



Culture and Pain Management

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Course Description

Today's healthcare professionals are expected to provide patient-centered care in environments with diverse populations, races, ethnicities, and backgrounds. This course will provide the learner with the opportunity to gain insight and understanding of how a patient's cultural background and identity can shape their health trajectory, pain management, disease management, and quality of life. Learners will be given specific examples of different cultural responses to pain relative to health-related situations and will complete the course with recognition that to deliver best care practices there must be a level of insight for the impact culture has on individual choice relative to health, as well as public health.

Pain Attributes

- Experiencing pain is a component of the human experience at some point in a lifetime; most pain sensation may not be indicative of an underlying issue (Slater et al., 2024)
- Some pains can be symptomatic of an underlying issue; many pains, including the following, can impact a person's quality of life (Slater et al., 2024):
 - Headache
 - Musculoskeletal pain
 - Menstruation pain
 - Joint pain
- Pain can be complex and may not be apparent to others outside of potentially causing emotional distress.



Pain as a Construct

- As a construct and medical issue, pain can be modified and addressed by (Slater et al., 2024):
 - Pharmacological treatment
 - Physical protocols
 - Psychological counseling
 - Other contextual interventions
- Pain treatment and pain management is reliant on many variables impacted by clinical, psychological, behavioral, cultural, and social interactions (Alotaibi et al., 2023).

Pain Treatment

- Pain is affected, shaped, controlled, and managed by knowledge, beliefs, environment, and perception
- Pain treatment is patient-centered and personalized; there is not a one-size-fits-all treatment (Slater et al., 2024):
 - Some studies show that up to 50% of short-term analgesic treatment is more effective than utilization of stronger medications such as opioids.
 - Other studies show that pain context, such as post-operative pain, can be addressed with planning relative to nonnarcotic modalities in tandem with pain medication such as morphine.
 - The “pain paradigm” should be managed by trained healthcare professionals who understand pain modulatory system and effecting cortical brain networks, as well as the nonclinical aspects of pain.

Pain Management

- According to de Oliveira et al. (2023), effective and safe pain management should be delivered in a culturally sensitive manner in order to improve quality of life.
 - Individualized care delivery
 - Multimodal approach
 - Multidisciplinary
- Pain management must consider cultural aspects impacting a patient's life and sense of self and identity when assessing and treating symptoms.

Concept of Pain

- The concept of pain may have varied meaning for specific groups that exceed biomedical explanations and definitions (de Oliveira et al., 2023) relative to:
 - Trauma
 - Suffering
 - Depression
 - Personal history
 - Cultural background
 - Actual pain manifestation
- There are some schools of thought relative to pain that correlate to personal experience.
 - Must understand person's culture
 - Gain insight into how personal views and interprets the world
 - Recognize aspects of perception of the pain

Cost of Pain

- Rogers et al. (2023) states that “Pain is ‘an unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage’ . . . It is a universal human experience that accompanies people throughout their life.”
- In the United States, pain costs account for a high percentage of total healthcare costs impacting health provision to the workplace.
 - An estimated annual cost of \$635 billion, surpassing heart disease, cancer, and diabetes (U.S. Pain Foundation).
 - Individuals living with pain spend approximately \$7,726 annually on pain management.
 - 74% of those with chronic pain are unable to work.
 - Those with chronic pain experience at 2x higher rate of suicide.

Culture and Pain

- Addressing pain requires keen insight into all potential factors that may contribute to the pain (Rogger et al., 2023)
- Aspects of culture deeply impact pain:
 - Perception
 - Manifestation
 - Management



Culture and Pain

- Culture shapes:
 - Thoughts
 - Expectations
 - Righteousness
- Healthcare professionals should understand the correlation between pain and culture, which varies throughout the United States.

“Culture, in turn, is defined as ‘the set of distinctive spiritual, material, intellectual and emotional features of society or a social group, that encompasses, not only art and literature, but lifestyles, ways of living together, value systems, traditions and beliefs.’ In the context of pain, culture integrates both modifying markers and mechanisms, which are again not isolated but constantly interact and interrelate, due to the vague and heterogeneous definition.”

(Quoted by Rogger et al., 2023)

Cultural Subgroups and Pain

- Feelings and responses to pain have been found to vary by both gender and ethnicity (Rogger et al., 2023), both cultural attributes that shape perception
- Other cultural subgroups are shaped by:
 - Ethnicity
 - Gender
 - Sexual orientation
 - Religion
 - Region/locale
 - Socioeconomic factors

Cultural Subgroups and Pain

- Cultural background can also share willingness to get help when experiencing pain, such as labor pain (Rogger et al., 2023):
 - Some Muslim women may express labor pain by screaming and crying (Mohameddzadeh et al., 2022).
 - Some women who identify as Christian are known to cry and scream less.



Religion as Culture

- Religion, as a cultural variable, has been associated with pain response relative to musculoskeletal pain.
 - Pain intensity
 - Disability
 - Emotional pain
 - Feelings of chronic pain
- Misinterpreting religious cues and communication can be a barrier for a provider to interpret pain levels and meaning.

Pain Expression

- The impact of language and communication may impact how patients who speak a different language than their provider express pain (Rogger et al., 2023).
 - Asian races are shown to have lower rates of reporting pain to their providers.
 - Study on Chinese cancer patients correlates to cultural belief that Chinese people who experience pain are able to endure pain until it is unbearable.
 - Concern about “fear of future” pain that may limit responsiveness
 - Limited overexpression of feelings in certain cultures
- Pain expression may be differentiated by cultural perceptions and beliefs.

Pain Expression

- Rogger et al. (2023) shares:
 - Evidence that people from Brazil experiencing chronic fatigue may attribute their symptoms to a physical response to their environment, situation, or condition.
 - Women from Spain who are diagnosed with fibromyalgia express more negative perspective about their ability to control that pain relative to Dutch women, who experience the same pain but respond more positively about their responses.
 - Moderate evidence that the Black population is more likely to integrate prayer, hope, and emotionally charged responses to pain control relative to White counterparts.
 - Whites are more likely to ignore pain and integrate mindfulness and relaxation modalities to address their symptoms.

Cultural Competency

- Healthcare providers, systems, and organizations must integrate cultural competency and awareness into their core values and overall care delivery approach to deliver optimal care and improve outcomes.
- Patient-centered care includes compassionate care delivery that addresses differences relative to the following and pain management:
 - Cultural
 - Racial
 - Ethnic
- Providers should have understanding and insight relative to pain interpretation and response to avoid perpetuating health disparities.
 - Providers must accept that the concept of pain varies among cultures, thus affecting levels of trust and acceptance of help and interventions, as well as coping (Rogger et al., 2023).

Impact of Pain

- The Institute of Medicine (IOM) prepared a report, “Relieving Pain in America” (Nguyen et al., 2023), which revealed:
 - Approximately 50 million in the United States are impacted by pain.
 - Leading cause of:
 - Morbidity
 - Mortality
 - Disability
 - Lost productivity
 - Pain is a universal problem causing excessive suffering that furthers disparities.
 - Racial minorities
 - Other vulnerable populations

Pain and Racial Disparities

- Racial disparities and a lack of cultural insight exacerbates an already serious problem.
 - Perpetuates inaccurate stereotypes (Nguyen et al., 2023) with misinformed, inaccurate information that impair healthcare delivery relative to pain relief and management.
 - Stereotypes perpetuate mistrust in the healthcare system, which leads to further disparities and unwillingness to participate in clinical research.
- Other factors that contribute to health disparities include:
 - Access to healthcare and health insurance
 - Health literacy
 - Individual and community beliefs

Cultural Understanding and Pain Management

- It is important for healthcare professionals to understand cultural concepts that are based in truth, relative to the community served, and accepted without judgement to ensure that pain management is delivered in an appropriate, equitable manner
- Limiting beliefs relative to cultural understanding and acceptance have created disparities in the healthcare system in many areas, including pain management based on the following (Nguyen et al., 2023):
 - Misinformation relative to culture and race is often based in systemic issues and challenges that have perpetuated through multiple generations.
 - Implicit bias and other prejudicial belief systems from healthcare professionals, administrators, and other providers may perpetuate limiting beliefs that impede equitable care delivery.
 - Patients with trust issues may refuse treatment but it should be noted that “these refusal rates are generally small” (Nguyen et al., 2023).

Cultural Subgroups and Pain

- According to Nguyen et al. (2023):
 - In the United States, pain prevalence is experienced by Native Americans and multiracial patients.
 - These cultural subgroups are also impacted by socioeconomic disparities that further exacerbate poor health outcomes and access to services.
 - The numbers of multiracial patients in the United States is expected double between 2020 and 2050, which will further the chasm if not addressed by healthcare systems and providers.

Cultural Subgroups and Pain

- According to Nguyen et al. (2023): *(continued)*
 - The unaddressed pain prevalence in this cultural groups are further impeded by poor communication between healthcare providers and members of these underserved cultures.
 - Other cultural subgroups are showing notable health disparities in the United States:
 - Asian
 - Hispanic
 - Middle Eastern
 - Understanding aspects of each subgroup is necessary to bridge the care gaps.

Cultural Subgroups and Pain

- Other cultural groups showing disparities in pain management, and other healthcare aspects, are people who identify as LGBTQ, as stated by Nguyen et al. (2023).
 - Lesbian
 - Gay
 - Bisexual
 - Transgender
 - Queer
 - Others



Cultural Subgroups and Pain

- Sexual orientation and gender identity are cultural identifiers that show disparities in pain management (Nguyen et al., 2023).
 - Sexual minority women have higher likelihood of chronic pain that is not effectively addressed by healthcare providers.
 - Higher rates of headaches
 - Higher incidence of musculoskeletal pain
 - Higher incidence of chronic pelvic pain
 - Higher incidence of functional impairment relative to pain
- Creating an environment of acceptance for culture goes beyond ethnicity and race.

Sexual Orientation and Gender Identity as Cultural Subgroups

- Relative to sexual orientation and gender identity, the following should also be recognized to equitably address pain (Nguyen et al., 2023):
 - 19.4% of transgender men have been diagnosed with fibromyalgia.
 - 7% of transgender women have been diagnosed with fibromyalgia.
 - Six times the general population.
 - Effects of hormone therapy and pain should be understood.
 - Pain presentation for transgendered individuals may differ from cisgendered population due to physical and mental health issues that accompany the processes for transition.

Cultural Effects and Pain Management

- Other cultural effects on pain management are impacted by the region a patient lives in the United States.
 - Adults in rural areas are more likely to experience chronic, debilitating pain than those in urban areas, potentially due to (Nguyen et al., 2023):
 - Agricultural, mining, or manufacturing work with physical demands
 - Lower accessibility to healthcare and access to insurance
 - Higher levels of disability
 - Increased rates of isolation, depression, and perpetual feelings of sadness
 - Recent study showed that urban residents are more likely to address pain with:
 - Physical therapy
 - Acupuncture
 - Mindfulness and yoga

Understanding Intersection of Pain and Culture

- According to de Oliveira et al. (2023), the insight, understanding, and knowledge of pain and pain management has advanced among healthcare professionals; however, there is a gap that continues to “compromise healthcare” decisions.
 - Lack of acceptance of prejudice and discrimination against certain cultures and ethnic groups
 - Lack of understanding and insight relative to caring for specific groups while integrating cultural attributes
 - Lack of recognition of the impact that histories of segregation, colonization, and discrimination have on public health, access to care, and trusting relationships with providers and institutions
- Specifically for pain management, ongoing disparate healthcare delivery increasing the opportunity for continued self-medication, addiction, and increased morbidity and mortality.

Wrap-up

- It is imperative that healthcare professionals, systems, and institutions continue to gain insight and education relative to culture and ethnic impact on healthcare and pain management.
- Recognizing the strong impact that culture and ethnicity have on the following (Rogger et al., 2023) will enable providers to strive to provide optimum, quality care with best outcomes:
 - Perception of pain
 - Manifestation of pain
 - Pain management

Wrap-up

- A comprehensive, holistic approach to pain management, delivered in a culturally competent manner, will improve pain management opportunities, patient outcomes, and quality of life for suffering patients.
- To effectively address health disparities and provide equitable care that follows the “No harm” mantra, healthcare providers must continue to gain insight and compassionate understanding of the many variables that shape culture and care delivery.



You have completed the course: **Culture and Pain Management**

Thank you!