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Importance of Diagnosis in Chronic Pain: Patient's Perspective

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Abstract

Background: Accurate diagnosis is fundamental to ensuring appropriate and effective treatment. It is well recognized that misdiagnosis is linked to treatment failure. While these principles are widely acknowledged within the medical community, there is limited research on the patient perspective regarding the significance of diagnosis in shaping healthcare outcomes, particularly in chronic pain management. Accurate diagnosis is essential for effective chronic pain management, as misdiagnosis can lead to dissatisfaction and inadequate care. This study highlights patient perspectives, revealing the significant impact of diagnostic uncertainty and the need for improved diagnostic approaches to enhance treatment outcomes. **Aim:** This study aims to examine what is the impact of diagnostic certainty on patients attending a Chronic pain clinic, and what effect it may have on patient stress and anxiety. Methods: A literature review identified a gap in research on patient perspectives regarding diagnostic accuracy in chronic pain. To address this, we developed a survey for adult patients attending a chronic pain clinic. Ethical approval was obtained from the Limerick Research Ethics Committee. Collected data included demographics, pain diagnosis, symptom duration, and social support. An 18-question questionnaire assessed patients' understanding of their diagnosis, their perception of their doctor's comprehension, and their views on the importance and impact of diagnostic accuracy on their health. **Results:** This study explored the views of 100 chronic pain patients on diagnostic certainty. Most participants were female (73%) and aged between 30 and 70 years. All valued receiving an accurate diagnosis, with 76% strongly agreeing. Diagnostic clarity improved psychological well-being, confidence in treatment (89%), and reduced anxiety (71%). In contrast, 64% reported distress due to previous diagnostic uncertainty, and 34% had been told their pain was psychological or unexplained. Many described feeling dismissed, which affected trust in healthcare. Also, 83% valued imaging or physical exams not only for clinical guidance but also as validation that their pain was real. Additionally, patients emphasized the importance of imaging and physical examination not only for clinical guidance but also as a form of validation that their pain was real and acknowledged. **Conclusion**: This study underscores the significant role of diagnostic certainty in chronic pain care. Patients rely on accurate and timely diagnosis not only for guiding treatment but also for validating their experiences especially when objective findings are limited. Diagnostic clarity was shown to enhance trust in clinicians, strengthen therapeutic relationships, and improve psychological well-being and treatment engagement. In contrast, uncertainty or misattribution of symptoms often led to emotional distress, dissatisfaction, and disengagement. These findings highlight the need for a more patient-centred, empathetic diagnostic approach. Prioritizing clear communication and validation may lead to better clinical outcomes and a more positive patient experience in chronic pain management.

Keywords

Pain, Clinic, Patient Perspective, Diagnosis, Diagnostic Accuracy, Patient

1. Introduction

Chronic pain, defined as pain persisting or recurring for more than three months, affects approximately 20% of the global population, making it a significant public health concern [1]. Recognizing its impact, the World Health Organization's International Classification of Diseases, 11th Revision (ICD-11) introduced a comprehensive classification system for chronic pain. This system distinguishes between chronic primary pain, where pain itself is the primary condition (e.g., fibromyalgia), and chronic secondary pain, which is associated with underlying diseases such as cancer or osteoarthritis [1]. This nuanced classification underscores the complexity of chronic pain and the necessity for precise diagnostic criteria. Accurate diagnosis is paramount in managing chronic pain effectively. Misdiagnosis or delayed diagnosis can lead to inappropriate treatments, prolonged suffering, and increased healthcare costs [2]. A significant number of chronic pain patients are misdiagnosed due to the lack of objective findings in standard diagnostic tests [3]. Accurate diagnosis is fundamental to ensuring appropriate and effective treatment. It is well recognized that misdiagnosis is linked to treatment failure [2]. While these principles are widely acknowledged within the medical community, there is limited research on the patient perspective regarding the significance of diagnosis in shaping healthcare outcomes, particularly in chronic pain management [4]. Accurate diagnosis is essential for effective chronic pain management, as misdiagnosis can lead to dissatisfaction and inadequate care [3]. This study highlights patient perspectives, revealing the significant impact of diagnostic uncertainty and the need for improved diagnostic approaches to enhance treatment outcomes [4] [5].

This study aims to explore the perspectives of patients living with chronic pain on the significance of receiving a formal diagnosis in their healthcare journey. By examining how a diagnosis influences their satisfaction, coping strategies, and interactions with healthcare providers, the research seeks to highlight the role of diagnostic clarity in patient-centred care [6]. Previous studies have underscored the challenges patients face when their pain is dismissed or inadequately addressed, emphasizing the need for empathetic and comprehensive diagnostic approaches [3] [5].

2. Methodology

This was a cross-sectional, questionnaire-based study conducted at the outpatient pain clinic of Croom Hospital. The study developed an 18-item structured questionnaire to evaluate adult chronic pain patients' perspectives on the importance and impact of diagnostic accuracy. Using a 5-point Likert scale (Strongly Disagree to Strongly Agree), it examined patients' understanding of their diagnosis, perceptions of their doctors' comprehension, and views on how diagnostic accuracy influences health, satisfaction, communication, and psychological factors such as stress and anxiety. The questionnaire was distributed in person to 100 adult patients at a chronic pain clinic, with demographic data collected. Cronbach's alpha ranged between 0.8 and 0.9, confirming good internal consistency and reliability; thus, the tool was deemed appropriate for inclusion. The 100-participant sample represented a pragmatic convenience sample based on clinic attendance during the study period, adequate for descriptive exploratory analysis but limited in power to detect small or subgroup effects. Between July 2023 and Jan 2024, adult patients with chronic pain (pain > 3 months) attending follow-up appointments after interventional procedures at the Croom hospital outpatient pain clinic were consecutively approached to participate. Patients with acute pain or who were unable to provide informed consent were excluded. Informed consent was obtained from all participants prior to inclusion. Participants included adult patients presenting for follow-up after pain interventions such as injection therapies. All participants had a diagnosis of chronic pain (lasting more than three months). Patients with acute pain were excluded from the study. A structured questionnaire was distributed in person to eligible patients. It contained a series of statements related to the diagnostic process in chronic pain, rated on a 5-point Likert scale ranging from "Strongly Disagree" to "Strongly Agree". The questions explored the perceived importance of receiving a diagnosis, patient satisfaction, communication with healthcare providers, and the psychological impact of diagnostic uncertainty. Demographic data, including age and gender, were also collected. In total, 100 patients completed the questionnaire. The age range of participants was broad, with most between 30 and 70 years old. Most respondents were female. Ethical approval was obtained from the UHL ethical committee and informed consent were taken from all participants prior to enrolment. Quantitative data were analysed descriptively using percentages to summarize responses across different Likert scale categories. The results were used to identify trends in how patients perceive the importance of diagnosis in chronic pain management.

3. Results

A total of 100 patients with chronic pain participated in this study. The majority were female (73%), with males comprising 27% of the sample. Most participants were aged between 30 and 70 years: 53% were aged 30 - 50 years, and 35% were aged 50 - 70 years. Smaller proportions were under 30 years (6%) or over 70 years (6%). Regarding employment status, 52% of participants were employed, while 14% were unemployed. Other employment categories included retired (18%), students (3%), and individuals in unpaid volunteer roles (2%). An additional 12% identified as "Other". When asked about the importance of diagnosis, all participants either agreed or strongly agreed that receiving a correct diagnosis was important to them, with 76% strongly agreeing.

This suggests a unanimous consensus on the value of diagnostic clarity. Patients expressed that understanding their diagnosis significantly influenced their satisfaction with the healthcare process, their engagement in treatment plans, and their overall psychological well-being.

Additionally, 89% of participants reported that having a clear diagnosis improved their confidence in their treatment pathway. About 71% indicated that their anxiety was reduced when they felt the doctor understood and validated their condition. Conversely, 64% of respondents reported that prior experiences of diagnostic uncertainty led to feelings of distress, hopelessness, or frustration, indicating a notable psychological toll associated with misdiagnosis or ambiguity.

A considerable number (58%) indicated that they had previously experienced delays or uncertainty in receiving a diagnosis, with 34% reporting that they had initially been told their pain was "psychological" or "unexplained". These experiences often correlated with feelings of being dismissed, which negatively impacted their trust in the healthcare system.

Furthermore, 83% of participants valued imaging or physical examination as part of the diagnostic process, not necessarily for treatment guidance alone, but for the symbolic validation that their pain was real and recognized. These responses point toward the dual clinical and psychosocial functions of diagnostic procedures in chronic pain contexts. The majority of participants emphasized that having a correct diagnosis is very important in the management of chronic pain (**Figure 1**). All reported findings are descriptive in nature; no inferential statistical tests were applied in this study.

4. Discussion

This study underscores the critical role of diagnostic certainty in the lived experience of patients with chronic pain. The findings reveal that a significant majority of patients (100%) perceive receiving a correct diagnosis as important, with 76% strongly agreeing with this sentiment. These responses highlight that beyond clinical outcomes, the diagnostic process profoundly affects patients' psychological well-being, satisfaction with care, and trust in healthcare providers.

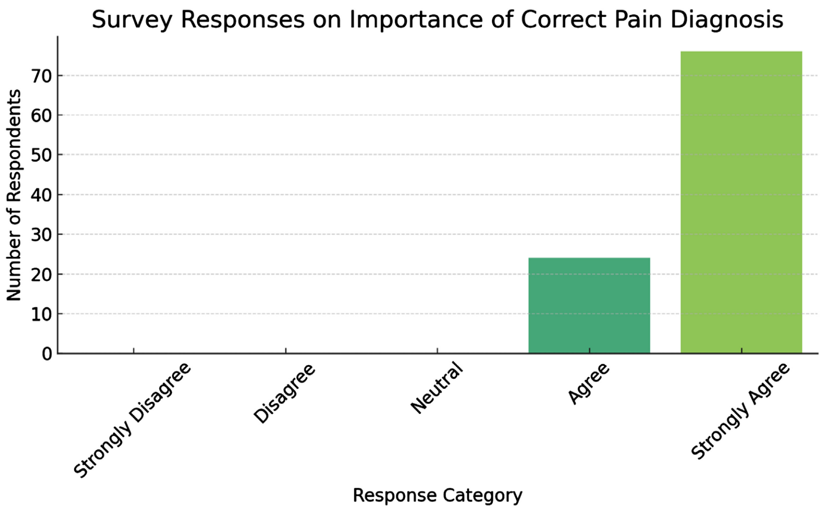

Figure 1. Survey responses on the importance of correct pain diagnosis.

The data resonate with previous literature emphasizing that patient satisfaction should be viewed as a legitimate outcome in pain management, not merely a by-product of symptom relief. Satisfaction reflects patients' subjective experiences of validation and trust, which are essential components of comprehensive pain care [7]. Our findings support this by demonstrating that patients' perceptions of diagnostic clarity strongly influenced their satisfaction and communication with healthcare providers.

Delays and uncertainty in diagnosis, as found in conditions such as neuroendocrine tumors, have been shown to cause significant emotional and psychological distress [8]. Though the nature of chronic pain differs, the patient's experience of uncertainty and the frustration of delayed or incorrect diagnosis is comparable. The prolonged absence of a definitive diagnosis can lead to a breakdown in the therapeutic alliance, increased anxiety, and even a diminished sense of self-worth. This was evident in our cohort, where many patients expressed that a lack of diagnostic clarity affected their ability to cope and engage with treatment strategies.

Additionally, the consequences of diagnostic inaccuracy extend beyond delays. Patients with chronic pain are frequently mischaracterized as malingering or suffering from psychological issues such as hysteria [3]. These labels contribute to stigmatization and invalidate the patient's pain experience, often leading to distrust, isolation, and under-treatment. This historical pattern remains a risk today, particularly when objective diagnostic markers are lacking, as is often the case in chronic pain conditions. The strong patient demand for clear diagnoses in our study reflects a desire not only for treatment direction but for legitimization of their condition.

From a more holistic perspective, Bouvier and Jervis (2021) emphasize that diagnosis is not a single event but part of an evolving journey for patients shaping their expectations, mental resilience, and engagement with long-term treatment [4]. Our study adds weight to this by illustrating how diagnostic clarity is viewed by patients as foundational to their care trajectory, influencing everything from emotional coping to practical treatment decisions. This highlights the necessity of integrating patient voices into diagnostic dialogues and fostering an environment that acknowledges the subjective impact of diagnostic processes.

Finally, while imaging and objective testing are often emphasized in clinical decision-making, our findings suggest that empathetic communication and a shared understanding between physician and patient may be just as critical. The diagnostic encounter, when handled with attentiveness and respect, can itself serve a therapeutic function, mitigating the psychological burden of chronic pain.

This study has several limitations. First, it was conducted at a single clinical site, which may limit the generalizability of the findings to broader populations. Second, the use of convenience sampling could introduce selection bias, as participants may not represent all individuals with chronic pain. Third, reliance on self-reported data raises the possibility of response or recall bias. Finally, the cross-sectional design without longitudinal follow-up prevents assessment of changes in patient perspectives over time and limits inference about causality between diagnostic experiences and outcomes.

5. Conclusions

This study highlights the profound and multifaceted impact of diagnostic certainty on individuals living with chronic pain. Our findings confirm that patients not only rely on diagnosis to guide appropriate treatment but also to affirm the legitimacy of their experience, which is crucial in conditions where objective findings may be minimal or absent [3] [9]. Patients' responses revealed that diagnostic clarity strengthens therapeutic relationships, enhances trust in clinicians and fosters greater adherence to treatment plans. These outcomes underline the broader implications of diagnosis beyond clinical management affecting emotional resilience, patient identity, and engagement with healthcare services [7] [10].

When patients feel understood and validated through accurate diagnosis, their overall coping capacity and psychological well-being improve, ultimately leading to better treatment outcomes [6]. Conversely, diagnostic ambiguity can breed dissatisfaction, emotional distress, and disengagement from care, particularly when patients perceive a lack of empathy or communication. The high percentage of patients reporting previous diagnostic delays or invalidation speaks to the urgent need for a more patient-centred diagnostic approach in chronic pain care [5] [11].

In conclusion, accurate and timely diagnosis serves as more than a clinical tool; it is a cornerstone of compassionate, effective, and holistic pain management [12] [13]. Integrating patients' perspectives into diagnostic pathways and prioritizing transparent, empathetic communication may lead to more equitable, satisfying, and effective care for those managing chronic pain [14] [15]. Future research should explore interventions that enhance diagnostic communication and support, potentially improving both patient experience and clinical efficacy in pain medicine.

Consent to Participate

Appropriate informed consent was taken from all the participants.

Written Consent for Publication

The author(s) confirm that they have read and approved the final manuscript and consent to its publication.

Availability of Data and Material

The datasets generated and analyzed during the current studies are available from the corresponding author on reasonable request.

Authers Contribution

Marium Javed wrote the main manuscript text and prepared the Figures.

Dominic Harmon edited and oversaw the whole manuscript.

Cathal MacDonncha helped with the research data.

All authors reviewed the manuscript.

Study Size

A sample size of 100 was selected based on the average number of patients attending the clinic over the study period, representing a pragmatic convenience sample.

Bias

Potential sources of bias include selection bias (clinic-based sample), response bias, and recall bias, which were minimized by consecutive recruitment and use of structured questionnaires.

Quantitative Variables

Age was categorized into groups (30 - 50, 50 - 70, etc.) for clarity, and Likert scale responses were analyzed descriptively as percentages.

Statistical Methods

Data were analyzed descriptively using frequencies and percentages; missing responses were excluded from analysis.

Participant Flow

Of 110 patients approached, 100 consented and completed the survey (91% response rate).

Descriptive Data

No substantial missing data were observed, with >95% completion across all questionnaire items.

Outcome Data

Key outcomes are summarized in **Figure 1**, presenting percentages of patient responses across main domains.

Generalisability

As this was a single-centre study, findings may not be generalisable to all chronic pain populations, though results reflect common patient experiences reported in the literature.

Conflicts of Interest

There are no conflicts of interest to declare.

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