

Culture, Language *capain* - Perspectives from a CaLD lens

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Under the stewardship of Mary Aikenhead Ministries

"So, here you are too foreign for home too foreign for here. Never enough for both."

Ijeoma Umebinyuo *Questions for Ada* (2015)



Songs of Wisdom by Boman Ali Wakilzada

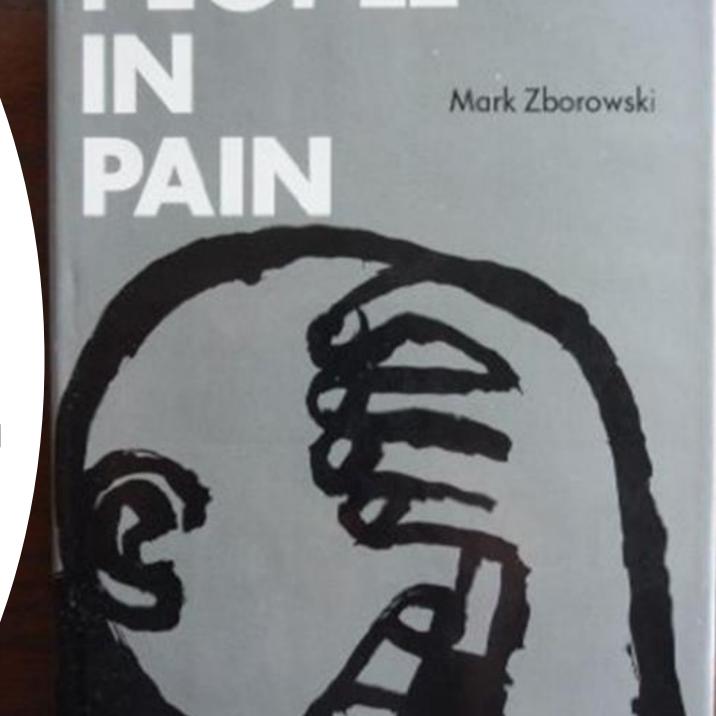
Pain & culture

neurological or physiological experience

+

socially learned behaviors and attitudes within cultures

Mark Zborowski People in Pain (1969)



Schug SA, Palmer GM, Scott DA, Alcock M, Halliwell R, Mott JF; APM:SE Working Group of the Australian and New Zealand College of Anaesthetists and Faculty of Pain Medicine (2020), Acute Pain Management: Scientific Evidence (5th edition), ANZCA & FPM, Melbourne

Management: Scientific Evidence

IFTH EDITION 2020

Edited by:

Pain - beliefs

...God's will ...punishment ...bewitching ...external ...part of ageing ...seek care reactively ...Acculturation?

Givler et al 2023; Reis et al 2022; Meints et al 2019



The inside story by Boman Ali Wakilzada

Pain - perception

A person's empathy and ability to perceive pain in the other <u>differs</u> across cultures ...

Rosa 2018; Atkins et al. 2016

Racial and ethnic differences influence analgesia prescription, perceived pain tolerance and threshold.

Givler et al 2023; Clarke et al 2022; Meints et al 2019; Groenewald et al. 2018; Kim et al. 2017; Aufiero et al. 2017; Konstantatos 2012



Pain - perception

...Chinese patients required less opioid but ...their pain scores were higher.

Konstantatos 2012



Pain - perception

"...she was tapping her knees constantly and calling out in her language....I thought she was in pain so I gave her Panadol. Turns out she was cold and wanted a blanket!"

Nurse in aged care residential facility, SVHM 2018



Pain – seeking help

...in a number of **collectivist/high power distance** cultures the concept of patient autonomy is foreign and **interdependence** is preferred, which results in patients **waiting** for a health professional to offer pain relief as the latter is seen as the primary medical decision maker...

Martin and Barkley 2017; Pillay et al.2014

Pain – seeking help

...a young Vietnamese woman did not ask for pain relief because she felt it was an imposition to ask a doctor to do something for her and that her doctor may have been unhappy with her request...

Stewart and Do, 2003

Pain - coping

Stoicism – valuing strength, a no-nonsense approach

Spiritual coping, fatalism suffering is punishment, karma building and relief happens through **prayer** and **hope.**

Emotive reaction - responding to an event with tempered emotional release

"Catastrophising" - usually verbal, varying tonality, volume (related to locus of control).

Reis et al 2022; Xu et al. 2018; Meints et al. 2019; Cagle and Bunting 2017;



Pain - coping

"agitation and calling out behaviour..."



Pain - language

"Like [Indian patients] won't be able to differentiate between soreness or pain and severity of it. For them pain, pain is there, that's it. So they won't be able to tell whether it's better than last time, or it's worse than today, or whatever it is, like it's just same is there, pain is there."

(Focus Group Discussion)



Bostick et al 2021

Pain - language

...a painful dizziness or vertigo

...dolor de cabeza (headache) and dolor de cerebro (brainache)

"it seems as if pepper were put into my head," "things like ants keep on creeping in various parts of my brain," or "by merely touching parts of my brain it hurts"

Kleinman, et al. 1992



...and what about Unconscious / Implicit bias?

"Currently, many emergency medical service training manikins have 'white' skin, which means students may not have opportunities to treat non-white patients"

Lord and Khalsa 2019

"...tragically the individuals who experience the greatest burden from pain are the same individuals who are underrepresented in studies that seek to understand and alleviate pain"

Palermo et al 2023





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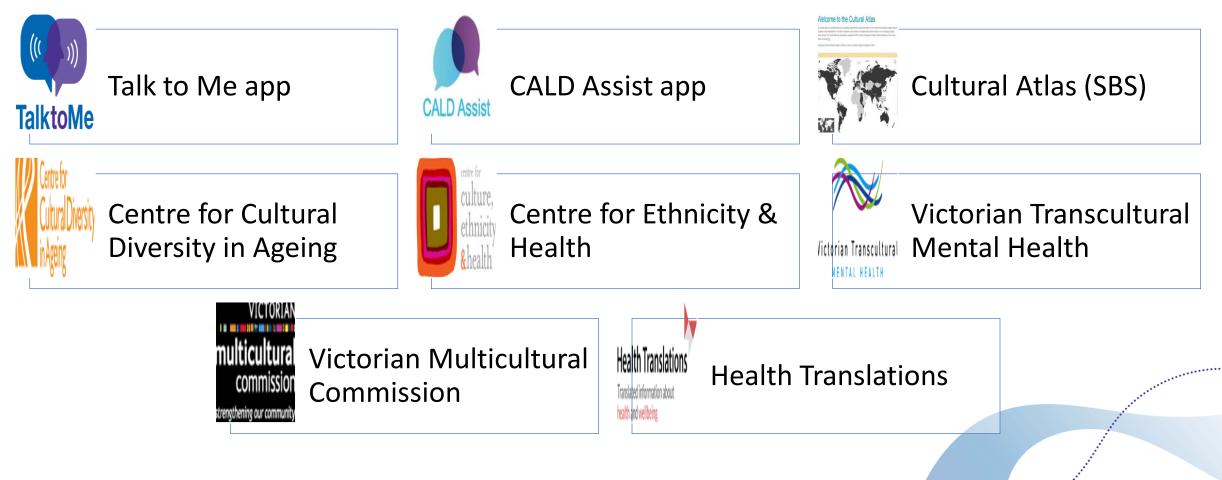


Promoting cultural inclusion and safety

- Be aware of preferred forms of address, pronunciation of names
- Always make sure to use an interpreter
- Use **translation** of screening and assessment tools only as support – not main assessment **Combine tools** with reports from patient/family Engage in **respectful** communication *Make no assumptions* - address **unconscious bias** Inform yourself, **be curious** Ask **open ended** questions
- **Modify language** if needed -*no slang, separate questions*
- Build relationship/trust
- Listen actively
- Be aware of **non-verbal cues**
- Chunk and check
- Recognise, reframe, **reconcile** Recognise, accept and **celebrate** diversity



CaLD Resources



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https://talktome.svhm.org.au

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For more information contact CulturalDiversity@svha.org.au

Under the stewardship of Mary Aikenhead Ministries

Thank you

Dank u wel Merci تشکر ۹ تشکر ۹ ترماری توریا Terima kasih 謝謝 Grazie Obrigado ممنونم

Gracias