Attitudes and Beliefs Regarding Pain in Interprofessional Education: A Multifaceted Dilemma

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ATTITUDES AND BELIEFS REGARDING PAIN IN INTERPROFESSIONAL EDUCATION: A MULTIFACETED DILEMMA

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Introduction
Across health professions, pain education varies considerably with its curricula of pain definitions, management principles, and interprofessional collaboration. The result of this discord has led to a broad range of behaviors and attitudes among health professions and their students, which can ultimately affect a person’s participation in society. Literature supports the importance of a curriculum that addresses students’ attitudes and beliefs toward treating people in pain in an attempt to preclude the formation of negative attitudes during clinical practice.

Purpose
To evaluate entry-level physical and occupational therapy student attitudes and beliefs toward treating a person with pain, at various levels of their didactic learning.

Participants
The participants were graduate students enrolled in occupational and physical therapy entry-level programs (n=241).

Methods
A modified open-ended sentence stem format was used to gather the qualitative data to assess the students knowledge and attitudes toward pain. Students completed a questionnaire including two open-ended sentence stems. Verbatim transcripts of the students’ responses were thematically analyzed by five blinded faculty, who constructed nine themes that reflected students’ responses.

Results
Analysis of the responses to the first stem, “People in pain are…” yielded four themes:
1) negative mood state (suffering/unhappy);
2) negative trait or characteristic (wimpy/uncooperative);
3) needy; and
4) having real problems.

The percentages of the students’ attitudes reflected in each theme were 28.8%, 5.1%, 42.7%, 23.4% respectively.

Analysis of responses to the second stem question, “Working with patients in pain will be …” yielded five themes:
1) intellectually stimulating;
2) worthwhile/rewarding;
3) unpleasant/difficult;
4) challenging/complex; and
5) routine in practice.

The frequency of responses were 8.3%, 33%, 19.8%, 38.9%, and 12.6% respectively.

Discussion & Conclusions
Despite the frequency of pain problems in society, pain and the treatment of people in pain have not been major components of healthcare education.

The International Association for the Study of Pain (IASP) provides a guideline for knowledge of pain management for entry-level physical and occupational therapists.

Knowing what preconceived attitudes and beliefs students have in treating persons with pain can help drive the development of a pain curriculum that is both academically inclusive and behaviorally influential.

Recommendations
As educators, we have the opportunity to address this multifaceted dilemma to meet the IASP guidelines and bridge the gap between interprofessional pain education and the optimal treatment of those in pain.

References

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