Self-Management of Chronic Pain
by
Elderly People Living in Rural Communities
in
North-eastern Thailand

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Aims

General aim

- To describe and understand the measures that elderly people, who live in rural communities in northeast Thailand, take to self-manage their chronic pain

Specific aims

- To understand how chronic pain affects the general wellbeing of elderly people
- To examine the measures that the elderly people take to self-manage their chronic pain
- To identify the factors that moderate the way elderly people self-manage their chronic pain
Background

• **Chronic pain is a common problem among elderly people**
• **Proper management of chronic pain is crucial to promote the general well-being** (Katz, 2002)
• **Rural North-eastern Thai elderly encounter limited resources for their management**
• **Understanding the way the elderly people self-manage their pain will help better management**
Background:

Chronic pain is a common problem among elderly people

Figure 1. Prevalence of chronic pain in other countries
Background:
Chronic pain is a common problem among Thai elderly.

Figure 2. Most common symptoms/illness in Thai elderly
(Ageing Thai Organization Ministry of Public Health Thailand, 2006)
Background:

Chronic pain in Thai elderly

Figure 3. Prevalence of chronic pain in Thai elderly from different surveys.
Chronic pain is a common problem among elderly people.
Proper management of chronic pain is crucial to promote the general well-being (Katz, 2002).
Rural North-eastern Thai elderly encounter limited resources for their management.
Understanding the way the elderly people self-manage their pain will help better management.
Limited resources for pain management: Income

- 40.8% of Thai elderly reported having insufficient incomes
  (Ageing Thai Organization Ministry of Public Health Thailand, 2006)

- Thai elderly living in rural communities were in a very precarious situation
  (Lloyd-Sherlock 2006)

- Rural North-eastern Thai have relatively low incomes compared to those in other rural parts of the country and to those in the urban North-eastern region
  (Benjakul, 2004)
Background (cont’d)

Limited resources for pain management:

- **Limited access to health care services and low health status**

  - Low ratio of nurses and doctors to the general population in the rural North-eastern region (1:1,278 and 1:7,251 compared to 1:289 and 1:767 in Bangkok Metropolis) (Ministry of Public Health Thailand, 2005)

  - The proportion of North-eastern elderly who reported that their health status was good or very good was relatively low (31%), compared to those in central (35%), northern (38%), and southern (39%) parts of the country (Ageing Thai Organization Ministry of Public Health Thailand, 2006)
Chronic pain is a common problem among elderly people.

Proper management of chronic pain is crucial to promote the general well-being (Katz, 2002).

Rural North-eastern Thai elderly encounter limited resources for their management.

Understanding the way the elderly people self-manage their pain will help better management.
Design

Qualitative research, using a grounded theory approach

“Theory that was derived from data, systematically gathered and analysed through the research process”

(Strauss & Corbin, 1990, 1998)

(Strauss & Corbin, 1998, p. 12)
Participants and Recruitment

- **A purposive sample** (Patton, 2002) at the beginning of the study

**Inclusion criteria**
- Male or female Thai elderly, aged 60 years or over
- Experiencing chronic pain for 6 months or longer
- Living in the selected villages
- Can communicate in conversational Thai or North-eastern Thai dialect.

- Thereafter, theoretical sampling was used
Participants and Recruitment

• 32 males and females aged 60 years or over who had suffered pain for at least 6 months at the time of commencing the data collection in July 2008
Setting


Map from http://www.mapsofworld.com/thailand/thailand-political-map.html
Methods of data collection

• A triangulated approach to data collection
  
  (Denzin & Lincoln, 2005; Speziale & Carpenter, 2007)

Three data collection methods:

– **Questionnaires**: A demographic data questionnaire

– **Interviews**: 32 In-depth, individual interviews
  28 audio-recorded

– **Observations**: 8 observations

• **Simultaneous data collection and analysis**
Data analysis

• **Quantitative data**
  – Questionnaire data: SPSS for Window to analyse descriptive statistics

• **Qualitative data**
  – Interview data was transcribed verbatim translated into English
  – The transcriptions were read and re-read
  – Interview and observation data was analysed using constant comparative analysis
Data analysis

• cyclical three-step process of coding:
  - open coding
  - axial coding
  - selective coding

• Integration of theory:
  – Category reduction
  – selective sampling of the literature
  – selective sampling of the data

(McCann & Clark, 2003; Strauss & Corbin, 1998)
Preliminary findings

Contextual factors

• Accessibility to pain relief treatments
• Accessibility to pain related information
• Availability of support
• Participant-provider-service circumstances
Preliminary findings

Accessibility to pain relief treatments

• Western-oriented medicines
• Traditional medicines
• Over-the-counter medications
• Other choices
Preliminary findings

Accessibility to pain related information

• Health care personnel
• Other sources
Preliminary findings

Availability of support

• Family members
• Relatives
• Community
• Health care staff
• The Thai government
Preliminary findings

Participant-provider-service circumstances

- Relationships with the providers
- Satisfaction with public and private services
Process of chronic pain self-management

1. **Making sense of pain**
   - Asking question
   - Making causal assumptions & Predicting prognosis

2. **Exploring the treatments and resources to self-manage chronic pain**
   - Identifying pain related influences
   - Gathering pain management information
   - Responding to pain management information
   - Accessing pain management resources

3. **Integrating the treatments in everyday life**
   - Using trial and error
   - Assessing the treatments
   - Appraising the practitioners

4. **Identifying the most suitable treatments**

5. **Incorporating the treatments into life**
   - Achieving realistic goals
   - Minimising the adverse effects of the treatments
   - Adjusting roles
   - Preserving health
   - Managing other symptoms
Process of chronic pain self-management

Making sense of pain

Exploring the treatments and resources to self-manage chronic pain

Integrating the treatments in everyday life

Identifying the most suitable treatments

Incorporating the treatments into life

- Pain experiences
  - Pain related belief systems
    - Priority given to chronic pain
    - Other people’s concerns
    - Low health literacy
    - Reflective thinking skills
    - Information and resource seeking skills
  - Elderly people’s self-care ability
  - Availability of support
  - Beliefs about the causes of illness and preferences for specific treatments
  - Numbers of people living with
## Preliminary findings

<table>
<thead>
<tr>
<th>Categories</th>
<th>Making sense of pain</th>
<th>Exploring the treatments and resources to self-manage chronic pain</th>
<th>Integrating the treatments in everyday life</th>
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<td>Sub-categories</td>
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<td>Strategies</td>
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Special thanks

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  Khon Kaen University, Thailand

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• Endeavour Postgraduate Awards, Australia

All participants and their families
Thank you
References


References


References


References

Significance of the study

• help increase understanding of how elderly in rural communities self-manage chronic pain

• highlight helpful and unhelpful strategies that elderly people use to self-manage their pain

• provide valuable information for nurses and other health care workers to help elderly in rural communities to self-manage their chronic pain effectively

• provide further impetus for both qualitative and quantitative studies in chronic pain in rural communities or other settings

• Point out some considerations for policy in relation to health care services and other support for elderly in rural communities
Design: Grounded theory

Seven key components (McCann & Clark, 2003)

- **Theoretical sensitivity**
  - The ability to distinguish between less and more important data and obtain insight understanding into meaning of the data (Holloway & Wheeler, 2002).

- **Theoretical sampling**
  - Sampling based on emerging concepts in order to explore variations among concepts (Strauss & Corbin, 1998).

- **Constant comparative analysis**
  - Continuous comparison between new data and previous data where data collection and data analysis are undertaken simultaneously (McCann & Clark, 2003; Speziale & Carpenter, 2007).

- **Coding and categorizing the data**
  - Coding: data are examined, conceptualized, reduced, elaborated, and related, to assign a name or a number
  - Categorizing: identifying categories into a broader classification (Strauss & Corbin, 1998).
Design: Grounded theory

Seven key components (McCann & Clark, 2003)

- **Theoretical diagrams and memos as part of the analytical process**
  - Diagrams: visual tools representing relationships among categories (Schreiber, 2001).
  - Memos: the researcher’s written records (Strauss & Corbin, 1998).

- **Literature as a source of data**
  - improving theoretical sensitivity; providing useful primary and/or secondary sources of data; providing questions, initial concepts and ideas for theoretical sampling; making comparisons; confirming the results; giving the basis for developing a general theory; and allowing for enhancing, verifying, and validating field knowledge (McCann & Clark, 2003; Strauss & Corbin, 1998).

- **Integration of theory**
  - An ongoing process of interaction between the researcher and the data, to organize categories around a central category, from the first to the final steps of analysis (Strauss & Corbin, 1998).
Ethics approval

Obtained from:

- Victoria University Human Research Ethics Committee, and
- The Ethical Review Committee for Research in Human Subjects, Ministry of Public Health, Nonthaburi, Thailand
The recruitment process

• **Brief information** about the study was given to potential participants by public health care centre staff, the formal leaders of each village, village health volunteers, informal village leaders.

• The researcher then gave a detailed explanation about the study to all potential participants and answered questions to their satisfaction. They was assured that participation was voluntary, and had as much time as they need to consider taking part in the study. They were able to ask questions throughout the study.