Pain Assessment and Management in our Diverse Patients

Learning Objectives

∗ State the barriers to pain management related to race, ethnicity, and culture.
∗ Identify aspects of pain management impacted by race, ethnicity, culture and special needs.
∗ Illustrate techniques for effective management of pain in the patient with altered socialization skills.
∗ Describe cultural characteristics in the Hispanic patient population in response to pain

Race, culture, ethnicity and pain

- Race, culture, ethnicity, and altered socialization skills shape the experience of pain and its treatment.
- Cultural, psychological, and social factors impact the experience of pain and its expression, behavioral responses, health care seeking, and receptivity and adherence to treatment.
- Cultural factors related to the pain experience include pain expression, pain language, lay remedies for pain, social roles and expectations, and perceptions of the medical care system.
- There are many minorities who no longer hold traditional beliefs because of acculturation. Immersion into the culture is the process by which individuals learn and adopt the rules and behavior of another culture. However, newly arrived, first generation and many elderly frequently hold traditional beliefs and values.

Despite advances in the assessment and management of pain, patients with profound special needs are especially vulnerable to poor pain management. Their underpinning condition often severely compromises their ability to express pain through the usual verbal and behavioral routes. The lack of any appropriate framework for assessment results in a suboptimum and inaccurate approach to an important aspect of their care.

Barriers to effective treatment of pain

- **From the perspective of the healthcare professional:**
  - Inadequate understanding and education of healthcare professionals.
  - Assumptions that no report of pain means the patient does not have pain or the reverse, cannot report pain when present.
  - Cultural bias
  - Lack of adequate assessment tools to interpret the presence of pain with diverse care needs: various behaviors, altered maturity levels, associated handicaps and linguistic diversity.
  - Neurological condition which affects ability to manage care
  - Lack of dependable means to interpret the presence of pain. One cannot rely on observable behaviors since these behaviors may not be associated with the pain.
  - Hispanics are more likely to be under treated for pain than Caucasian patients. This may be due to communication barriers, patient being stoic and not asking for pain medicines, patient afraid to take the medicines etc.
  - Diversity of care environments
  - Intellectual capability to verbally express pain
  - Self-report of pain cannot be validated

- **From the perspective of the patient:**
  - Socioeconomic barriers
  - Language – limited English proficiency, pain terminology
  - Reluctance to report pain
  - Fear of adverse effects of pain medications
  - Mistrust of medical system

Patients participated more actively in treatment decisions when their physicians were of the same ethnic background.

Cultural Characteristics in Response to Pain

Hispanic Culture

- Hispanic culture- The US census defines Hispanics as “persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin regardless of race.” The term Latino is also often used to describe individuals in this group. Mexican Americans are the largest subgroup in the US.

- The Hispanic population in the US increased by almost 600% between 1950 and 1996.

Influence of Culture on Pain in the Hispanic Population

1. Taught not to Complain/ stoic- " My Mother, even if she felt bad, really bad, she almost never said anything. That's why I endure the pain."
2. Family Medicine Women- " My grandmother was one of those old medicine women. Everybody went to her so she would tell them what remedy to take".
3. Folk Healers- 'The folk healer touched me and told me I had a tumor. She prayed, she massaged my back and told me I had a lot of 'cold' in my kidneys and back."
4. Taught to Follow/Believe in God- "My Mom always told me, 'One has to be subject to what the Lord says for your life. If you're suffering, however much you're suffering, the Lord wants it that way'."
5. Beliefs About Medicine- avoiding taking medicines, fear of addiction, and side effects of pain medicines worse than the pain; doesn't understand how to take their medicines; utilize medications/herbs from Mexico; use teas or folk medicines.
6. Family Very Important- to many the most important aspect of recovery is having family present. Family includes not only immediate family, but also included extended family and those chosen by the patient to be part of the family.
7. Advice From Family/Neighbors- Receiving advice from family and friends for pain, illness and side effects is common and was indicative of their care and concern. " When I was having trouble with my bones, my sister told me to use cat's claw because they say it's good for the pain".
8. Advice From the Pharmacist- Common practice in Mexico. People who are too ill to travel to major medical centers or of low socioeconomic status to the local pharmacist for advice on how to treat their illness, rather than seeking medical care.

Interventions and Resources

- Learn about cultural differences to provide culturally competent care
- Use hospital interpreter for Spanish (Call Communications for beeper number). Do not use family members, friends or untrained SJHC associates to do medical interpretation.
- May use a CyraCom Phone- an over the phone interpreting service available 24/7 with over 150 languages available.
- Assess non-verbal cues
- In non-threatening, non-judgmental manner, assess use of complementary or alternative therapies.
- Complete a cultural pain assessment- available on intranet under Patient Teaching Sheets- Pain section.

Cultural Pain Assessment

Questions to help assess cultural differences in order to better assess and work out an appropriate pain management plan with a patient and family include:

1. What do you call your pain?
2. Tell me about the pain you're feeling.
3. What words do you use to describe how much pain you're feeling?
4. What do you use to treat your pain?
5. How does it work?
6. What are the most important results you hope to receive from the treatment?
7. What problems has your pain caused you? (May need to consult with Social Worker or Chaplain.)
8. What do you fear most about your pain?
9. Tell me about your family beliefs (ideas, opinions) about pain that influence the way you take your pain medications?
10. Who helps you with your pain? (family, neighbors etc.)
11. How best can I help you now?

Resources

1. International Association For The Study Of Pain – www.iasp.org
2. Pain education – www.painedu.org
3. American Pain Society – www.ampainsoc.org
4. Cultural Diversity in America: How Different Cultures Approach End Of Life Issues. Hospice Institute Hospice and Palliative Care of Louisville.
4. Saint Joseph Healthcare Policy and Procedure
5. Influence of Culture on Cancer Pain Management in Hispanic Patients; Gloria Juarez, Betty Ferrell, Tami Borneman; Cancer Practice Sept/Oct. 1998 Vol 6.
6. The Unequal Burden of Pain: Confronting Racial and Ethnic Disparities in Pain; Carmen Green et al.; American Academy of Pain Medicine Vol 4 number 3 2003.
7. Ethnic Differences and Responses to Pain in Healthy Adults; Barbara Hastie, Joseph Riley and Roger Fillingim; Pain Medicine Vol. 6 number 1 2005.
8. Helping Hispanic/Latino Home Health Patients Manage Their Pain; Wency Duggleby; Home Healthcare Nurse March 2003, Vol. 21.

CULTURAL PAIN ASSESSMENT

- The following questions may help assess cultural differences in order to develop an appropriate pain management plan with a patient and family:

1. What do you call your pain? ______________________
2. Tell me about the pain you're feeling.
3. What words do you use to describe how much pain you're feeling?
4. What do you use to treat your pain?
5. How does it work?
6. What are the results you hope to receive from the treatment?
7. What problems has your pain caused you? (May need to consult with Social Worker or Chaplain).
8. What do you fear most about your pain?
9. Tell me about your family beliefs (ideas, opinions) about pain and the way you take your medications?
10. Who helps you with your pain? (family, neighbors etc.)
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