older adults in the community (Yang & Lee, 2010).

The inclusion criteria were registered nurses with direct experience of chronic pain management in home-visiting care for at least three years. Four focus groups were formed with five to six participants in each group. Four to eight informants per group are an optimal size (Kitzinger, 1995).

2.3. Ethical considerations

The study was approved by the Institutional Review Board of Ajou University (AJOU-MED-MDB-13-111) and agreed by the home-visiting PHCs in Suwon, Korea. The first author contacted the PHC directors to recruit participation. The directors provided a written advertisement sheet describing the study to home-visiting nurses at regular meeting times. After a week, the first author visited PHC directors, received a list of interested nurses, contacted the nurses, and explained the study. Participants fully understood the issues of confidentiality and anonymity. They were assured that their participation was voluntary and that they could withdraw from the study at any time. Informed consent was obtained before the interview and none of the participants declined participation during focus group interviews.

2.4. Data collection

The focus group discussions were held from September through November 2013 in comfortable and convenient PHC conference rooms. The discussions were conducted by a moderator, guiding group dynamics to ensure all