

Martin Dunbar<sup>1</sup>, Monica McCowat<sup>1</sup>, Heather Wallace<sup>2</sup>  
<sup>1</sup>Glasgow Pain Management Programme, <sup>2</sup>Pain Concern

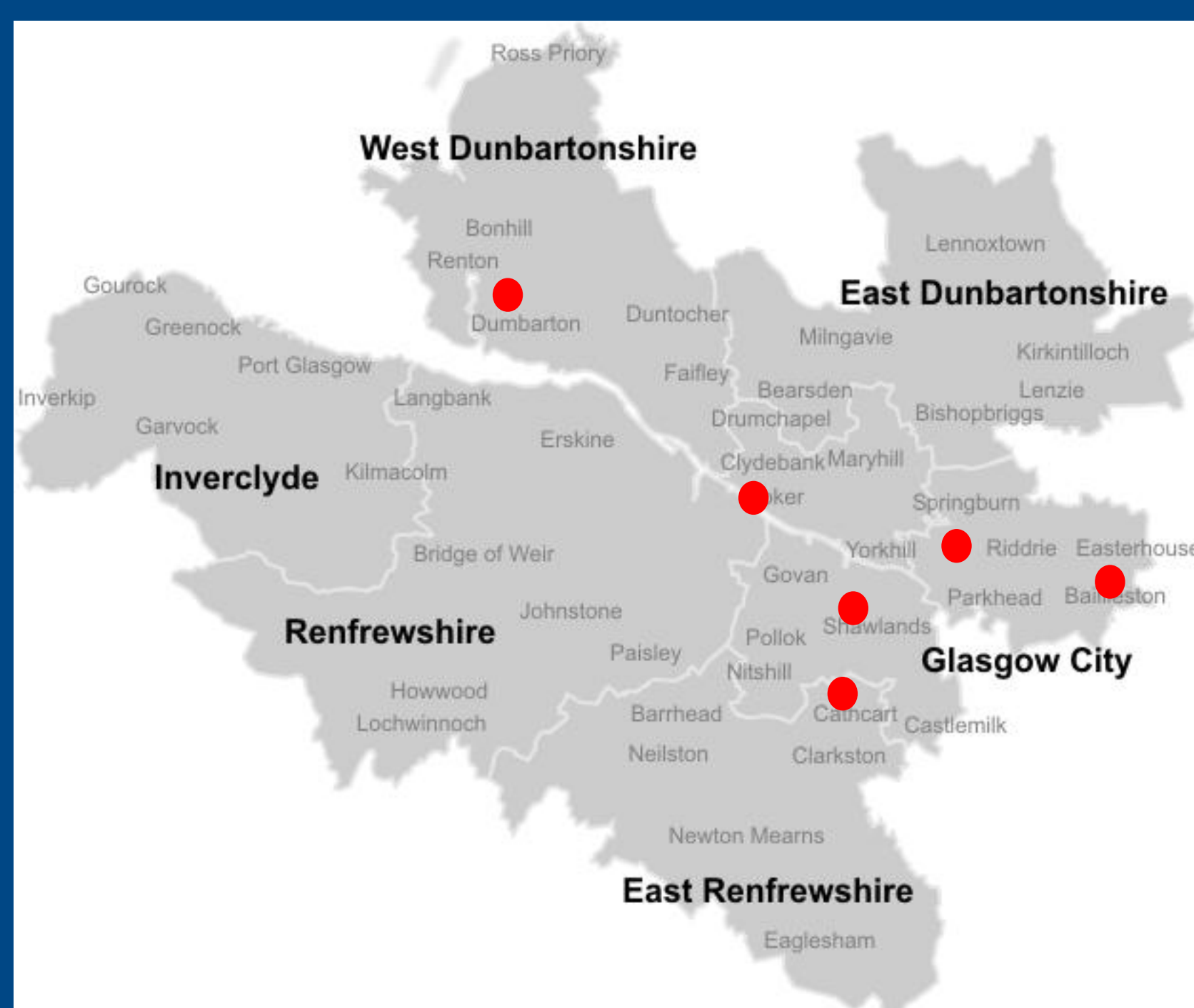
*Acknowledgements: Jacquelyn Watson, Clinical Nurse Specialist, GPMP, Lorna Semple, Clinical Specialist Physiotherapist, The helpline volunteers and administrative staff at Pain Concern*

## Introduction

The community-based chronic pain education sessions were developed by Glasgow Pain Management Programme (GPMP). The two-hour long sessions were delivered by previous GPMP patients and post-graduate psychology students who were trained and supervised by GPMP staff. The sessions took place at six different community sites across Glasgow (Figure 1). Promotion of the classes, administration of the booking system, as well as the management of the patient trainers, were handled by the charity Pain Concern. The sessions lasted for 2 hours and covered topics including: understanding pain, activity management; managing sleep and stress problems; flare-up management; and comparing and contrasting medical vs self-management.

Therefore, they were designed to provide an introduction to pain neurophysiology education (PNE) and deliver evidence-based advice on chronic pain self-management. Both forms of education found support in SIGN 136 guidelines for the management of chronic pain.<sup>1</sup>

Figure 1. Locations of the classes



## Objective

The aim of this project was to evaluate the acceptability, and the impact, of providing an introduction to chronic pain self-management on attitudes and beliefs around self-management among people in the community living with chronic pain.

## Method

Patient attendees were invited to complete an evaluation questionnaire at the end of each session. This resulted in a total of one hundred and ninety eight patient responses. Patients were asked to rate different aspects of the sessions, and provide written free text responses to open ended questions. The quantitative data was summarised producing descriptive statistics and qualitative data was analysed using thematic analysis.

## Quantitative Results

Patients who attended the sessions were typically in their late middle age (51-65 years old) and the majority had pain for over ten years. 43.08% of patients reported their pain to be widespread.

Most patients reported being signposted to the sessions by their GP.<sup>2</sup> As reported previously, patients evaluated the educational topics highly and nearly all would recommend the session to family and friends.<sup>2</sup> The helpfulness of staff and explanations given by staff were the most highly rated features of the sessions. Conversely, waiting room and group room comfort were the most poorly rated feature.

## Qualitative Results

Based on the prevalence of words in the patients free text responses, a number of themes emerged. A super-ordinate theme was identified, with three sub-ordinate themes emerging (Table 1). Each sub-theme will be discussed alongside supporting quotations.

Table 1. Themes identified from thematic analysis

Super-ordinate theme	Changes in thinking, behaviour, and attitude towards the management of chronic pain
Sub-ordinate themes	Thoughts less focused on a medical management of pain
	Feeling more hopeful about the future
	Greater peer support

“Good to know other ways to deal with pain except medication”

“Excellent to show there is an alternative to only medication, I can do something myself also”

### Thoughts less focused on a medical management of pain

Patients appeared to have gained a new perspective on managing their pain. The analysis suggested that, following the classes, patients could see positive, alternative, non-medical management strategies.

### Feeling more hopeful about the future

Patients described feeling an increased sense of self-efficacy in relation to managing their pain. This change in thoughts and feelings are suggestive of the patients having a greater belief in their ability to manage their lives whilst living with chronic pain.<sup>3</sup>

“It will help you feel more in control of your situation”

“Proof you’re not alone”

“Good to meet people who understand”

### Greater peer support

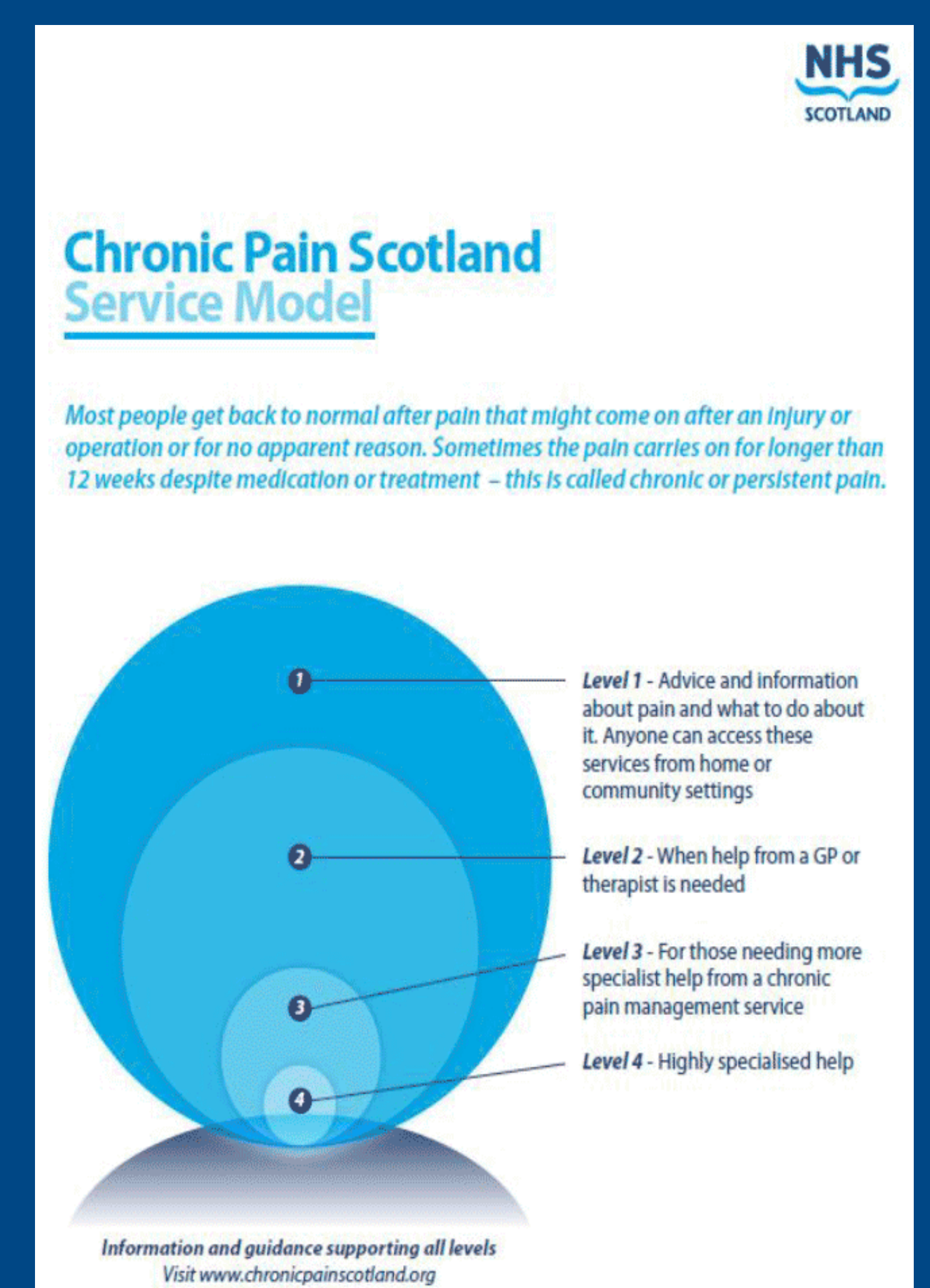
Suggested a shift in attitude towards pain management, centred around feeling less isolated in their individual pain journeys.

This indicates the session had provided patients with evidence of other individuals enduring similar experiences. Therefore, making these connections appears to have provided the patients with validation of their own experiences.

This validation and being able to identify with others is evaluated as having been a positive encounter.

## Relevance for Patient Care

The Scottish Service Model<sup>4</sup> proposes that pain information and education should be made available in community settings. The current situation across Scotland is that this doesn't often happen. These sessions were therefore an attempt to meet the requirements of Level 1 of the Scottish Service Model. This is also in line with SIGN 136 guidelines which recommends that self-management information is available to patients early in their pain journey. This illustrates the advances achieved by the pain education sessions, in order to make information about chronic pain accessible to the widest group of people with chronic pain and at an early point, encouraging patients themselves to actively engage in self-management of pain.



## Conclusions

The pain education sessions were received and evaluated in a positive manner by patient attendees. There are plans to provide classes in Renfrewshire and Inverclyde. Future evaluations would seek to conduct long-term follow up of patient attendees.

## References

1. Scottish Intercollegiate Guidelines Network (SIGN). Management of Chronic Pain. Edinburgh: SIGN; 2013.
2. Dunbar, M., Wallace, H., Watson, L., Semple, L., O'Neil, A., & Harrison, H. (2016). Community Chronic Pain Education Classes in Collaboration with Pain Concern: A Pilot in West Dunbartonshire
3. Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioural change. *Psychological Review*, 84, 191-215.
4. Gilbert, S., Holdsworth, L., & Smith, B. (2014). The Scottish Model for Chronic Pain Management Services. *British Journal of Healthcare Management*, 20(12): 568-577.

Contact details: [Martin.Dunbar@ggc.scot.nhs.uk](mailto:Martin.Dunbar@ggc.scot.nhs.uk)