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FACT SHEET

Improving Pain Care for Culturally Diverse Populations in High-Income Countries

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Culturally diverse populations, in the context of this fact-sheet, refers to indigenous and aboriginal peoples, immigrant communities, refugee, and religious communities. Globally, there are more than 150 million international migrant workers whose major destinations are high-income countries in North America, northern, southern, and western Europe, and the Middle East.[1,2] Within this population are 11.5 million domestic workers, of which the majority are women.[3] In the Asia Pacific region, two-thirds of all migration occurs intra-regionally and has been increasing steadily since the late 20th century, reaching 65 million in 2019.[4,5]

Care for culturally diverse populations, particularly in high-income countries, is crucial because they have a high burden of disease and experience the greatest health inequalities, including inaccessibility to treatment, unequal, culturally inappropriate, or ineffective treatments, and poor clinical outcomes.[6–11] The healthcare needs and well-being of migrant worker populations has remained a neglected public health concern, and few data exist regarding chronic pain in this group.[5,12] Care for culturally diverse populations must be specifically planned and implemented to achieve sustainable development goal 3 on "Good health and wellbeing for all."

Inequalities in chronic pain burden and chronic pain management are significant and particularly disproportionate for culturally diverse populations in high-income countries. For instance, in the United Kingdom (UK), Black people have the greatest burden of chronic pain in terms of prevalence, severity, and functional limitations.[13] In the UK and United States of America (USA), Black patients are the most likely to report poor treatment experiences due to communication-related barriers, suboptimal treatment recommendations, and use of culturally insensitive tools/interventions.[14–17] For example, the perception that Black patients need less pain relief has particularly contributed to inequality in pain management for Black patients in high-income countries.[18–21] Compared to non-Indigenous people, Indigenous people around the world have higher prevalence of disabling pain conditions (e.g., low back pain), that impact well-being and cultural identity, and can be iatrogenic.[22,23] Despite this, they face barriers to accessing Western health services due to cultural insecurities, lack of awareness of availability of services, racism, and discrimination, among others. The result is alack of trust and miscommunication with healthcare providers, contributing to poor clinical outcomes.[23]

Current challenges to the care of culturally diverse populations in high-income countries are explored and potential solutions are proffered below.

Current Challenges

Communication and Cultural Barriers

Communication barriers affect care for culturally diverse people as language differences often exist between culturally diverse patients and healthcare providers. Healthcare providers' inability to fully understand the pain experiences of these patients leads to suboptimal and low-value care.[24]

Culturally specific pain expressions that are important for patients may be dismissed, leading to dissatisfaction with care. In the Igbo culture of Nigeria, there is no direct word for depression, and people with chronic low back pain often use the word "tiredness" to explain their depression, which may influence coping strategies.[25–30] In Korean culture, the use of somatic words to explain emotional states triggers more sympathy compared with using emotional words, which suggests some cultural influence of somatisation.[31,32]

The irrelevance of many assessment tools for culturally diverse patients may impact care. For instance, numerical pain rating scales lack utility among Nepali-speaking people, among whom verbal and faces as rating options are preferred.[33] Similarly, the visual analogue scale has limited clinical utility among rural Nigerian patients with chronic low back pain.[25,34] Religious, spiritual, traditional and cultural healing practices may conflict with Western medical approaches.[35] Family involvement in clinical decision-making is common in many non-Western cultures, which could hinder modern medical management and ultimately treatment adherence and self-management.

Structural Problems

Limited cultural competency of health care professionals negatively affects the relevance and quality of pain management services for culturally diverse populations.[36,37] There are often too few clinicians from culturally diverse backgrounds in many high-income countries who understand the cultural contexts of culturally diverse communities. Another major problem is the lack of inclusion of culturally diverse populations in clinical research and trials in high income countries; therefore, current evidence hardly apply to these individuals.[38] This leaves clinicians with a limited understanding of intervention suitability, acceptability, effectiveness, and safety in this population, leading to suboptimal treatment and reduced or delayed access to novel interventions.

The Way Forward

Mandatory Cultural Competency Training

Mandatory cultural competency for all pain clinicians on effective assessment and management of culturally diverse populations is necessary.[39] Some countries like New Zealand and Australia require cultural competency training as a requirement for obtaining and maintaining health professional license. Training needs to develop cross-cultural communication skills, effective integration of medical interpreters in clinical consultations, and understanding of the cultural variations in pain expression and coping mechanisms among culturally diverse populations, while acknowledging individual differences within cultures. This can lead to improved communication, trust, treatment adherence, and clinical outcomes. We suggest a systematic, practical, and experiential assessment of cultural competency training, the impact of which can be investigated in prospective studies, rather than a tick-box exercise where clinicians, for instance, complete multiple-choice questions in order to be licensed.

Developing Workforce by Training Culturally Diverse Clinicians

Increasing the number of culturally diverse clinicians who speak the language of their patients and understand their cultural contexts can improve therapeutic alliance and treatment outcomes for culturally diverse populations.[39] Racial and ethnic concordance between patients and pain clinicians improves communication and health outcomes.

Community Engagement to Ensure Appropriateness of Care for Culturally Diverse People

Clinicians and researchers need to use culturally appropriate, reliable, and valid outcome measures in clinical practice.[40,41] Faces Rating Scales and Verbal Rating Scales tend to be preferred and are associated with fewer errors than Numerical Rating Scales and Visual Analog Scales in some non-western cultures, particularly in older adults and those with limited education.[25,33] Education can be acceptable and effective when co-developed with culturally diverse communities, as the messages will be relevant and relatable.[42] Effective and safe traditional therapeutic practices can be incorporated into pain management services to enhance cultural sensitivity.[27,28]

Policy Considerations

Supporting equitable, high-value, culturally-sensitive clinical care at national and institutional levels and discouraging non-evidence-based, low-value care is critical to improve care

for culturally diverse communities. Co-development of pain educational resources in multiple languages to promote deeper understanding of pain and self-management among culturally diverse communities can empower them and help improve pain self-management. Inclusion of research agendas on culturally diverse populations in funding schemes should be a priority to improve care for these populations. Critical research questions could be cultural adaptation of patient-reported outcome measures, co-design and testing of culturally-appropriate pain interventions that acknowledge evidence, theory and context.[43,44]

Conclusion

Comprehensive, evidence-based, multifaceted, and multilevel approaches that involve policy makers, health professionals, researchers, healthcare systems, and communities are required to improve the care for culturally diverse populations in high-income countries. This is not a unidirectional approach, but a logical and necessary pathway for different cultures to learn from each other by recognizing and respecting diverse ways of experiencing, expressing, and managing pain.

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