

Cultural Diversity and Pain Management

By

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Wherever you work...managed care, the hospital, rehabilitation, long-term care unit, home health care, or any of the multiple settings that make up our vast healthcare system, you are probably caring for patients that are more culturally diverse than ever before. This is due to the changing face of American society from white to multicolored; from European-American to African-and Asian-American; from one that is almost exclusively of the Judeo-Christian tradition to one that encompasses Islam, Hinduism, Buddhism, and other religious traditions. The number of patients representing a multitude of cultures in the U.S. health arena continues to increase.

In order to provide safe, quality and cost effective care for diverse cultures, healthcare professionals need to strive to achieve cultural competence. Cultural competence is used to describe people and organizations that work effectively with their own culture and with cultural groups different from their own. It involves a set of attitudes, practices, behaviors and policies that enable a person, agency, or system to work effectively in multi-ethnic, pluralistic, and linguistically diverse communities.

The National Center for Cultural Competence at Georgetown University Child Development Center, lists five essential elements which contribute to an organization's ability to become more culturally competent. These include;

1. Valuing diversity;
2. Having the capacity for cultural self-assessment;
3. Being conscious of the dynamics inherent when cultures interact;
4. Having institutionalized cultural knowledge; and
5. Having developed adaptations of service delivery reflecting an understanding of cultural diversity.

Today, diversity training has become mandatory in healthcare organizations in order to assist healthcare providers to build knowledge, awareness and skills to work effectively and productively with a range of diverse cultures. The outcomes that can be expected from this training include;

- All healthcare professionals becoming comfortable with cultural differences,
- The ability to control and change false beliefs and assumptions,
- Respect and appreciation for the values and beliefs of those who are different,
- Flexible thinking, and

- Flexible responses and behavior.

One area most affected by our struggle with cultural diversity is in effective treatment of pain. Cultural background has long been recognized as a major influence in how one perceives and reacts to painful situations. Pain has both personal and cultural meanings. Although patients may experience a similar condition or surgical procedure, pain response may differ dramatically.

Today, healthcare professionals are more sensitive to pain and recognize that unrelieved pain has enormous physiological and psychological effects on patients. Research clearly shows that unrelieved pain can slow recovery, create burdens for patients and their families, and increase the cost of care.”

The ability of healthcare professionals to break through cultural barriers is key to providing effective pain management in patients that are culturally diverse. The ethnicity and culture of the healthcare team may be as important as the patient’s culture in determining the impact of pain and how it is treated.

Pain is a subjective and universal experience that individuals of every age and every culture experience. Pain is not a concrete entity, but is often treated this way and without a holistic approach by all members of the interdisciplinary team. In order to understand pain, the common phrase used to define pain, is that pain is whatever the experiencing person says it is, existing whenever the experiencing person says it does.

Responses to pain culturally have been divided into two categories: stoic and emotive. Stoic patients are less expressive of their pain and tend to "grin and bear it." They tend to withdraw socially. Emotive patients are more likely to verbalize their expressions of pain. They desire people around to react to their pain and assist them with their suffering. Expressive patients often come from Hispanic, Middle Eastern, and Mediterranean backgrounds, while stoic patients often come from Northern European and Asian backgrounds.

When treating a patient from a different culture, the patient’s concern for symptoms must be treated with as much concern as the actual physical symptoms that are present. Because people attribute meaning to their pain, patients attempt to order the experience of their pain, and what it means to them and those close to them, through personal narratives of their illness. These stories are not fixed, but constantly told and retold. There is a sense in which the narratives not only reflect the pain experience, but create it. Key metaphors and rhetorical devices appear to be chosen by the patient as a way to make sense of the pain experience.

In order to effectively treat pain, the first step is to have an effective tool that allows each healthcare professional to measure pain the same. One such tool is the McGill Pain Questionnaire (MPQ) is a well-known, frequently used multidimensional instrument for measuring the quality and intensity of pain in English-speaking countries. This questionnaire uses 78 adjectives that reflect three major dimensions of pain: sensory, affective, and evaluative. Each subclass contains two to five descriptors that have an assigned value of 1 to 5 rating level of intensity. As a classic tool for pain evaluation, the MPQ has been translated into several languages and used in cross-cultural research translations.

In 2001, Joint Commission believes that effective management of pain is a crucial component of good care. The standards mandated that all healthcare professionals are mandated to —

- recognize the rights of patients to appropriate assessment and management of pain
- assess the existence and if positive, the intensity of pain in all patients
- record the results of the assessment in a way that facilitates reassessment and follow-up
- determine and ensure staff competency in pain assessment and management, and address pain assessment that supports the appropriate prescription or ordering of effective pain medications
- educate patients and their families about effective pain management
- address patient needs for symptom management in the discharge process

Pain is an unrelenting fact of human life. Although nearly all people experience pain sensations similarly, there are vast differences in the expression of pain. Both personal and cultural meanings are important in the experience and treatment of pain. An appreciation of the influence of culture on communication about pain, affective response to pain, conditioning for pain, meaning of pain, and biological differences is important if patients are to be responded to effectively. Culture significantly affects both the assessment and management of people in pain.

Nursing, medical, and hospital cultures influence pain assessment, decision making, and care. An understanding of the impact of culture on the pain experience is crucial to effective care. There are individual and cultural differences in terms of pain management. Some patients may want constant pain medication, while others will stoically deny the need for any pain medication. The role of the health care provider is to help patients advocate for what feels appropriate for them within their cultural context. Understanding the patient may be difficult when patients are from different cultures and speak languages disparate from that of the health care provider. The responsible health care

professional seeks out staff members, as well as family or friends with whom the dying patient can communicate. Patients should be allowed to freely express their questions and/or fears about their impending deaths even when such conversations are uncomfortable for the professional.

It is often best to anticipate a patient's pain needs, since cultural or religious reasons may inhibit a patient from requesting pain medication even when it is medically necessary for recovery. Also, not every patient will share a desire for the least intrusive medication possible. When alternatives are available, it is best to check with the patient; which forms would he or she prefer?

This article is not all inclusive regarding cultural diversity and the treatment of pain, but I urge each professional to take up this challenge and learn more about how cultural effects pain and how by better understanding the various cultures what we come in contact so that we develop insight and skills needed to be effective. The mnemonic framework "ETHNIC," below, is may be a useful cultural competence tool for providers working with patients who use traditional medicine.

ETHNIC

A framework for culturally competent clinical practice

Explanation: What do you think may be the reason you have this problem? What do friends, family, and others say about your symptoms? Do you know anyone else who has had or who now has this kind of problem? Have you heard about/read about/seen it on TV/radio/newspaper? (If patients cannot offer an explanation, ask what most concerns them about their problems.)

Treatments: What kinds of medicines, home remedies, or other treatments have you tried for this illness? Is there anything you eat, drink, or do (or avoid) on a regular basis to stay healthy? Tell me about it. What kind of treatment are you seeking from me?

Healers: Have you sought any advice from alternate or folk healers, friends, or other people who are not doctors for help with your problems? Tell me about it.

Negotiate: Try to find options that will be mutually acceptable to you and your patient and that incorporate the patient's beliefs, rather than contradicting them.

Intervention: Determine an intervention with your patient that may incorporate alternate treatments, spirituality, and healers as well as other cultural practices (e.g., foods eaten or avoided in general and/or when sick).

Collaboration: Collaborate with the patient, family members, other health care team members, healers, and community resources.

(Levin et. al. 2000, 189)

Developing culturally competent programs is an ongoing process. There seems to be no recipe for cultural competency. It's an ongoing evaluation, as we continually adapt and reevaluate the way things are done. For all members of the team, cultural diversity tests our ability to truly care for patients, and to demonstrate that we are not only clinically proficient but also culturally competent.

References:

1. The Case Management Society of America, 2002 Case Management Standards of Practice. To obtain a copy, please go to www.cmsa.org
2. Providers Guide to Quality and Culture: <http://erc.msh.org/mainpage.cfm?file=1.0.htm&module=provider&language=English&ggroup=&mgroup=>
3. Cultural Diversity in Healthcare: <http://www.ggalanti.com/index.html>

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