

The use of cognitive-behavioral pain coping in TAiwanese cancer patients (Abstract)

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摘要

Abstract

Cancer pain is a subjective experience and has a major impact on patients' quality of life. However, in Taiwan, research examining cancer patients' pain experience is very limited. The purpose of this study was to examine the frequency and effectiveness of using cognitive-behavioral pain coping and their related factors in Taiwanese cancer patients. A cross-sectional correlation design was used in this study. Two pilot studies were included to test the feasibility and psychometrics of research instruments. These instruments included four pain beliefs subscales, the Composed Cognitive-Behavioral Pain Coping Frequency Scale (CCBPCS-Freq) and its effectiveness scale (CCBPCS-Eff), Pain Assessment Form, Demographic Information Form, and Kamofsky Performance index. All of the instruments were translated and back translated from English to Chinese and demonstrated satisfactory psychometric properties. Two hundred and seventeen hospitalized cancer patients with disease-related pain were recruited from four medical centers in Taiwan. In General, subjects did not frequently use cognitive-behavioral pain coping and did not perceive these strategies as very effective. The regression analyses showed that patients with higher control and emotional beliefs, and higher education level used the cognitive-behavioral pain coping strategies more frequently than other subjects did. Patients with higher control and emotion beliefs, lower disability beliefs, and higher educational level perceived the use of cognitive-behavioral pain coping as more effective than other subjects did. Furthermore, the interaction between disability belief and pain duration significantly predicted the effectiveness of using cognitive-behavioral pain coping. Patients who believed they were more disabled and who had pain of longer duration perceived the use of cognitive-behavioral pain coping as less effective than did subjects with the same level of disability belief, but shorter pain duration. The findings support that the pain coping experience is an interactive multidimensional phenomenon. In conclusion, pain assessment and intervention should be based on a more comprehensive model that includes patients' pain beliefs and education. Further studies should test the effects of cognitive-behavioral

strategies in dealing with pain.