

Cancer Pain Education for Patients and the Public
Module II
Cultural Implications of Pain Education: A Native American Example

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- I. Overview of Cultural Competence (Oncology Nursing Society Multicultural Outcomes: Guidelines for Cultural Competence, 1999)
 - A. Definitions of Culture
 - B. World View
 1. Impacts an individual's health values, beliefs, and practices about health promotion and illness prevention.
 2. Domains of World View
 - a. Ethnic Identity – country of origin, reasons for migration, degree of acculturation
 - b. Communication – dominant language, tone, willingness to share, meaning of touch, spokesperson
 - c. Time and Space - past, present, future orientation; space/distance preferences
 - d. Social Organization – family structure, roles, decision making
 - e. Workforce Issues – wage earner, impact of illness on work, finances, insurance
 - f. Health Beliefs, Practices, Practitioners – cause of disease, use of Western/traditional medicine
 - g. Nutrition – meaning of food, mealtimes, taboos
 - h. Biologic Variations – drug metabolism, genetic differences
 - i. Sexuality and Reproductive Factors – sexual beliefs, taboos
 - j. Religion and Spirituality – beliefs, rituals, ceremonies, sources of strength
 - k. Death and Dying – meaning of dying, afterlife, rituals
 - C. Cultural Competence – need to accomplish when teaching individuals from diverse cultures
 1. Cultural Self Awareness
 - a. Can you identify with a particular culture, ethnic, or religious group?

- b. We observe other cultures through a filter or screen (our own culture or belief system!)
 - c. Outcomes: identification of your own biases and points of conflict, demonstrate respect and tolerance for the differences, and take action to negate prejudicial behaviors in yourself and others
 - 2. Cultural Knowledge
 - a. Involves seeking and obtaining information about other cultures; the what's, how's and why's are examined
 - b. Outcomes: obtain a sound foundation of information in the cultural groups encountered in practice
 - 3. Cultural Skills
 - a. Involves conducting a cultural patient assessment and physical examination, and using culturally sensitive teaching strategies and activities
 - b. Outcomes: communicate and interact in a culturally sensitive manner
- II. Population/Community Assessment – Obtaining Cultural Knowledge
 - A. Identification of Culturally Diverse Groups in Geographic Area
 - 1. Identify ethnic, religious, and other cultural groups
 - 2. Identify subcultures within the overall culture
 - B. Montana's Diverse Group – Native Americans (NAs)
 - C. Cancer and Pain Assessment of the Native American Population
 - 1. Search the literature
 - 2. Ask the people!
 - D. Native American Cancer Assessment Findings
 - 1. Many NAs would not say the word cancer for fear of getting cancer
 - 2. Cancer considered “a white man's disease”
 - 3. Brochures that look white, middle class are not culturally sensitive
 - 4. Pain = danger; no pain = healthy
 - 5. Fear of cancer contagion and fear of pain
 - 6. Fatalism – everyone dies from cancer
 - 7. Silence – not appropriate to speak about cancer

- E. Native American Cancer Pain Assessment Findings
 - 1. Few NAs request prn pain medications
 - 2. Few NAs complain of pain or volunteer information about their pain
 - 3. Few NAs demonstrate pain behaviors
 - 4. Pain is physical, emotional, and spiritual and the three cannot be separated for some NAs

- F. Obtaining Additional Cultural Knowledge – Panel Discussions
 - 1. Panel members: tribal elders, medicine men and traditional healers, NA patients with cancer and their family members, community health representatives (CHRs)
 - 2. Examine information about various domains of world view – look especially for the why’s behind the practice
 - 3. Discuss historical healthcare conflicts and potential solutions
 - 4. Outcomes of panel discussions
 - a. Lack of reporting pain and requesting medications may be related to the patient’s interaction with the medicine man. The medicine gives instructions to the patient to restore the body, mind, and spirit connection. The individual rarely asks questions – this would be disrespectful.
 - b. To ask questions to a healthcare provider may imply that the provider does not know what he/she is doing – viewed as being disrespectful.
 - c. Holistic pain – all parts are connected!

- III. Program Development – Applying Cultural Skills
 - A. Developmental Steps
 - 1. Cancer Outreach Education Program on the Crow and Northern Cheyenne reservations– “Women Reaching for Wellness”
 - 2. Visibility on the reservations
 - 3. Cancer awareness on the reservations: cancer clinics, support groups, cancer loan closets
 - 4. Use of culturally sensitive educational materials
 - 5. Educational tool development: “Standing Strong Against the Cancer Enemy” and “Little Sister Mouse”

 - B. Program Expansion – occurred via “moccasin telegraph”
 - 1. Statewide expansion of program to all 7 reservations and 5 urban Indian clinics in MT and 1 reservation in WY

2. Combined message: Cancer and cancer pain education
3. Acknowledgement of Funding – many grants available to provide education and health-related services to underserved populations
 - a. NSABP
 - b. AVON Cosmetic Company
 - c. Glaxo Pharmaceutical (video production)
 - d. Susan G. Komen Foundation
 - e. Montana Breast and Cervical Health Program
 - f. Centers for Disease Control

C. Educational Strategies

1. Identify NA patients and patients from other diverse cultures as “at risk” for suboptimal pain management
2. Offer pain consultation to patients and families
3. Include pain education as part of the already scheduled meetings for CHRs, public health nurses, I H S physicians and providers
 - a. Pain assessment of the NA patient
 - b. Right and benefits of comfort
 - c. How to request and use pain medications
 - d. How to communicate with the provider
4. Use well-established community communication networks
 - a. Television program “Medicine Wheel” – seek out channels and mechanisms of communication within the diverse group
 - b. Tribal and local newspapers – Native American man featured in article “Cancer Pain Can Be Relieved”
5. Encourage culturally sensitive skills throughout the entire region!
 - a. Ambulatory care and hospital cultural workshops and culture days
 - b. Education of healthcare students in the region
 - c. Education of providers of the diverse population

D. Tips for Success

1. Find a community role model!
 - a. Tribal elders, cancer survivors
 - b. Medicine man, traditional healer

2. Collaborate with a contact person in each area or with each diverse cultural group
3. Include pain education with other global cancer education messages
 - a. cancer education classes
 - b. support group interactions
4. Provide cancer clinics in the community
5. Establish trust and credibility
6. Be visible in the community
7. Use teaching strategies that are culturally sensitive – celebrations, food, gifts and incentives!
8. Let them know how much you care!