

Did you know?

The Social Worker's Role in Pain Management

By Stephanie Dexter, LCSW, Social Work Mentor

Pain is a multidimensional experience, which involves physiologic, affective, cognitive, behavioral, and sociocultural components. Not only does it hurt, it also invokes feelings of shame, guilt, and internal dialogue, which often contribute to inadequate pain management. What one says to oneself (Internal Dialogue) can cause patients to minimize pain or not report existing pain at all. Patients sometimes comment "Pain makes me feel alive" or think that "if they are in pain, then they must be weak" or if they admit it hurts that badly, then they are admitting they are going to "die soon."

Unrelieved pain can lead to anxiety, depression, hopelessness, and suffering. The fear of pain can be much more devastating than the pain itself. However, pain and suffering are not always the same. Distress brought about by actual or perceived impending pain can threaten the integrity or continued existence of the "whole" person. As a teenager, I suffered some very painful dental work, and to this day, my fear of painful dental work is overwhelming. I am the epitome of the non-compliant patient, not seeking dental care for longer than I'd care to mention. Poor compliance to the plan of care or to opioid therapy can easily be understood when considering that fear, anxiety, depression, and anger all work together to cause "suffering" and contribute as barriers to pain management.

Social workers are an integral component of the interdisciplinary group (IDG) in addressing barriers to pain management. We possess the necessary skills to contribute to the relief of pain by educating patients and teaching effective coping skills to improve communication. Many times patients perceive the social worker as less threatening than a physician or nurse; thus, significant information is often shared with less hesitation. Consider how frequently a nurse will visit the patient earlier in the day and later that same day. After the social worker's visit, the nurse receives a call that the patient's pain is not controlled and the patient did not share this with their nurse. The ability to communicate or a lack of confidence to discuss pain contributes to the aforementioned internal dialogue a patient carries on in their minds. This is also complicated by cultural and behavioral factors. In many cultures and age groups, stoicism is the most acceptable response to pain.

Social work interventions that address pain management begin with a thorough assessment which leads to facilitating communication between the patient, their family, and their health care providers. Discussion of pain management from a social work perspective should include evaluation of the presence of pain, and the frequency and intensity of pain, which can broaden the discussion to assess the effects of the pain on the biopsychosocial functioning of the patient. This includes occupational, sexual, marital, psychological, and social realms. Social workers also function as interpreters between the patient and their health care providers. The insights of the social worker can assist in the development of a truly patient-driven plan of care from the patient's perspective. Assessment by the social worker also assists to identify those who are at high risk for readmissions and multiple ER visits as well as potential substance abuse.

In conclusion, the social work role is very valuable in achieving adequate pain management. The unique skills of the social worker can assist to eliminate barriers to pain management. The social worker can aid the interdisciplinary team, the patient and their family, and health care providers to understand these barriers and, most importantly, enhance quality of life.



Stephanie Dexter, LCSW: Stephanie has been a VistaCare Social Worker since August 1995. She obtained her MSW from Indiana University and began her social work career in pediatrics, working on the first state task force to develop pediatric AIDS foster homes. Eventually Stephanie moved into the hospice field, for which she is grateful and humbled. On a personal note, Stephanie has two wonderful children, four dogs, three cats, and a parrot.