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Inhibition in expressing pain

A qualitative study among Dutch surgical breast cancer patients

Anneke L. Francke, M.A., R.N. and Iris Theeuwen, M.A.

In this qualitative study, 26 white Dutch women were interviewed who had recently undergone breast cancer surgery. The interviews indicated that during their hospital stay many of them had hardly expressed their postoperative pain and had rarely asked for pain medication. Patients' conceptions of postoperative pain and analgesics, their insecurity and lack of assertiveness, and some suboptimal interactions with nurses seem to have been associated with their inhibition in reporting pain.

Key Words: Breast cancer surgery—Postoperative pain—Pain expression—Pain management.

There is increasing concern that patients do not receive adequate relief from pain after surgery (1–4). One reason for this lack of postoperative pain management may be that patients do not always express their pain (5,6). This study addresses this problem, specifically focusing on factors that may influence (the lack of) postoperative pain expression in surgical breast cancer patients.

Anneke L. Francke is a Researcher, Helen Dowling Institute for Biopsychosocial Medicine, Rotterdam, The Netherlands.

Iris Theeuwen is a Nurse Scientist.

Address correspondence and reprint requests to Anneke Francke, M.A., R.N. at Helen Dowling Institute, Mathenesserlaan 183, 3012 HA Rotterdam, The Netherlands.

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A major reason for choosing surgical breast cancer patients is that prevalence of pain in this population appears to be rather high. In one study (7), 26% of the surgical and medical cancer patients with metastatic or nonmetastatic breast cancer had pain a few days to 5 years after their hospital discharge. This represents 10% more than the average of the total group of cancer patients in the sample. Also, Daut and Cleeland (8) demonstrated in a mixed group of breast cancer patients that pain problems were relatively frequent. Unfortunately, publications that focus exclusively on prevalence of pain in surgical breast cancer patients are lacking.

Although breast cancer patients may suffer from various types of pain (9), attention in this study has been restricted to the expression and management of acute, postoperative wound pain.

PATIENT GROUP

Twenty-six white Dutch women were interviewed who had recently undergone a curative resection of breast cancer. Seventeen of these women had undergone a mastectomy and nine a lumpectomy. These treatments had taken place in 11 Dutch general hospitals. Histopathological examinations indicated that four of the women had metastases. All the women interviewed were 37–77 years old (mean age, 52.3 years).

One method of recruiting patients was to contact them through their surgeons. During one of the first outpatient visits, these specialists asked patients to participate in the study. The surgeons were instructed not to select patients on the basis of presence or absence of pain complaints. After the patient's permission was obtained, information on the study's aims and procedures was supplied. In this way, 18 patients were recruited.

The other method of recruitment was advertising in three daily newspapers and a monthly women's journal. The text of the advertisement was formulated "neutrally" so that patients would not apply on the basis of pain characteristics. Eight patients were recruited with this method. From all patients, informed consent was received.

METHODOLOGY

Research Method

The method of collecting and analyzing the interview data was based on the Grounded Theory approach (10–12). According to this method, data collection usually starts with some open problem definitions and sensitizing concepts. During the research process, questions, hypotheses, and concepts are narrowed down or reformulated. Related to this, data analysis is not restricted to the period following data collection, but is part of a continuing cyclic process of collecting and analyzing data.

There were few previous studies related to the object of our research. In such a situation, when the formulation of theory-based hypotheses is not possible, this research method has proven useful. Another reason for choosing this method is that in research about (pain) experiences it is important to get to know the subject's "own story." This is possible in qualitative research, since it is characterized by relatively intense contact between the researcher(s) and the participants (10–12).

Problem Definitions

At the beginning of this study, we focused on postoperative wound pain and nursing management of pain in general. During the interviews, it was striking that almost all of the women revealed that they had told very few people about their pain during their hospital stay. As previously stated, in qualitative research it is useful to narrow down the problem definitions during the research process. Consequently, the following problem definitions were derived:

Did female breast cancer patients having undergone surgery express their pain during their hospital stay?
If not, why not?
If so, how did hospital nurses respond to the patients' expression of pain?

Choice for Place and Period

The fact that postoperative breast cancer patients are usually hospitalized for <10 days contributed to the decision to conduct the interviews at home, rather than in the hospital. An extensive interview shortly after the operation would be quite taxing physically. To be interviewed in the first few days after surgery can also be psychologically taxing, since this is generally a very stressful period in which patients await the pathology reports that will reveal the presence or absence of metastases. Another reason to opt for home interviews was that, outside the hospital, patients' expressions of satisfaction and gratitude about nursing care would be less, which could decrease the risk of bias of the research findings (13).

The home interviews were conducted within 6 months of discharge from the hospital. To be able to complete these interviews (all part of a larger study) in a short time, the rather broad inclusion criterium "within 6 months of discharge" was chosen. In the light of existing findings on hospitalization recall (14,15), a 6-month upper limit seemed realistic.

Structure of the Interviews

The interviews were semistructured in character. The questions were structured by a list, with topics and questions, which was developed from data derived from participant observations in surgical cancer wards (16). Contrary to the structure of the questions, the answers were open. The women interviewed had complete freedom to answer in their own words.

Important questions were, for instance, "If you experienced pain after the operation, what did this mean to you?," "Did you express this pain?," "How do you think about wound pain caused by surgery?," "Was it possible to ask nurses questions about pain or pain medication?" In addition, halfway into the interview the women were asked to indicate on a numerical scale (1), with numbers on a continuum of 0 (no pain) to 10 (the worst pain imaginable), the intensity of the pain they had experienced 1–2 days after their operation.

Analysis of the Interviews

All the interviews were recorded on cassettes and literally transcribed, after which they were studied

intensively. Text fragments that seemed important were coded, and relevant fragments with the same theme were compiled. In the past, qualitative analysis necessitated a researcher's making frequent use of scissors, tape, copy machines, and reference cards in the arrangement of fragments. This method required a lot of time and discipline to work in an orderly, verifiable manner. For this reason, we chose to organize the interview material with the assistance of Kwalitan, a Dutch computer program (17). Of course, this program, like other programs for qualitative analysis (18), is incapable of assuming the researcher's interpretive activities. Kwalitan is useful, though, for conveniently manipulating text fragments.

At various times during the process of data analysis, we discussed the question of which data might be most relevant and under which categories they could be entered. By searching for similarities and differences within and between the interviews (constant comparative method) (10–12), categories and insights were developed and tested. On the basis of these discussions, some statements (Fig. 1) were formulated. By comparing our reactions on the statements for each selected interview separately, we could form an idea of the extent to which analyses agreed and needed to be revised.

Validity and Reliability

The internal validity, in the sense of the extent to which the analyzed data provide a good representation of the phenomena studied, was ensured by frequently discussing the developing insights with several other pain experts (with a medical and nursing background).

As to external validity, in the sense of the extent to which the research results may be generalized, it may be observed that our sample proved adequate to answer the problem definition. In other words, the point of "theoretical saturation" seemed to be reached. This term is used in qualitative research when the same pattern keeps recurring and when extension of the sample will most likely not add any new essential information. Because of this, it seems reasonable to assume that the findings may be generalizable to other female surgical breast cancer patients.

The reliability of this research, in the sense of repeatability and verifiability, was ensured by typing out the interviews literally and careful arranging and coding the interview data with the Kwalitan program (17).

RESULTS

Core Category and Related Categories

Initially, most women interviewed told that they had suffered very little wound pain or no wound pain at all. However, when we probed during the interview and also when we asked to indicate the postoperative wound pain on a numerical scale, most admitted having experienced moderate to rather severe postoperative wound pain.

By discussing this discrepancy, we were able to distinguish the core category "inhibition in expressing pain." The following two "patterns" can be seen as the characteristics of this core category. Almost all women interviewed said the following:

during their hospital stay, they had not (or hardly) expressed their postoperative pain;
during their hospital stay, they had not (or hardly) asked for pain alleviation, whereas they were actually suffering from postoperative pain.

Furthermore, it was found that some of patients' conceptions of postoperative pain and analgesics, interactions with nurses, and patients' insecurity and lack of assertiveness had caused this inhibition in expressing pain. How these causes were interrelated with each other and with the women's inhibition (Fig. 2) will be shown in the next paragraphs.

Conceptions About Postoperative Pain and Analgesics

On the basis of the patients' verbal descriptions, one could get the impression that the women hardly felt any postoperative wound pain or that this pain had not been serious. Illustrative is that many patients did not use the word "pain" straightforwardly.

> "You have quite a wound, and there are all kinds of things in it, and you can't sleep well, and that sort of thing; but actual pain, no, not really" (Patient 9).

It seemed as if patients only used the word "pain" if their pain was very severe. Women who spoke about their pain after breast cancer surgery in rather veiled terms did talk frankly about the violent pain they felt while their drains were being removed or about other extreme pains. In these particular cases, patients seemed to have no difficulty describing pain as an awful experience.

> "You could imagine that you would die from the pain if they pulled the drain out just like that" (Patient 16).

The women's conclusion that the pain caused by breast surgery was less severe than some other

This patient compares the wound pain after breast cancer surgery with pain she had experienced previously in her life.	4	3	2	1	?
According to this patient, she was not in much pain from the wound after the breast surgery.	4	3	2	1	?
The patient believes that wound pain after surgery is "normal" and inevitable.	4	3	2	1	?
The expectation of the temporary nature of postoperative wound pain influenced how this patient expressed this pain.	4	3	2	1	?
According to this patient, the nurses did not regularly inquire whether she wanted pain medication.	4	3	2	1	?
According to this patient, the nurses were not open to questions or remarks about pain or pain medication.	4	3	2	1	?
This patient felt inhibited to express her pain because of the work pressure the nurses were under.	4	3	2	1	?
This patient played down her pain.	4	3	2	1	?
The negative attitudes of this patient regarding pain medication had an effect on the administration of pain medication.	4	3	2	1	?
In the hospital, this patient seemed to have expressed less pain than she actually experienced.	4	3	2	1	?
In the hospital, this patient did not, or hardly, express her pain, because she did not want to be a complainer or nag.	4	3	2	1	?
Notions of nurses have influenced this patient in expressing pain.	4	3	2	1	?

FIG. 1. Statements. 4, very true; 3, true; 2, untrue; 1, very untrue; ?, do not know.

pain they had experienced affected their inhibition to express the breast surgery pain.

> "Yes, you feel that something has happened there, a somewhat stinging pain."
> "Did you tell that to the nurses?"
> "No, well, I think that is part of undergoing surgery. Look, I think that expressing pain isn't necessary when the pain is not so severe that the tears come to your eyes . . . I have experienced such pain in the past, pain that makes you really cry. . . . But I could endure this pain" (Patient 14).

A lot of the women interviewed said that they had expected postoperative pain and that their opinion was that this pain "was part of the game." The idea

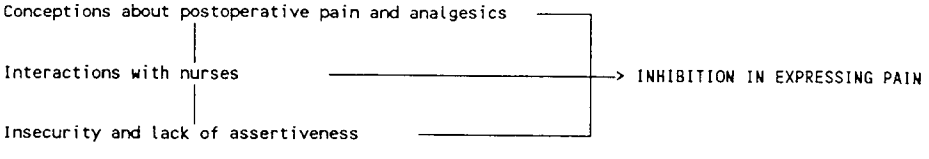

FIG. 2. Core-category and related categories.

of the inevitability of postoperative pain had consequences for the (lack of) expressing pain as well.

"Yes, after all, you know beforehand that you will have pain, when you have to undergo an operation. It's all part of the game. I think that goes for any operation; it will result in pain. So, yes, you put up with it" (Patient 23).

Another point is that the patients interviewed often appeared to be prejudiced against analgesics. Although pain experts (1–3,19,20) have indicated that habituation and addiction as a consequence of pharmacological pain management are very rare, many of the patients were afraid to become habituated or addicted.

"I really didn't want any painkillers. My eldest sister told me that she didn't ask for anything either. She said there may come times when you really need them, and then they won't have an affect anymore" (Patient 4).
"I did not ask for anything. You hear so much about drug addiction" (Patient 26).

Some patients also thought that pain medication was very bad for their health, which also made them reluctant to ask for analgesics as long as the pain was not extremely severe.

"I don't ask for a pain-killer when I don't need it very much. I don't like medication very much. Yes, that rubbish" (Patient 15).

Interactions with Nurses

From the interviews, it emerged that in most cases nurses had not intervened to decrease patients' conceptions that were a barrier to requesting pain medication. Sometimes, it even seemed as if nurses reinforced these assumptions. For instance, they reacted as if postoperative pain was "normal" and only temporary and, therefore, did not require alleviation.

"They noticed, but they didn't do anything about it. I didn't pay any attention to it. I thought, it's all part of the game, and I didn't complain about it or anything. I mentioned it, once, that I had pain, but they said it was quite normal" (Patient 17).

Just in two cases we could see that the patient was affected the other way round (in favor of pain medication and expressing pain) by the notions of nurses.

"The first night, they wanted to give me morphine, and I said, that isn't necessary; I haven't got that much pain. So he says, you'd better take it anyway, because it relaxes the muscles more and it's better for your body; then I gave in. I simply followed his advice" (Patient 25).

"Like all patients, I had a talk with the nursing team leader, and she said, when you feel something, you must tell us, because our opinion is that pain isn't necessary" (Patient 26).

Nearly all the patients said that the nurses had occasionally asked the first day and night after the operation whether they were in pain. According to the patients, questions about whether they felt pain were generally no longer asked a little longer after the operation. Patients got the impression that in this phase it was quite unusual to use analgesics.

"But the third evening the nurses thought it wouldn't be right to ask me, 'do you need a pain-killer'? Then nobody asks anymore do you need anything" (Patient 4).

Nurses' questions about whether pain medication is needed may stimulate patients to express their pain. But this asking of nurses must be done explicitly to have effect. This is illustrated by the story of a patient who said that when the nurses made their rounds with the medication trolley, she expected that they would react positively to a request for analgesics. Still, this did not imply that this woman (who did have significant pain during her hospital stay) actually asked for pain-killers.

"They came with that trolley time and again, and I think if I had wanted anything, I could have asked them and they would have given it to me right away" (Patient 16).

Some of the patients had simply assumed that the nurses would automatically notice when a patient was in pain. This also restrained them from taking the initiative to discuss their pain.

"Yes, well, they could understand it, but I didn't tell them I was in pain" (Patient 18).

Whether patients expressed their feelings of pain to nurses also seemed to be partly dependent on the (lack of) confidence patients had in their nurses' armory of pain-reducing interventions. Some of the patients said that they had the impression that pharmacological interventions were seen by nurses as the only alternatives. This affected the patients' attitude toward expressing pain.

"Talk about it? No, I didn't, because, well I mean, what they say is, 'Are you in pain? Would you like a pain-killer?' " (Patient 10).

Lack of confidence was not always associated with perceived incompetence of the nurses. Sometimes it seemed to be related to the fact that nurses were considered strangers to whom one could not easily show pain.

"No, I don't like to talk about these things in a hospital with such strangers" (Patient 23).

Experts (1–3,6) have stressed that frequent and regular use of pain medication is necessary in postoperative pain. In the cases of prescription "as needed," underdosing may occur, for instance, when patients hardly ask for pain medication. Still, a specific pain assessment and management plan was pursued for only one of the 26 patients interviewed. This patient, who was already cited in relation to her conversation with the team leader, received pain medication on a 24-h schedule, and her nurses regularly evaluated the effectiveness of the pain alleviation by asking a numerical pain score. The systematic assessment and management of her pain seemed to have influenced the patient in the way she perceived wound pain and analgesics.

"They said, there are enough pain killers, and you already have enough trouble, so you don't have to feel pain. . . . I thought it only logical and quite pleasant, too, that they told me that pain was not necessary" (Patient 26).

Insecurity and Lack of Assertiveness

Many of the patients said that a main reason for not expressing pain was that they were afraid of being considered "annoying" by nurses or doctors.

"He said, 'How are you?' Well, what am I supposed to say then? I gave him a straight answer: 'It's very painful.' And at the same time I thought, 'Boy, am I a nuisance' " (Patient 19).

Especially in cases where there was not a very clear stimulus for patients to discuss pain (e.g., questions about pain or information about pain medication from nurses), several patients seemed to have been afraid that expressing pain would be considered "nagging" or that nurses or doctors would think, "It wasn't all that bad." Therefore, patients often pretended to feel better than they actually did.

"Well, you must try to put on a bold front and not let other people know what you really feel" (Patient 4).

Other patients, however, said that if they had asked nurses anything about pain or analgesics, they would certainly have been answered. Still, these patients also had an underlying concern not to be too "troublesome."

Some patients also said that they did not mention their pain because they were under the impression that the nurses were too busy to pay attention to their pain or to answer questions about pain medication. They said they did not want to "take up someone else's time" unless it was very necessary, and seemed to greatly consider the nurses' interests and wishes.

"Yes, well, I felt rather sorry for them, because they are busy enough as it is. . . . "Then they had to make time for you, and, well, there was no time" (Patient 17).

In general, patients seemed to have been insecure and very compliant in the hospital. For this reason, they kept up a facade—"Everything is fine, and I am not suffering pain"—in the presence of nurses, doctors, family, and friends. However, one patient gave more evidence of having expressed her feelings of pain than the other patients. It is probably not a coincidence that this woman was the same patient for whom a pain assessment and management plan had been pursued. This patient, who was stimulated by nurses to express her pain, seemed to have had no inhibition in asking for analgesics. She reacted as if she found it quite normal to call in nurses' help to alleviate her pain.

"The day after the operation, I asked for a morphine preparation, and I got one. I thought, 'I don't need any troubles; just knock me out for a while.' . . . You don't have to be in pain, if there's no need; that's what they're there for. You already have enough difficulties, and you don't need pain problems as well" (Patient 26).

RECOMMENDATIONS FOR FUTURE RESEARCH

Although qualitative research is not very useful for drawing firm conclusions about the extent of occurrence, we do have the impression that there is in our patient sample a rather frequent and strong inhibition in expressing pain. The question arises as to whether or not this inhibition is influenced by the fact that the participants in our research all had a cancer diagnosis. The possibility of a relationship between type of illness and the extent to which patients express their pain has not been researched systematically. Still, according to Temoshok et al. (22,23) and Kune et al. (24), many cancer patients may be characterized by unassertiveness and insecurity in relation to other people. As we have shown, these characteristics may be reflected in inhibition in expressing pain. For this reason, it seems also interesting to compare, in future studies, the extent of cancer patients' and noncancer patients' (lack of) pain expression.

RECOMMENDATIONS FOR NURSING

Of course, patients must have the choice to express or not to express their pain, and to use or

not to use pain medication. However, it is undesirable that patients refrain from expressing pain because of, for example, insecurity in relation to nurses or because they have the notion that nurses are not able to do anything else but administer pain medication. In addition to pain medication, human attention, a good conversation, distraction, relaxation, or massage can help relieve pain (1,6). It may be a challenge for nurse educators and practitioners to stimulate and develop the complementary use of such nonpharmacological interventions in patient care.

There are also strong indications in our study that whether or not patients keep their pain to themselves is (partially) dependent on their attitudes towards pain and pain medication, which in turn are greatly affected by interactions with nurses. The one patient who was involved in a specific pain assessment and management plan (rather exceptional in the Dutch situation) is illustrative. The nurses had let her know that they wanted her to express pain, and this woman gave clear evidence of having expressed her needs. It is important that more patients become involved in systematic pain assessment and management regimens (1,4,6) and in supportive climates in which they feel free and stimulated to express their pain. □

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