

Pain Treatment Practices of Community-Dwelling Black Older Adults

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■ ABSTRACT:

Black older adults often experience disparities in pain treatment that results in unmet pain needs. The aims of this study were to assess the pain management experiences of a group of community dwelling Black older adults and identify gaps in clinical practice. A qualitative, descriptive design was employed using the methodology of ethnography. The setting was an urban, low-income, community elderly housing high-rise facility. Participants included facility residents (n = 106); of these, 20 completed structured qualitative interviews. The Brief Pain Inventory and qualitative interviews were used to determine pain prevalence, treatment practices, and barriers. Eighty-six percent of the participants had severe pain with a mean worst pain rating of 7 on a 0 to 10 scale. Pain interfered moderately with general activity (5.59), walking (5.73) and normal work (5.70), also measured on 0 to 10 scales. Participants preferred non-opioid analgesics, topical over-the-counter treatments, and nonpharmacological interventions such as prayer/meditation, and exercise for treatment. Medications most commonly used by participants for pain management included, hydrocodone with acetaminophen (28.6%), nonsteroidal anti-inflammatory drugs (13.2%), acetaminophen with codeine (12%), and tramadol (9.9). Qualitative interviews revealed that pain management barriers were centered around communication concerns about side effects, fears of addiction, and provider mistrust. A communication gap exists between patients and providers. Discussing patient treatment preferences, providing balanced treatment information, and following-up with patients on treatment plan effectiveness by phone can improve how pain is managed for Black older adults.

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The management of chronic pain for Black American older adults has been consistently poor (Bazargan, Yazdanshenas, Gordon, & Orum, 2016; Herr, 2011; McDonald & Walsh, 2012; Shavers, Bakos, & Sheppard, 2010). A history of low access and availability to mainstream health care treatments because of both racism and segregation, coupled with unscrupulous medical practices, has led to some provider distrust and increased reliance on faith healing and home remedies within the population (Booker 2015; Palanker, 2008; Robinson & Booker, 2017). As a result, Black American older adults experience the

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highest levels of pain intensity compared with other age, race, and ethnic groups, and can expect longer wait times to receive medications, lower dosages, and fewer pain treatment options (Agency for Healthcare Research and Quality, 2010; Albert, Musa, Kwoh, Hanlon, & Silverman, 2008; Booker, Pasero, & Herr, 2015; Lavin & Park, 2014; Limaye & Katz, 2006; Sengupta, Bercovitz, & Harris-Kojetin, 2010; Shavers et al., 2010; U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, & National Center for Health Statistics, 2009). This disparity is particularly concerning as poorly managed chronic pain has been linked to psychological distress and increased physical disability (American Geriatrics Society, 2009; Baker, Buchanan, Small, Hines, & Whitfield, 2011; Gudmannsdottir & Halldorsdottir, 2009; Institute of Medicine of the National Academies, 2011; Ruzicka, Sanchez-Reilly, & Gerety, 2007; Vlaeyen, Crombez, & Goubert, 2007). Furthermore, Black elders are often hesitant in expressing pain concerns with their health care providers (National Center for Health Statistics, 2006), which leaves a gap in understanding how Black older adults function with chronic pain. The aim of this study was to understand the pain management experiences of community-dwelling Black older adults with chronic pain.

METHODS

A qualitative, descriptive design, ethnography, was used for this study. Ethnography is a qualitative research method that employs various types of data such as observations, interviews, survey data, and the collection or recording of things made and used by participants (artifacts) to study participant informed human experiences, recognize behavioral patterns, and understand the meaning of patterned behaviors (Robinson, 2013; Schensul, Schensul, & LeCompte, 1999; Spradley, 1979). The theoretical perspective of the researcher, in this case the Roy Adaptation Model (Roy, 2009), assists in the categorization of behavioral patterning and determination of relevancy. However, the use of multiple data sources within the ethnographic data collection process provides truth, value, and consistency that makes the research trustworthy (Lincoln & Guba, 1985). In addition, researchers are able to remain cognizant of personal feelings and ideas about phenomena by introspective journaling throughout the research process (Robinson, 2013). In this study, the researcher, a female masters-prepared registered nurse with expertise in gerontological nursing care, documented observations of participant mobility, use of assistive devices, social interactions, and introspective thoughts and ideas

within a field note journal. Observations took place both inside and outside the facility, in common areas and in resident apartments, when invited. Observed behaviors were clarified with informal interviews.

For instance, if residents were observed gathering together to complete an activity, the researcher would introduce herself and the study and quietly observe. At an appropriate time either during or after the activity, a member of the group would be quietly approached and asked questions about the activity, such as its purpose, frequency of occurrence, typical structure, and usual attendance. This information was documented and reflected upon in the field note journal. In addition to observation, population characteristics were captured through the administration of a questionnaire that included demographic data and the Brief Pain Inventory (BPI). One hundred six participants completed the questionnaire. A subsample of 20 participants selected by the researcher and identified as having moderate to severe chronic pain were invited to participate in semistructured, audio-recorded, interviews to provide additional information on the experience of managing pain. Following analysis, secondary interviews took place with participants to confirm identified themes.

Setting and Sample

This study was approved by the Wayne State University institutional review board and conducted from May 2014 to March 2015. The study took place in a large urban apartment housing complex where more than 400 predominately Black adults, aged 55 and older, live in income-based apartments. Most participants were 60-69 years old (range: 55-92), were female (62.3%), and lived alone (83%). However, several outside agencies visit the facility on a regular basis to offer services such as care assistance, nursing, medical, or therapy visits, Meals on Wheels, mobile library service, and university-affiliated health and training programs. Though no relationship was established with participants, or the observational site, prior to the initiation of the study, all residents, staff, and guests were notified of the study through informational meetings, flyers, and researcher-initiated disclosures during periods of observation. Written informed consent was obtained for all participants completing questionnaires and formal recorded interviews. Eligibility prescreening for participants included cognitive screening with the Animal Naming test. Three individuals did not meet prescreening eligibility. Two additional individuals who were eligible to participate completed consents and subsequently choose not to complete survey materials because of lack of time. A third participant was removed from the study because of discovery of age less than 55. The final sample included 106 participants who

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