



Topic

Best Evidence Summary for Pain Management

Pain assessment and pain management are key parts of recovery from illness or injury. Everyone experiences pain differently. Health practitioners can use clinical indicators to assess and manage someone's pain, but it is also important to know how the patient experiences and responds to pain and what possible cultural factors are involved.

Why talk about pain management?

Indigenous people are over-represented in health care services nationally. The majority of health professionals are non-Indigenous. Pain responses can be influenced by cultural factors and may be misinterpreted when the patient and practitioner are from different cultural backgrounds. For Indigenous Australians there is evidence to suggest that pain may be under-assessed and/or poorly managed due to perceptions, stereotyping and misunderstanding of pain behaviours.

Who is at risk?

All people experience pain. However, suggestions that certain cultural groups have a higher tolerance for pain than others may lead to underassessment of pain levels and impact on management and recovery. Findings from a research study has shown '...that Aboriginal peoples may have a higher threshold of pain and are less likely to complain – this is particularly so for men, who do not want to appear weak by expressing their pain' 1.

What can practitioners do?

Practitioners need to be regardful of cultural difference in pain behaviours and ensure their assessments are not based on stereotypical assumptions of what is considered the 'norm'.

- Consider using a culturally appropriate pain tool for the local population. Most pain tools have been developed for different cultural groups and may not be reflective of local needs.
- Some patients who experience pain may choose to deal with this by remaining still and centred, as if sleeping.
- Patients may employ culturally relevant strategies for pain management such as the use of traditional medicines and practices including rubbing or massage.
- There may be less demand or request for pain relief which should not be interpreted as less need.
- Practitioners may need to be more proactive about offering Indigenous patients pain relief
- Liaison officers and/or interpreters should be utilised where a cultural and/or language barrier may exist.
- Historical factors may also impact on Indigenous peoples' pain responses. For example;

'There is also a fear of Western medicine, stemming from a lack of understanding of clinical notions of pain relief, fear of the administration, side effects and ramifications of medications, and fear that Western pain medications will speed up the dying process and inhibit the passing on of traditional knowledge and secrets that occurs during end-of-life. Strategies posited for ensuring effective pain management include developing trust, timely involvement of the doctor for administering pain medication, provision of emotional support, information giving to decrease fear, provision of the 'right' information to the 'right' person and strengthening of health service provision.' 1.

A lack of knowledge of the diversity of cultural pain responses can lead to conflicting expectations between patients and practitioners and less than optimal pain assessment and management as evidenced in a study of post-operative care for Aboriginal women in Central Australia: 'The nurses anticipated that the client would contribute to their own care by communicating pain experiences in ways that are familiar and are believed to be universal. The Aboriginal women expected the nurses to conduct business similar to that of their own traditional tribal healers, 'to see within' and to 'just know'.' 2.

The key message from the evidence is that effective pain assessment and management for Indigenous Australians can be achieved by ensuring culturally safe practice. This includes looking at pain behaviours in the context of the patients' cultural background, ensuring that assessments are informed by an acknowledgement and respect for cultural difference and building trust relationships.

References

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2. Fenwick, C. and Stevens, J. (2004), Post Operative Pain Experiences of Central Australian Aboriginal Women. What Do We Understand?. *Australian Journal of Rural Health*, 12: 22–27. doi: 10.1111/j.1440-1584.2004.00541.x