



Understanding and Advancing Communication Between People Living with Chronic Pain and Their Healthcare Providers in Ethiopia

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Background:

Chronic primary musculoskeletal pain is a major health burden in Ethiopia. Effective communication is essential for accurate assessment and management. Cultural, social, and systemic factors influence pain communication.

Objectives:

To understand and advance communication between people living with chronic pain and their healthcare providers in Ethiopia

Methods:

- Three Studies:**
- Patients experience:** Interpretative Phenomenological Analysis
 - Providers experience barriers and facilitators:** Interpretive Description
 - Tool:** Validation of Amharic Brief Pain Inventory (BPI)

Results:

Study one

👤 Patients (six superordinate themes from 14 participants)

1. Uncertainty about what to communicate
2. Involving family members in communication about chronic pain
3. The desire for more and deeper questions
4. Having trouble describing the pain experience
5. Being listened to, heard, and understood
6. The communication approach of the HCP shapes patient experiences

Study two

👨‍⚕️ Providers (three main themes from 16 participants)

1. Complex inter-related contextual factors make communicating about chronic pain with patients challenging for health professionals,
2. Adequate time with the patient and abilities of the health professional to facilitate communication about chronic pain,
3. Patient factors, lack of pain-management knowledge of HCPs, and systemic problems with the way healthcare is delivered all form barriers to effective pain communication.

Study three

📊 Tool (BPI)

- The test-retest reliability testing resulted in an ICC = 0.82 for pain severity and ICC= 0.90 for the pain interference.
- The severity scale had the highest correlation with bodily pain subscale of the SF-36 at $r = -0.44$, and the interference scale with Physical functioning scale of SF-36 at $r = -0.63$.

Internal consistency

Two Factors		Three factors		
Pain Intensity	Pain Interference	Pain intensity	Pain Interference	Affective Interference
$\alpha=0.89$	$\alpha=0.91$	$(\alpha=0.89)$	$(\alpha=0.84)$	$(\alpha=0.86)$

Conclusion:

✓ Communication about chronic pain is complex, influenced by cultural and social contexts, and hindered by patients' struggles to articulate pain and providers' lack of understanding. Integrating tools like the BPI can bridge communication gaps, enabling more effective pain communication.

Implications:

Clinical Implications

- 👤 Promote empathetic & comprehensive communication
- 💡 Encourage active listening & deeper questioning
- 👨‍👩‍👧 Involve family members in communication
- 📊 Integrate standardized tools (e.g., BPI) into routine care

Policy & Practice Implications

- 🧠 Support holistic, patient-centered care
- 🏢 Invest in healthcare infrastructure improvements
- 👨‍🎓 Develop provider communication training programs
- ⚙️ Address system-level barriers in care delivery

Patient & Community Impact

- 📖 Promote patient education initiatives
- 🗣️ Empower patients to express and understand pain
- 😊 Improve patient satisfaction & health outcomes

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