Original Article

The Influence of Chronic Pain on the Daily Lives of Underprivileged South Africans

Martjie de Villiers, MTech, [*]
Johanna Elizabeth Maree, DCur, [†]
and Corrien van Belkum, PhD [*]

Abstract:

Chronic pain is a major public health problem that changes lives and has devastating consequences for the person experiencing the pain, the family, and society. Living with chronic pain is not easy, especially in South Africa where the public health care system, serving 80% of the population, fails people suffering from chronic pain. The purpose of the study was to explore how experiencing chronic pain influenced the daily lives of underprivileged patients receiving nursing care at the palliative care clinic serving a resource-poor community in Tshwane, South Africa. A qualitative descriptive phenomenologic design was selected for the study. Nine purposively selected community members, registered as patients at the palliative care clinic and who suffered chronic pain, participated in the study. In-depth interviews were conducted and Tesch's coding process was used to analyze the data. Data gathering and analysis were done concurrently to determine data saturation. Four themes arose from the data: pain as a multidimensional experience, the influence of pain on physical activities, the psychosocial influence of pain, and the influence of pain on spirituality. Participants' experience of pain tells of severe suffering that hindered them in performing activities of daily living. Participants were confronted with total pain and were caught in a vicious circle where pain was responsible for severe suffering and their suffering added to their pain. However, strong religious beliefs improved pain and gave hope for the future.

Chronic pain is a major public health problem that changes lives and has devastating consequences for the person experiencing the pain, the family, and society. Chronic pain influences people's well-being as it decreases quality of life, limits activity, and reduces functional capacity, the ability to maintain an independent lifestyle, productivity, and social relationships and is associated with mood and anxiety disorders (Igumbor, Puoane, Gansky, & Plesh, 2011; Tsang et al., 2008). Chronic pain also influences society as it escalates the financial burden caused by the increased use of health services and

*From the *Adelaide Tambo School of Nursing Science, Tshwane University of Technology, Pretoria, South Africa; †Department of Nursing Education, University of the Witwatersrand, Johannesburg, South Africa.*

Address correspondence to Prof. Johanna Elizabeth Maree, DCur, University of the Witwatersrand, Johannesburg, Gauteng 2193, South Africa. E-mail: Lize.maree@wits.ac.za

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medication, loss of productivity, absenteeism from work, and early retirement (Igumbor et al., 2011).

The epidemiology of pain has not been studied as much as other diseases because the complex pathophysiology and psychology of pain, the diversity of pain conditions, and practical problems of conducting such research in the community and in health care settings complicate such studies (Gerdle, Björk, Henriksson, & Bengtsson, 2004). Estimates of the prevalence of chronic pain in the general population vary according to the population studied and the definition of chronic pain applied (Igumbor et al., 2011). Tsang et al. (2008) found that the prevalence of chronic pain conditions is higher in the developing world (41.1%) compared with developed countries (37.3%). According to Igumbor et al. (2011), the prevalence of chronic pain was previously estimated as 35.5% in the United States, 35.1% in Finland, 31.4% in Sweden, 22.1% in Australia, 20.2% in Denmark, and as high as 46% in Israel.

Little is known about the incidence of chronic pain in Africa because no studies addressing this issue seem to be available. It is also not clear what the prevalence of chronic pain is in South Africa because few countrywide studies could be found. Igumbor et al. (2011), in a study conducted in a township in South Africa's Eastern Cape region, found a chronic pain prevalence of 38.5%, which is slightly lower than the 41.5% Rauf, Meyer, Marcus, and Becker (2013) found in persons attending four primary health clinics in South West Tshwane. This prevalence is also lower than the 87.2% prevalence found in people living with HIV and AIDS attending a primary health clinic in Tshwane (Maree, Wright, & Makua, 2013). Additionally, Maree and Wright (2008) found that 77% of cancer patients receiving palliative anticancer treatment suffer pain.

Various health problems are linked to chronic pain, of which cancer is probably the most well-known. HIV and AIDS, a condition affecting 5.1 million South Africans (UNAIDS, 2013), is notorious for pain because people suffering from HIV experience pain throughout the trajectory of the disease and an expected 80% with advanced disease will suffer severe pain (Harding, Powell, Kiyange, Downing, & Mwangi-Powell, 2010). Progressive degenerative conditions such as low back pain, a condition approximately 32% of adults living in Africa suffer from (Louw, Morris, & Grimmer-Somers, 2007), osteoarthritis, and rheumatoid arthritis are also responsible for chronic pain (World Health Organization [WHO], 2008). However, it seems as if chronic pain can be associated with any chronic disease, and being female, older than 50 years, and widowed or divorced, and having low socioeconomic status and unemployment increase the risk (Igumbor et al., 2011; Rauf et al., 2013; Tsang et al., 2008).

Living with chronic pain is not easy, especially in South Africa where the public health care system, serving 80% of the population (SouthAfrica.info, 2012), fails people suffering from chronic pain. Pain is poorly managed not only at inpatient and outpatient cancer care settings (Beck & Falkson, 2001; Maree & Wright, 2008) but also at the district level at the nurse-lead primary health clinics (Maree et al, 2013). These clinics, according to the Declaration of Alma-Ata (International Conference on Primary Health Care, 1978), address the main health problems in the community through the provision of promotive, preventive, curative, and rehabilitative services. Lack of resources plagues health care services (Frohlich & Shipton, 2007) and lack of knowledge of pain and pain management (Beck & Falkson, 2001; Maree, 2009; Maree et al., 2013) are major barriers to effective pain relief. In addition, South African studies (Igumbor et al., 2011; Maree et al., 2013; Rauf et al., 2013) found people visiting primary health clinics mostly experience moderate pain that might require either a weak opioid (Harding et al., 2010; World Health Organization, n.d.) or amitriptyline as first-line drugs for neuropathic pain (Chetty et al., 2012). Drugs such as those mentioned earlier can only be prescribed by doctors, leaving nurses at primary health clinics unable to initiate appropriate drug treatment (The National Department of Health, 2008). Medical practitioners, however, only visit primary health clinics to support nurses and usually review patients referred to them during these visits (Couper, Malete, Tumbo, & Hugo, 2003). Nkosi, Horwood, Vermaak, and Cosser (2009), in a study conducted in KwaZulu-Natal involving 58 primary health clinics, found that doctors' visits to these clinics ranged from none (8 clinics) to twice weekly (2 clinics), weekly (17 clinics), every 2 weeks (20 clinics), and monthly (11 clinics). This pattern is in the best interest of neither the patient nor the nursing practice because failure to provide adequate pain relief when a patient has the right to it is considered moral negligence (Hunter, 2000).

In 2008 the Adelaide Tambo School of Nursing Science, through the university-based Nursing Education South Africa (UNEDSA) program, was awarded a grant from the Atlantic Philanthropies to establish a Nursing Community of Practice for teaching and learning through community service in a resource-poor community in Tshwane. This program, among others, included a palliative care service brought to the community twice a week by means of mobile clinics. As supported by the World Health Organization's definition of palliative care (WHO, 2013), this service was initially