

Patient Engagement Learning Series

Pain Management and Racism in Healthcare Spaces

Thursday, July 16, 2020 at 2:00 pm ET



**NATIONAL
NURSE-LED CARE
CONSORTIUM**

a PHMC affiliate

National Nurse-Led Care Consortium

The **National Nurse-Led Care Consortium (NNCC)** is a membership organization that supports nurse-led care and nurses at the front lines of care.

NNCC provides expertise to support comprehensive, community-based primary care and public health nursing.

- Policy research and advocacy
- Program development and management
- Technical assistance and support
- Direct, nurse-led healthcare services

Speakers



Shoshana Aronowitz

National Clinician Scholars Program
Postdoctoral Fellow
University of Pennsylvania



Diana Harris

Research Scientist and Director
Public Health Management Corporation



Ivy Clark

Patient Representative
National Nurse-Led Care Consortium



Travis Cos

Moderator
Research and Evaluation

Objectives

- Identify ways for nurses to recognize racism found in pain treatment
- Recognize how nurses can address biases found in health care settings

Panel Discussion



Diana Harris

Research Scientist and Director
Public Health Management Corporation



Ivy Clark

Patient Representative
National Nurse-Led Care Consortium

Pop Up/Poll Question

Have you experienced racial inequality in the healthcare system?

If so, what was your experience like and how did it impact your health? (chat box)

PAIN MANAGEMENT & RACISM IN HEALTHCARE SPACES

SHOSHANA ARONOWITZ
PHD, CRNP



National Clinician
Scholars Program

Background

Consequences of untreated pain:

- Negative physical, mental, social, and financial outcomes¹
- Illicit or risky behavior as an attempt to self-medicate²
- Quality of life may be seriously diminished

Well-documented racial pain treatment disparities^{3,4}

- Pharmaceutical (opioid + non-opioid) and non-pharmaceutical (i.e. physical therapy)


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REVIEW PAPER



Mixed studies review of factors influencing receipt of pain treatment by injured black patients

Shoshana V. Aronowitz PhD, FNP-BC, post-doctoral fellow¹  | Catherine C. McDonald PhD, RN, FAAN, Assistant Professor² | Robin C. Stevens PhD, MPH, Assistant Professor² |
Therese S. Richmond PhD, CRNP, FAAN, Professor²



Racial Myths about Pain Sensitization

Clinician Characteristics

Assumed Criminality

Racial Myths about Pain Sensitization

RESEARCH ARTICLE



Racial bias in pain assessment and treatment recommendations, and false beliefs about biological differences between blacks and whites

Kelly M. Hoffman, Sophie Trawalter, Jordan R. Axt, and M. Norman Oliver

Focus on Diversity and Culture Cultural Differences in Response to Pain

A clients' culture influences their response to and beliefs about pain. Some common cultural differences related to pain are listed here.

Arabs/Muslims

- May not request pain medicine but instead thank Allah for pain if it is the result of a healing medical procedure.
- Pain is considered a test of faith. Therefore Muslim clients must endure pain as a sign of faith in return for forgiveness and mercy. However, Muslims must seek pain relief when necessary because needless pain and suffering are frowned upon.
- Arabs and Muslims prefer to be with family when in pain and may express pain more freely around family.

Asians

- Chinese clients may not ask for medication because they do not want to take the nurse away from a more important task.
- Clients from Asian cultures often value stoicism as a response to pain. A client who complains openly about pain is thought to have poor social skills.
- Filipino clients may not take pain medication because they view pain as being the will of God.
- Indians who follow Hindu practices believe that pain must be endured in preparation for a better life in the next cycle.

Blacks

- Blacks often report higher pain intensity than other cultures.
- They believe suffering and pain are inevitable.

- They believe in prayer and laying on of hands to heal pain and believe that relief is proportional to faith.

Jews

- Jews may be vocal and demanding of assistance.
- They believe that pain must be shared and validated by others.

Hispanics

- Hispanics may believe that pain is a form of punishment and that suffering must be endured if they are to enter heaven.
- They vary widely in their expression of pain: Some are stoic and some are expressive.
- Catholic Hispanics may turn to religious practices to help them endure the pain.


Native Americans

- Native Americans may prefer to receive medications that have been blessed by a tribal shaman. They believe such a blessing allows the client to be more at peace with the creator and makes the medicine stronger.
- They tend to be less expressive both verbally and nonverbally.
- They usually tolerate a high level of pain without requesting pain medication.
- They may pick a sacred number when asked to rate pain on a numerical pain scale.

Sources: Based on Munoz, C., & Luckmann, J. (2005). *Transcultural communication in nursing* (2nd ed.). Clifton Park, NY: Delmar Learning; Andrews, M. M., & Boyle, J. S. (2003). *Transcultural concepts in nursing care* (4th ed.). Philadelphia, PA: Lippincott Williams & Wilkins; Al-Attiyyat, N. M. H. (2009). Cultural diversity and cancer pain. *Journal of Hospice and Palliative Nursing*, 11(3), 154-164; Davidhizar, R., & Giger, J. N. (2004). A review of the literature on care of clients in pain who are culturally diverse. *International Nursing Review*, 51(1), 47-55.

Assumed Criminality

- Differences in implementation of "risk-reduction" strategies
- Feelings of stigmatization & lack of trust



“Physicians' fears of potential diversion of narcotics, in which patients are characterized as potential criminals, may help trigger the stereotype of “black drug dealer” or “black criminal” in encounters with African American patients, because those stereotypes are prevalent in the larger society”⁶

(Burgess et al., 2008)

The opioid crisis shows why racism in health care is always harmful, never 'protective' | Opinion

Updated: December 26, 2019 - 6:00 AM

[Utsha Khatri, Shoshana Aronowitz and Eugenia South, For the Inquirer](#)

What can nurses do?

- Listen to your patients
- Be open to exploring your biases + continuing your education
- Consider the power of the “nursing report”
- Be aware of disparities in pain treatment and substance use treatment so that you can effectively advocate for patients

References

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Pop Up Question

What are ways that nurses can address the racial bias and inequalities that exist within pain management? (chat box responses)

Discussion





#YearOfTheNurse



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