

Cancer Pain Education for Patients and the Public



Module II

Cultural Considerations in Patient and Public Education for Cancer Pain

Gloria Juarez, RN, MSN

Culture

- ◆ A tool that defines reality for its members
- ◆ Defines purpose of life
- ◆ Sanctions behaviors
- ◆ Sense of identity, self worth and belonging, as well as the rules of behaviors
- ◆ Beliefs and values - rules to live by
- ◆ Provides a means for social interaction and communication

Cultural Assessment

- ◆ Fong's CONFHER Model
- ◆ Andrews/Boyle Transcultural Nursing Assessment Guide

Communication and Culture

“Communication includes all kinds of behavior. We cannot separate culture from communication, for as soon as we start to talk about one we almost inevitably talking about the other too.

Condon, 1983

Communication Style

- ◆ Rules of address
- ◆ Non-verbal communication
- ◆ Preferred language



Patient Education Interventions

- ◆ Determine the patient's patterns of kinship and decision making.
 - Ask the patient.
 - Who gets the information?
 - Who makes decisions?
 - How to talk about the information.

Effects of Language in Pain Education - The Language Barrier

- ◆ Speak directly to the patient.
- ◆ Use a skilled translator.
- ◆ Partially fluent in English.
 - Speak slowly (plan the teaching session to last twice as long as a typical session).
 - Make the sentence structure simple (use active, not passive voice: use a straightforward subject-verb pattern).

Effects of Language in Pain Education - The Language Barrier

- Avoid technical terms, professional jargon, and American idioms.
- ◆ Partially fluent in English.
 - Provide instructional material in the same sequence in which the patient should carry out the plan.
 - Do not assume you have been understood. Ask the patient to explain.

Assessment and Understanding of the Problem

- ◆ The patient's conceptualization of the cause of the pain will affect its course.
- ◆ Elicit the patient's explanation of the problem.
- ◆ Etiology (spiritual intervention, hex, an imbalance).

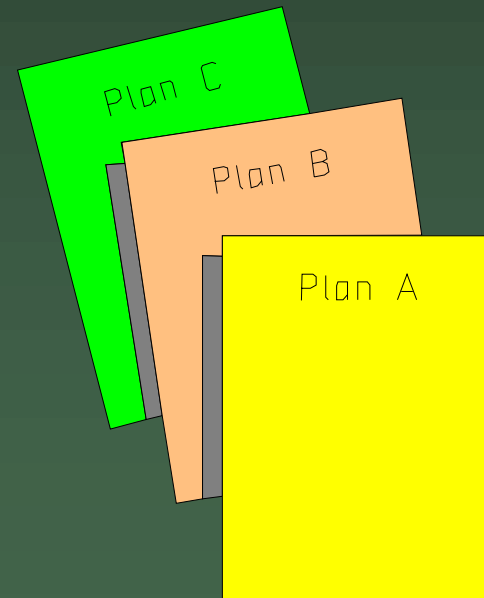
Assessing Readiness

◆ Barriers.

- Time.
- Social values.
- Psychological dissonance.
- Environmental variables.

Developing a Plan

- ◆ Include support system.
- ◆ Use of complementary/alternative treatment.



Complementary Treatments

Cat's claw

Rattle Snake Powder

Sharks Cartilage

Vitamins

Lizard Capsules

Sliced Potatoes

Rubbing alcohol

Ointments

Lotions

Oils

Mud blended with potatoes

Herbs & Teas

Cancerina

Corn Silk

Aloe Vera Juice

Arnica

Yerbabuena (mint tea)

Linaza

Lemon & orange leaves

Kidney tea

Siete azahares

Chamomile

Cola de Caballo

Implementation

- ◆ Be aware of the client's ethnicity and its influence.
- ◆ Be flexible and open minded when approaching patients of different cultural background.

Not Every Pitfall Can Be Anticipated in Patient Education

- ◆ Continue to work closely with the patient and support system.
- ◆ Follow-up (telephone calls, letters, home visits, or return clinic visits).
- ◆ Continued follow-through with cross-cultural clients emphasizes the health professional's commitment.

Cultural Beliefs and Implications

- ◆ Health care professionals must:
 - Be aware of the ethnicity of their clients and its influence on clinical practice.
 - Avoid stereotyping, and be cognizant of the variability of normative family structures and functioning across and within cultural groups.

Cultural Beliefs and Implications

- ◆ Health care professionals must:
 - Be aware of the subtle cultural variations in language, nonverbal communication and expressions of distress.
 - Comprehend the effect of ethnicity on the daily life of patients and families.