

# Patient Satisfaction with Pain Level in Patients with Cancer

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## ■ ABSTRACT:

Interest in satisfaction with pain management as a pain-related outcome variable wavered when investigators found poor correlations with pain intensity when they measured satisfaction with pain management rather than satisfaction with pain level. The aim was to explore the relationship between satisfaction with pain level and pain intensity among patients receiving ongoing outpatient cancer care. In a comparative, secondary data analysis of a cross-sectional sample of 806 cancer patients (57% male, mean age  $56 \pm 13$  years, 77% Caucasian), the authors measured satisfaction with pain level as a single item (yes, no, not sure) and pain intensity as an average of current, least, and worst pain intensity (all 0-10 scales) in the past 24 hours. Of the 806 participants, 447 (56%) subjects were satisfied with their pain level, 291 (36%) were not satisfied and 68 (8%) were not sure. Satisfaction was moderately correlated with API ( $\rho = -0.43$ ,  $p < .001$ ). Patients satisfied with their pain levels reported statistically lower mean API scores ( $2.26 \pm 1.70$ ) than those who were not satisfied ( $4.68 \pm 2.07$ ) or not sure ( $4.21 \pm 2.2.1$ ),  $p < .001$ . With pair wise post hoc comparisons, mean API scores of satisfied patients were significantly lower than those who were not satisfied or not sure. In contrast with other researchers who have not found associations between satisfaction with pain management and pain intensity, the authors demonstrated that when satisfaction is measured specifically, patients with higher pain intensity are not satisfied. The authors recommend that researchers use “satisfaction with pain level” instead of “satisfaction with pain management” as the pain satisfaction outcome.

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## INTRODUCTION

The considerable interest in satisfaction related to pain as an outcome variable waned after investigators studied postoperative and cancer patients and found poor correlations between satisfaction and pain intensity. In these studies,

patients commonly reported moderate-to-severe pain ( $\geq 4$  on a 0-10 scale), but indicated they were satisfied with their pain management (Cohen, 1980; Dawson et al., 2002; Jamison, Taft, O'Hara, & Ferrante, 1993; Miaskowski, Nichols, Brody, & Synold, 1994). These findings are counterintuitive, and authors have speculated about explanations for the inconsistency. Not many authors, however, have considered the validity of the satisfaction item. Most investigators measured satisfaction with pain *management*, not *pain level*, but the former is a vague concept that could be interpreted many ways. A few investigators measured satisfaction with pain relief or satisfaction with pain level in small samples (Corizzo, Baker, & Henkelmann, 2000) and did not observe the inconsistency that investigators observed when measuring satisfaction with pain management. These findings are encouraging, but there is a need for a larger study to provide stronger evidence. The purpose of the study reported here was to examine the relationship between satisfaction and pain intensity when satisfaction with pain level was reported by outpatients with cancer.

Cancer is a common health problem frequently associated with pain and is an important illness condition for studying patient satisfaction. The incidence of patients with cancer is on the rise both nationally and worldwide, with projected global numbers for 2030 at 21.4 million new cases and 13.2 million deaths per year (International Agency for Research on Cancer [IARC], 2008). Pain is a major symptom in 40%-50% of newly diagnosed patients and is as high as 80%-90% (Wilson et al., 2009) among those in the advanced stages of the disease (Cleary & McNeil, 1988; Cleeland, 1993; Lesage & Portenoy, 1999). Patient satisfaction, including satisfaction with pain management, is an important measurement, so much so, that in 2008 the Centers for Medicare & Medicaid Services (CMS) implemented surveys that measured patient satisfaction experiences in hospitals and home health agencies. Not only is patient satisfaction an important measurement from a regulatory perspective, but from a financial perspective as well. Studies have shown that higher patient satisfaction is associated with decreased treatment costs and patient defections to other facilities or providers (Drain, 1999). Increased patient volumes and referrals (Office of Consumer Affairs, 2012) also have been associated with patient satisfaction. Because patient satisfaction is an important concept, and because pain occurs so often in patients with cancer, the contradiction related to satisfaction with moderate-to-severe pain warrants further investigation.

## LITERATURE REVIEW

Much of the literature dealing with pain and patient satisfaction has focused on satisfaction with pain *management*, not satisfaction with pain *level*. A large proportion of patients with cancer pain, e.g., 80% (Beauregard, Pomp, & Choiniere, 1998) to 99% (Panteli & Patistea, 2007), and postoperative pain, e.g., 75%, have reported a high degree of satisfaction with pain management despite reporting moderate-to-severe pain intensity. Similar study results have been found in other countries, including the Netherlands, Sweden, and China (Beauregard et al., 1998; de Wit, van Dam, Vielvoye-Kerkmeier, Mattern, & Abu-Saad, 1999; Hurwitz, Morgenstern, & Yu, 2005; Jensen, Mendoza, Hanna, Chen, & Cleeland, 2004). Possible explanations for this dissonance are varied.

To providers, pain *management* may include the degree to which pain is controlled, but to patients pain *management* may include the efforts of the providers to help the patient obtain pain relief. Patients therefore may report being satisfied with their providers' efforts rather than being satisfied with the amount of pain they experienced (IARC, 2008; Cleary & McNeil, 1988). Several studies have revealed that satisfaction with pain *management* includes satisfaction with (1) the doctor's attention to pain (Adams, Sherwood, Starck, & Thompson 1998; Bostrom, Ramberg, Davis, & Fridlund, 1997; Dawson et al., 2002; Maroney, Litke, Fischberg, Moore, & Morrison, 2004; Ward & Gordon, 1996), (2) nurses' attention to pain and other needs (Bostrom et al., 1997; Carlson, Youngblood, Dalton, Blau, & Lindley, 2003; Dawson et al., 2002; Panteli & Patistea, 2007; Ward & Gordon, 1996), (3) health professionals' rapid responsiveness—"always helped right away" (Adams et al., 1998; Carlson et al., 2003), (4) patient's pain knowledge (deWit, 1999), (5) fear of side effects (Maroney et al., 2004; Panteli & Patistea, 2007), and (6) the perception that "nothing else could be done" (Dawson et al., 2002; Maroney et al., 2004). Although such factors as fear of side effects and "nothing else could be done" are not necessarily positive attributes of satisfaction, it appears the patients' perceptions were that everything that could be done to decrease pain was done; hence they reported satisfaction with the efforts of healthcare workers rather than satisfaction with the actual intensity of the pain they experienced.

Findings from the one study in which satisfaction with pain level was specifically studied showed that patients experiencing higher pain intensity ( $\geq 4$  on a scale of 0-10) reported less satisfaction (Corizzo et al., 2000).

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