

# Spotlight on MSc Research

## Supporting Children with Chronic Pain in School: Understanding Teachers' Experiences of Pain in the Classroom

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Chronic pain is a common experience for children with the median international prevalence rate ranging from 11% to 38% (King et al., 2011). Within an Irish context, approximately 10% of primary school children suffer from chronic pain (O'Higgins et al., 2015). Headache, abdominal and musculoskeletal pain are the most commonly

reported types of paediatric chronic pain (King et al., 2011). However, children often report pain in multiple sites (Perquin, 2000). Children spend a majority of their waking hours in school and for those with chronic pain, attendance, academic achievement, peer relationships and their perceived competence in these domains can be negatively impacted by the experience of persistent pain (Dick & Riddell, 2010; Gorodzinsky, Hainsworth & Weisman, 2011).

Previous studies have found teachers face many challenges in supporting adolescents with chronic pain including high absenteeism, students' experience of symptoms and impairments, balancing the needs of all students and working with parents (Mukherjee, Lightfoot & Sloper, 2000; Logan & Curran, 2005).

To date, research has concentrated on the adolescent population and failed to investigate the experience of supporting younger children with chronic pain in school. It is reasonable to assume that younger children may rely more on teachers

for support due to their age and developmental capacities. Accordingly, the aim of this research is to explore the experiences of Irish primary school personnel in supporting students with chronic pain.

### Methods

#### Participants

Eight primary school staff from seven schools agreed to participate. All participants had experience of teaching at least one child with chronic pain, with children's age ranging from five to twelve years. Further details on participant characteristics and their students with pain can be seen in Table 1.

#### Design

This study utilised an inductive qualitative design consisting of open-ended individual interviews with primary school teaching staff.

#### Procedure

The study was approved by the University Ethics Committee. Participants were recruited from local schools and schools which participated in the PRIME-C study (O'Higgins et al., 2015). Schools were provided with the information sheet and research team contact details. Teachers interested in participating contacted the researcher directly. Interviews took place in an interview room at the University or at the participants' school. The researcher introduced the study and answered any

Table 1

*Demographic Characteristics of Participants (n = 8)*

	Frequency	Years
<b>Sex</b>		
Male	2	
Female	6	
<b>Age</b>		
Range		26-48
Mean		35.38
<b>Teaching Role</b>		
Teaching principal	1	
Mainstream class teacher	5	
Special Needs Assistant (SNA)	2	
<b>Teaching experience</b>		
Range		7-25
Mean		11.63
<b>School Location</b>		
Rural	4	
Urban	4	
<b>Type of pain experienced by student(s)</b>		
Musculoskeletal	5	
Abdominal	3	
Headache	3	
Multiple sites	1	
<b>Diagnosis</b>		
Yes	5	
No	3	
<b>Physical Disability</b>		
Yes	3	
No	5	

questions before the participant signed the consent form and completed a demographic form. All interviews were audio recorded using a digital voice recorder to facilitate transcription. Each interview lasted approximately 38 minutes (ranged from 25 to 51 minutes). SPSS software was used to statistically analyse participants' demographic information. Interviews were transcribed and inputted into NVivo (2012) software for qualitative

analysis. Analysis followed the stages of thematic analysis as outlined by Braun and Clarke (2006). Thematic analysis was chosen as it provides a well-defined procedure of analysis while maintaining the flexibility to investigate a broad research question. Once analysis was completed, participants were emailed a debriefing sheet providing an overview of the findings.

## Results

### Theme 1: Power of diagnosis

School personnel discussed the powerful influence a diagnosis had on whether a child was supported or not. Unanimously, school personnel saw diagnosis as a catalyst to supportive engagement with students with chronic pain. T1 *"once that's in place there can be suggested protocol to follow."*

In the presence of a diagnosis, teachers felt they no longer had to question the motive of the child's pain. T4 *"I would say a diagnosis kind of does make you a bit more aware ... you can see where it's coming from, she's not putting it on"*. When pain was undiagnosed, school staff described judging the authenticity of their students' pain. T1 *"you're making a call yourself on whether this child is faking it or that they're genuinely sick and they're experiencing pain."*

The classroom experience of teachers whose students had a physical disability differed profoundly from those teaching children without a physical disability. Children with a physical disability received more support in general and specifically for their pain from the school and external organisations. Staff were prepared to anticipate and accommodate the potential needs of children with physical disabilities. T6 *"They [disability organisation] were able to tell us what he was able in and what he needed help with."*

## Theme 2: Role of school staff in supporting a child's pain

School personnel had a strong sense of their own role, their colleagues' roles and the role of the school system in supporting children with pain at school. Class teachers saw themselves at the centre of the child's support system: accessing and delegating academic and emotional support and communicating the child's needs to school personnel and parents. Support staff focused on pain relief, enhancing the child's quality of school life and maximising physical and psychosocial functioning. Their more personal relationship with the child helped overcome limitations to the level of support teachers can provide to children with chronic pain. T8 *"There's no possible way a teacher can cater for a child like that with other children on top."* School personnel placed great importance on their role in not only supporting the child's physical experience of pain but also the emotional and social consequences of chronic pain. *"To know that there's somebody there that she can ask for help is a good thing. I think it has affected her positively, even now she is a lot more outgoing and she'll participate more."*

## Theme 3: Supporting schools to support children with pain.

### Subtheme 1: Pain can be treated in school, provided that teachers are supported.

High class numbers, curriculum overload and space were some of the challenges teachers faced as they tried to balance the needs of the child with pain and their peers. School personnel identified SNAs' (Special Needs Assistant) as key to overcoming these limitations by supporting both students with pain and teachers. The presence of

another staff member in class creates opportunities for meaningful engagement with the student with chronic pain.

Teachers reported absenteeism as an issue for children with chronic pain; they did not believe going home was a practical or effective support strategy. They spoke about the consequences missing school has for the child's education and friendships and for working parents. While they recognised the need for the long-term management rather than acute treatment of pain in chronic situations, school staff are not practically supported to keep a child with pain in school. T1 *"you're not getting to the root of it, it's not a fix to be sending the child home every time ... if they have got a chronic illness there has to be some other way of really managing it, maybe in school."*

In line with this, school staff placed importance on having congruence between the pain support provided at home and at school. T1 *"If the child has chronic pain at home there has to be something the parents can do for them, and if the teacher is doing the same thing in class all the while helping them stay where they are."*

### Subtheme 2: Pain needs to be given more credence in the provision of school resources.

School personnel see the needs of the classroom changing with mainstream schools becoming more inclusive. However, they are not being provided with the training or resources to cater for such needs, like chronic pain. Even with a diagnosis, support allocations within Irish primary schools do not cater for children with pain. School personnel believe change must begin at a government level. T8 *"That directive needs to come from the Department (of Education and Skills). If it doesn't come from the top it's not going to happen at the next level down."*

### Subtheme 3: Support strategies.

School staff emphasized that an understanding of pain is not enough for the provision of support; teachers need practical strategies they can implement in the classroom. T1 *“there’s all these reports about symptoms and that’s all fine but what are you going to do when a child comes up to you? You can come up with loads of things yourself but are you doing the right thing?”*

Participants compensated for the lack of training and resources by creating their own strategies for supporting students’ pain. These strategies ranged from creating protocol for the child’s care to including stretches for muscle pain relief in Physical Education lessons. Suggested strategies for supporting teachers with students with pain in the future included training, guidance from medical professionals, classroom materials specific to coping with chronic pain and inclusive curriculum.

Furthermore, school staff believed that having the skills to support their students would not only benefit students but also themselves by giving them confidence to provide support. T1 *“As a teacher it would give you confidence to say ok now this is what we’re going to do... you can step in the first time they complain, you know what to do. You’re not going to have to let it go to such a point where you’re like all we can do now is send you home.”*

### Discussion

This study provides insight into the lived experience of paediatric chronic pain in the classroom from the perspective of primary school personnel. Many of the challenges faced by primary school personnel in this study are echoed in studies with school personnel who teach adolescents with chronic pain (Logan & Curran, 2005), highlighting the consistency of the challenges across development.

Our study adds to previous findings (Mukherjee et al., 2010) with the presence of a diagnosis seen as a reassurance for teachers as well as a crucial starting point for support. However, although diagnosis was seen as helpful, school personnel expressed frustration as the resources available within the Irish educational system do not apply to chronic pain diagnoses.

At a school level, staff identified support from colleagues as fundamental to meeting a child’s needs. Despite not always being the person to provide one-to-one support, teachers are integrally involved in the child’s support plan. Nabors and colleagues (2008) suggested that to meet the needs of children with health conditions, schools should have a designated professional responsible for supporting teachers, and who serves as a liaison between the child, parents and medical team. Results from this study imply that such a system could be beneficial in overcoming the challenges identified by school personnel.

A limitation of the present study is the small sample size. Further research is needed with a larger sample to allow for more generalizable findings that can be utilised for the development of interventions or support recommendations. Due to the presence of external supports for children with physical disabilities, it would also be worth considering whether there are differences between the experiences of teachers who teach children with chronic pain with and without and associated physical disability.

An important contribution of this research to the paediatric pain literature is the exploration of chronic pain in the primary level classroom. As indicated by the current study, younger children rely heavily on their teachers for support. Incorporating the perspectives of key gatekeepers such as teachers in children’s wellbeing is essential for the physical, emotional and functional consequences of pain to be fully addressed. If the psychosocial consequences of pain are addressed at an earlier age, the impact on a young person’s

psychosocial functioning can be minimised during the important developmental stage of adolescence.

In sum, our findings show that teachers believe pain should be managed in school and that many of the support strategies they currently implement and wish to implement are centred on helping the child remain in school while experiencing pain. By providing more formalised support for teachers, school absence due to chronic pain could be reduced and children's school experience improved.

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