



Research papers

**Patient-related barriers to pain management:
the barriers questionnaire II (BQ-II)**Sigridur Gunnarsdottir^{a,*}, Heidi S. Donovan^a, Ronald C. Serlin^b, Catherine Voge^c, Sandra Ward^a^a*School of Nursing, University of Wisconsin-Madison, K6/333, 600 Highland Avenue, Madison, WI 53792-2455, USA*^b*Department of Educational Psychology, University of Wisconsin-Madison, Madison, WI, USA*^c*University of Wisconsin Madison Hospital and Clinics, Madison, WI, USA*

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Abstract

Patients' beliefs can act as barriers to optimal management of cancer pain. The Barriers Questionnaire (BQ) is a tool used to evaluate such barriers. Here, the BQ has been revised to reflect changes in pain management practices, resulting in the Barriers Questionnaire-II (BQ-II), a 27-item, self report instrument. This paper presents the results from two studies where the psychometric properties of the BQ-II were evaluated. In the first study, the responses of 27 nurses trained in pain management were compared to responses of a convenience sample of 12 patients with cancer. The results indicated that patients with cancer had higher mean scores on the BQ-II than did nurses trained in pain management. In the second study, a convenience sample of 172 patients with cancer responded to the BQ-II and a set of pain and quality of life (QOL) measures. A factor analysis supported four factors. Factor one, physiological effects, consists of 12 items addressing the beliefs that side effects of analgesics are inevitable and unmanageable, concerns about tolerance, and concerns about not being able to monitor changes in one's body when taking strong pain medications. Factor two, Fatalism, consists of three items addressing fatalistic beliefs about cancer pain and its management. Factor three, Communication, consists of six items addressing the concern that reports of pain distract the physician from treating the underlying disease, and the belief that 'good' patients do not complain of pain. The fourth and final factor, harmful effects, consists of six items addressing fear of becoming addicted to pain medication and the belief that pain medications harm the immune system. The BQ-II total had an internal consistency of 0.89, and alpha for the subscales ranged from 0.75 to 0.85. Mean (SD) scores on the total scale was 1.52 (0.73). BQ-II scores were related to measures of pain intensity and duration, mood, and QOL. Patients who used adequate analgesics for their levels of pain had lower scores on the BQ-II than did patients who used inadequate analgesics. The BQ-II is a reliable and valid measure of patient-related barriers to cancer pain management. © 2002 International Association for the Study of Pain. Published by Elsevier Science B.V. All rights reserved.

Keywords: Patient-related barriers; Pain management; Barriers Questionnaire; Cancer pain; Beliefs; Attitudes

1. Introduction

Under-management of cancer pain is a persistent and prevalent problem despite years of dedicated attention from clinicians and researchers alike (Bonica, 1990; Cleeland et al., 1994; Jacox et al., 1994; MacLennan et al., 1994; Glover et al., 1995; Miaskowski and Dibble, 1995; Wells, 2000). Although many factors contribute to this problem, patients' reluctance to report pain and to use available analgesics are major obstacles to optimal pain management (Vortherms et al., 1992; O'Brien et al., 1996; DuPen et al., 1999). This reluctance to report pain is often based on erroneous beliefs, or misconceptions, about pain and pain medication that have been termed patient-related barriers to pain management.

The Barriers Questionnaire (BQ) was developed to measure these beliefs (Ward et al., 1993). The BQ has been used in numerous studies, and it has been shown to be a reliable and valid measure of patient-related barriers to pain management. It is evident, however, based on developments in the literature, changes in pain management practices, and feedback from patients in studies using the original BQ, that it needs to be updated. The purpose of this paper is to describe revisions made to the BQ, and to describe psychometric evaluation of the new instrument, the BQ-II.

2. Background on the original barriers questionnaire

The original BQ covered eight patient-related barriers to pain management. One of those barriers is the fear of addiction (Cleeland, 1984; Jones et al., 1984; Hodes, 1989;

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Table 1
Internal consistency and test–retest reliability of the BQ and its subscales in five studies^a

	Original BQ			BQ-PR		BQT		
	Ward et al. (1993)	Ward and Gatwood (1994)		Ward et al. (1996)		Ward and Hernandez (1994)		Lin and Ward (1995)
	Alpha ^a (<i>N</i> = 270)	Alpha ^a (<i>N</i> = 93)	<i>r</i> ^b (<i>N</i> = 56)	Alpha ^a (<i>N</i> ₁ ^c = 35)	(<i>N</i> ₂ ^c = 35)	Alpha ^a (<i>N</i> = 263)	<i>r</i> (<i>n</i> = 22)	Alpha ^a (<i>N</i> = 63)
Addiction	0.79	0.80	0.68	0.69	0.75	0.62	0.78	0.88
Tolerance	0.68	0.76	0.68	0.76	0.81	0.54	0.72	0.86
Side effects	0.72	0.71	0.81	0.58	0.71	0.47	0.89	–
Fatalism	0.54	0.53	0.60	0.57	0.37	0.37	0.53	0.53
Be good	0.67	0.81	0.81	0.82	0.80	0.50	0.87	0.68
Distract MD	0.73	0.75	0.76	0.74	0.70	0.56	0.73	0.77
Disease progression	0.91	0.92	0.76	0.91	0.89	0.76	0.87	0.96
Injections	0.80	0.80	0.75	0.82	0.69	0.61	0.90	0.90
Total BQ score	0.89	0.89	0.90	0.82	0.90	0.82	0.90	0.78

^a Alpha = internal consistency.

^b *r* = Pearson correlation for test–retest reliability.

^c *N*₁, patients; *N*₂, caregivers. BQT, BQ-Taiwanese; BQ-PR, BQ-Puerto Rico.

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