*Original Article*

# Barriers to Pain Management in a Community Sample of Chinese American Patients with Cancer

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***Abstract***

*Barriers to cancer pain management can contribute to the undertreatment of cancer pain. No studies have documented barriers to cancer pain management in Chinese American patients. The purposes of this study in a community sample of Chinese Americans were to: describe their perceived barriers to cancer pain management; examine the relationships between these barriers and patients' ratings of pain intensity, pain interference with function, mood disturbances, education, and acculturation level; and determine which factors predicted barriers to cancer pain management. Fifty Chinese Americans with cancer pain completed the following instruments: Brief Pain Inventory (BPI), Karnofsky Performance Status (KPS) Scale, Barriers Questionnaire (BQ), Hospital Anxiety and Depression Scale (HADS), Suinn-Lew Asian Self-Identity Acculturation Scale (SL-ASIA), and a demographic questionnaire. The mean total BQ score was in the moderate range. The individual barriers with the highest scores were: tolerance to pain medicine; time intervals used for dosage of pain medicine; disease progression; and addiction. Significant correlations were found between the tolerance subscale and least pain ($r = 0.380$) and the religious fatalism subscale and average pain ($r = 0.282$). These two subscales were positively correlated with anxiety and depression levels: (tolerance: $r = 0.282$, $r = 0.284$, respectively; religious fatalism: $r = 0.358$, $r = 0.353$, respectively). The tolerance subscale was positively correlated with pain interference ($r = 0.374$). Approximately 21% of the variance in the total BQ score was explained by patients' education level, acculturation score, level of depression, and adequacy of pain treatment. Chinese American cancer patients need to be assessed for*

Dr. Edrington's work was partially supported by a T32 Nursing Research Training in Symptom Management Scholarship from the National Institutes of Health and the National Institute of Nursing Research NR00788-07. Ms. Sun's work was partially supported by a grant from the National Cancer Institute (U01CA114640 from the Center to Reduce Cancer Health Disparities/NCI, and the Asian American Network for Cancer Awareness, Research and Training). Dr. Miaskowski's work was partially supported by grants from the National Cancer Institute and the National Institute of Nursing Research.

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*Accepted for publication: April 9, 2008.*



0885-3924/08/$—see front matter
doi:10.1016/j.jpainsymman.2008.04.014

*pain and perceived barriers to cancer pain management to optimize pain management.* J Pain Symptom Manage 2009;37:665–675. 

***Key Words***
*Barriers, cancer pain, Chinese, acculturation, ethnicity*

## Introduction

Cancer pain occurs in all populations, regardless of culture, ethnicity, or gender identification. However, minority groups may be at increased risk for unrelieved pain due to inadequate medication management.[1,2] Whereas a number of clinician and system barriers may contribute to the undertreatment of cancer pain,[3] patient barriers also contribute to inadequate management.[4–6] Studies have demonstrated that patient barriers to cancer pain management are prevalent in the United States[7,8] and in other countries, including Taiwan.[9–15] However, no studies have documented barriers to cancer pain management or evaluated predictors for these barriers in Chinese American patients. Therefore, the purposes of this study, in a community sample of Chinese Americans with cancer pain, were to: describe the barriers to cancer pain management; examine the relationships between these barriers and patients' ratings of pain intensity, pain interference with function, mood disturbances, education, and acculturation level; and determine which factors predicted barriers to cancer pain management.

### *Patient Barriers to Cancer Pain Management*

In a recent study of barriers to pain management in Taiwanese cancer patients,[14] the nine most common concerns that hindered patients' reports of pain or their use of analgesics were: concerns about the development of tolerance; fears of addiction; a sense of fatalism; concerns about medication side effects; a desire to be viewed as a "good patient;" concerns that pain medications are better given on an as-needed (PRN) basis rather than on an around-the-clock (ATC) basis; concerns about distracting one's physician from treating their disease; concerns that pain signifies the progression of the cancer; and a belief that pain is caused by or given by God or Karma and that patients have to tolerate or endure the pain to avoid carrying the pain into their next lives. Similar barriers were identified in an earlier study of Taiwanese cancer patients.[11] These barriers were found to contribute to patients' reluctance to report pain, and their use of prescribed analgesics, which in turn contributed to inadequate pain control.

### *Patient Barriers and Mood Disturbances*

Although studies in the United States and Taiwan demonstrate the negative effects of unrelieved pain on patients' mood,[16–21] only one study examined the relationship between barriers to cancer pain management and mood disturbances.[21] In this study, higher barrier scores were associated with higher depression and anxiety scores. However, pain severity scores were not correlated with depression.

The absence of studies on Chinese Americans supports the need for an evaluation of the barriers to cancer pain management in these patients, in addition to an examination of the relationships between these barriers and demographic characteristics, pain characteristics, and mood disturbances. In addition, as no studies were identified that examined the relationships between barriers and acculturation levels, this study examined those relationships. Given the fact that over 3.3 million Chinese Americans of various acculturation levels are living in the United States today,[22] and an estimated 19,800 (rate: 600/100,000) have cancer,[23,24] descriptive, correlational studies with this population are needed to guide clinical practice and the design of intervention studies.

## Methods

### *Participants and Settings*

A convenience sample of oncology outpatients with cancer pain was recruited from