How Chronic Pain Impacts the Quality of Life in Older Adults Living in Long-Term Care

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ABSTRACT

Chronic pain profoundly affects the quality of life for older adults in long-term care facilities. This study explores its multifaceted impact on well-being and examines mitigation strategies through empirical, aesthetic, and ethical perspectives. Focusing on research, clinical expertise, and experience, it investigates how chronic pain influences sleep, mental health, and nutrition. Chronic pain disrupts sleep patterns, leading to fatigue, diminished cognitive function, and other chronic health issues, which collectively reduce quality of life. It also affects mental health, causing psychological distress that further diminishes life quality for older adults in long-term care. Nutrition is another area adversely affected by chronic pain. Older adults with chronic pain often struggle to maintain a balanced diet, leading to either insufficient nutrient intake and weight loss or overconsumption and weight gain. Both malnutrition and over-nutrition can exacerbate health problems, further reducing quality of life. To address these challenges, the paper proposes strategies to prevent or reduce the decline in quality of life caused by chronic pain. This includes implementing preventive measures, offering support to older adults, and focusing on new research or methods specifically targeting those already suffering from chronic pain to alleviate their discomfort. This paper highlights the significant impact of chronic pain on older adults in long-term care facilities and calls for healthcare workers to address these issues. By understanding how chronic pain affects various aspects of life, there is a push for more research and strategies to alleviate pain-related suffering and enhance the quality of life for these individuals.

Introduction

In Canada, there are "nearly 8 million Canadians [that] live with chronic pain. People who experience chronic pain face a wide range of physical, emotional, and social challenges" (Canada, 2022, para. 7). The Government of Canada defines chronic pain as, "pain [that] lasts longer than 3 months" (2022, para. 2). One may assume that pain is to be expected as an older adult living in long-term care (LTC), but chronic pain is abnormal. This paper will discuss how chronic pain greatly impacts the quality of life through inadequate amount of sleep, negative impact on mental health, and poor nutrition, by the ways and patterns of knowing. This paper also discusses the strategies that can be put in place to prevent or reduce the decline in the quality of life in older adults living in LTC facilities.

What?

The Canadian Pain Task Force (2019) reported that "living with unmanaged pain can lead to sleeplessness, hopelessness, depression and anxiety, diminished quality of life, and isolation" (p. 5). Most people assume that pain is a normal part of aging; however, that is incorrect. Though it does occur with aging, it is not considered to be normal (Boscart et al., 2022). Pain should not be expected to occur with aging. There are several different types of pain such as chronic pain, acute pain, neuropathic, and nociceptive pain (Boscart et al., 2022). The pain that was noted for many of the residents at Deni House was chronic pain. As mentioned prior, this type of pain lasts for 12 or more weeks, and it can

occur for several different reasons such as an accident, injury, illness which can be degenerative or pathological (Boscart et al., 2022), or the pain could just be idiopathic.

Pain is subjective for each individual; some people have higher pain tolerances than others, so they can withstand more pain. The Novus Spine & Pain Center states that having a high pain tolerance can potentially be dangerous as people are less likely to report pain related to other major health issues that could be life-threatening (2022). This can be applied to older adults living in LTC who suffer from chronic pain because they might be less likely to notice additional or new pains which could have a great impact on their physical and mental health.

Some patients might not be able to verbalize when they are in pain; however, a healthcare professional such as a nurse should be able to note behaviour changes, such as the patient showing signs of aggression or restlessness. They might be guarding a certain area or clenching their hands or teeth. There are also activity changes such as the patient might be more resistant to help, or their appetite and sleep might decrease. Vocalization changes can also be noted. This can be moaning, groaning or any kind of noise that tells the nurse that the patient is experiencing discomfort. Some patients tend to cry when they are not able to express their pain in any other way.

Lastly, there are physical changes that can be noted as well, such as the patient could be pallid and/or diaphoretic and there could be an increase in their vitals such as a high pulse rate or blood pressure (Boscart et al., 2022). These are all signs and behaviours that should be noted by a nurse if someone is not able to verbally express their pain. Most, if not all, of these signs and behaviors were noted during clinical by the student nurses. If pain is noted, the nurse should conduct a pain assessment, which would consist of a group of questions that would further help the nurse to locate and identify the type of pain, so that they can come up with a treatment plan based on the data obtained from the assessment. For patients that are not able to verbally express pain, nurses can use charts that make it easy for patients to identify the amount of pain being experienced.

The official definition by the World Health Organization defines the quality of life as “individuals' perceptions of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns” (1998, p. 11). However, in the opinion of certain nursing students, quality of life is subjective for each person and there are many indicators that affect it. Student nurses had observed and were able to identify certain indicators that affected the quality of life in the older adults living in LTC. It was noticed that the residents suffering from chronic pain were not getting enough sleep, their mental health was on a decline, and they had a poor diet/nutrition.

Boscart et al. state that pain can affect “cognitive functioning, respiratory function, and general health status” (2022, p. 141). They also stated that “these concerns are greater when older adults are in hospital or reside in long-term care (LTC) homes” (FitzGerald et al., 2017, Hjetland et al., 2020, as cited by Boscart et al., 2022, p. 141). The lack of sleep can be affected due to chronic pain and chronic pain can be impacted due to a lack of sleep, as witnessed in long-term care. Both go hand in hand regarding the decline in the quality of life. Many residents in LTC are sleep deprived because they are in too much pain which is making it difficult for them to get any sleep. This impacts the overall quality of life because sleep deprivation can lead to many other chronic health issues which will reduce the overall quality of life.

Mental health is also greatly impacted by chronic pain and that also leads to a decrease in the overall quality of life. Though pain affects everyone’s mental health differently, it always has a negative impact on their overall quality of life, as no patient was witnessed doing or feeling better when their mental health was impacted by their pain. During clinical, it was noticed that patients in LTC that suffer from chronic pain, also suffer from mental health issues. This is difficult for them, as they now have two factors that are getting in the way of an adequate life at a long-term care facility.

Nutrition is another factor that can reduce the quality of life if it is not taken seriously. Student nurses have witnessed patients whose appetite is affected due to pain, which then leads to malnutrition, further reducing the quality of life in older adults.

Ways of Knowing – So What?

In *Women's Way of Knowing: The Development of Self, Voice, and Mind*, Belenky et al. (1984) identify five different ways of knowing; however, in the definitions of these different ways of knowing, it seemed to only be catered to women. The five different ways of knowing and their definitions are, as described by Belensky et al., are:

(1) Silence. This is a position in which women experience themselves as mindless and voiceless and subject to the whim of external authority.

(2) Received Knowledge. With this perspective women view themselves as capable of receiving and even reproducing knowledge from the all-knowing external authorities but not capable of creating knowledge on their own.

(3) Subjective Knowledge. This is a perspective from which truth and knowledge are conceived of as personal, private and subjectively known or intuited.

(4) Procedural Knowledge. This is a position in which women are invested in learning and applying objective procedures for obtaining and communicating knowledge. This kind of knowledge may involve two kinds: (a) Separate knowing, in which the knower learns to take "the devil's advocate" approach, and (b) Connected knowing, in which the learner learns to "get inside the shoes of the other."

(5) Constructed Knowledge. With this position, women view all knowledge as contextual, experience themselves as creators of knowledge, and value both subjective and objective strategies for knowing. (Belenky et al., 1986, p. 64).

In 1978, Barbara Carper described four different patterns of knowing that are extremely important to nursing knowledge. Empirical knowing, which is also known as the "science of nursing" (Potter et al., 2018, p. 293), is a collection of objective data which is data that can be measured. This type of data is supposed to "guide your clinical decision-making process" (Potter et al., 2018, p. 293). Aesthetic knowing, sometimes called the "art of nursing" (Potter et al., 2018, p. 293), usually "relates to how you as, as a unique individual, choose to respond in a patient situation. It is a reflection of your personality and your creativity" (Potter et al., 2018, p. 293). This pattern of knowing is subjective, meaning it is from the client's perspective. Personal knowing would be from a health care professional's perspective, in this case from a nursing student or other nurses' perspective. Lastly is ethical knowing which is "shaped initially by our own values" (Potter et al., 2018, p. 293). As the name states, this way of knowing involves ethics, and how things may be viewed from an ethical standpoint. All of the patterns of knowing build onto each other and tend to influence the patterns of knowing (Potter et., 2018). This paper will focus on the empirical, aesthetic, and ethical pattern of knowing.

Empirical Knowing

There have been numerous studies done regarding chronic pain and sleep. In a quantitative study done by Sun et al. (2021), they state that "the primary objective of this systematic review and meta-analysis is to determine the pooled prevalence of sleep disturbances in non-cancer chronic pain patients who have no comorbid sleep disorders" (p. 2). The results of this study showed that the people who suffered from chronic pain, without any previous diagnosis of any sleep disorder, had reported poor sleep patterns. The result of poor sleep impacts the quality of life because the body of the older adult suffering from chronic pain is having a hard time keeping up. This can then lead to a diagnosis of a sleep disorder. Sun et al. found that "a systemic review of 5769 chronic pain participants reported a 44% prevalence of any type of sleep disorder, with the top three being insomnia, restless leg syndrome, and obstructive sleep apnea" (p. 7). Older adults that are already suffering from chronic pain and a lack of sleep, will have a harder time if they are diagnosed with a sleep disorder as it will put a decline in their quality of life. Sun et al., state that "since chronic pain places such a high burden on patient quality of life, it highlights the need for early screening of sleep disturbances in chronic pain patients so that management can be initiated early, and especially true for chronic pain conditions" (p. 7).

Aesthetic Knowing

In a qualitative narrative review by Elma et al. (2022), they emphasize the importance that nutrition has on people that are suffering from chronic pain:

> An accumulating body of evidence suggests that poor nutrition, such as malnutrition, unhealthy dietary behaviors, and a poor dietary intake can play a significant role in the occurrence, prognosis, and maintenance of chronic non-cancer pain, hereafter described as chronic pain. (p. 1).
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> Elma et al. note that nutrition can play many roles in the lives of older adults suffering from chronic pain. Poor nutrition can lead to an overall decline in the quality of life. This can be in several different ways, such as a lesser intake of fruits or vegetables, or an increased amount of unhealthy, fatty foods consumed by persons experiencing chronic pain. There is also the opposite where a person suffering from chronic pain has a decreased appetite, causing them to not consume an adequate amount of food. This can cause malnutrition and "subsequently a decreased fat free mass and impaired physical and mental functions (i.e., daily functioning and cognitive functions)." (p. 6).

According to Elma et al, chronic pain can affect nutrition in two ways: the older adult begins to oversupply themselves with unhealthy foods which is known as "overnutrition" (p. 3), which can then cause health problems such as obesity, or the person consumes little to no food, which is known as malnutrition or "undernutrition" (p. 3). In LTC, "undernutrition… is most common among older patients" (p. 4). Elma et al point out that regardless of whether the person is over nourished or under/malnourished, it could lead to many health problems such as, but not limited to, obesity, malnourishment, and fragility. Overtime, these can decrease the quality of life, making it harder for the older adult to function in LTC.

Ethical Knowing

An example of ethical knowing was shown in a study by Cole et al. (2022). This study begins by stating that "among nursing home (NH) residents, pain decreases quality of life and is associated with depression, dependency, and sleep problems" (p. 1916). This study focuses on the correlation between chronic pain and mental health, more specifically, depression.

> Eight studies in this review reported a positive association between depression and pain. Depression in older adults is common, with prevalence rates among NH residents ranging from 42.6% of short-stay residents to 53.0% of long-stay residents. Pain is known to exacerbate depression, but the mechanistic link between pain and depression remains elusive. Possible mechanisms include that depression may reduce the pain threshold and sensitize pain perception, or that chronic pain can lead to an altered emotional state, including depression. (p. 1923).

This can be seen from an ethical standpoint by first considering the definition of ethical knowing by Carper: "the fundamental pattern of knowing identified here as the ethical component of nursing is focused on matters of obligation or what ought to be done" (1978, p. 29). Cole et al. (2022) state that:

> When looking at factors associated with pain in NH residents, both reviews highlight the underreporting and undertreatment of pain in residents with cognitive impairment. These findings provide additional evidence of the need for continued efforts to improve pain assessment and treatment in the NH setting, particularly for residents with dementia and cognitive impairment (p.1924).

One can assume that the authors imply that if chronic pain was properly assessed and sufficient treatment was provided, then patients could slowly start taking the necessary steps needed towards recovery from chronic pain and depression, therefore putting them on a pathway towards a better quality of life. In this case, "what ought to be done" (Carper, 1978, p. 29) is proper assessments of pain and adequate treatments to aid in the management of chronic pain.

Now What?

Through the ways of knowing, it becomes obvious how chronic pain affects sleep, nutrition, and mental health, which end up reducing the quality of life in older adults living in long-term care. Some preventative measures could be put in place to decrease the likelihood of reduced quality of life. Early screening and detection are tactics that could be used to detect chronic pain in some older adults. By detecting chronic pain earlier on, if this pain is related to a disease or illness, early detection could prevent the older adult's health and quality of life from declining further.

More research is another option. Though there is already research on chronic pain and prevention methods, more research needs to be done focusing on patients that are already struggling with chronic pain. This could be helpful as patients who are already suffering from chronic pain can use newer methods that might reduce their pain. Nurses who have been working for a long time in long-term care facilities with patients who suffer from chronic pain tend to understand certain treatments for chronic pain more than new nurses or nursing students. According to the British Columbia College of Nurses & Midwives (BCCNM) under *Knowledge-based Practice*, nurses should share knowledge "with clients, colleagues, students and others" (2023, para. 12). By doing this, not only is the knowledge being spread but it is helping other clients and nurses.

Nurses and nursing students can also provide a support network for older adults. Some people living in LTC do not have any family or support there for them. As a nursing student, that support can be provided in many different ways. Students can offer support by having a conversation with the residents. Sometimes, all a resident might need is to know that someone is listening and cares about them. Words of encouragement can also go a long way.

Conclusion

Understanding how chronic pain can affect older adults in long-term care is quite crucial. This paper discussed the decline in the quality of life in older adults living in long-term care who are suffering from chronic pain. In the clinical setting, student nurses observed that the patients suffering from chronic pain were not able to get enough sleep, had poor nutrition, and struggled with their mental health.

The ways of knowing helped with understanding how these indicators impacted the quality of life. Through empirical knowledge, it was found that chronic pain affects sleep, and this impacts the quality of life as it can lead to a possible sleep disorder. Through aesthetic knowledge, it was discovered that nutrition can affect an older adult either through "overnutrition" or "undernutrition" (Elma et al., 2022, p. 3). These can also lead to other health problems, which will eventually decrease the quality of life. And from ethical knowledge, it was found that many older adults in LTC who suffer from chronic pain also suffer from mental health issues, specifically depression. However, through proper assessments and treatments, older adults can have improvements in their quality of life.

This paper also discussed strategies that could potentially help older adults. Nurses and nursing students should follow the BCCNM guidelines to help patients and nurses to manage pain. Early detection can also be effective as it might prevent the decline in the quality of life. Nurses and nursing students should also show support to residents through simple conversations with them. However, there should be more research done on chronic pain and prevention tactics to further reduce the prevalence of chronic pian in LTC facilities.

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