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Practice recommendations for pain assessment by self-report with African American older adults



Staja “Star” Booker, MS, RN^{a,*}, Chris Pasero, MS, RN-BC, FAAN^b,
Keela A. Herr, PhD, RN, FAAN, AGSF^a

^a The University of Iowa, College of Nursing, 50 Newton Road, Iowa City, IA 52242, USA

^b Pain Management Educator and Clinical Consultant, 1252 Clearview Drive, El Dorado Hills, CA 95762, USA

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ABSTRACT

Despite decades of education and clinical practice guidelines underscoring disparities in pain management, pain continues to be inadequately managed in older African American adults as a result of patient, provider, and systems factors. Critical factors influencing pain assessment in older African American adults has not been extensively examined, contributing to a lack of data to inform health care providers' knowledge on culturally-responsive pain assessment in older African Americans. Assessing pain in older African Americans is unique because differences in language, cultural beliefs, and practices moderate how they report and express pain. This paper presents an overview of patient-provider factors that affect pain assessment in older African Americans with a focus on this population's unique cultural beliefs and practices. Recommendations for best practices for performance of a culturally-responsive pain assessment with older African Americans are provided.

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Introduction

Pain is described as a “great equalizer”¹ and a universal human experience that is characterized by its subjectivity. Evidence-based guidelines emphasize that all persons have the right to timely and adequate pain assessment based on their self-report of pain, but racially- and ethnically-diverse persons are substantially more likely than others to experience disparities in pain assessment and management. In fact, pain in African Americans is more likely to be under-assessed, under-diagnosed, under-estimated, and under-treated across all health care settings and pain types.^{2–8} Research has shown that older adults are at higher risk for underassessment and under-treatment of pain,^{9,10} making older African Americans a

particularly high-risk population. Accordingly, Cavalieri¹¹ proposed assessment of pain as the first vital sign in older adults, given the high prevalence and under-recognition of pain in this population.

Understanding pain in specific racial and ethnic groups remains in its infancy; hence, the role of culture in pain assessment is not adequately addressed in textbooks, pain management guidelines and position statements, and pain education programs. While current pain management guidelines provide detail on general pain assessment in older adults, they provide little guidance on pain assessment translation, transferability, and implementation across diverse older populations. Consequently, many health care providers have limited information on culturally-responsive approaches to assessment and treatment of patient symptoms such as pain, and some find pain assessment in ethnically diverse patients challenging¹² leading to cultural discordance between the provider and patient. Nonetheless, it is important to understand cultural beliefs and practices of pain because African Americans have expressed the need for health care professionals to tailor pain

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* Corresponding author. Tel.: +1 318 533 9076 (mobile); fax: +1 319 353 5535.

E-mail address: staja-booker@uiowa.edu (S.“Star” Booker).

assessment according to their culture.¹³ Therefore, it is imperative that health care providers are prepared to provide culturally-responsive pain assessment, and *this article provides evidence-based clinical practice recommendations to assist health care providers in performing a culturally-responsive pain assessment in cognitively intact, African American older adults.*

African American culture and pain

Within any culture there are diverse beliefs and experiences, but it is essential to know and understand common African American cultural nuances because they can influence pain assessment (see Box 1). It is useful for health care providers to consider the history of the African American patient's health care experience when attempting to obtain their self-report of pain. In times past African Americans were incorrectly regarded as insensitive to pain, and current research shows that African Americans are still perceived to feel less pain.^{14–16} In fact, virtual studies that examined the perception of race, pain empathy, and treatment revealed that African Americans receive less empathy and pain treatment.^{17,18} These findings are alarming considering that patients' perceptions of injustice and discrimination increases pain^{19–22} and contributes to worse physical and psychological outcomes, including

fear of movement, depression, and prolonged recovery and disability.^{23–27} Yet, “To change health outcomes, historical and religious experiences must be considered when working with African Americans.”²⁸ Therefore, multidimensional cultural skill and knowledge is needed to assess African Americans in nursing practice,²⁸ because in its most complex nature, pain in older African Americans is a biological, emotional, psychological, social, spiritual, existential, historical, cultural, financial, and environmental phenomenon; this shapes how pain is expressed, communicated, and treated.

Although pain is frequently perceived as inevitable or a sign of illness (or “something wrong”), African Americans are likely to minimize the expression of pain²⁹ to avoid displacing attention from the true illness. African American culture has traditionally considered illness to result from imbalances, natural sources such as impurities, or unnatural/supernatural forces such as punishment from God or the devil.^{28,30,31} African Americans believe that pain is a test of faith^{1,32} and endurance or God's will.³³ Interestingly, African Americans can be both optimistic and pessimistic simultaneously, revealing the normality of dualities in African American culture. Consistent research concludes that African Americans have greater catastrophization, but one has to wonder if this “catastrophization” is “normal” pain behavior for African

Box 1. Cultural considerations for care of older African Americans in pain.

Communication

- African American elders are highly respected and valued family and community members.³³ *Greet them by their formal name: Mr., Mrs., Ms., Dr., Pastor, etc. plus either a surname or first name.* Older African Americans consider being addressed on a first name basis by a stranger, such as the nurse, inappropriate and disrespectful. They prefer to be called by their surname or professional title because these are sources of pride and respect.^{28,30,33}
- Interpersonal relationships are important to African Americans; nurses should take a few minutes to have a short social conversation expressing care and interest in older African Americans' daily life. Never indicate feeling rushed, this will greatly reduce rapport and subsequent interactions such as pain assessment.⁹⁸ View pain assessment and patient teaching as a social transaction.¹⁰² African Americans respect nurses for their knowledge and ability to provide safe care, but they also desire that nurses and health care professionals communicate and interact with them at their level.
- *African Americans may communicate using “African Americans English (AAE).”* This dialect is generally perceived negatively by many outside the African American culture. Consequently, African American patients' words may be misinterpreted and select pain descriptors may be misunderstood leading to miscommunication with nurses.
- Speaking slowly and clearly to older adults is recommended, but sometimes *slower speech of health care providers is perceived by African Americans as offensive and being talked down to.* This contributes to lower satisfaction with interpersonal care.¹⁰³ A stereotypical, biased assumption is that African Americans are less educated and need to be spoken to at a slower pace to ensure they ‘understand.’ *To prevent this, speak with normal pace and tone in which explanations are not deliberately drawn-out.*
- *Family and kinship are important to African Americans.* Family in African American culture may include “fictive kin”^{33,104} which means *all preferred family members be included when planning care.*

Interpersonal space

- Touch (e.g. hugging or handshaking) is extremely important in African American culture as it communicates approval, caring, trust, and respect²⁸; older African Americans are okay with touching the hand or arm in a caring manner. This type of touch is very spontaneous and natural, and should be implemented during care.

Pain

- *Assessing pain in African American culture involves more than eliciting pain intensity.* Because cultural pain often factors into the pain assessment, a pain intensity rating *may* be reflective of multiple aspects of pain.
- Pain is closely linked to spiritual beliefs, practices, and perceptions in older African Americans. Because several Bible scriptures state that we should not complain, but rather be thankful, many African Americans may minimize their self-report of pain because it is viewed as complaining.³⁴
- Recognize that race-based and disease-based discrimination impacts the pain and health care experience in older African Americans.

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