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Understanding the Paradox of Patient Pain and Patient Satisfaction

Ann Daly Quinlan-Colwell, PhDC, RNC, AHN-BC, FAAPM

Pain, in all probability, is the most common symptom experienced by individuals who interact with health care providers. It is understood as a complex and highly individual experience. This complexity is reflected in the paradoxical relationship between patient satisfaction and patient reported pain scores. Using a holistic, caring approach, nurses can optimize the effect of analgesia and facilitate comfort for the person living in pain. Caring for the patient in pain begins with heartfelt compassion and intention to help the person who is suffering. The author describes how the complex relationship and interchange between the patient and the holistic nurse explains the paradox.

Keywords: caring; communication; holistic nursing; nursing care; pain

In all probability, pain is the most common symptom experienced by individuals who interact with health care providers (Twycross, 2000). The universality of pain among hospitalized patients may be one reason that it is included in patient satisfaction surveys. Ironically, these surveys reveal a paradoxical relationship between reports of high patient satisfaction despite the same patient reporting moderate to high levels of pain (Dawson et al., 2002). The purpose of this article is to describe how nurses who care in a holistic manner can promote high levels of patient satisfaction even when patients are experiencing significant pain.

Caring is the core of both nursing and interpersonal relationships between nurses and patients (Watson, 1988). Holistic nursing views patients being cared for as mosaics of interwoven physical, emotional, psychological, spiritual, and social characteristics (Berg & Sarvimaki, 2003). These individual mosaics are exemplified in persons living with pain. Consistent with its subjective nature, pain is frequently described as being “whatever the experiencing person says it is” (McCaffery & Passero, 1999, p. 17). This complex and highly individual experience (Melzack, 2001) is most appropriately managed with a holistic caring approach.

Understanding the Pain Experience

As a result of this subjective nature, pain often is difficult for patients to communicate (Sloman, Wruble, Rosen, & Rom, 2006). This presents a challenge to nurses who try to provide optimal holistic care that is dependent on understanding and addressing what is being experienced by patients (McDonald & Weiskopf, 2001). Sensations involved in this experience are influenced by emotional responses (Melzack, 2001; Twycross, 2000), cultural beliefs (Altilio & Colon, 2007), physical input, cognitive interpretation, and a personal history of previous pain experiences (Melzack, 2005).

Accurate description of pain is further challenged by the contextual nature of pain. Elander, Marczewska, Amos, Thomas, and Tangayi (2006) purported that the capacity for contextual influence is greater in pain management than in most other areas of health care. For patients, these contextual factors include the framework within which pain is experienced as well as their interactions with health.
care providers (vonBaeyer & Spagrud, 2007). In addition, communication of patients’ pain is understood by nurses in a context that is influenced by personal and professional experiences, along with personal beliefs of the individual nurse about pain (Botti, Bucknall, & Manias, 2004).

Theoretical Foundations of Pain and Caring

As cited in McCaffrey, Frock, and Garguilo (2003), the complex nature of pain was addressed by Melzack and Wall with their gate control theory of pain. They posited that episodes of pain incorporate physiological, psychological, cognitive, and emotional mechanisms as well as interactions with others. Through their holistic approach, psychological aspects were first seen as being elemental to the pain experience, rather than merely a reaction to it (Melzack, 1993). Contextually, Melzack (2005) described pain as a subjective experience influenced by many interrelated factors, including personal history and personal meaning. Thus, the actual experience of a person in pain is distinct, resulting from an interwoven and indivisible interplay of unique components.

Melzack’s appreciation for the multifaceted, holistic nature of pain is compatible with holistic nursing and with Watson’s theory of human science and human caring (1988). Through the lens of Watson’s theory, nurses accept patients in pain as inimitable beings who are the experts regarding their pain experiences. Individuals in pain live through and understand the context of pain within a phenomenal field of perceptions, meanings, and personal history.

The Complex Concept of Caring

When describing caring, Leira (1994) wrote that “the combination of ‘hand, brain, and heart’ grounded in the dependent other’s lack of capability to care for herself or himself is the salient feature of the caring process” (p. 189). This portrayal is particularly apt for nurses caring for patients in pain. Holistically caring for patients in pain begins with compassion, presence, and an intention to help. Within transpersonal caring occasions, the brains of caring nurses meld information gathered through their eyes and ears, with that from their hands and hearts, as they join with patients. Through these empathic linkages nurses recognize and accept the unique worth and dignity of individual patients (Taylor & Watson, 1989). Working from this perspective, while appreciating the interwoven and inseparable attributes, nurses are most effective in helping patients manage the multidimensional experience of pain. Within these alliances, both patients and nurses weave their shared experiences into the tapestries of their individual lives.

Using a holistic, caring approach, nurses optimize effects of analgesia and facilitate comfort for persons living in pain. To do this effectively requires developing a solid understanding of assessment techniques, treatment options, and postintervention evaluations of patients as individuals. Taylor and Watson wrote “human caring is not just an emotion, concern, or benevolent desire. Human caring involves values, a will, a commitment to care, knowledge, caring actions, and consequences” (1989, p. 129). This integration of knowledge, skill, compassion, and ethics is essential when helping and caring for people living in pain.

A Paradoxical Relationship

Dawson et al. (2002) probed the paradoxical relationship of people who live with significant chronic pain, yet are satisfied with the management of their pain. Analysis of their study revealed that more than 75%, of a sample of 316 people, reported being satisfied with their pain management while nearly half of those responding described their pain as moderate to severe. Svensson, Sjostrom, and Haljamae (2001) reported more striking results, with 81% of 191 subjects, reporting being satisfied despite 76% of the sample describing moderate to severe pain. Others (Hwang, Chang, & Kasmis, 2002; Passik & Kirsh, 2002) also found patients were satisfied with their pain management despite describing moderate to severe pain. This conundrum further underscores the complex nature of pain.

Idvall (2001) offered that satisfaction of patients with the caring manner of providers is one explanation for the conundrum. Hallstrom and Elander (2001) found that relief of pain was not as important to patient satisfaction as were communication, staff behavior, and empathy. These findings were consistent with a multivariate analysis done by Dawson et al. (2002) in which the patient–provider relationship was an important predictor of patient satisfaction.
Patients perceive relationships with nurses as one of the most important aspects of their care (Shattell, 2004). Through structural equation model in one study, it was found that patients’ positive perception of nursing care and communication were significant factors among patients who reported being generally satisfied while remaining in moderate to severe pain (Carlson, Youngblood, Dalton, Blau, & Lindley, 2003). One Scandinavian study reported that satisfaction with nursing care had the greatest influence on patient reports of satisfaction with pain management (Idvall, 2001). Because any paradox provides an opportunity to understand (Brown, 2007), it is important for nurses to further explore their role in this interplay between pain management and patient satisfaction.

Role of Holistic Nursing Care in the Paradox

Successful management of pain is dependent on adequate assessment. It is reported that not assessing pain is the most common barrier to successful management of pain (Innis, Bikaunieks, Petryshen, Zellermeyer, & Ciccarelli, 2004). A caring, holistic, comprehensive assessment of pain is crucial for gaining a full understanding of what patients are undergoing (McDonald & Weiskopf, 2001). In addition to learning important assessment information, the process of asking these questions conveys a sense of caring about the person as an individual. In fact, many patients find that detailed evaluation actually validates their pain experience. This validation, in itself, is therapeutic and satisfying to patients.

Despite the complex nature and diverse experience of pain, patients are most often asked to describe it on a linear scale (McCaffery & Passero, 1999). It is the experience of the author that patients frequently report they cannot distill what they are experiencing into a single number. This is understandable considering the complexity of pain. Within patients' subjective descriptions of pain, clues are found to the etiologies and most appropriate interventions (McDonald & Weiskopf, 2001).

For many hospitalized patients, moderate or severe pain is not adequately relieved (Svensson et al., 2001). Despite the linear and arbitrary nature of scales, rating pain on a scale can help establish an individually realistic goal that is feasible considering related illnesses, desired function, and personal attributes of the person (McDonald & Weiskopf, 2001). For most patients, satisfaction includes setting goals that will allow them to relax, move about, read, watch television, visit with family, and fall asleep. For an individual living with persistent or chronic pain the subjective numeric rating may consistently be high despite a positive persona, adequate functioning, and self-reported satisfaction. Subjectivity involved in converting this complex experience into a single digit may contribute to the paradox.

The particular meanings attributed to pain being endured can provide an understanding of why and how individuals are responding as well as how nurses can intervene to provide support. For a variety of reasons, including culture or religion, some individuals elect to be satisfied living with higher levels of pain (Altilio & Colon, 2007). To understand the unique situations and work with patients from those positions, nurses must listen to the unique story being told by each person. Through understanding, appropriate interventions leading to improved satisfaction with care can be made.

Listening is a crucial holistic assessment technique and nursing intervention that is highly valued by patients (Kazanowski, Perrin, Potter, & Sheehan, 2007). Ferrell and Coyle (2008) described the listening nurse as giving a voice to the, often silent, suffering of patients. When Webb and Hope (1995) asked hospitalized patients to rank nursing interventions in order of importance, “being listened to” ranked most important, whereas relieving pain ranked second to that. For many patients the process of telling their experience is in itself therapeutic and healing (Sakalys, 2003). In view of the continuing conundrum, replication of the work done by Webb and Hope (1995) and Sakalys (2003) could provide an opportunity to gain greater insight into understanding this paradox and promote interventions that improve patient comfort and satisfaction.

Nightingale (1969) eloquently discussed the important influence of environment on patient comfort and healing. Although she particularly wrote about sunlight being important, she qualified that light could be modulated to meet individual needs and personality. Patients bring their personal preferences regarding light to hospitals with them. In many instances, they are not physically able to adjust shades and lamps themselves, even though the degree of brightness may cause discomfort or stress that may lead to general dissatisfaction.
Noise is another environmental factor that affects patients’ ability to manage pain. The definition and perception of noise is unique for each patient and for some patients noise can elicit stress (Lazarus, 2000) leading to dissatisfaction (Johnson & Thornbill, 2006). Some patients in pain find any sound to be disturbing whereas others appreciate distraction found with television, music, drumming, or chanting (Gaynor, 1999; Tse, Chan, & Benzie, 2005). Although noise is only one of the environmental factors affecting the ability to manage pain and patient satisfaction, Middleton and Lumby (1999) reported that controlling noise at night is a specific intervention patients believe would improve the outcome of their hospitalizations.

Pines and Hollander (2008) directly correlated the environment of an emergency department (ED) with adequacy of pain management. They showed that ED patients with severe pain tend to get poor quality care related to the management of their pain when the ED is overcrowded. Of 13,758 ED patients with severe pain, only 49% received analgesia, with 59% waiting more than 1 hour from triage until treatment.

Regardless of the setting, repositioning patients to optimize comfort can help them better cope with their pain. This may be as simple as adjusting a pillow or it may require premedicating with an opioid and gaining assistance from other staff members to safely move the patient. Assessing and listening to patients provides insight into what is required to safely move them while causing as little discomfort and anxiety as possible. Using pillows, blankets, towels, or splints to provide mechanical support at painful sites can also help to ease pain (Gatlin & Schumle, 2007) and promote comfort.

From a cognitive perspective, distraction can be a very useful strategy to help manage pain (Blumstein & Gorevic, 2005). Effective distraction may involve reading, watching television, drawing, journaling, debating, playing cards, or solving crossword or picture puzzles. Coloring books designed for adults along with coloring pencils are given, with increasing frequency, to hospitalized adults, whereas standard coloring books and crayons continue as distracters for children.

Mental imagery and visualization are other cognitive techniques that patients can be taught to use. Although visualization results in images that arise from a particular focus and intention, mental imagery is “a spontaneous flow of thoughts originating from the conscious mind” (Seaward, 2004, p. 381).

At times, particularly with a patient who is a novice in this area, the nurse guides the individual in the imagery process. Imagery can be used as a simple distraction technique or it can be used as a method to effect change. It is often used in conjunction with other modalities including breathing, color, or music therapy (Seaward, 2004).

Holistic nurses are in positions to observe and assess the dynamics occurring between patients in pain and their families. Among patients living with chronic pain, family relationships often involve cycling between closeness and distance in an effort to achieve balance. In discussing this dynamic, Smith and Friedmann (1999) proposed a theory of balancing and congruence in which satisfaction is an outcome of congruence. Attention to the dynamics within family relationships provides insight for holistic nurses to use methods to best support and care for patients and their families to most effectively achieve congruence and subsequent satisfaction.

In a study with parents of children who live with sickle cell disease, Yoon and Black (2006) found that although not all parents used medication to manage their children’s pain, they did on average use more than three complementary modalities. Prayer, spiritual healing, massages, and relaxation techniques were reported as being used most frequently by parents.

Spirituality was also reported as important for many physicians who were hospitalized as patients (Klitzman & Daya, 2005). Klitzman and Daya found that whereas one group of hospitalized physician patients desired a spiritual connection, those in the second group were not successful in merely willing a spiritual connection into existence. The authors pondered whether physician spirituality affected physician relationships with patients and if so what effect those relationships might have on subsequent patient outcomes, including patient satisfaction. The same association can be pondered regarding nurses’ spirituality and their relationships with patients.

For holistic nurses who are interested in completing supplementary education with certification, additional modalities are available to help them assist patients to alleviate pain and improve satisfaction. Kim et al. (2006) compared patients who received supplemental oxygen with and without the addition of lavender oil. Paradoxically, although there was no difference in opioid use or in reported pain scores, the patients who received the lavender oil reported higher satisfaction with their pain management.
Therapeutic Touch (TT) has been successfully used with patients in pain for more than 30 years. This modality, which incorporates ancient healing practices, involves intention, centering, visualization, and touch that may or may not involve physical contact (Krieger, 2002). Recently, Jackson et al. (2008) analyzed 12 TT research articles involving oncology patients and concluded that it is a highly effective modality that helps to increase health and psychological well-being, while decreasing pain and anxiety. Even when the touch aspect of TT is not used, being centered and having an intention to help contributes immeasurably to effective care of patients in pain.

Completing the Caring Circle

Caring for patients in pain can be challenging. It is important for nurses to replenish themselves in order to best provide this care. Reflection by nurses on the exchanges, complexities, challenges, successes, and insights is important. Journaling can help to gain insight and provide opportunity for reflection. Sharing the experiences of caring for patients in pain with caring colleagues can be beneficial. Many of the nonpharmacological techniques taught to patients in pain are appropriate self-care strategies for nurses to use themselves.

Caring holistic nurses exemplify Watson’s theory as well as Leira’s image of hearts, brains, and hands providing support to patients in pain. The hearts of nurses bring compassion and intentions to help and alleviate pain. Assessment information gathered through observant eyes and listening ears are assimilated with treatment and research knowledge in their brains. Hands of nurses convey caring and comforting interventions. It is through seamless interplays of the hearts, brains, and hands that caring holistic nurses manifest transpersonal connections through which patients paradoxically are satisfied even when pain is not eliminated.

References


Ann Daly Quinlan-Colwell, PhD, RNC, AHN-BC, FAAPM, works as a clinical nurse specialist in pain management at New Hanover Medical Center in Wilmington, North Carolina. She is certified as a pain management nurse and is a fellow in the American Academy of Pain Management. She earned her bachelor's and master's of nursing degrees at the State University of New York at New Paltz and a post master's in psychiatric and mental health nursing at the University of North Carolina (UNC), Chapel Hill. She is currently a doctoral student in nursing at UNC, Greensboro. Her research areas of interest are the relationship between chronic pain and anger and depression among Mexican women who have immigrated to the United States.