

AN INVESTIGATION OF PROVIDER SELF-INSIGHT INTO THEIR CHRONIC PAIN MANAGEMENT

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Research indicates pain management varies across patient sex, race, and mental health status; however, little is known about the extent to which providers are aware of these influences on their clinical decisions. This preliminary study examines the correspondence between providers' actual and self-reported use of these variables when making pain-related treatment decisions. We also examined the relationship between providers' self-awareness and their attitudes about sex, race, and depression. Forty-four participants (24 providers, 20 trainees) made pain treatment decisions for sixteen computer-simulated patients presenting with chronic back pain. Patient sex, race, and depression status were manipulated across vignettes. At study conclusion, participants rated the extent to which nine factors influenced their treatment decisions and completed measures assessing their attitudes about sex, race, and depression. Approximately 68% and 91% of participants reported using patient demographic characteristics and mental health symptoms, respectively, to make pain treatment decisions. Participants demonstrated some self-awareness for the influence of patient sex, but not race or depression, on their treatment decisions. Participants' attitudes about sex and race were not significantly associated with their self-reported or actual use of patient demographic information when making treatment decisions. Of the participants who reportedly used mental health symptoms, higher negative attitudes about depression were significantly associated with greater self-reported influence of mental health symptoms on pain treatment decisions ($r = -0.42$, $p < 0.01$). However, there was no significant association between depression attitudes and actual use of depression symptoms. These findings suggest that (1) providers' have some awareness of the influence of patient sex, but not race or depression, on their treatment decisions, and (2) providers' attitudes about sex, race, and depression do not sufficiently explain this general lack of awareness. These findings have important clinical implications and may inform interventions to improve pain management and reduce pain disparities.

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