Background: Chronic pain is a condition nurses encounter in their practice often; estimated to affect 1 in 5 Canadian adults, resulting in significant disability, a deleterious impact on health and quality of life, and a large financial and operational burden on the health care system (Barrie & Loughlin, 2014; Duenas, Ojeda, Salazar, Mico, & Falle, 2016; Schopflocher, Taenzer, & Jovey, 2011; Wilson, Lavis, & Ellen, 2015). Chronic pain is a complex and multifactorial phenomenon that despite research efforts remains poorly understood. Consequently, the focus of chronic pain treatment targets the management of pain to improve quality of life and reduce suffering as much as possible, rather than a curative approach (Phillips, 2008). Chronic pain has been recognized as one of the most pervasive and challenging conditions to manage by health professions (Meana, Cho, & DesMeules, 2004). Subsequently, the treatment of chronic pain is considered an effectiveness gap, or a clinical area where current conventional treatments are not fully effective (Fisher et al., 2004). Key challenges to effective management of chronic pain that have been identified by health care providers in the literature include: a lack of knowledge, training, and supportive tools to assess and treat chronic pain; a lack of interprofessional collaboration; a lack of awareness that chronic pain represents an important clinical problem requiring treatment; difficulties in accessing the required health care professionals and services; and the continued perception of patients as recipients rather than active participants in their health care (Lalonde et al., 2015). As a result of these challenges, chronic pain often goes under-treated and levels of patient satisfaction related to chronic pain treatment are commonly poor (Lalonde et al., 2014; Mafi, McCarthy, Davis, & Landon, 2013). Due to the frequently experienced poor levels of patient satisfaction and under-treatment of chronic pain, more chronic pain sufferers are turning to Complementary and Alternative Medicine (CAM) to manage their pain, the use of which has increased significantly over the past few decades (Canizares, Hogg-Johnson, Gignac, Glazzier & Bradley, 2017). The effects of context as related to CAM usage by pain sufferers, including aspects related to a patient’s perceived unmet healthcare needs (UHN), have been found to motivate CAM use (Jakes & Kirk, 2015; Piérard, 2012; Ronksley et al., 2013). Related to UHN, the concept of healthcare access (HA) has become a major issue within the chronic pain population in Canada (Morley-Forster, 2007; Peng et al., 2007). Currently, it is not uncommon for patients to experience wait times of over one year to access a pain clinic or specialist care (Morley-Forster, 2007; Pagé, Ziemianski, & Shir, 2017; Peng et al., 2007; Poulin et al., 2017). Further, Canadians without access to a primary healthcare provider are more than twice as likely to report difficulties accessing routine care in general compared to those with a regular provider (Sanmartin & Ross, 2006). While the concepts of UHN, HA, and CAM use have been subject to preliminary exploration, there is still a significant lack of understanding regarding the connection between these variables in the context of adults experiencing chronic pain, and whether unmet healthcare needs and healthcare access are predictive of CAM utilization in this population. Further, no population-level study has explored the potential relationships between individuals who use CAM (and their specific demographics) and perceptions of UHN.

Objectives: The purpose of this study was to explore the relationship between healthcare access, unmet healthcare needs, and CAM use in adults with chronic pain.

Methods: A secondary analysis of data from Cycle 9 of the National Population Health Survey. The Behavioural Model of Health Services Utilization was used as a theoretical lens to conduct a binary logistic regression analysis and related descriptive statistics of the sample.
Results: When controlling for demographics and health status indicators, the presence of unmet care needs was found to predict the use of complementary and alternative medicine ($p < 0.001$). Healthcare access was not statistically significant in the model. Other statistically significant predictors of CAM use in adults with chronic pain were sex, education, income, employment, and restriction of activities.

Conclusion: Understanding healthcare access and unmet healthcare needs are critical to developing service improvement strategies. This study indicates that people may be engaging in CAM due to shortcomings of the conventional health care system. This has implications for policymakers and healthcare professions to develop strategies to improve chronic pain management. These findings also support the necessity of more research into establishing safe and effective CAM practices via regulatory standards and a sound evidence base to support these therapies.

Title:
Exploring Unmet Healthcare Needs, Healthcare Access, and CAM Use by Adults With Chronic Pain

Keywords:
complementary and alternative medicine, healthcare access and unmet healthcare needs

References:


Abstract Summary:
A secondary analysis of the National Public Health Survey was used to explore the relationship between unmet healthcare needs, access to a medical doctor, and the use of complementary and alternative medicine (CAM) in adults with chronic pain. Other significant predictive factors of CAM use were also identified.

Content Outline:

1. Background and Introduction
   a) Overview of chronic pain - definition, individual and contextual impacts, current management
   b) Introduction of variables of interest (unmet healthcare needs and healthcare access) - definitions, discussion within the Canadian context, how they are related to chronic pain
   c) Introduction to CAM - definition, how it is related to chronic pain, gaps in knowledge
   d) Purpose statement - research questions and how they were addressed

2. Methods
   a) theoretical underpinnings - brief overview of the Behavioural Model of Health Services Utilization
   b) overview of the National Population Health Survey, inclusion criteria, and variables in the analysis

3. Results and Discussion
   a) sample characteristics
   b) predictors of CAM use
   c) final model

4. Implications
   a) implications of the results within the context of nursing practice, health policy, research and education

5. Conclusion

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