

# Pain Assessment and Diversity

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## Objectives

- Discuss specific factors associated with pain assessment in diverse populations with advanced illness
- Summarize information and methods to measure pain in diverse populations
- Review clinical strategies for culturally-sensitive pain assessment in diverse populations with advanced illness

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## Patient Factors Pain Assessment in Diverse Populations

- Language and communication issues
- Sociocontextual factors
  - Acculturation and generational status
  - Stoicism and expressionism
  - Fatalism
  - Shame/stigma of illness
  - Gender norms
  - Caregiving issues
  - Beliefs about Western medicine/medical mistrust
- Religious/spiritual beliefs
- Genetic/biological factors

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# Provider Factors

## Pain Assessment in Diverse Populations

### Pain

- Provider attitudes, beliefs and knowledge of pain

### Additional issues

- Stereotyped thinking/bias
- Ethnocentrism
- Self-awareness/insight into own values and beliefs
- Incongruity with patients' backgrounds
- Knowledge of patients' cultural practices and beliefs

Anderson et al., 2009; Davidhizar et al., 2004; Crawley et al., 2002; Young et al., 2008; Narayan et al., 2010; Elcigil et al., 2011.

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# System Factors

## Pain Assessment in Diverse Populations

- Time constraints
- Provider to patient ratio
- Structural issues
- Access to care issues
- Limited access to multi-language pain assessment measures







Elcigil et al., 2011.

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# Wong-Baker FACES Scale

**TRANSLATIONS OF WONG-BAKER FACES™ PAIN RATING SCALE**

						
0-5 coding	0	1	2	3	4	5
0-10 coding	0	2	4	6	8	10
ENGLISH	No hurt	Hurts little bit	Hurts little more	Hurts even more	Hurts whole lot	Hurts worst
SPANISH	No duele	Duele un poco	Duele un poco más	Duele mucho más	Duele mucho	Duele el máximo
FRENCH	Pas mal	Un petit peu mal	Un peu plus mal	Encore plus mal	Très mal	Très très mal
ITALIAN	Non fa male	Fa male un poco	Fa male un po di più	Fa male ancora di più	Fa molto male	Fa maggiormente male
PORTUGUESE	Não doi	Doi um pouco	Doi um pouco mais	Doi muito	Doi muito mais	Doi o máximo
BOSNIAN	Ne boli	Boli samo malo	Boli malo više	Boli još više	Boli puno	Boli najviše
VIETNAMESE	Không đau	Hơi đau	Đau hơn chút	Đau nhiều hơn	Đau thật nhiều	Đau quá đau
CHINESE*	無痛	微痛	輕痛	更痛	很痛	劇痛
GREEK	Αεν ήλοι	Ηλοι λίγο	Ηλοι λίγο Ηλο Ηλοι	Ηλοι Ηλοι Ηλοι	Ηλοι Ηλο Ηλοι	Ηλοι Ηλα Ηλοι
ROMANIAN	No doare	Doare puțin	Doare un pic mai mult	Doare și mai mult	Doare foarte tare	Doare cel mai mult

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Wong et al., 1988.

# FLACC Scale

	DATE/TIME								
<b>Face</b> 0 - No particular expression or smile 1 - Occasional grimace or frown, withdrawn, disinterested 2 - Frequent to constant quivering chin, clenched jaw									
<b>Legs</b> 0 - Normal position or relaxed 1 - Uneasy, restless, tense 2 - Kicking, or legs drawn up									
<b>Activity</b> 0 - Lying quietly, normal position, moves easily 1 - Squirming, shifting back and forth, tense 2 - Arched, rigid or jerking									
<b>Cry</b> 0 - No cry (awake or asleep) 1 - Moans or whimpers; occasional complaint 2 - Crying steadily, screams or sobs, frequent complaints									
<b>Consolability</b> 0 - Content, relaxed 1 - Reassured by occasional touching, hugging or being talked to, distractible 2 - Difficult to console or comfort									
<b>TOTAL SCORE</b>									

Merkel et al., 1997.

## Culturally-relevant Clinical Strategies: Benefits

- Provision of culturally-relevant care is consistent with patient-centered care
- Understanding of culture-specific values and beliefs may promote more effective pain assessment and management
- Knowledge and sensitivity can prevent cross-cultural conflicts, patient mistrust, and treatment non-adherence

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## Culturally-relevant Clinical Strategies for Pain

### Conduct a cultural assessment

- Reflect on/research patients' cultural backgrounds
  - Assess attitudes, beliefs, expectations for pain
- Learn about structures for disclosure and decision-making
- Identify preferred language and prepare

### Exercise strong communication skills

- Active listening
- Open-ended questions
- Allow patient to respond without interrupting

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## Culturally-relevant Clinical Strategies for Pain: LEARN Model

**L** = Listen

**E** = Explain

**A** = Acknowledge

**R** = Recommend

**N** = Negotiate

Berlin et al., 1983.

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## Case Example #1

Mr. S is a Bedouin patient with metastatic colon cancer. He's had dramatic weight loss, and is experiencing significant pain, overwhelming fatigue, and sleep disturbance.

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## Case Example # 1 (cont).

- Patient refuses Western medical consultation for pain and symptom management
- Brother calls mobile PC team from nearby hospital, unbeknownst to patient
- When patient agrees to see team, he is guarded
- Bedouin interpreter/liaison explains presence of PC team

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## Applying LEARN Model

- **Listen** = Physician asked the patient questions to understand his perception of the problem and why he refused medical treatment
- **Explain** = Once physician understood why patient was reluctant to be seen, he was able explain how this approach may be harmful to his condition (from a Western medical perspective)
- **Acknowledge** = Recognized patient's value of herbal treatments from a traditional healer; Discussed similarities and differences to find areas of agreement and resolve conceptual conflicts

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## Applying LEARN Model (cont).

- **Recommend** = Treatment plan incorporated patient's needs and wishes, as well as standard of care; Patient could continue use of herbal belt, but should consider adjunctive medical support to enhance symptom management
- **Negotiate** = Discussion and collaboration with the patient and family incorporated their values/wishes into physician's plan of care