

# Patients' Experiences with an Interdisciplinary Team Assessment of Chronic Pain: A Qualitative Interview Study

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**Background:** Chronic pain is a widespread issue, and it is important to find interventions that are effective and valued by patients. At the study hospital, an interdisciplinary approach is often used, involving an assessment by a psychologist, physiotherapist, and doctor. We wanted to examine patients' experiences with this interdisciplinary approach.

**Methods:** We conducted semi-structured interviews with nine patients at the Pain Department at the University Hospital of North Norway. The interviews were conducted in January and February 2023. The interviews were analyzed using a phenomenological approach.

**Results:** Overall, our results suggest that an interdisciplinary approach is perceived as beneficial by patients with chronic pain. Four themes were highlighted. The first theme was that patients felt their pain was understood in a holistic manner. The second theme was that the participants felt seen and understood. The third theme emphasized the value of having further actions recommended and initiated. The fourth theme was a feeling of being overwhelmed by an interdisciplinary approach.

**Conclusion:** A majority of the participants found an interdisciplinary approach to be helpful. However, some patients may find it challenging to meet the entire interdisciplinary team at once.

**Keywords:** chronic pain, interdisciplinary approach, health psychology, biopsychosocial model

## Introduction

Chronic pain may be defined as pain that persists beyond the normal healing period and lasts for more than three months.<sup>1</sup> Pain conditions that are referred to and treated at a pain clinic are often so complex that multiple approaches are necessary.<sup>2</sup> Therefore, the biopsychosocial model is often recommended as a basis for understanding and treating chronic pain.<sup>3,4</sup> According to the biopsychosocial model, pain perception is influenced by a complex interaction of psychological, social, and biological factors.<sup>5</sup>

Pain clinics drawing on the biopsychosocial model may use a multidisciplinary approach where medical doctors, psychologists, and physiotherapists work closely together to provide the best possible care for the patient.<sup>6</sup> This allows patients to describe their complaints thoroughly and holistically, which may be crucial in the treatment of chronic pain.<sup>7</sup>

Studies have suggested that patients with chronic pain find an interdisciplinary assessment useful because they feel understood and that their problems are taken seriously.<sup>8</sup> Moreover, interdisciplinary approaches can improve psychological well-being, physical functioning, coping skills and reduce the need for medications.<sup>9</sup> Studies<sup>10,11</sup> indicate that interdisciplinary teams can be effective in the management of chronic pain. Such teams allow for a comprehensive understanding of pain, addressing its physical, psychological, and social aspects. Research has suggested that this holistic approach may lead to better patient outcomes, as it can promote tailored treatment plans and foster collaborative care.<sup>10,11</sup> Despite such benefits, the effectiveness of interdisciplinary teams may vary depending on patient preferences and needs.

Assessing and treating chronic pain can be challenging because the pain may have various etiologies and manifestations.<sup>12</sup> Therefore, guidelines have been developed focusing on how to best assist the patient. One example of this is the “PATIENT” approach, which is an acronym for P: patient’s perception; A: assessment; T: tailored approach; I: iterative evaluation; E: education; N: non-pharmacological approach; T: team. This approach emphasizes the importance of interdisciplinarity, teamwork, and holistic management.<sup>12</sup>

Few studies have investigated patients’ experiences with the use of an interdisciplinary approach at an outpatient pain clinic, and findings have been mixed.<sup>13</sup> Even if an interdisciplinary approach can be useful, it is uncertain how this approach preferably should be organized. It has been recommended that the interdisciplinary approach draws on a sequential process where the patient meets the respective professionals individually through three different sessions.<sup>14</sup>

A different interdisciplinary approach, which is currently in use at the Outpatient Pain Clinic at the University Hospital of Tromsø, Norway, involves the patient meeting with a psychologist, a doctor, and a physiotherapist in a joint session. The psychologist is primarily responsible for leading the conversation. The conversation relies on a biopsychosocial model and topics include the patient’s pain perception, struggles, possible coping skills, mental health, and social situation. At the end of the session, the professionals and the patient discuss different solutions. The entire session lasts approximately two and a half hours, with a break in between.

In the present study, we aim to examine the experiences of chronic pain patients who meet different professionals in a joint interdisciplinary session.

## Material and Methods

### Ethics

The study was conducted in accordance with the World Medical Association’s Declaration of Helsinki and relevant institutional and national guidelines.<sup>15</sup> This was a quality assurance project, and the study was therefore, in line with Norwegian regulations<sup>16</sup> assessed by the Data Protection Officer at the University Hospital of North Norway, who approved the study (approval ID 2992). All the participants received information about the study, were informed that a paper with their interview data would be published, and consented in writing to participating. In order to ensure that the participants fully understood how the study would be conducted, including how data would be stored and how the study’s findings would be presented, the participants were given written and oral information and also encouraged to ask the researchers questions about the study before signing the consent form. The participants consented to their individual experiences being presented in an anonymized form. No identifying information is presented in the study results.

### Recruitment

A research secretary sent invitation letters to 30 patients who had undergone interdisciplinary assessment in 2022. Nine patients accepted and were interviewed. They signed consent forms, and all information was treated confidentially. We ensured that we only interviewed patients we had no treatment responsibility for. All participants received a gift card worth 200 NOK for their participation.

### Participants

The study participants were patients with chronic pain who had undergone interdisciplinary assessment at the Outpatient Clinic of the Pain Department at the University Hospital in Northern Norway in 2022. Six women and three men participated. The average age of the participants was 46 years (range 31–66 years). The majority of our participants had musculoskeletal or neuropathic pain. We did not have any patients with cancer-related pain. The participants were informed that the study would examine how they experienced the interdisciplinary assessment.

### Interview and Analysis

The interviews were conducted in January and February 2023 by authors M.B and I.G. Each participant was interviewed over the phone for about 25 minutes (range 20–40 minutes). The variability in the length of the interviews can be explained by the observation that some participants were more descriptive in their answers while others were less

elaborate. We asked participants to expand on their answers if necessary. Participants were also informed that they could be honest in their feedback, and that it would not affect their future treatment. The qualitative interview was conducted using a structured interview guide to explore the patients' own perspectives, experiences, and understanding.

The interviews were conducted by M.B. (Ph.D./Clinical psychologist/male) and I.G. (Ph.D. candidate /Clinical Psychologist /female), both of whom have research backgrounds and clinical experience working with patients with chronic pain. The analysis was carried out by I.G. and M.B., in collaboration with I.S. (Ph.D./Clinical Psychologist/female). R.W. (M.D, Ph.D. /Full professor/male) assisted with research supervision and with writing and revising the manuscript. All authors had extensive experience from both research and interdisciplinary assessments. None of the authors have been involved in the development of the interdisciplinary approach described in the present study.

The interdisciplinary team described in our study included a physician, psychologist, and physiotherapist. Ideally, the team could also have included a nurse, a social worker and other professional groups. However, at the Pain Clinic, nurses primarily work with inpatients experiencing acute or chronic pain, whereas the physician, psychologist, and physiotherapist mainly work with outpatients. This is largely due to limited availability of specialized nursing staff.

The interview guide ([Appendix 1](#)) was semi-structured and relied on open-ended questions focusing on patients' experiences. Thus, the participants were instructed to describe their experiences freely. The interview was built around the main question «How did you experience being seen by both a doctor, psychologist, and physiotherapist at the same time?» The participants were encouraged to describe their overall experiences, the most important take aways from the interdisciplinary session, and what they had expected prior to attending the session.

The interviews were recorded, stored on an encrypted research server and subsequently transcribed. The interviews and analysis were based on a phenomenological approach.<sup>17</sup> The purpose of this approach is to gather detailed individual experiences and identify commonalities and differences in the participants' responses. This allows the identification of overarching themes.<sup>18</sup> A phenomenological approach is widely used in pain research due to the complexity and emotional aspects of chronic pain.<sup>19</sup> The first step of the analysis was to get an overview of the data. We read and then re-read the interview transcriptions. In the second step, we identified themes. The first author reviewed all the transcribed interviews and highlighted relevant words, phrases or sentences. Then, the highlighted sentences were extracted from the text, listed in groups of themes. This was conducted with a particular sensitivity to participants' emotional reactions and their experiences. In the third step, the authors reviewed the themes, and adjusted and renamed them following discussions. Each theme was compared with the transcribed interviews to ensure that the themes reflected the data.

Throughout the entire process, we took notes to document key decisions and reflections, particularly during the reading of the transcribed interviews and in discussions among the researchers regarding interpretation of the results. These notes formed an informal audit trail and helped ensure transparency in how codes and themes were developed. The researchers read and discussed the transcribed interviews together to reach a shared understanding of the data and to critically reflect on emerging themes. This process can be seen as a form of peer debriefing. In order to enhance clarity, rigor, and transparency of this qualitative interview-based research project, we followed the Consolidated criteria for reporting qualitative research (COREQ)<sup>20</sup> and have appended the checklist ([Appendix 2](#)).

## Results

The participants' responses were divided into four main themes: 1) "Holistic understanding", 2) "Being seen and understood", 3) "The way forward" and 4) "Feeling overwhelmed" (See [Table 1](#)). These four themes will be described in more detail.

### Holistic Understanding

The participants highlighted the importance of a holistic understanding, that is, seeing the whole person rather than focusing on separate parts of the body. This involved viewing the patient as a whole, with a close interaction between body and mind. Most participants underlined the important connection between the body and the mind. One participant captured this sentiment:

**Table 1** Summary of the Results

Theme	Description
<b>1. Holistic understanding</b>	Participants emphasized the value of being seen as whole persons, with a strong mind-body connection. They described a shift in their understanding of pain—from a purely physical symptom to a complex interaction of biological, psychological, and social factors. This holistic view helped them make sense of their pain in a more integrated and meaningful way.
<b>2. Being seen and understood</b>	Many participants described the experience of being genuinely seen, heard, and understood—often in contrast to previous encounters with the healthcare system. They highlighted the importance of health workers who recognized and validated their experiences of pain, which fostered trust and emotional safety.
<b>3. The way forward</b>	The interdisciplinary conversation helped participants identify concrete steps for managing their condition, including psychological support, physical activity, and other self-management strategies. Several felt that the session opened up new perspectives and gave them hope.
<b>4. Feeling overwhelmed</b>	A minority of participants found the interdisciplinary setup overwhelming or stressful, especially when talking to multiple professionals at once. Some preferred sequential, one-on-one consultations—particularly with the doctor. This theme highlights the need for tailoring the approach to individual preferences and comfort levels.

For the first time, I felt that someone saw the whole person. Otherwise, I see the healthcare system as pillars that do not interact with each other. So, I finally felt that someone saw more parts of me. (Participant 1, female)

The participants also reported that when the team viewed them as a whole person, this helped them better understand pain mechanisms and that chronic pain is a complex interaction between biological, social, and psychological factors. Several participants pointed out how they learned that pain is more than just a sensory experience. One participant stated:

Before, I only focused on the fact that I was in pain. It was very useful for my mind to have an explanation of how pain is connected, and I have thought a lot about it afterward. It was very enlightening. (Participant 1, female)

Another had a comparable comment, underlining the importance of the mind-body connection with respect to the perception of pain:

I understood what happens in the body and how the pain is controlled by the brain and what pain really is. You feel that you are in pain, but pain is so much more. (Participant 6, male)

These quotes highlight how the interdisciplinary approach deepened participants' understanding of the complex nature of pain, shifting their focus from just the sensory experience to a more holistic view with both physical and psychological aspects.

## Being Seen and Understood

The majority of the participants reported that they felt seen and understood during the interdisciplinary conversation. Some of the participants mentioned that they had previously experienced a lack of understanding and felt that their pain was not taken seriously in contact with the healthcare system. Feeling being seen and heard was important to several, and one participant stated:

It is probably being seen and heard that I have missed most in the system. It was very nice to notice that you have that understanding. (Participant 3, female).

This quote illustrates the strong desire for validation and understanding, which many participants felt was lacking in their previous healthcare encounters. Another participant emphasized the importance of being understood by professionals who specialize in pain management:

I felt understood. Because it is people who work with pain patients. They understood what I said. They had an understanding of pain, because they recognize it. (Participant 8, female).

Most participants said they experienced understanding and caring when they presented their situation in front of the doctor, the psychologist and the physiotherapist. Overall, most participants experienced that their struggles were seen as real and unique.

## The Way Forward

Several participants reported that they found it particularly useful that specific measures were outlined during the interdisciplinary conversation. Such measures could include more physical activity, conversations, talk therapy, mindfulness-based approaches, relaxation, or physiotherapy. One participant underscored the importance of having someone who could help in addition to the GP:

I felt that the course ahead was charted. I still struggle with the same things, but I see more solutions now. If I had just gone to the GP as usual, I wouldn't have seen any solutions. Now I see the way forward. I just have to walk it. (Participant 1, female)

This quote reflects the sense of clarity participants gained through the session. Another participant described how receiving help from a psychologist contributed to his sense of progress:

A ball has been set in motion. Something happened afterward. So, I have received help. The way forward became a bit clearer. I got an appointment with a psychologist. (Participant 4, male).

The importance of the interdisciplinary approach was also mentioned by some:

Things have happened after the interdisciplinary conversation. It opened some channels that allowed me to think differently. I saw some new directions. (Participant 3, female)

A central purpose of the interdisciplinary session was to find new ways of pain management. A majority of the participants experienced that the sessions concluded with some type of measure or action, in accordance with their expectations.

## Feeling Overwhelmed

A couple of the participants mentioned that the interdisciplinary conversation did not quite suit them. They explained that the conversation became a bit overwhelming when they had to deal with several people at the same time. This participant stated a preference for a consultation with the doctor and psychologist sequentially:

I missed more of the close conversation, especially with the doctor. You don't quite get that feeling of patient-provider in the interdisciplinary conversation. I had envisioned that I would talk alone with the doctor. And then it is difficult to talk to the psychologist when two others are listening. You close up quickly, and a 'wall' goes up. (Participant 7, female)

This quote illustrates how the simultaneous involvement of health workers may create a sense of discomfort or emotional distance for some patients. Another participant described feeling stressed by the group setting:

I think there were too many people in the same room. That gave me a feeling of being overwhelmed. I think it was a stressful experience. I would describe it as a meeting to clear the air. (Participant 2, female).

Some participants preferred to talk with each professional sequentially and especially with the doctor alone. This appeared to be most typical for the participants who preferred a medical approach to their pain.

## Discussion

This study explores patients' experiences with an interdisciplinary approach to chronic pain management. Our findings suggest that the interdisciplinary approach in our study was mostly well-received, though it may not be suitable for all patients. The analysis resulted in four main themes: "holistic understanding", "being seen and understood", "the way forward", and "feeling overwhelmed". These four main themes present the main benefits and challenges that the patients described when being interviewed about the interdisciplinary approach.

The first theme of “holistic understanding” can be linked to the core idea of the biopsychosocial model, ie that the biological, psychological, and social dimensions of health should all be addressed.<sup>21</sup> There is a broad consensus that chronic pain should be treated with an interdisciplinary approach in line with the biopsychosocial model.<sup>22</sup>

A study by Hadi et al<sup>23</sup> found that patients with chronic pain felt that a lack of an integrated multidisciplinary approach was a barrier to their treatment and that their struggles and pain were not managed in a holistic way. Many patients felt that they were seen as a number, rather than as a person. Further, they reported that poor communication between the different healthcare professionals led to inconsistencies in their treatment.<sup>23</sup> These results clearly support an interdisciplinary approach, which is in accordance with our results. The participants in our study appreciated that the interdisciplinary approach allowed for a comprehensive assessment, a finding which is in line with previous studies that emphasize the importance of acknowledging the multifaceted nature of pain.<sup>22</sup> This approach not only enhances the understanding of pain mechanisms but also validates the patients’ experiences as a complex interplay of various factors rather than a mere physical symptom. The participants highlighted the importance of psychological factors in pain and a holistic understanding. Chronic pain involves highly complex processes and should not be considered only to be a biomedical disorder.<sup>24</sup> The participants in our study seemed to understand this and requested a focus on different aspects of chronic pain. The theme ‘holistic understanding’ emphasized that the patients with chronic pain perceived their struggles as a multidimensional problem. Patients with chronic pain usually search for an explanation of their pain.<sup>25</sup> For instance, in one study the patients themselves recommended holistic care with focus on mental health and coping strategies rather than medication.<sup>26</sup> The appreciation for a holistic understanding underscored the benefits of interdisciplinary teams with different professional perspectives. At the same time, our findings suggest that it is central that the various team members have a mutual understanding about the importance of the biopsychosocial model. Such a unified approach is likely to enhance patient education regarding pain mechanisms and treatment as well as patient trust and adherence to treatment.

The second theme of “being seen and understood” is probably particularly important with respect to chronic pain. Many patients with chronic pain feel misunderstood and overlooked.<sup>26</sup> In general, patients with chronic pain often feel that their struggles are invisible and a lack of validation is a common experience.<sup>27</sup> These patients can feel lonely, excluded and separated from society due to their pain and invisible struggles. They can also experience misunderstanding and can be suspected of exaggerating their symptoms.<sup>27</sup> The need to be seen and understood is fundamental. Studies have consistently found that acknowledgement and understanding is crucial for the patients with chronic pain.<sup>26</sup> This is in line with the theme “being seen and understood”. Being met by professionals with empathy and understanding is likely to increase the therapeutic alliance and increase the chance of positive outcomes.<sup>28</sup> A team with professionals with different backgrounds may be more likely to see and understand the patients and to provide perspectives that patients with complex challenges will appreciate.

The topic of empathy is central to medical practice.<sup>29,30</sup> Especially where patients have prior experiences of not being seen or understood, providing empathetic care may be essential. Training in communication skills and empathy could be particularly beneficial for healthcare providers working with patients that have complex challenges, such as patients with chronic pain.<sup>31</sup>

The third theme of “the way forward” highlighted the importance of clear and actionable guidance in the management of chronic pain. The participants valued when treatment plans included specific recommendations, which is consistent with literature advocating for personalized care plans.<sup>32</sup> This finding suggested that interdisciplinary teams should not only focus on diagnosing and understanding pain but also on developing patient-centered treatment strategies. The effect of pain management can be highly individual and should be tailored specifically for each patient. Thus, it is important that different possible pain management options are discussed with the patient in an interdisciplinary setting. Previous studies have found that patients can receive inconsistent information and management advice from different health care providers.<sup>33</sup> The management advice can range from “just live with it” to pharmacological treatment. Interdisciplinary care allows for a discussion of a broad range of approaches with different professions, as the participants in our study emphasized under the theme “the way forward”. Incorporating shared decision-making practices, ensuring that patients feel fully involved in the planning of their treatment, may be an important element in planning the way forward for patients with chronic pain.<sup>34</sup> Tools such as decision aids could be employed to facilitate discussions about the benefits and risks of various treatment options, thereby empowering patients and potentially improving treatment outcomes. Some of the participants in our study wished the doctor had been more involved and called for a sharper focus on pharmacological interventions. Some patients with chronic pain have a greater need to discuss their issues with

a medical doctor. It can be useful to discuss with patients if they have any reservations regarding psychological treatment. For some patients with chronic pain, it can be difficult when the focus is on non-pharmacological measures and medication plays a smaller role.

The fourth theme of “feeling overwhelmed” suggested that some of the participants felt overwhelmed by the simultaneous presence of multiple professionals. Although the interdisciplinary conversation can be beneficial for patients with chronic pain, it is important to consider that some patients may find such a meeting a bit overwhelming and challenging. A few of the participants reported that they found it difficult to describe their issues to three professionals simultaneously. They found it challenging to open up when several people were present at the same time. It is reasonable to assume that an interdisciplinary conversation can be particularly difficult for patients with anxiety or with a low level of trust in healthcare professionals. This theme highlights a potential drawback of the interdisciplinary approach, particularly for patients who may have anxiety or prefer more personalized interactions.

To avoid the interdisciplinary meeting becoming overwhelming, patients should be thoroughly informed in advance about what such an interdisciplinary conversation actually entails. By doing this, the patients can assess whether the offer is suitable for them. A multidisciplinary treatment should therefore be tailored to the needs of each individual patient.<sup>9</sup> An advantage of the patient meeting with a psychologist, doctor, and physiotherapist simultaneously is that the patient may experience a holistic understanding and be seen and understood by several professionals at once. For most pain clinics, it is more common to rely on a sequential process where the patient meets the respective professionals individually through three different conversations.<sup>14</sup> This approach would require the patient to explain their issues several times and attend multiple appointments. It is possible that a sequential approach is perceived of as more strenuous, since the patient then needs more appointments. However, this is only an assumption and should be investigated in future studies.

One possible implication of our findings could be that patients are offered a choice between simultaneous or sequential consultations based on their preference. However, patients might find it difficult to make this choice without having had any prior experience with these types of consultations. To address this issue, it might be beneficial to provide patients with detailed information about what to expect during interdisciplinary sessions and to offer them the ability to choose how they would prefer to conduct the assessment. We cannot know whether such a strategy would be beneficial and further studies should be conducted before any recommendations are made.

The aim of this qualitative study was to explore the perspectives of patients with chronic pain who received an interdisciplinary approach. Our results support the notion that is important for the patients that the professionals have a holistic understanding of their pain, to be seen and heard, and to have further measures outlined.<sup>8</sup> However, for a few participants, it was difficult to talk with multiple professionals at once.

The interdisciplinary model was generally well-received, with participants appreciating its holistic approach to understanding chronic pain as a complex interplay of factors. It provided clarity and direction in managing pain. However, some participants felt overwhelmed by multiple professionals in one session and preferred sequential consultations, especially with the doctor. This highlights the need to consider patient preferences and needs. In our view, the findings align well with the data collected, confirming the themes and patterns identified during the analysis.

## Limitations

This study has some methodological limitations. One limitation is that patients may have idealized their responses to avoid appearing “complaining” or dissatisfied. Such a response tendency is assumed to be common among patients with chronic pain.<sup>35</sup> In such interviews, there is a risk that patients will respond as they think they should rather than answering as openly and honestly as possible. However, participants were assured that they could be honest in their responses and that it would not have any consequences for their future treatment. Another limitation is that the participants had to undergo an interview, which could be exhausting for some patients. Consequently, patients with the most symptoms and burdens may have chosen not to participate and our results may be affected by a “selection bias”. In addition, we included only nine patients, which represents a limitation of the study. The small sample size may affect the generalizability of the findings. Furthermore, we did not control for the type of pain condition each patient had. Additionally, some methodological strategies were not employed in this study, such as member checking, peer debriefing, or triangulation. The absence of these strategies may impact the credibility and transferability of the findings.

## Conclusions

This study explored patients' experiences with interdisciplinary treatment for chronic pain. The participants highlighted the value of being seen as whole individuals, with attention to both mind and body, and expressed appreciation for being understood by healthcare professionals. In addition, having a plan forward was regarded as beneficial. However, a few participants felt overwhelmed by meeting a doctor, psychologist and physiotherapist in the same session, preferring more individualized consultations, especially with the doctor. These findings suggest that the interdisciplinary approach described in our study is generally well-received, but it may not suit all patients. It is important to inform patients about the structure of such sessions beforehand and offer flexibility in the format whenever possible.

## Data Sharing Statement

The interviews on which this study is based are not publicly available due to privacy concerns.

## Ethics Statement

The study was conducted in accordance with the World Medical Association's Declaration of Helsinki and relevant institutional and national guidelines. This was a quality assurance project, and the study was therefore, in line with Norwegian regulations assessed by the Data Protection Officer at the University Hospital of North Norway, who approved the study. Informed written consent was obtained from all the participants.

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## Author Contributions

MB: Study design, Project administration, Performing interviews, Transcribing interviews, Analyzing data, Writing – draft, Writing – review and editing. IS: Analyzing data, Writing – draft. IG: Performing interviews, Transcribing interviews, Analyzing data, Writing – draft. RW: Supervision. Writing/revising. All authors made a significant contribution to the work reported, whether that is in the conception, study design, execution, acquisition of data, analysis and interpretation, or in all these areas; took part in drafting, revising or critically reviewing the article; gave final approval of the version to be published; have agreed on the journal to which the article has been submitted; and agree to be accountable for all aspects of the work.

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## Disclosure

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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