

Cultural Aspects of Pain Management 2016

Culture is the framework that directs human behavior in a given situation. The meaning and expression of pain are influenced by people's cultural background. Pain is not just a physiologic response to tissue damage but also includes emotional and behavioral responses based on an individual's past experiences and perceptions of pain. Not everyone in every culture conforms to a set of expected behaviors or beliefs, so cultural stereotyping (assuming a person will be stoic or very expressive about pain) can lead to inadequate assessment and treatment of pain. Many studies have shown that patients from minority groups and cultures different from that of health care professionals treating them receive inadequate pain management.

Areas of cultural tensions in pain often involve the struggle to achieve credibility regarding one's pain and adhering to pain medication regimens. Health care professionals need to be aware of their own values and perceptions as they affect how they evaluate the patient's response to pain and ultimately how pain is treated. Even subtle cultural and individual differences, particularly in nonverbal, spoken, and written language between health care providers and patients impact care.

What you can do:

- Be aware of your own cultural and family values
- Be aware of your personal biases and assumptions about people with different values than yours
- Be aware and accept cultural differences between yourself and individual patients
- Understand the dynamics of the difference
- Adapt to, and respect, diversity

You must **Listen with empathy** to the patient's perception of their pain, **Explain your perception** of the pain problem, **Acknowledge the differences and similarities** in perceptions, **Recommend treatment**, and **Negotiate agreement**

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

- What do you have or what do you feel? How do you describe what you feel?
- What do you think caused your [pain]?
- Why do you think it started when it did?
- What does your [pain] do to you?
- How does it work?
- How severe is your pain? Will it have a long or short course?
- What are the most important results you hope to receive from the treatment?
- What are the main problems your [pain] has caused you?
- What do you fear most about your [pain]?

These types of questions should be asked of every patient, not just limited English proficient patients. Unidimensional scales such as 0-10 pain intensity ratings undervalue to the complexity of the pain

experience. Pain is a biopsychosocial experience and assessment is a complex social transaction and an exchange of the meaning of pain that demands a more comprehensive approach. A multifaceted team approach to treatment planning should incorporate evidence, provider expertise, and patient preferences and values.

English	No Pain	Mild Pain	Moderate Pain	Severe Pain	Worst Pain Possible
Amharic	<u>ህመም የለም</u>	<u>ትንሽ ህመም</u>	<u>መካከለኛ ህመም</u>	<u>ከፍተኛ ህመም</u>	<u>ከመጠን በላይ የከፋ ህመም</u>
Vietnamese	Không bị đau	Hơi đau	Đau trung bình	Đau dữ dội	Đau tồi tệ nhất có thể có
Chinese	<u>不痛</u>	<u>轻度疼痛</u>	<u>中度疼痛</u>	<u>重度疼痛</u>	<u>剧烈疼痛, 无法忍受的疼痛</u>
Spanish	Sin Dolor	Dolor Leve	Dolor Moderado	Dolor Severo	El Peor Dolor Posible

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