

Culture and Pain: Pain is Universal but Your Patient is Unique

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CULTURE

- Beliefs, values, customs, traditions, life ways of a population of people that guide their worldview and decision making
- Practices shared by members of the same group
- Developed over time as a result of imprinting the mind through social and religious structures and intellectual artistic manifestations
- Is passed from generation to generation

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CULTURE (cont.)

- Socially transmitted
- Dynamic
- Largely unconscious
- What one needs to learn in order to behave in an appropriate manner in a given society
- Guides our thinking & behavior

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CULTURE (cont.)

- Has powerful influences on health and illness
- Is a significant force in shaping beliefs and behavior, giving meaning to experience such as pain
- Culture shock

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CULTURE (cont.)

**THE FRAMEWORK THAT DIRECTS
HUMAN BEHAVIOR IN A GIVEN
SITUATION**

**The situation is
PAIN**

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Who?

**How to recognize those with
different culture despite
wearing same brand and styles
of cloth, drive same make of
car, watch same TV shows but
are worlds apart in cultural and
ethnic backgrounds?**

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Communication

- Verbal/Language
 - Most distinctive human characteristic
 - Culture is transmitted through language
 - Better chance to get medicated
- Interpretation
- Translation of tools e.g. McGill Pain Questionnaire
- Pain, hurt, ache/semantics

Communication (cont.)

- Non verbal
 - Body language
 - Nods of the head
 - Facial expressions
 - Tone of voice
 - Eye contact
 - Silence

CULTURAL FACTS

- Touch
- Time orientation
 - Past
 - Present
 - Future
- Ethnic differences decrease with time
- Acculturation (host culture)

Where could this patient be?

We encounter culturally diverse clients in multitudes of settings:

- Long term care
- Acute care
- Clinics
- Community home

PAIN

- Is a **bio-psycho-social** phenomenon
- Pain control = quality of life
 - Suffering
 - Fatigue
 - Disruption of daily tasks
 - Conflicts

PAIN EXPERIENCE

- Perception and manifestation of PAIN
- It includes:
 - Thoughts
 - Feelings
 - Reactions
 - Expectations
 - Past experience(s) associated with pain

PAIN EXPRESSION

- Expressive people use verbal and non-verbal behavior
- Extrovert
- Demonstrative cultures
- Complicate assessment
- No emotions = not experiencing pain?
- Exaggerating pain not believed --- frustration & anxiety

Pain and Religion

- Punishment/result of sin....
 - *"I will greatly multiply your pain in childbearing; in pain you shall bring forth children"* (Genesis 3:16)
 - *"No harm befalls the righteous"* (Proverbs 12:21)
- Way to eternal salvation
- Martyrs

History

- CHINA
 - "Pain points" drain by inserting needles
 - Acupuncture
- EGYPT
 - Electric fish
 - Tens
- New guinea
 - Via a spear or an arrow

Aspects of Pain

- Obedience
- Rituals
- Strength of character
- Grief/misery

RESEARCH

- ZBOROWSKI
 - Irish Americans stoic response
 - Jewish & Italian Americans more vocal but different purpose
- ZOLA
 - Irish deny or report less
 - Italian more pain, body parts, emotions

RESEARCH (cont.)

- 1995 BELL
 - *"Navajo regard it as way of life"*
- 1991 MATTSON & LEW
 - Filipinos: *"..pain is part of life and an opportunity to atone for past transgressions..."* tolerant and stoic.

Types of outcome measures

- Pain quality
- Pain intensity
- Prevalence of pain
- Pain behavior
- Patient/caregiver estimates of pain
- Analgesic use

CULTURE or GENETIC?

- Poor metabolizers: dose adjustment
- Polymorphisms:
 - Codeine poor choice if lacking debrisoquinpartaine; a drug metabolizing enzyme.
- Pharmacogenetics
- Pharmacogenomics

ARABS

- Pain is regarded unpleasant and should be controlled
- Free vocal expression of pain
- Very expressive during L&D
- Use metaphors (fire, iron, rock..)
- Describe with sensory descriptors
 - “..like a knife”
- Belief in conserving energy to heal

ARABS (cont.)

- Believe in western medicine
- Injection more effective than pills
- Express more in front of family
- Do not like to be left alone
 - Children/mother
 - Adult/caring nurturing female family member
- Same sex interpreter/caregiver preferred

ASIAN

- Result of imbalance in the yin yang
- Coping methods external application
 - Oils & massage
 - Warmth
 - Sleeping still
 - Sleeping on the area of pain
 - Relaxation
 - Aspirin

ASIAN (cont.)

- **Japan & Korea**
 - Stoic, no facial expression, gaman
- **China**
 - Acupuncture, acupressure
 - Cold and hot theory
 - Negative feeling/suppress
 - Emotional display=character weakness
 - Offer more than once
 - Questioning disrespectful
 - Limited morphine availability

ASIAN (cont.)

- Philippine
 - Stoic
 - God's will; God will give strength to bear it
- Vietnam
 - Fatalistic attitude/punishment
- Hmong
 - Spirits cause sickness, spiritual ceremonies
- Iran
 - Expressive, specially L&D compensation

EUROPE

- Irish
 - Inexpressive & stoic
 - Hide it from family & friends
 - If admitted prefer solitude
- Italian
 - Expressive, loud reaction
 - Blame self
 - Hide it from family and friends

EUROPE (Cont.)

- Greek
 - Not to be endured
 - Evil to eradicate
 - Mobilize family concern
- Poland
 - Pain is valued
 - Grimace and crying out

EUROPE (Cont.)

- Spain
 - Not tolerated
 - Request medication
- Lithuania
 - Value tolerance but request relief
 - Expression proportionate to severity

South America/Latino

- Mexico
 - Men stoic/suffer value
 - Endure for atonement as duty
 - Expression as self help relief mechanism
 - Aye yie yie=long slow breath
 - Folk medicine and prayer for healing
 - Use heat/cold
 - Prefer oral route

South America/Latino (Cont.)

- Belize
 - Deny and it will go away
 - Try OTC first
 - Dark rum for headache
 - No hot food, cold drink or heavy food at night.

African American

- Perceived as sign of illness or disease
- Take pain medication only if experience pain
- Believe in
 - Suffering and pain is inevitable
 - Must be endured
 - High tolerance as a result of spiritual and religious foundation
 - Prayers and laying of hands
 - Faith is proportional to relief

Nursing and Culture

- Astute observations
- Careful assessment
 - Investigate the meaning of pain to each person within a cultural framework
- Cultural belief prevents participation in plan of care
- Literacy to interpret numbers on tools

Nursing and Culture (cont.)

- Interpret diverse behavioral responses
- Provide culturally competent care
 - Cultural preservation
 - Cultural negotiation/accommodation

Culturally Sensitive Pain Assessment Tool*

- What do you call your pain? What name do you give it?
- Why do you think you have this pain?
- What does your pain mean for your body?
- How severe is it? Will it last a long or short time?
- Do you have any fears about your pain?

*Lasch, K. Culture, Pain and Culturally Sensitive Pain Care. *Pain Management Nursing*, 2000, 1(3), p.19.

Culturally Sensitive Pain Assessment Tool*

- If so, what do you fear most about your pain?
- What are the chief problems that your pain cause for you?
- What kind of treatment do you think you should receive? What are the most important results you hope to receive from the treatment?

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Culturally Sensitive Pain Assessment Tool*

- What cultural remedies have you tried to help you with your pain?
- Have you seen a traditional healer for your pain? Do you want to?
- Who, if anyone, in your family do you talk to about your pain? What do they know? What do you want them to know?
- Do you have family and friends that help you because of your pain? Who helps you?

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Medication and Culture

- Offer pain medication
- Encourage pain medication
- Explain benefits of pain control

Most importantly.....

- Learn about cultural features: read, talk
- Be open, authentic, sensitive, caring
- Do not oversimplify findings
- Do not stereotype
- View each patient as an **INDIVIDUAL**
- Respect your patient

QUESTIONS?

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