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Silent suffering: Exploring the Impacts of Under-Reporting Chronic Pain among Older Adults in a Residential Care Facility in Marondera, Zimbabwe

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Abstract

This study sought to explore the lived experiences of older adults with chronic pain living in a residential care facility in Marondera, Zimbabwe. The research had a particular focus on understanding why reporting is limited and how management practices can be improved. The study adopted a qualitative research approach with the hope that the researcher would get in-depth understanding of the participants through interviews and focus group discussions. Guided by a phenomenological design, the study possessively selected 15 participants (seven males and eight females), all aged 65 years and above and residing at a care centre. Data were collected through semi-structured interviews and focus group discussions, ensuring participants could express their experiences in their own words. Thematic analysis, guided by Braun and Clarke's framework, revealed five key themes. These were cultural and generational beliefs about pain, fear of diagnosis and loss of independence, communication barriers and knowledge gaps, delayed treatment leading to disability, and strategies for improved management. The study concludes that under-reporting of chronic pain is influenced by cultural norms, fear, and limited health literacy, but can be mitigated through education, routine community-based screening, caregiver training, and holistic interventions. These findings highlight the urgent need for empowerment, supportive engagement, and policy reforms to ensure that older adults receive dignified, timely, and effective pain management.

Keywords: chronic pain, older adults, pain perception, lived experiences, phenomenology, pain management

Background to the study

Chronic pain has become a global problem, where at least 10% of the adult population is affected (Rice et al., 2021). The prevalence of chronic pain in older adults has significant consequences for their overall well-being and quality of life (Stubbs et al., 2020). The consequences of chronic pain in the older generation often lead to reduced mobility, sleep disturbances, and mental health problems such as depression and anxiety (Nicholson & Verma, 2021). More often than not, chronic pain in adults is not reported to caregivers due to many factors. Some older adults believe that pain is an inevitable part of ageing and therefore do not report it to healthcare providers (Buntin et al., 2022). Older adults suffer in silence as they believe it is normal to experience pain when one becomes an older adult. Similarly, indigenous cultures may normalise pain as part of ageing (Nair & Suryanarayanan, 2021). Older adults may not report chronic pain as it is perceived to be part and parcel of old age. However, epidemiological studies report that increased age is a risk factor for chronic pain and painful conditions such as chronic low back pain and neck pain (Krebs et al., 2021). Elderly patients may also be hesitant to report suffering from chronic pain due to fears of extensive diagnostic testing or loss of independence (Morone et al., 2022).

Scientifically, studies show that changes in physiology alter pain perception (Yezierski, 2020). Older adults may not understand their chronic pain; hence, they may ignore it and not report it to the healthcare system. Studies further reveal that, compared with younger individuals, older people have greater pain sensitivity, in other words, a lower pain threshold (Lautenbacher, 2020). On the contrary, younger people tend to report any pain regardless of its intensity, whereas older adults only seek medical attention when the pain becomes unbearable or disabling (Patel et al., 2021). By the time older patients present their pain experiences, treatment may be complex if not impossible. Evidently, there is a problem. Older people do not report the presence of pain in their bodies when they have a very sensitivity to respond to that pain. There are few studies that focused on why older people do not report pain when they experience pain more than the younger. Agreeably, there might be many reasons which are associated or related to why they keep quiet when they are in pain. May studies focused on the quantitative side where the thrust was put on developing scales to measure pain. Regrettably, these pain scales do not improve our nuanced understanding of chronic pain in older adults. A lot of information might be missing hence the importance of roping in participants with a history of chronic pain.

Chronic pain that receives medical attention late results in disabilities (Rapo-Pylkkö et al., 2021). A significant number of older people become disabled due to chronic pain that is either untreated or unreported. While it is true that chronic pain facilitates ageing, it does not necessarily mean older people must suffer in silence. As long as there is no full information about why older people do not disclose their chronic pain status, disability will be difficult to control in old age. As it stands, previous studies have not unpacked the main reason why older people are reserved about their pain status. Research involving older people ordinarily exclude older people in residential care homes in small towns (Tunstall, 2024) like Marondera, a small town in Zimbabwe. There is a gap in geographic representation in understanding pain involving older people staying in care centres in small towns. Also, fewer studies explored emotional consequences of unreported pain such as loneliness, depression, loss of dignity or the ethical implication for care givers (Seiler et al., 2024). There is a gap in understanding how silent suffering affect mental health and quality of life, and the ethical duty of care in such facilities. It is not easy to manage pain in older people in the face of all these gaps.

This study aimed to break the silence by engaging older adults, allowing them to share their lived experiences. There is limited research that has utilised the lived experiences of older adults to unpack why they do not report chronic pain (Makris et al., 2021). For instance, a recent qualitative study in sub-Saharan Africa found that cultural perceptions and a lack of awareness significantly hindered pain reporting among older populations (Osei-Tutu et al., 2022). This study did not delve deeper into the cultural perceptions of older people. Furthermore, most studies on chronic pain in older people rely on quantitative or clinical studies, emphasising pain scales and medical reports, rather than first-hand narratives (Cohen et al., 2021). There is therefore a big gap in understanding the personal opinions of people experiencing chronic pain. This study aimed to address this issue by employing a qualitative research approach. Also, older adults in Zimbabwe have strong beliefs in their cultural perceptions of chronic pain, hence there are few studies which address this shortcoming (Ampiah et al., 2022). The shortage of research on this focus makes it difficult to understand how cultural norms and social expectations shape under-reporting behaviour. Many studies have also ignored how institutional culture discourages residents from reporting pain (Wills et al., 2022). It makes it difficult to examine how power relations and staff-resident affect the expression and management of pain.

The present study engaged older adults at a care centre in Marondera, a small town in Zimbabwe. It attempted to answer three research questions: What are the lived experiences of older adults with chronic pain at the selected centre in Marondera? Why is chronic pain in older adults under-reported? How can chronic pain management in older adult patients be improved? These research questions are grounded in the transformative paradigm. This paradigm focuses on marginalised people such as older people in a care centre (Cappiali, 2023). Some of them have no one to visit them. The transformative paradigm has a social justice orientation, as it aims to enhance the recognition and management of pain, particularly among older adults (Wallace et al., 2021).

Additionally, the transformative paradigm emphasises the voice of older people in the study and their participation in discussions about their welfare. The paradigm utilised the lived experiences of older people at a care home as the source of knowledge. There are very few studies that prioritised the lived experiences of chronic pain in older adults. A transformative paradigm sees research as an empowerment that older people in care centres can use to express their feelings and needs. This is because older people are often too marginalised. Furthermore, the transformative paradigm is action-oriented, as it recommends caregiver training, policy awareness, and ethical care practices (Whitaker et al., 2021). Most of older adult chronic patients are suffering in silence because there are no policy pronouncements in place to guide the management of chronic pain in care centres.

This study aimed to enhance the lived experiences of older adults, rather than allowing them to suffer in silence. The study also draws on feminist theory, emphasising that older adults must advocate for their own rights. Feminist theory is concerned with giving voice to silenced older adults in older adults' homes. It challenges power imbalances that exist in the homes of older adults and addresses gendered and social inequalities (Whitaker et al., 2021). Under-reporting may reflect unequal power dynamics in the care centres. Feminist theory, therefore, helps to unpack how authority, dependence, and ageism suppress self-expression. Older people in care need empowerment through knowledge and gap-filling so that they will be able to report their chronic pain experiences.

Methodology

Research design

This study employed a phenomenological research design to explore the lived experiences of older adults with chronic pain. It therefore provided a platform for participants to share and make sense of their experiences openly.

Sampling technique and samples

The study was conducted at an older adults' care centre in Marondera, Zimbabwe. The study targeted older adults aged 65 years and above who were experiencing chronic pain. A total of 15 participants (seven males and eight females) were purposively selected, with individuals who had dementia, severe memory loss, or cognitive impairments excluded to ensure data reliability and validity. The study included 11 older adults with chronic pain and four caregivers.

Data collection

Semi-structured interviews and focus group discussions were used to gather data, providing individual and collective insights into participants' perspectives. The interview guide was piloted to ensure clarity, simplicity, and cultural appropriateness. Data collection was flexible and extended over a longer period to accommodate older adults, some of whom found lengthy sessions difficult. Participants were free to take breaks at any time they felt necessary. Their submissions were recorded to ensure no information was lost along the way. It took three weeks to interview all eleven older adults with chronic conditions, as some of them were not always fit to participate in the study. All engagements were conducted in a supportive and respectful manner. Due to limited free time, the researcher conducted two focus groups with caregivers. One focus group discussion could not cover all the issues as the caregivers usually had to take a break for a while.

Data analysis

The data were analysed thematically using the Braun and Clarke (2006) framework, which involved familiarisation, coding, categorisation, and theme development. Member checking, peer debriefing, and triangulation of methods were employed to strengthen credibility.

Ethical considerations

Ethical standards were upheld through the use of informed consent, voluntary participation, and confidentiality protections. Using simple language to ensure understanding, the researcher explained the purpose of the study to older adult participants to elicit verbal consent from the participants. All participants voluntarily took part in the study and were informed that they had the freedom to withdraw at any time if they chose to do so. To uphold confidentiality, the researcher used pseudonyms, secured data, and protected identities in reports. The researcher ensured respect for vulnerability by handling emotional distress with care and referred participants, if needed.

Trustworthiness of the study

This research was designed to ensure depth, trustworthiness, and respect in capturing the authentic lived experiences of older adults with chronic pain residing in their homes in Marondera. Depth was achieved through in-depth semi-structured interviews that allowed participants to express their personal stories. To enhance trustworthiness, the researcher employed a strategy of credibility. During interviews, the researcher allowed participants to feel comfortable in a familiar setting, promoting openness and honesty. To enhance transferability, this study provides detailed contextual descriptions of the older adults' home environment to allow readers to judge the applicability to similar settings.

Regarding the dependability of the study, the researcher maintained clear documentation of the data collection and analysis processes to ensure consistency. The researcher enhanced confirmability by using quotations and researcher reflexivity to minimise bias and demonstrate that interpretations emerged from participants' voices rather than the researcher's assumptions. Ultimately, the researcher ensured that respect was upheld by treating each participant with dignity and sensitivity, recognising their autonomy, privacy, and right to choose how much to share. Given that some participants might have physical limitations, fatigue, or emotional distress, interviews were conducted at their own and comfort level.

Presentation of findings

i) Many participants believed that chronic pain was a natural and inevitable part of ageing, which discouraged them from reporting it to caregivers.
ii) Older adults expressed fear that reporting chronic pain would lead to extensive diagnostic procedures, medical interventions, or even institutionalisation, resulting in loss of independence.
iii) Older people have difficulties in communicating their pain experiences, with some lacking the vocabulary or awareness to articulate chronic pain effectively.
iv) Many older adults in the study reported pain only after it had become unbearable, often resulting in disability or severe functional impairment.
v) Participants suggested that supportive engagement, education, and empowerment encourage them to speak openly about their pain and seek care earlier.

Discussion of findings

Cultural and generational beliefs about ageing and pain

As evidenced by one participant's submission:

> 'Our forefathers never reported pain in the body in old age. They told us it was normal and we should not report this discomfort as it is normal at that particular age.'

This perception aligns with evidence that cultural and generational norms often shape older adults' attitudes toward pain, leading them to view suffering as a normal stage of life rather than a medical condition requiring treatment (Nair & Suryanarayanan, 2021). Such beliefs result in underreporting and delayed care-seeking behaviours. The other participant had the following:

> 'You were considered not a man to report about pain in the body, especially when it is old.'

Studies in African and Western contexts, in concurrence, reveal that this cultural normalisation of pain is robust in older generations, contributing to a silent burden of untreated chronic pain (Osei-Tutu et al., 2022). Addressing this barrier requires culturally sensitive education campaigns to challenge the belief that pain is an unavoidable aspect of ageing.

Fear of diagnosis and loss of independence

One participant shared that, 'I do not report to my children because I fear that I would be a burden to my children. Such fears are consistent with findings that older adults often under-report symptoms to avoid being labelled frail or dependent (Morone et al., 2022). Concerns about invasive diagnostic testing and limited trust in healthcare systems discourage open reporting of pain (Krebs et al., 2021). The elderly have numerous reasons they may evade reporting their pain. However, this silence can worsen health outcomes, as untreated chronic pain accelerates functional decline and disability (Rapo-Pylkkö et al., 2021). A person-centred approach that reassures older adults about the supportive — not punitive — nature of medical interventions can help reduce these fears and promote earlier disclosure of pain symptoms.

Communication barriers and knowledge gaps

One of the participants maintained that, 'Some of the health practitioners do not understand when I share information on pain in my body. More often than not, I keep quiet'.

Older adults often struggle to distinguish between "normal" discomforts of ageing and pathological pain, leading to confusion about when to seek help (Makris et al., 2021). Communication barriers are further exacerbated by low literacy in health issues and inadequate training among caregivers to probe sensitively into pain experiences (Stubbs et al., 2020). Research shows that reporting improves significantly when healthcare providers use structured pain assessment tools and open-ended questions (Patel et al., 2021). Enhancing communication and providing pain education can empower older adults to articulate their experiences more effectively, thereby reducing under-reporting.

Delayed treatment and risk of disability

This pattern reflects broader evidence that late presentation of chronic pain complicates treatment and increases the risk of long-term disability (Nicholson & Verma, 2021). The hesitancy to report until pain reaches a crisis point results in less effective interventions and poorer rehabilitation outcomes (aRapo-Pylkkö et al., 2021). Studies suggest that early identification and intervention through community-based screening programmes significantly reduce the progression to disability in older populations (Rice et al., 2021). Thus, proactive monitoring and early engagement with healthcare services are key to improving chronic pain management in older adults.

Strategies for improved pain management

A participant had the following to say:

> 'Health care services need to visit and teach us on what we need to do. Unfortunately, that is not the case. No one comes to share valuable information about our pain experiences.'

This finding resonates with the study's transformative paradigm, emphasising empowerment and social change. Research supports interventions that combine patient education, caregiver training, and psychological support, including mindfulness-based therapies and cognitive-behavioural strategies, which have shown effectiveness in reducing pain and improving quality of life in older adults (Morone et al., 2022; Makris et al., 2021). Furthermore, culturally sensitive community outreach programmes and peer-support groups can provide safe spaces for older adults to share their experiences, thereby reducing stigma and silence surrounding pain (Osei-Tutu et al., 2022). Integrating biomedical, psychological, and social approaches represents a holistic pathway for improving chronic pain management among older populations.

Conclusion

In conclusion, this study demonstrated that chronic pain in older adults is mainly under-reported due to cultural perceptions, fears of dependency, communication barriers, and delayed health-seeking behaviours. Older adults often view pain as a regular part of ageing, which leads to silence and missed opportunities for early intervention. The reluctance to disclose pain is further reinforced by fears of invasive diagnostic procedures and concerns about losing independence. Limited health literacy and inadequate caregiver communication also hinder accurate reporting, leaving many cases of chronic pain unaddressed. As a result, older adults frequently seek help only when the pain becomes severe and disabling, reducing the effectiveness of available treatment options. However, the findings revealed opportunities to improve pain management through education, empowerment, and supportive engagement. Community-based screening programs and caregiver training can be critical in early identification and response to chronic pain. Integrating biomedical care with psychological and social support offers a holistic approach that acknowledges the lived experiences of older people. Addressing the issue requires moving beyond purely clinical solutions toward strategies that empower older adults to share their voices. Ultimately, breaking the silence around chronic pain can enhance dignity, independence, and overall quality of life for ageing populations.

Recommendations

Based on the above conclusion, the following recommendations were proffered :

i) Community health workers, NGOs, and local leaders should design and deliver culturally appropriate education programmes to challenge myths about ageing and pain.
ii) Healthcare providers, geriatric specialists, and social workers should provide simplified health education to older adults and their families, utilising workshops, pamphlets, and community outreach initiatives.
iii) The Ministry of Health and professional health associations should lead structured training programs for nurses, doctors, and informal caregivers on assessing and communicating geriatric pain.
iv) Primary healthcare facilities and care centres should integrate chronic pain screening into regular health check-ups for older adults.
v) Clinical psychologists, social workers, and counsellors should collaborate with healthcare centres to provide mindfulness programmes, support groups, and therapy sessions for older adults.
vi) Care centres, clinics, and community health programmes should adopt patient-friendly models such as shorter sessions, mobile outreach, and home-based visits.
vii) Government ministries, policymakers, and health policymakers should create and enforce policies that prioritise pain management resources for the ageing population.
viii) Older adult associations, advocacy groups, and civil society organisations should establish safe spaces where older adults can share experiences and influence healthcare decision-making.

Recommendation for further research

Future research should focus on exploring the perspectives of caregivers and healthcare providers regarding the challenges and barriers they encounter in assessing and responding to chronic pain among older adults in residential care facilities. Such studies would provide valuable insights into the institutional and interpersonal factors that contribute to under-reporting, thereby complementing the voices of older adults themselves. This could ultimately guide the development of more effective communication strategies and pain management practices within care settings.

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