

**Thesis Title**            The Relationships among Pain Intensity, Pain Acceptance, and Pain Behaviors in Patients with Chronic Cancer Pain in Medan, Indonesia

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### **ABSTRACT**

The objectives of this descriptive correlation study were to identify the level of pain intensity, pain acceptance, and pain behaviors, and to identify the relationships of pain intensity, pain behaviors, and pain acceptance in patients with chronic cancer pain. Fifty eight chronic cancer pain patients were selected using a purposive sampling method from medical, surgical and genealogical wards in three selected hospitals in Medan. Data were obtained using self-report questionnaires and observational method included Pain Numerical Rating Scale (PNRS), Chronic Pain Acceptance questionnaire (CPAQ), and Pain Behavior Observational Protocol (PBOP). The questionnaire was tested for content validity and the value of the content validity index (CVI) was .94. The reliability of the instruments was tested on 20 subjects who had similar characteristics to the population of the study. The internal consistency reliability of CPAQ was examined and revealed a Cronbach's alpha coefficient ( $\alpha$ ) of .77, and an inter-rater reliability of the PBOP of .93. The data were processed with statistical analysis using descriptive statistics and Pearson's product moment correlation coefficient ( $r$ ).

The results show that the average pain score was 3.43 ( $SD = 1.69$ ), most of the subjects reported pain at a low level (53.4%), followed by a moderate level (46.6%). The pain acceptance scores ranged from 13 to 66 ( $M = 35.55$ ,  $SD = 13.72$ ) consisting of activity engagement ( $M = 17.36$ ,  $SD = 9.29$ ) and pain willingness ( $M = 18.19$ ,  $SD = 6.72$ ). Most of the subjects expressed low (48.3%), followed by moderate (43.1%) pain behaviors. Primary results showed that pain intensity was correlated with pain acceptance ( $r = -.48$ ,  $p < .01$ ) and moderately correlated with pain behaviors ( $r = .59$ ,  $p < .01$ ). Pain acceptance was moderately correlated with pain behaviors ( $r = -.59$ ,  $p < .01$ ). For pain acceptance subscales, activity engagement was correlated with pain intensity ( $r = -.45$ ,  $p < .01$ ) and moderately correlated with pain behaviors ( $r = -.50$ ,  $p < .01$ ). Pain willingness was correlated with pain intensity ( $r = -.36$ ,  $p < .01$ ) and moderately correlated with pain behaviors ( $r = -.51$ ,  $p < .01$ ).

Overall, most of the subjects in this study were experiencing a low level of pain intensity, low level of pain acceptance and low level of pain behaviors. When subjects experienced pain, most of them accepted their pain and expressed low pain behaviors. Those subjects with higher pain intensity expressed their pain with frequent grimacing, sighing, or guarding behaviors. Subjects who had a high level of pain acceptance, expressed less frequent of pain behaviors. Results suggested that those subjects with low level of pain intensity were more likely to have higher level of pain acceptance and lower level of pain behaviors expression.