



Nursing students' assessment of pain and decision of triage for different ethnic groups: An experimental study

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SUMMARY

Background: Pain management is a priority in nursing care but little is known about the factors that affect nursing students' assessment of pain expressed by patients of different ethnic backgrounds.

Objectives: This study examined undergraduate nursing students' assessment of pain and decision of triage when pain was expressed in different languages and their relation to students' empathy and social identity. Comparison between students with and without clinical experience was also carried out.

Design: This is a cross-sectional quantitative design.

Setting: This study took place at a university in Hong Kong.

Participants: 74 female undergraduate nursing students.

Methods: Students listened to eight audio recordings in which an individual expressed pain in one of the two dialects of Chinese, either Cantonese or Putonghua. For each dialect, two recordings depicted mild pain and two depicted severe pain. After listening to each recording, students rated the pain level and indicated their decision of triage. Subsequently, students completed a questionnaire that measured their empathy and social identity and reported their demographics. The data were analyzed by descriptive statistics, correlational analyses, and *t*-tests. **Results:** Severe pain described in Putonghua was rated as more intense than that described in Cantonese but it was not classified as more urgent. Students with clinical experience tended to perceive mild pain as less painful and less urgent than those without clinical experience. For mild pain described in Cantonese, students with clinical experience evaluated it as more urgent than those without such experience. The empathy level of students with and without clinical experience was comparable. Students with more empathy, especially those without clinical experience, reported heightened perceived intensity of severe pain described in Putonghua.

Conclusions: Nurse educators should note that empathy, social identity, and clinical experience may alter students' pain assessment of patients from different ethnicities. Pain education needs to be reinforced.

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Introduction

Pain management is a priority in health care but it has not been thoroughly addressed (Duke et al., 2013). To meet the pain management needs of patients from diverse backgrounds, it is essential to prepare nurses adequately, as their interaction with patients is the most frequent among all healthcare providers (Duke et al., 2013). Better still, if nursing students are sufficiently prepared for pain management, they can readily contribute to the effective pain management of patients once they enter the workforce (Al-Khawaldeh et al., 2013). The first step in pain management is an accurate assessment of pain. As nurse educators, understanding the accuracy of nursing students' assessment of pain and its associating factors is pivotal for educational and training purposes.

Background

Pain Management and Nursing Students

Previous research on pain management and nursing students has mainly focused on their pain knowledge and attitudes. Nursing students in different countries such as the United States, Iran, and Jordan have been surveyed and have consistently revealed their inadequacy in pain knowledge as well as attitudes (Al Khalailah and Al Qadire, 2013; Al-Khawaldeh et al., 2013; Duke et al., 2013; Plaisance and Logan, 2006; Rahimi-Madiseh et al., 2010). Several pain education programs that aimed at improving nursing students' pain knowledge and attitudes have also been documented (e.g., Keefe and Wharrad, 2012; MacLaren et al., 2008; Owens et al., 2014). Other researchers have examined the back pain beliefs of female nursing students (Burnett et al., 2009), student nurses' misconceptions of chronic nonmalignant pain (Shaw and Lee, 2010), and nursing students' conceptions and experiences of pain (Bergh et al., 2008).

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One knowledge gap in nursing students' pain management is the consideration of facilitators, barriers, and associating factors, psychological factors in particular, with regard to the assessment of pain. In this study, we aimed to fill the research gap by investigating associations between empathy and social identity of Hong Kong Chinese nursing students with regard to the assessment of pain of patients from two different ethnicities, namely, Mainland Chinese and Hong Kong Chinese.

Empathy of Nursing Students

Empathy is defined as “the ability to understand another person's feelings, experience etc” (Oxford Advanced Learner's English–Chinese Dictionary, 2004, p. 556). It is an important element for caring and for maintaining a caring environment (Cunico et al., 2012). To establish and maintain nurse–patient relations, nurses need to have empathy but little is known about nursing students' empathy (McKenna et al., 2012). McKenna et al. (2012) found that nursing students in Australia had a high empathy level with a mean of 107.34 within a possible range of scores of 20–140 on the Jefferson Scale of Physician Empathy (Health Professional Version). A longitudinal study on undergraduate nursing students in Turkey found that students had an increase in empathic skills but a decrease in empathic tendency throughout their education (Ozcan et al., 2010). Ward et al. (2012) also found that undergraduate nursing students decreased their empathy with increased exposure to patients. According to Cikara et al. (2011), whether people will have empathy for others may depend on whether they have a common ground, for example, membership in the same social, religious, or cultural group. Different group membership may result in a failure of empathy (Cikara et al., 2011). However, there is limited research on how nursing students' empathy may affect their pain assessment of individuals who are in the same ethnic group as they are (ingroup) compared with those who are not (outgroup), and whether having clinical experience will make a difference in their pain assessment.

Pain Assessment of Patients from Different Ethnic Groups

In Hong Kong, ethnicity differences, especially the difference between Hong Kongers and recent immigrants from Mainland China, are a salient societal issue. In recent years, the competition between Mainland Chinese and Hong Kong Chinese over healthcare resources in Hong Kong has created tension and has led to policy change. For instance, in January 2013, “[A] ban was introduced on mainland women giving birth in public hospitals, whether or not they were married to [a] Hongkonger” (Siu, 2014). As such, an investigation of how nursing students respond to pain expressed by Hong Kongers and Mainland Chinese is timely and important. Such an investigation can also extend previous research findings. Previous research has repeatedly identified ethnic and racial differences in pain assessment and nurses have identified cultural differences as one of the top barriers in pain management (Strassels et al., 2008, as cited in Duke et al., 2013; Tait and Chibnall, 2014). In addition, racial differences have been observed in triage assessment, for example, African American and Hispanic patients were less likely to be assessed as having an urgent condition compared with whites (López et al., 2010). Nevertheless, little research, if any, has compared nursing students' assessment of pain and triage of patients from different ethnic groups of the same race, as in the case of the differences between Hong Kongers and Mainland Chinese. Such an investigation is important in illuminating cues, for example, dialects of Chinese that are spoken by Hong Kongers (Cantonese) and Mainland Chinese (Putonghua), that may underlie nurses' differential assessment of pain experienced among patients from different ethnic groups.

In addition, there are likely substantial individual differences among nursing students regarding these issues. One factor that may predict such variation would be social identification. The strength of individuals' identification with their own social group, or social identity, is known to have implications on the differentiation between ingroup

and outgroup members (Brewer and Brown, 1998). As such, among nursing students in Hong Kong, those identifying strongly with Hong Kong culture may assess pain expressed by Hong Kongers relatively more favorably (e.g., pain is more severe and requires more urgent medical attention) than pain expressed by Mainland Chinese.

Aims of the Current Study

In this study, we aimed to compare nursing students' assessment of pain in two ethnic groups—Hong Kong Chinese and Mainland Chinese in Hong Kong. As the experimental design made use of audio recordings, we used the Cantonese and Putonghua dialects in the current study to mark the identity of Hong Kong Chinese and Mainland Chinese, respectively. Our objectives were to investigate (1) whether nursing students in Hong Kong would judge the pain level of Hong Kong Chinese and Mainland Chinese differently; (2) whether Hong Kong Chinese and Mainland Chinese would be triaged differently at different pain levels (mild pain versus severe pain); (3) whether there were any differences between students who had not started clinical placement versus students who have had clinical placement in pain assessment and triage; (4) whether there were any associations between nursing students' empathy and their perception of pain, and whether such an association was evident in evaluating pain expressed by Hong Kong Chinese and Mainland Chinese; (5) whether there were any associations between nursing students' identification with Hong Kong and their perception of pain; and (6) whether social identity was predictive of more favorable judgments (more intense perceived pain and more urgent triaging) of Hong Kong Chinese over Mainland Chinese.

Methods

Participants

Announcement of the study was made in class for students in their second and third year of study at The Nethersole School of Nursing, The Chinese University of Hong Kong. The researcher specified that recruitment was for female nursing students only. Only female students were recruited because they are proportionally representative in each level of nursing education in Hong Kong. The final sample consisted of 80 female nursing students. About half of the students were second- and third-year students from a four-year curriculum who had already taken clinical practicum, whereas the other half were second-year students from a five-year curriculum who had not yet had such experience. Most students in this program were multilingual, competent in at least three languages: Cantonese, Putonghua, and English. Cantonese was the mother tongue for all but one participant. English is the official medium of instruction for the Faculty of Medicine at this university, to which the School of Nursing belongs, and all the participants had learned Putonghua for at least three years ($M = 11.69$, $SD = 4.13$).

The study materials described below were presented in English, except for the pain evaluation task as detailed below.

Procedure

The study took place in a computer room on campus at The Chinese University of Hong Kong. Multiple sessions were arranged and the students participated in groups. A website containing the consent form, the study materials and the questionnaires with demographics was created for the study. After completing the consent form, the participants were asked to put on their headphones and begin the study.

They listened to eight short audio recordings of pain descriptions on the computer. These descriptions were narrated by female postgraduate nursing students. With reference to the Pain Intensity Verbal Rating Scale in Chinese, half of the clips described severe pain—pain was described as “crucifying pain” (Chung et al., 1999) with corresponding voice tones. The other half of the clips described mild pain—pain was

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