

CHAPTER 1

INTRODUCTION

1. Background and Significance of the Research Problem

Pain is an individual experience, which happens widely to all people. It commonly occurs in a person who has a disease or experiences a traumatic event or injury. It is a universal phenomenon in human life (Cupples, 1992). Like other experiences, pain occurs over time. Pain is a multidimensional phenomenon, which is not influenced by only one factor. It has six dimensions: physiological, sensory, affective, cognitive, behavioral, and sociocultural dimensions. These six dimensions contribute and are interrelated in ways that they can influence one another (McGuire, 1992).

Pain, either acute or chronic, arises from any number of conditions. Surgery is a common cause of acute pain. It was found that most patients with postoperative surgery suffered moderate or intense pain (Ketovouri, 1987 as cited in Carr, 1990). Postoperative pain occurs not only after major surgery, but it is also a problem even for minor surgery (Asburns & Ready, 2001). In addition to physical factors, surgical pain is influenced by fear or anxiety of surgery, which can heighten an individual's perception of pain intensity. Although all of the postoperative patients experienced similar pain sensations, there were differences in the expression of pain.

Cultural background has long been recognized as one of the influencing factors to how a person perceives and reacts to painful situations. Pain has both personal and cultural meanings; patients with the same cause of pain but different cultural background

may have different pain experiences. Although patients may experience a similar condition or surgical procedure, the pain response may differ dramatically among cultures. Race, culture, and ethnicity are critical factors in an individual's response to pain (Jacobs, 1997). Pain may be expressed behaviorally and verbally differently in different cultures according to the personality and individual situation (Walker, Tan & George, 1995). Cultural background is known to be one determinant in how much pain medication is asked for by patients. This is because the pain tolerance of patients with different cultures is different. This phenomenon was shown by Streltzer and Wade (1981), who found that Caucasians and Hawaiians received significantly more analgesia than Philipinos, Japanese or Chinese. This study also revealed that the amount of pain medication received by five major racial groups, were significantly different. Caucasians and Hawaiians were significantly different from the other groups. Therefore, nurses have to have an understanding of pain from a cultural perspective so they can respond to patients in a helpful manner. It is important for the nurse to have knowledge of the cultural meaning of pain, when designing culturally competent and relevant nursing care for patients experiencing pain (Villareuel & de Montellano, 1992). This study entails that patients from different cultures may express their pain differently and that may lead to differences in how nurses respond to their pain.

People live within their own culture. Culture provides the individual with ways of coping with the environment. Individuals develop complicated associations with culture. Culture socializes individuals to what is expected of them, how to act, and what is acceptable to others. Culture is a significant force in shaping beliefs and behavior, and

giving meaning to experiences such as pain. Pain beliefs within cultural groups must therefore be understood when caring for patients in pain.

Many ethnic groups live in Medan, including Javanese, Batak, Malay, Sudanese, and Acehnese. Javanese and Batak people are the dominant population. This multiple population has implications for the way the nurses, as health care providers respond to pain, experienced by culturally diverse patients. Based on the researcher's experience and observations in hospitals, Javanese and Batak patients have shown different behaviors when they are in pain. Javanese patients tend to not show that they are in pain. In this ethnic culture, they are encouraged to demonstrate stoicism, as a Javanese saying states: "We have to learn to feel pain when we are glad and gladness when we are in pain" (Michael, 2002). In contrast, Batak patients are more expressive in communicating their pain and requesting more analgesia. Batak people are widely known as being extrovert in nature. Therefore, when assessing pain, it is important to remember that certain ethnic groups and cultures have strong beliefs about expressing and responding to pain (Fink & Gates, 2001). In many cultures, tradition dictates whether pain should be expected, the best way to tolerate pain, and the appropriate way to act while experiencing pain (Martinelli, 1987). One of the important things for nurses to remember is that patients of any culture may deal with pain in a wide variety of ways. The problem arises when the nurse does not recognize the patient's way of dealing with pain. Therefore, nurses have a responsibility to deliver nursing care holistically and in the way that is culturally sensitive.

In Medan, little research on pain exists. Recently, a study was conducted focusing on the nurses' caring behavior in pain management, as perceived by nurses and patients with postoperative pain (Ermiyati, 2002). This study examined the sensory aspect of postoperative pain and pain management practiced by nurses, but it did not explore the multidimensional aspect of pain experience from the patient's perspective. In addition, little is known about the influence of local cultures on pain experience. Therefore, a study of pain experience, which includes all dimensions, needs to be conducted in order to understand the differences of pain experiences between Javanese and Batak patients with postoperative pain after major surgery.

2. Objectives of the Study:

The objectives of this study were:

1. To explore the pain experiences of Javanese patients.
2. To explore the pain experiences of Batak patients.
3. To examine the differences of pain experiences between Javanese and Batak patients.
4. To explore the cultural beliefs/practices about pain of Javanese and Batak patients.

3. Research Questions

This study aimed to answer the following questions:

1. What are the pain experiences of Javanese patients?
2. What are the pain experiences of Batak patients?

3. What are the differences of pain experiences between Javanese and Batak patients?
4. What are the cultural beliefs/practices about pain of Javanese and Batak patients?

4. Theoretical Framework

Pain is a multidimensional phenomenon, which consists of six dimensions: physiologic, sensory, affective, cognitive, behavioral and sociocultural. These six dimensions contribute and interrelate in such ways to pain experience for everyone (McGuire, 1992). The multiple dimensions of the pain experience are shown in Figure 1.1. These dimensions of the pain experience are examined in this study.

The physiologic dimension of pain is concerned with the etiology of pain. Other components include location and duration. The sensory dimension is related to how the pain is actually felt by the person who suffers from it. Other components include intensity of pain. The affective dimension is related to how the pain makes the sufferer feel. Pain has effects on and is related to mood and enjoyment of life. The fourth dimension of pain experience is the cognitive dimension, which is concerned with the meaning of pain. This dimension can be explored by evaluating the patient's knowledge concerning pain and pain management and how the patient perceives the pain experience. The behavioral dimension includes the ways the patient expresses his/her discomfort, changes in activity patterns, such as general activities, walking, sleeping, relation with other people and medications. Lastly, the sociocultural dimension of pain experience is comprised of cultural beliefs/practices.

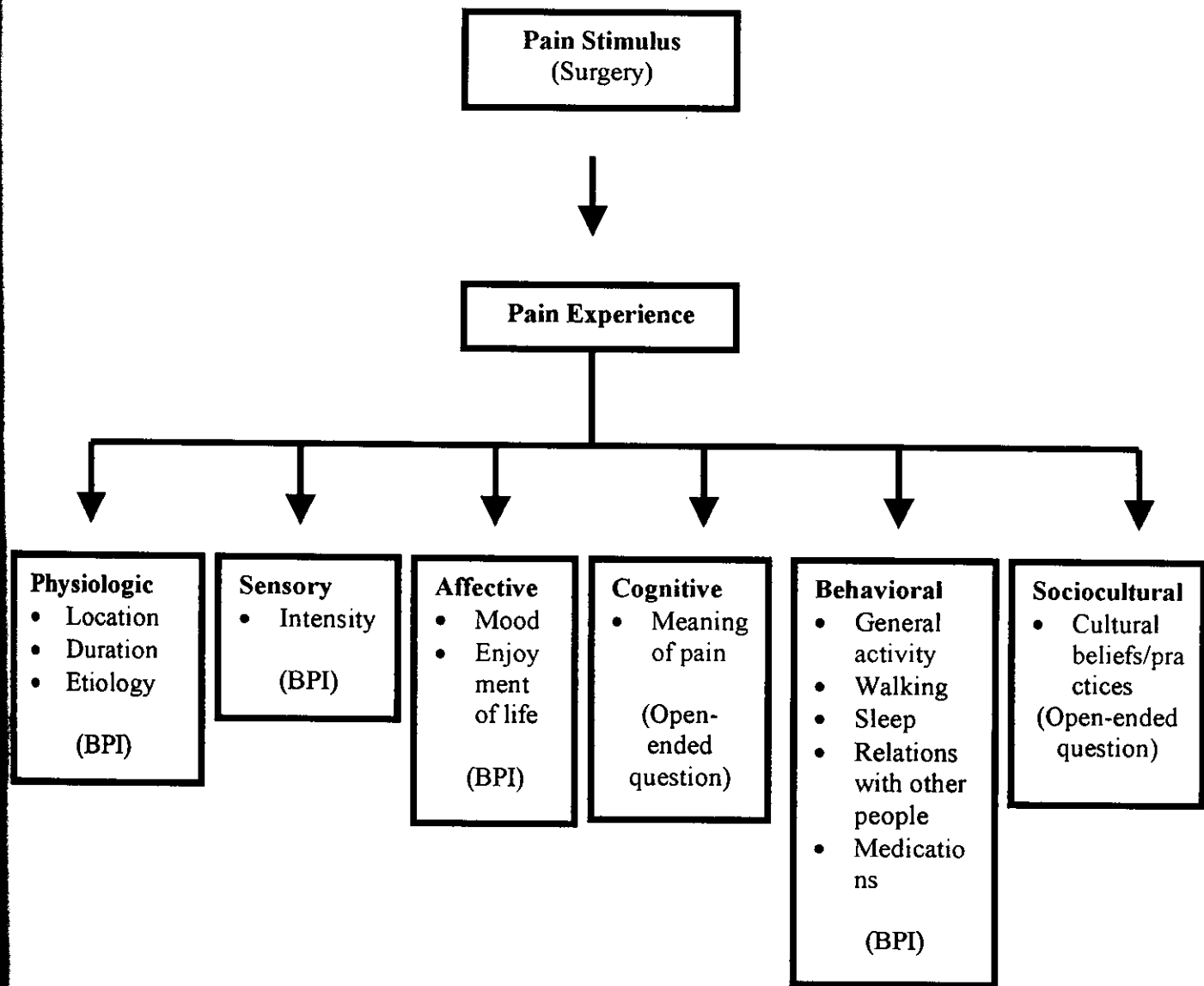


Figure 1.1 The multidimensional components of pain experiences

5. Hypothesis

Pain experiences (pain intensity and pain interference) are different between Javanese and Batak patients.

6. Definition of Terms

Pain Experience is defined as patients self-report of pain after surgery including pain intensity, pain interference to sleep, general activity, walking, relation with others, mood, enjoyment of life and meaning of pain. Structured interviews of patients using the BPI (Brief Pain Inventory), (Caraceni et al., 1996), and open-ended questions measured pain experience.

Major Surgery is defined as injury from three sites of injury: the skin, the deep somatic structures and the involved viscera. Examples of major surgery include: extensive resection, entering a body cavity, removing organs, significantly altering normal anatomy and any procedure where the human is not expected to return to normal after a reasonable postoperative recovery period (thoracic surgery, major abdominal surgery, hysterectomy, laminectomy, mastectomy, thyroidectomy, nephrectomy, and major orthopedic surgery). Surgical procedures produce local tissue damage, and consequently release algogenic substances and activate a barrage of noxious stimulus.

Javanese Patient is defined as a patient who has been living in the Java community for 10 years or more and identifies herself/himself as Java ethnic.

Batak Patient is defined as a patient who has been living in the Batak community for 10 years or more and identifies herself/himself as Batak ethnic.

7. Significance of the Study

Knowledge from this study will help clinicians to understand and appreciate the different pain behaviors, and serve as a basis for assessing the patient's pain experience. By knowing the cultural aspects of pain for different patients, the clinicians can act properly upon the same pain experience, with patients from different cultural background. In addition, this study will demonstrate that cultural attitudes towards pain can assist the clinicians in determining the significance of pain and directing effective interventions to the patient.

The proposed study can provide contributions to the nursing practice, nursing education and the development of nursing research.

1. For nursing practice, the research findings provide information and can be used by practicing nurses to gain a greater understanding of Javanese and Batak patient's needs during painful experiences.
2. For nursing education, the research findings provide information regarding pain experiences of Javanese and Batak patients for academic purposes.
3. For development of future research, the research findings provide data and important reference for future research regarding pain in Javanese and Batak patients.

8. Limitations of the Study

Because of time constraint for data collection and a limited number of patients that had moderate to major surgery in Medan, purposive sampling was used in this study. Therefore, the study has limited generalizability due to non-random sampling. Besides,

although sample size was determined by power analysis, the assigned effect size was arbitrary. As such a, replication study with a more representative number of samples and a larger sample size is recommended.

Another limitation of this study is that the back translation of the instrument was not fully performed due to the time constraint. However, the validity and reliability of the translated version of the instrument were ensured.

The last limitation is that the member checking for interpretation of qualitative data was not fully conducted. Member checking is needed to gain confidence in the veracity of the data since through this process respondents verify data and the interpretations (Lincoln & Guba, 1985). Based on the above limitations, generalizability of the findings to other settings, populations and cultures is limited.