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Editorial

Cultural Influences on Pain Perception and Management



Pain is a universal human experience that affects people across their lifespan. The mechanisms of perceiving and responding to pain differ among individuals and are affected by multiple interrelated biological, psychological, and social factors (Gatchel, McGeary, McGeary & Lippe 2014). Cultural and ethnic backgrounds appear to further influence how individuals perceive, manifest, and handle pain. For instance, in a study by Aufiero, Stankewicz, Quazi, Jacoby and Stoltzfus (2017), a standardized pain stimulus was administered to two groups of Caucasian and Latino adult patients from both genders. Results indicate a significant difference in pain rating between the groups, with Latinos and women reporting higher levels of pain. In another study, Herbert et al. (2017) investigated cultural pain differences among a sample of African American and non-Hispanic White individuals diagnosed with osteoarthritis. Their findings revealed an association between ethnic identity and cortisol levels that were negatively correlated with the intensity of reported pain. Similarly, a Robertson, Robinson, and Stephens' Study (2017) indicated that Japanese participants rate their level of pain significantly higher than British participants. Despite this growing evidence, the literature pertaining to how culture influences pain presentation continues to need additional investigation. For instance, Ostrom et al. (2017) argue that differences in pain tolerance are not that simple and are linked to emotional, psychosocial, cognitive and other factors which exert a greater influence on perception of pain compared to race and culture.

Nurses function within a global community and are increasingly becoming aware no single pain management approach fits all circumstances (Rosa, 2018). In a systematic review of the evidence pertaining to how race, ethnic, and culture affect differences in pain levels, beliefs, cognitions, and behaviors. Orhan et al. (2018) discovered that African Americans tend to use more praying, hoping, and emotionally focused coping strategies compared to Caucasian who tend to more frequently ignore pain and prefer relaxation techniques. Results of the Orhan et al. (2018) review also reveal different cultural groups (e.g., U.S., Spain, Dutch, Portuguese, New Zealanders, Chinese) have distinctive perceptions and beliefs toward illnesses and pain as well as a greater acceptance of certain pain management interventions.

In another study, Torres, Thorn, Kapoor, & DeMonte (2017) explored perceptions of chronic pain management and how the cultural beliefs of Hispanic immigrants living in the United States affect pain management. Their results suggest that Hispanics prefer self-management strategies such as yoga, over-the-counter drugs, and homemade creams to deal with chronic pain. Reasons for reluctance to seek medical care include language barriers, perceived discrimination, family responsibilities, and the lower perceived attention paid to

them in the United States healthcare system. In their research, Holt and Waterfield (2018) showed that Indian Asian women living in the United Kingdom (UK) tend to believe their pain resulted from hard work, diet, or the weather. Pain relief reported by these women occurred from self-initiated strategies such as heat therapies, yoga, and variations in diet. However, required rest at home was difficult due to their family role responsibilities. Although most of the participants in this study were satisfied with the care received in the UK healthcare system, prominent obstacles identified were language barriers along with cultural differences in the manifestation and interpretation of pain. Moreover, findings from the Holt and Waterfield (2018) study further reveal that practitioners from different culture groups varied widely in their responses to patients' expressions of pain.

Providing holistic and quality care to individuals of diverse cultures experiencing pain is both an art and science (Rosa, 2018). Central to achieving successful outcomes is accurately assessing the client's pain and recognizing how a multitude of factors affect the pain experience such as cultural norms, beliefs, environmental circumstances, emotional and cognitive state. In addition, we must recognize that the healthcare providers' attitudes, beliefs, knowledge, and patterns of behavior influence the pain management strategies selected along with the targeted outcomes. Unfortunately, healthcare providers frequently assume their clients possess the same cultural beliefs and attitudes toward pain perception and management (Spencer & Burke, 2011).

Within this issue are a variety of articles such as Shindo (2019), Shoqirat (2019), Perry (2019), Li et al. (2019) and Gutysz-Wojnicka et al. (2019) that illustrate the importance of considering cultural factors when educating healthcare providers, equipping them with best evidence to develop and implement individualized and appropriate pain management strategies for diverse cultural groups, and having easy access to appropriate culturally sensitive pain assessment instruments. Recognizing that clients from different cultures may find it difficult to voice their pain management preferences due to a myriad of such factors as language barriers, beliefs, cultural norms/practices, socioeconomic state, and mental status. Providing high quality evidence-based care is important to pain management nurses and we must make an earnest effort to bridge these challenges, expand our knowledge and expertise, and partner with others to more effectively provide culturally appropriate care.

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