

Category: Education

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Background

Pain presents a huge economic cost and is a key public health problem currently unsupported by high quality and effective education. It is suggested that the deficit in effective education be addressed by encouraging and empowering inter-professional pain education. Currently only 18% of institutions in the United Kingdom share content relating to pain with another health profession and the amount of time spent on pain education is considered to be inadequate. Successful pain management is dependent not only on understanding and recognising the causes and multisystemic nature of pain but on the attitudes and beliefs of health professionals to pain. Health professionals need to be able to work together and with pain sufferers to enable a transparent holistic approach to pain management. There is a requirement to understand learners' attitudes and beliefs towards pain in order to design pain education that is appropriate for all health professionals.

Aims

Appropriate inter-professional education of pain management is reliant on understanding attitudes and beliefs of students. This enables educators to design curricula that meet the needs of individuals. The aim of this paper was to explore the literature relating to existing questionnaires that assess health professionals' attitudes and beliefs to pain.

Methods

A literature search was undertaken including MEDLINE, CINAHL, SPORTDiscus, PsychARTICLES and PsycINFO from 1989-2014. The search terms were as follows, 'attitudes and beliefs', 'pain', 'questionnaire' and 'health care practitioners' with terms for different health professionals. The quality of the questionnaires were assessed using the COSMIN checklist.

Results

Seven questionnaires were identified in this literature search. There was overlap in the questionnaires between professions, types of pain and domains. Five questionnaires were profession specific and identified: General Practitioners, Physiotherapists, Nurses, Physicians and Health Care Providers. Three questionnaires were aimed at professionals working with specific patient groups: back pain; neonatal pain and postoperative pain.

Two of the questionnaires (The Attitudes to Back Pain Questionnaire for General Practitioners; Back Beliefs Questionnaire (Mutsaers et al 2012); Health Care Providers Pain and Impact relationship Scale (Rainville et al 1995) were back pain related. The following questionnaires (The Pain Attitudes and Beliefs Scale for Physiotherapists (Laekeman et al 2008); Attitudes, beliefs and self-reported competence about postoperative pain among physicians and nurses on surgical wards (Rognstad et al 2012) were profession specific. Two questionnaires (Fear Avoidance Beliefs Questionnaire (Waddell et al 1993); Neonatal pain survey (Schultz et al 2009) were domain specific.

Conclusion

This literature search revealed a number of questionnaires that have been developed to ascertain pain attitudes and beliefs in a few health professionals and/or for the management of pain in certain conditions or domains. There were no questionnaires that assessed pain attitudes and beliefs in a

generic pain population that could be used for inter-professional learners. This is an area that requires further development.