UNDERSTANDING THE QUEST OF PAIN EDUCATION LEADERS IN CANADA AND THE UNITED STATES (U.S.): A QUALITATIVE STUDY.

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**INTRODUCTION / AIM**

The aims of this study were to determine key factors that stimulate and drive the ongoing interests of leaders in the field of pain to continue to work for change, and to explore how they use their experiences in their own teaching of future clinicians.

**METHODS**

The study design used Narrative inquiry as it is based firmly in the premise that, as human beings, we come to understand and give meaning to our lives through story (Molly Andrews, 2008). The target group were Canadian and U.S. leaders in pain management, particularly those with an interest in promulgating pain education, from the disciplines of medicine and nursing. A purposeful sample, using a ‘snowball’ technique was used, where following the interview, participants were asked to name two other ‘champions’. Recorded semi-structured telephone interviews were the data collection method. Transcripts were coded in an iterative process where narrative structure, narrative content, and themes were subsequently generated. The concept of quest stories, which have been used to examine illness narratives, were used to frame the findings and discussion (Frank, 1995).

**RESULTS**

The final sample consisted of 17 participants (56%) of the 30 recognized pain leaders approached. Seven themes were identified as a stimulus for their continuing pain work; an early pain experience, mentorship and circumstances, a personal shift in understanding, catalysts (institutional or political), recognition of barriers, and a determination to improve. Their work towards change appeared to be motivated by their pain ‘quest’ where leaders embraced their personal experiences of pain, a need for social action, and personal change.

**DISCUSSION / CONCLUSIONS**

Much of the current literature regarding pain education of health professionals focuses on the importance of knowledge, skills, attitudes and competencies to effectively manage pain. These formal approaches are essential to improve the quality of pain care. However, identifying and encouraging future pain leaders may require a different approach. We suggest that a model which recognizes a personal experience of pain, a local pain champion and a model of mentorship could provide a way forward to inspire and educate young healthcare professionals about pain management.

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