

# What Do Patients Expect From Their First Visit to a Pain Clinic?

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**Objective:** To examine patients' expectations of their first outpatient visit to a pain clinic. We asked patients what would be the most satisfying and the most disappointing outcomes of their visit and whether they expected changes in medication and further investigations to result from their consultation.

**Design:** Patients completed questionnaires and a structured interview to assess expectations before their clinic appointment.

**Methods:** Seventy-seven patients with chronic pain who were first time referrals to a regional pain clinic participated in the study. Patient expectations and questionnaires measuring depression and pain-related disability were completed prior to the pain clinic appointment.

**Results:** Most patients expected an explanation or an improved understanding of their pain problem. The most common satisfying outcome was relief or control of pain, and the most common disappointing outcome was being told nothing could be done. The majority of patients expected further medical investigations and changes to the prescribed medication. Depression and pain-related disability strongly influenced patient expectations.

**Conclusions:** For patients attending pain clinics, the explanation of their pain problem is rated as important as the cure or relief of their pain. Improved understanding of patient expectations by pain clinic clinicians may lead to greater patient satisfaction and reduced treatment dropout.

**Key Words:** patient expectations, patient attitudes, pain clinic

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Recent research has increased the focus on patients' perceptions of illness and medical treatment. Patients' perceptions have increasingly been found to predict help-seeking behavior, engagement with treatment, adherence, and illness-related disability.<sup>1</sup> Patients' expectations of health visits are also an area that is receiving more attention. Studies

have shown that patients commonly have a number of expectations of health care visits including diagnostic information, explanation of their illness, a prescription for medication, and specialist referral.<sup>2,3</sup> Fulfilled patient expectations have consistently been found to be related to patients' satisfaction with the medical interview,<sup>3,4</sup> as well as fewer return visits for similar symptoms<sup>5</sup> and lower levels of subsequent self-medication.<sup>6</sup>

Patient expectations of the health care visit are frequently difficult for clinicians to determine. Studies show clinicians are often poor at identifying patient expectations and tend to overestimate diagnostic and treatment expectations and underestimate the worries patients have about their symptoms being signs of a serious illness, as well as patients' need for explanation about prognosis.<sup>7,8</sup> Many patients fail to express their expectations or agendas in consultations.<sup>9</sup> However, when doctors are provided with expectation information, they are more satisfied with their consultation.<sup>4</sup>

Understanding patients' expectations of pain clinic visits may have important implications for improving patient satisfaction and treatment response. A recent study of patients with chronic back pain assessed patients' expectations concerning the helpfulness of acupuncture or massage before patients were randomly assigned to one of these treatments. The study found those patients who expected a better response from massage than from acupuncture were more likely to report better outcomes for massage and vice versa.<sup>10</sup> Similarly, Shetty et al<sup>11</sup> found chronic pain patients' level of agreement with a videotape describing conservative approaches to pain management was significantly associated with decreased pain and higher levels of physical functioning and treatment satisfaction 1 month following clinic treatment.

The fact that many patients with chronic pain have high levels of dissatisfaction with their medical care and appear to engage in more doctor-shopping than many other patient groups<sup>12</sup> suggests that identifying the expectations patients have of pain clinics may be beneficial. Many patients with pain report not feeling understood in consultations and have high levels of anger toward health care providers in pain clinics.<sup>13,14</sup> Despite the problematical nature of health care interactions between patients with chronic pain and health care providers, we have found no previous research that has investigated patients' expectations of their visit to a pain clinic.

In this study, we investigated the expectations patients held for their first visit to the pain clinic. We also asked patients what outcomes would be most satisfying and disappointing following their visit. Expectations about being

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prescribed further medication and having further investigations were also gathered prior to the patient's clinic interview. We also investigated whether expectations differed in patients receiving disability payments and in patients with higher levels of depression and pain-related disability.

## MATERIALS AND METHODS

### Patients

The participants in the study comprised 77 patients referred to the Auckland Regional Pain Clinic. Patients were consecutive referrals to the clinic and were included in the study if this was their first-time referral to a pain clinic, and they had been suffering from chronic pain for longer than 6 months. Three patients declined to take part in the study. The final sample comprised 42 female and 35 male patients with an average age of 50.9 years (SD 16.0). Earnings-related compensation payments were being received by 23 patients (30%). The chief location of pain complaints was as follows: back pain (20.3%); head, neck, and facial pain (23%); chest and thoracic (6.8%); foot or knee pain (6.8%); abdominal (4.1%); multiple pain sites (33.8%); and other sites (5.2%). The average duration of pain was 6.0 years (SD 7.9) and the average pain intensity on a 10-point scale from "no pain" to "pain as bad as it can get" was 7.9 (SD 1.7).

### Procedure and Measures

Patients were approached in the hospital clinic prior to their first clinic appointment and asked to participate in the study. After informed consent procedures had been completed, patients completed a brief structured interview. They were asked the following three open-ended questions by the research assistant: "What do you expect to come out of your first visit to the pain clinic?", "What outcome from the pain clinic interview will be most satisfying for you?", and "What outcome from the pain clinic interview would you find most disappointing?" Answers to these questions were recorded verbatim by the research assistant. Participants were also asked two further questions that were coded into a yes/no format: "Do you expect to have further medical investigations or tests resulting from this visit?" and "Do you expect to have different medication prescribed?"

Patients also completed the following questionnaires:

Pain Disability Index (PDI)<sup>15</sup>: this scale was used to assess impairment of physical and psychosocial functioning resulting from the participant's chronic pain condition.

Participants rated their degree of disability along 7 domains including social activity, work, and self-care on an 11-point Likert-type scale from 0 (no impairment) to 10 (total impairment). The total score is the sum of the separate domains and ranges from 0 to 70. The scale has demonstrated reliability and validity in pain populations.<sup>15,16</sup> The mean PDI score in this sample was 45.5 (SD 13.8).

Zung Self-Rating Depression Scale<sup>17</sup>: a 20-item scale rated on a 4-point scale from "none of the time" (0) to "most or all of the time" (3). Scores range from 0 to 60. The scale has been used in a large number of research studies and found to be a valid and reliable measure of depression in clinical and

pain populations.<sup>18,19</sup> The mean Zung depression score in this sample was 30.7 (SD 13.1).

### Data Analysis

The open-ended responses were independently read by the research team and after discussion, categories were developed for each of the three open-ended questions (Table 1). The verbatim responses were then read independently by two judges, who coded each patient's response into one of the above categories. Where a patient's answer covered two or more categories, the judges were asked to code the response into the category they considered best captured the patient's response. Levels of agreement between the judges were as follows; expectations of visit Kappa = 0.84, most satisfying outcome Kappa = 0.78, and most disappointing outcome Kappa = 0.75.

## RESULTS

The results of the open-ended questions are presented in Table 1. The largest percentage of participants (32.5%) explicitly stated that they had no expectations of their pain clinic visit. In the remaining categories, most patients stated they expected an explanation or an improved understanding of their pain condition, whereas about the same number expected a cure or relief of their pain. Only a relatively small percentage mentioned that they expected advice on managing or coping with their pain.

For the largest group of patients (26%), relief or control of their pain was seen as being the most satisfying outcome of their visit to the pain clinic. The next most expressed positive outcomes were an explanation or improved understanding of their pain and a complete cure or fix of their pain. A smaller group of patients said that just knowing there was the possibility of improvement would be satisfying. A similar-sized group saw self-management advice as the most satisfying outcome.

Being told that nothing could be done about their pain problem was seen as being the most disappointing outcome of the pain clinic consultation for most patients. The remaining responses were spread between having no relief or improvement from treatment, being dismissed or not taken seriously, or having no expectations so they could not be disappointed.

Patients were also asked whether they expected further medical investigations or tests as a result of their consultation. The majority of patients (63.6%) said they expected further investigations, whereas 13% stated they did not, and 23.4% were unsure. Patients were asked whether they expected different medication to be prescribed. The major proportion of patients (48.1%) expected changes to their medication with 24.7% expecting no change and 27.3% were unsure.

To investigate the influence of depression, pain-related disability, compensation status, and duration of pain on expectations, participants were first divided into high and low depression and high and low disability groups by a median split of scores. The means and standard deviations for these groups was as follows: low depression Zung score = 19.85 (7.11); high depression Zung score = 40.70 (8.45); high disability PDI score = 56.46 (6.89); and low disability PDI score = 34.87 (9.92). We then examined whether there were

any differences between these groups in the 3 most commonly stated categories in patients' expectations of the pain clinic consultation: explanation or improved understanding, cure or relief, and no expectations of visit. There was no significant difference between low and high depression groups in their distribution into these 3 categories ( $\chi^2 = 0.29, P = 0.87$ ), or between low and high pain disability groups ( $\chi^2 = 4.41, P = 0.11$ ). There was also no difference in the duration of the pain problem between patients expressing these 3 expectations [ $F(2,59) = 0.44, P = 0.65$ ]. However, there was a significant difference between patients receiving compensation payments and those not receiving payments in terms of expectations ( $\chi^2 = 6.02, P = 0.049$ ). Most of those patients receiving compensation payments reported that they had no expectations of the visit compared with patients not receiving payments (63.2% vs. 30.3%).

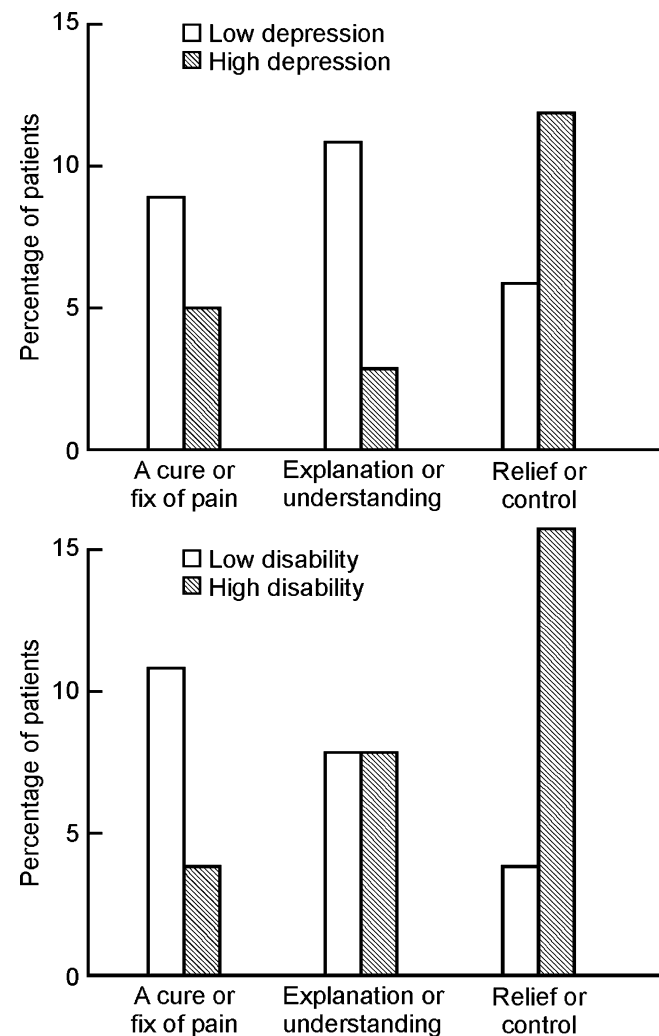
We further examined the influence of depression, disability, compensation status, and duration of pain on the most satisfying and disappointing outcomes of the pain clinic visit. The most satisfying outcome was collapsed into the 3 largest categories: relief or control of pain, explanation or improved understanding, and a cure or fix of pain problem. Analysis of the differences in what would be the most

satisfying outcome revealed a significant difference between low and high depression groups ( $\chi^2 = 7.05, P = 0.03$ ). Patients with higher levels of depression were more likely to see relief or control of their pain as being a satisfying outcome, whereas the lower depression group were more likely to state an explanation of the pain problem or a cure of the pain would be the most satisfying (Fig. 1). A significant difference in the most satisfying outcome was also found between low and high pain disability groups ( $\chi^2 = 10.07, P = 0.006$ ). Patients in the high disability group were more likely to see relief or control of the pain as being a more satisfying outcome, whereas low disability patients were more likely to see a cure or fix of the pain problem as most satisfying (Fig. 1). However, there was no difference in the duration of pain problem between the groups expressing these 3 most satisfying outcomes [ $F(2,48) = 0.16, P = 0.85$ ] or in patients receiving or not receiving compensation ( $\chi^2 = 3.13, P = 0.21$ ).

To analyze the effects of depression, disability, compensation status, and duration of pain on the most disappointing outcome, responses were collapsed into 2 categories: being

**TABLE 1.** Patient Expectations of Pain Clinic Consultation, Most Satisfying and Most Disappointing Outcome

|  | % Patients |
|--|------------|
| Expectations of pain clinic consultation                     |            |
| Explanation or improved understanding of pain problem        | 24.7       |
| Cure or relief of pain                                       | 23.4       |
| Advice on managing or coping with pain                       | 5.2        |
| Further investigation  | 5.2        |
| Medication advice  | 5.2        |
| Other  | 3.9        |
| No expectations explicitly stated                            | 32.5       |
| Most satisfying outcome of pain clinic consultation          |            |
| Relief or control of pain                                    | 26.0       |
| Explanation or improved understanding of pain problem        | 20.8       |
| A cure or fix of pain problem                                | 19.5       |
| Hope—knowing there is a possibility of improvement           | 9.1        |
| Advice on self-management of pain                            | 9.1        |
| Medication advice  | 6.5        |
| Validation or acknowledgment of pain problem                 | 5.2        |
| Other  | 3.9        |
| Most disappointing outcome of pain clinic consultation       |            |
| Being told nothing can be done                               | 57.1       |
| No relief or improvement in pain                             | 9.1        |
| Dismissal or rejection—not taken seriously                   | 9.1        |
| I have no expectations so cannot be disappointed             | 6.5        |
| No explanation leading to a better understanding of the pain | 3.9        |
| No investigation or diagnosis                                | 1.3        |
| Psychosomatic explanation for pain                           | 1.3        |
| Other  | 11.7       |



**FIGURE 1.** Most satisfying outcome of a pain clinic visit in high and low depression and pain disability groups.

told nothing can be done and any other response. We found no difference between depression ( $\chi^2 = 1.04$ ,  $P = 0.31$ ) and disability groups ( $\chi^2 = 0.13$ ,  $P = 0.72$ ) in their responses to this question. There was also no difference in patients receiving or not receiving compensation payments ( $\chi^2 = 0.87$ ,  $P = 0.35$ ). There was a trend for those patients who responded that being told nothing can be done was the most disappointing outcome to have a longer duration of pain [mean 7.2, SD 9.9 vs. mean 4.4, SD 3.7,  $t(75) = 1.54$ ,  $P = 0.12$ ].

Finally, we investigated differences in those patients expecting further medical investigations or changes in medication. Analyses revealed that patients who expected further investigations were characterized by significantly higher depression scores than those who did not [mean 31.8, SD 11.9 vs. mean 22.7, SD 15.3,  $t(56) = 2.1$ ,  $P = 0.04$ ] and higher levels of pain-related disability [mean 46.9, SD 13.4 vs. mean 37.1, SD 16.5,  $t(57) = 2.0$ ,  $P = 0.05$ ]. However, there was no difference in the duration of pain between these 2 groups [ $t(57) = 0.57$ ,  $P = 0.56$ ] and no difference between patients receiving or not receiving compensation payments ( $\chi^2 = 0.19$ ,  $P = 0.66$ ).

We also found similar differences in those patients who expected different medication to be prescribed compared with those who did not. Patients expecting different medication had higher depression scores (mean 35.4, SD 13.2 vs. mean 25.7, SD 11.5,  $t(53) = 0.27$ ,  $P = 0.01$ ) and higher levels of pain-related disability (mean 48.4, SD 12.5 versus mean 41.3, SD 13.0,  $t(54) = 1.98$ ,  $P = 0.05$ ). There was no difference in duration of pain between these groups ( $t(54) = 0.79$ ,  $P = 0.43$ ) and no difference between patients receiving or not receiving compensation payments ( $\chi^2 = 0.004$ ,  $P = 0.94$ ).

## DISCUSSION

This study found an explanation or an improved understanding of their pain was the most frequently stated expectation of patients attending a pain clinic. This was closely followed by patients' expectations of a cure or relief of pain. A third of patients explicitly stated that they had no expectations for their visit. When asked for the most satisfying outcome of their visit, most patients saw the relief or control of pain, explanation, or a complete cure of the pain problem as the most satisfying outcome. For the majority of patients, being told that nothing could be done for their pain was seen as the most disappointing outcome of their visit. Most patients expected further investigations or changes to their medication as a result of their pain clinic visit. Expectations of further investigations and medication changes were associated with higher levels of depression and pain-related disability.

The large number of patients seeking an explanation or an improved understanding of their pain problem is consistent with other research on expectations in patients attending primary care.<sup>3,4</sup> The high need for explanation and the low number of patients expecting advice on pain management leaves considerable opportunity for dissatisfaction with the pain clinic consultation unless clinicians are able to accurately identify these expectations in the clinical interview. Research in the psychotherapy area has found an intervention to improve the accuracy of patients' expectations of an assessment inter-

view increased patient attendance as well as satisfaction with the consultation.<sup>20</sup> This approach may be a valuable intervention for patients attending pain clinics for the first time.

The current study suggests that the severity of patients' disability and emotional distress may be important influences in shaping expectations and may be more important factors than the length of time the patient has had the pain problem. However, the direction of causality in these relationships needs to be investigated further in a prospective study. The pattern of expectations shows patients with high levels of depression and disability to expect more changes in their medication, as well as further investigations. They also are more likely to see relief or control of their pain, rather than a cure, as more satisfying. Also of note is the relatively high number of patients who explicitly stated they had no expectations of the visit, which may be a reflection of the high rate of previous treatment failure. The number of patients who have no expectations of the visit is particularly high in those receiving compensation payments for their injury. There may be a number of reasons for this finding. One possibility is that the absence of expectations may reflect a defensive process to guard against another poor treatment outcome, and this process is worthy of exploration in a future study.

Although this study is limited by the restriction of one major expectation per patient and by a cross-sectional design, the research suggests expectations may be a fertile area for future research in patients with pain. In particular, more work is needed on the relationship between unmet expectations and dissatisfaction with clinical consultations and future doctor shopping. Previous research suggests that the presence of unmet expectations is strongly associated with patient dissatisfaction following medical consultations.<sup>21</sup> A more intensive examination of patient expectations and the clinical interaction during pain clinic visits may lead to a better understanding of this process.

## CONCLUSIONS

Understanding the expectations of patients attending pain clinics may help increase patient satisfaction and reduce treatment dropout. This study showed that an improved understanding and explanation of their pain condition is an important expectation for patients along with cure or relief of pain. Conversely, being told that nothing more can be done is seen as the most disappointing outcome of a pain clinic visit for most patients. Effective preconsultation communication to patients about the process of a pain clinic assessment and likelihood of further investigations and medication changes following the consultation may help to align patients' expectations with the pain clinic's standard practice. Future work should focus on the relationship between patient expectations and satisfaction following pain clinic consultations.

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