Abstract

The purposes of this study were to explore the pain experiences of Javanese and Batak patients, to examine the differences in pain experience between Javanese and Batak patients, and to explore the cultural beliefs/practices about pain in the two ethnic groups. The research design used in this study was a descriptive comparative design. One hundred twenty three patients were involved in this study. There were sixty-three Javanese patients and sixty Batak patients. These patients were selected by using purposive sampling. Surgical ward patients were interviewed about their pain during 24-48 hours after surgery using the Brief Pain Inventory–Short Form and Cultural Beliefs Questionnaire. Data were also obtained from medical records. The gathered data were analyzed using descriptive statistics and inferential statistics, and the independent t-test. Simple thematic analysis was also conducted for qualitative data regarding cultural beliefs/practices about pain of Javanese and Batak patients.
The majority of patients in both ethnic groups underwent abdominal surgery and orthopedic surgery. Both Javanese and Batak patients experienced postoperative pain at severe level. The pain they experienced interfered to some degree with their daily activities. The pain interfered at moderate level for Javanese patients and severe level for Batak patients. Javanese and Batak patients reported significantly different pain intensity scores ($p<.001$) and all of pain interference scores ($p<.01$), to which Batak patients reported higher scores.

In addition, Javanese patients described meaning to their pain as suffering, disturbing, and as a spiritual test, whereas Batak patients perceived it as disturbing, discomforting, and tiring experience. With regard to culture, Javanese and Batak patients responded to pain differently. Javanese patients showed stoic responses, whereas, in contrast, Batak patients demonstrated expressive responses.

The results of this study are beneficial for Indonesian nurses to get more understanding of the pain experience of Javanese and Batak patients, so they will be able to help these patients to manage the pain more comprehensively.