Hospital staff perceptions of SCD patients’ pain
(presentation 3 in a series of 3)

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What this presentation is about

- Stigmatisation of people with pain
- Attribution theories of helping behaviour
- Vignette studies of how people with pain are perceived by others
- A study of hospital staff perceptions of SCD pain
- Clinical implications
Stigmatisation of people with pain

- Biases in how people are perceived
- People with pain vulnerable
  - ‘chronic pain patients can be stigmatized by contextual factors’, especially those who ‘present in an adversarial manner, complain of severe pain in the absence of objective medical findings, and who in some way contributed to their injury’ (Chibnall and Tait, 1995, p. 437).
- People with SCD may be especially vulnerable (see presentation 1 in this series)
Weiner’s theory: attributions about responsibility for events

When faced with a person in need of help, people:

1. Make judgements (attributions) about whether the person is responsible for the problem (how ‘controllable’ the problem is)
2. Those judgements affect emotions and behaviour
3. Emotional reactions affect willingness to help
Attributions and helping behaviour

Attributions about:
- Onset controllability
- Maintenance controllability

Feelings of sympathy or anger

Helping behaviours

(Weiner, 1980)
Controllability attributions in healthcare

- Medical students were more likely to prescribe tranquillisers/antidepressants for people with less controllable life events (Brewin, 1984)

- Nurses had more positive attitudes to patients who had followed medical advice (Marteau and Riordan, 1992)

- Nurses rated patients who coped poorly with pain as more demanding, dependant and unpopular (Salmon and Manyande, 1996)
Judgements about chronic pain: vignette studies

Ratings of the ‘patient’:
- Pain
- Emotional distress
- Disability

All higher when:
- The cause of pain is outside the control of the patient
- There is medical evidence for the pain
- When the doctor-patient relationship is positive

(Tait and Chibnall, 1997)
Staff perception study
(Elander et al., 2006)

- ‘Vignette’ study
- Brief descriptions of fictitious SCD patients
  - Different types of painkiller use
  - With and without disputes
  - Occasional and frequent hospital admissions
- Ratings for each vignette
  - Level of pain
  - Likelihood of addiction
  - Analgesic needs
# Design

## Types of painkiller use

<table>
<thead>
<tr>
<th></th>
<th>No problematic use</th>
<th>Behaviours resembling addiction</th>
<th>Genuine painkiller addiction</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>No disputes</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occasional admissions</td>
<td>Vignette 1</td>
<td>Vignette 2</td>
<td>Vignette 3</td>
</tr>
<tr>
<td>Frequent admissions</td>
<td>Vignette 4</td>
<td>Vignette 5</td>
<td>Vignette 6</td>
</tr>
<tr>
<td><strong>Disputes</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Occasional admissions</td>
<td>Vignette 7</td>
<td>Vignette 8</td>
<td>Vignette 9</td>
</tr>
<tr>
<td>Frequent admissions</td>
<td>Vignette 10</td>
<td>Vignette 11</td>
<td>Vignette 12</td>
</tr>
</tbody>
</table>
## Participants: 59 hospital staff

<table>
<thead>
<tr>
<th>Role</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Nurses</td>
<td>78%</td>
</tr>
<tr>
<td>Doctors</td>
<td>19%</td>
</tr>
<tr>
<td>Other</td>
<td>3%</td>
</tr>
<tr>
<td>Male</td>
<td>22%</td>
</tr>
<tr>
<td>Female</td>
<td>78%</td>
</tr>
<tr>
<td>Age 18-30</td>
<td>34%</td>
</tr>
<tr>
<td>Age 31-40</td>
<td>42%</td>
</tr>
<tr>
<td>Age 41-50</td>
<td>12%</td>
</tr>
<tr>
<td>Age over 50</td>
<td>9%</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Work with SCD patients</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Every day</td>
<td>25%</td>
</tr>
<tr>
<td>Every week</td>
<td>32%</td>
</tr>
<tr>
<td>Every month</td>
<td>24%</td>
</tr>
<tr>
<td>Less than once a month</td>
<td>19%</td>
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</table>

<table>
<thead>
<tr>
<th>Professional training</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain management</td>
<td>56%</td>
</tr>
<tr>
<td>Haemoglobin disorders</td>
<td>36%</td>
</tr>
<tr>
<td>Substance dependence</td>
<td>10%</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Working Location</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Royal London</td>
<td>19%</td>
</tr>
<tr>
<td>Newham General</td>
<td>37%</td>
</tr>
<tr>
<td>Homerton</td>
<td>41%</td>
</tr>
<tr>
<td>Other</td>
<td>3%</td>
</tr>
</tbody>
</table>
Effects of patterns of painkiller use on judgements about addiction likelihood and analgesic needs
Conclusions

- Addiction/pseudoaddiction distinction not too fine or subtle (it was made in judgements about addiction likelihood)
- Important to make the same distinction in judgements about analgesic needs
- Staff judgements about behaviours that resemble addiction could lead to poorer pain management
- Judgements about addiction are difficult and complex
- More research needed in SCD and other painful conditions
Possible next steps

- Staff training interventions
- Patient education interventions
- More research on staff judgements and staff-patient interactions
- Focus on the minority of patients with genuine painkiller problems
Collaborators and thanks

Collaborators
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References


