September Pain Awareness Episode Transcript

- 0:28 Nikki-jo Grossman

  We'd like to welcome the listeners back and thank you today for tuning into the nursing station podcast. September is pain Awareness Month and as such, we are excited to be discussing stigmas and biased surrounding pain.

  This is a topic that maybe passionate for many, both the panelists and the listeners alike, and we realize that the topics that we'll be discussing today could easily be discussed at length. Our plan today is to split our discussion into three topics, and they include racial bias, biased surrounding substance use disorders. And finally, the importance of cultural competence. My name is Nikki Joe Grossman. I will be one of your co facilitators today.

- 1:16 Julie Wan

  And I'm Julie Wan. I'm the other co facilitator for today. I am, a nurse manager for nursing quality over at the Brooklyn campus, and so this month's podcast really brings together a diverse group of nurses who are practicing within different settings, but all of whom we believe can speak to the significance of this important topic as it relates to nursing practice.

  And with that said, we'd like to 1st thank each of them for making the time in their day to be part of this recording and invite them to introduce themselves, and when you do so, please tell us what department you're from, mention any relevant certifications or involvement in committees or work groups on which you participate within the organization.

  - 1:56 Dewi Deveaux

  Good afternoon. My name is Dewi Brown Deveaux. I am a senior director at NYU Langone Health in the patient experience department. I have a certification in orthopedic and I am on the DEI committee currently within the Langone setting.

- 2:14 Angela McKinlay

  My name is Angela McKinlay. I have been a nurse at NYU for 16 years, 14 of which were in the pain management service on the Tish Kimmell campus. I am certified in pain management as a nurse, and also I practiced as an APN with my family nurse practitioner certification.

- 2:36 Nikki Dunham-Hoshida

  And I'm Nikki Dunham Hoshida. I'm an advanced practice nurse currently working with the Bellevue cardiac rehab population, but spent the majority of my career at NYU in the Integrative health department, and I'm board certified in holistic nursing and pain management.

- 2:56 Julie Wan

  And so in the interest of time, we're really going to just go ahead and jump right into the content and our 1st topic for discussion is surrounding racial bias, and we'll start off with a fact and then we'll open up the floor for discussion. Brigham and Women's Hospital found that minority patients were 22 to 30% less likely to receive analgesic medications for abdominal pain than white patients. Researchers looked at over 6700 visits to the emergency room in a four-year span and found that for the same issue acute abdominal pain minority patients were more likely to be undertreated for pain. An example of how biased may play into this is that research from the University of Virginia suggests that disparities in pain management maybe attributable in part to bias. In a study of medical students and residents, researchers found that a substantial number of white medical students and residents held false beliefs about biological differences between black and white people, which could affect how they assess and treat pain experience by black patients. So we'd like to open up the floor for discussion. And feel free to share your thoughts, feelings, opinions, personal experience, and professional experience.

  4:08 Dewi Deveaux

  I can start with that one and I'm happy that you were able to actually bring up that research study because the existing body of knowledge such as the one you highlighted, really continue to demonstrate the importance of pain and racial stigmatization in the nursing space.

  For treatment of pain because of a patient's gender, race, ethnicity or any other characteristic is humbly undesirable. I think healthcare providers must take every effort to assess and treat pain proportionally for all. And similarly educators, and I think both in the nursing position as well as the pharmacist space who influence our clinicians of tomorrow should really try to safeguard that racist misinformation and really dispel it for historically racial and ethnic stigmatized group. I think before we know where we're going, we always need to know where we're coming from, right?

  The question is why? Why do we walk into an emergency room complaining about severe pain in my personal abdomen as a black woman to my white counterpart and trust that a medical expert will

help reduce my suffering. However, per the research, the care I will receive is contingent on my race and ethnicity.

The evidence suggests that based on my race, my pain will be underestimated, will be understated, will be under treated. And these construct and these racial construct treatment disparities were really coined and championed by the belief that the black body is fundamental and biologically different. And in case is stronger than the white counterpart, and that black people has less sensitive nerve ending, and that black skin is thicker, and that black people are insensible to pain when subjective to punishments and that the black blood really quickly coagulates, so there's a lot of things that go behind that. And this disturbing belief, however are not long forgotten 19th century relics. They are notions that still harbored by far too many nurses physicians, and other healthcare practitioners in society in general. But one of the things and then I'm gonna stop off with this is that I strongly believe that racial and ethnic disparities in paint treatment, however are not always intentional mis-deeds.

It is hard to fathom that healthcare providers in this year and age decide to treat some people for pain and say I'm gonna let others suffer. It's like me as a nurse walking through and say, I am not gonna do good work today. I think instead the disportions are filtered through the lens of complex influences such as implicit bias, and some care provider don't even know that they have them. And we all, including myself, sometimes make automatic association grounded on past experiences, cultural messages, and other stimuluses unintentionally. And one of the amazing things that is happening now especially with this podcast, is that there is a core message that is going out on implicit revolution and what it is, it's gearing towards bringing new insights on how our minds function and how we're able to kind of tailor and move those faults belief of the 19th century and put the best belief forward. And addressing these biases are not simple, but I really believe that they're essential and starting the conversation is a good place to start. Thank you.

- 7:31 Nikki-Jo Grossman

Thanks Dewi. That was really amazing, and I'm happy you brought up the implicit bias, you know, I could speak to actually went to a pain lecture being that this is September Pain Awareness Month. We've been having a bunch of different lectures at the Orthopedic campus, and the 1st one had to do with pharmacokinetics of certain populations and in that meeting learned specifically about the Asian population having a slower metabolization due to an enzyme and I wish I could remember right now what enzyme that was, which then attributes to sort of a longer half life of certain drugs in the perioperative setting. And in my perioperative background, very loosely it was thrown around, oh,

Asian people just take longer to wake up, you know, and it's, I think that's exactly what we speak to when we talk about really bringing the education to the forefront to have these conversations.

I felt kind of embarrassed when I learned that information and it brings light to how I as a healthcare professional can be better informed, and then that information certainly will affect my patients at the bedside and everyone moving forward. So, we're hoping that this podcast will do the same for the listeners out there and would love to open up the floor to anyone else here on the panel that might have any personal or professional stories that they'd be interested in sharing about that.

- 8:53 Nikki Dunham-Hoshida

  Yeah, I believe just to add to that, some redheads also have a genetic difference that helps them process analgesics differently as well. As an Asian woman, I definitely have had experience with my own family members where providers have actually tried to use cultural competence in the way that they thought. They were guessing that my grandmother wouldn't choose to take pain medication for pulmonary fibrosis, and so they thought they were really approaching her culturally in a good way. But I really prefer the term and the approach of cultural humility where we address each person as an individual because she did want the pain medication, but she was actually not offered it as often, but I truly think it was coming from a good place from the provider's perspective. I've seen that in the hospital as well, where people don't want to overstep or be disrespectful, but still it's being undertreated.

- 9:55 Angela McKinlay

  I too, have had experience with each of these things. I think it's funny that you brought up about the cultural competence and awareness with Asian heritage as well cause I was actually just reading an article about traditional Chinese medicines and some providers still believe that that is the only method that is acceptable to certain cultures to treat their pain and other conditions. Well, it's something we should be aware of and knowledgeable about, No one should presume to think that that is what someone wants. And the implicit bias that Dewi brought up and Nikki-Jo addressed as well, I think is rampant in our medical field, unfortunately, and it is just something that I think we should be aware of so that we can address it. Another study that was published in the journal of Pain was talking about ethnic differences, and it was one of the 1st that actually included Asian Americans, the majority include Hispanic Americans Caucasian and African American, and it was kind of eye opening because whereas all of these biases and notions that stem from these years of, you know, slavery, really, for people trying to condone this unethical treatment of these human beings. Actually, they found out that African Americans have significantly lower pain tolerance than

Caucasian counterparts and Asian Americans, they would endorse higher intensity of pain, but actually have much higher tolerance. So it's just interesting when it all comes into play.

11:41 Nikki-Jo Grossman

That's very interesting Angela, and I think it jumps right back to Nikki's point about treating each person individually and really listening to what it is that they're telling us as healthcare providers, you know, individually assessing everyone's pain, listening to them from a subjective standpoint and really trying to do the best that we can to help them based on what it is they're communicating to us, not only verbally, but all the other signs that are exhibited with respect to pain as well, because there are some populations where a stoic approach is sort of where they live. And as healthcare providers, I think it's ok to let people know that being in pain and being vulnerable is alright. So, it really all ties into individualized treatment of our patients and listening to their needs and doing the best that we can, in my opinion.

- 12:37 Dewi Deveaux

And it does and again we always state that pain is subjective, so if we are saying pain is subjective, we should not take an, even taking away the cultural part of it, if someone is complaining that they do have pain, I think that we should go according to what their needs are, right? As a healthcare provider, you know when someone is taking too much cause you can see that they're declining really quickly and we don't want it to go there. But I think that as even nurses and practitioners out there, that we need to treat every single person as a human being. And I think if we start from a human space, then life is gonna be a lot better in everything that we do. Like once someone come in, you treat them from a human space, and that include owning your own experiences and owning your family experiences because when I even speak to my team, I always say that could be your mother, your father, your sister, your brother, you love one that's out there. So we need to always put human into character when we talk about any single person, whether it's a homeless person on the street, just making sure that we're ruling from that space.

13:44 Angela McKinlay

Unfortunately, working as a pain management consult, by the time we get involved in some of these cases, some of the patients that I've seen have felt very misheard, misunderstood, and judged by some of their care staff, providers, nurses, and they expressed some of those concerns to us. I'm sure you all see it from your ends as well. And I think exactly like you said, addressing each individual person and listening, being able to assess the pain is one of the biggest keys in providing

care. When we're going off of like objective signs may not be the same for everyone, so we're trying to get to everyone can assess the pain properly.

14:27 Julie Wan

We're gonna jump into our last topic, which is really about cultural competence, and we have a quote here. “Practicing in an ethnically and culturally diverse society requires healthcare providers to understand respect and take into account the particulars of cultures from which their patients come from. And health professionals who learn the nuances of culture really are rewarded with the knowledge to more effectively manage pain for their patients”. And, you know, just putting pain into words can really be a challenge for a patients, you know, just to be able to describe it. So a person's culture and their background really can largely influence how they make decisions regarding pain. And so again, we would just like to open the floor up for your opinions and experiences.

- 15:13 Dewi Deveaux

I was teaching a health disparities class with an NYU for our new nurses that were coming in and they were so energetic. And I remember I was talking and they were like, so are you trying to tell me? One of the questions they asked me, are you saying that we should ignore cultural competence cause that's gonna stereotype.

And that was one of the 1st questions these new brand new fresh minds they asked. But, and then I had to say NO, but I'm just saying don't start from that space. Cause a lot of time we start from that space and it's like we're literally cause we can mix cultural competence with stereotype. So cultural competence really is the goals is the belief that's a tradition related to an individual racial religious, and social group. So we want to teach cultural competence, but we don't want a person to walk in and lead from that space. Cause we have NO idea about someone upbringing cause it could be my grandmother, my grandfather, and all of those things that I don't have the same belief from then. But as you're speaking to a patient, you will get to kind of understand what some of their ideologies are and then use that. I think culture is an important really social domain that clinician can consider in treatment of patient pain, whether it is acute pain or chronic pain, and they can blend that with modern medicine as well in order to develop a great treatment for a patient. But one of the things that I really want to highlight is that we're never always gonna lead from that space. That's not the 1st thing that we're gonna walk in and say, guess what happened, Asian Americans, they're stoic, they're not gonna tell you they have pain. We need to understand that certain culture have certain things, but we always lead from a different space and have them bring that into it.

- 17:01 Angela McKinlay

  I think it's ok, too, to ask when you're speaking with the patient to ask if they have any cultural beliefs that may impact their care or how we would like to include something else in their care for them if we can. Just so that, you know, we're aware of that individual person's background and beliefs.

- 17:21 Nikki-Jo Grossman

  Agree, Angela and actually reminds me of how Nikki and I met, and Nikki I don't know if you remember this, but I actually specifically remember the patient. I mean, I'm going back years now when I was bedside at 17 west. And I specifically remember this patient who had a cancer diagnoses and she was very ill and she was, you know, not quite imminent, but definitely getting there. And she was extremely spiritually based, you know, I could just observational environment observation, things that she had in her room. She was a long term patient, and I put in an integrative health consult for her, and it really made a difference. She wasn't aware that this was even an option within the hospital, so I think it's just funny what stands out in your mind and I I think that we're really lucky to be within an institution where we're able to honor different cultures and practices and approach patients' needs from so many different modalities. It makes me very proud to be a part of the organization.

- 18:22 Dewi Deveaux

  I echoed that.

  18:24 Nikki-Jo Grossman

  So we do have some closing questions. We have a wealth of knowledge here with our panelists and once again, thank you so much for joining us today. I personally think this conversation has been amazing, and we'd like to give an opportunity for each of you to pass on some learnings that you've had. So we would like to open the floor with the closing question of what is one thing related to bias or stigma surrounding pain that you've learned in your practice that you would tell a new nurse that's starting right now today?

  18:57 Nikki Dunham-Hoshida

  Mine is actually what's been said over and over again. I was thinking about this question a lot and really it comes back to how can you identify one thing in the person that's in front of you that you connect to. Whether it's someone you know, a relative, another patient you had a strong connection

to maybe you can see a part of them in this other patient that's in front of you. But really trying to have some kind of emotional connection that comes from your heart to this person that's in front of you, helps to wash out that noise that we bring into the room or that we see in the room or that we read in the chart or we get in hand-off. If there's one little thing you can connect to in this person that's standing in front of you I think it makes a big difference. And I can tell when I've received that care as a patient.

- 19:27 Angela McKinlay

  I think for the new nurses coming up in the world that I love Nikki's sentiment and honestly I love integrative health, and I recommend it to everyone. But I think with each individual interaction, meet the person, talk to the person that way you're gonna get a really good thorough assessment. Whether it's about just doing your head to toe or you want a specific pain assessment because they have the information, they will tell you who they are if you give them enough time and you give them the audience. And regard to pain management specifically, use the validated tools. Be aware of your, any implicit bias. Be aware you may feel a certain way at first but if you do, just use the validated tools and that will help at least start the process.

  20:21 Dewi Deveaux

  And for me, uhm, I am going to echo what you both said so I'm not going to actually go over the thing's you guys defined here. But one of things that I would personally say to new nurses or even senior nurses or nurses who have been in the profession for 45 years, is that as a nation as we continue to reckon with the lingering history of stereotypes and racism in healthcare, that we as an academic medicine have a moral obligation to bring light of any racist misinformation, stereotypes, and unconscious attitudes that contribute to the disparities in daily patient care regardless of what it is. And I always say this quote and I live by it and it's by Maya Angelou, "I come as one but I stand as 10,000" and what that means is that if each of us do our part and to really call out and be active by standards, we could dramatically reduce and perhaps even eliminate racial and ethnic disparities in pain treatment. And it is an attainable goal but it is a goal we all have to do together and it's morally imperative. And if you find yourself in a situation that you're advocating for your patient and you're unable to get through those voices and those ears, escalate! Escalate! Escalate! Just follow that pathway.

  21:47 Nikki-Jo Grossman

  Absolutely Dewi, very well said.

21:49 Julie Wan

Yeah, I think you've all given really great advice to our listeners and all the nurses and anyone else listening out there today. I really want to thank all the panelists for joining us

22:02 Nikki-Jo Grossman

Yes, the only word that comes to mind is beautiful. I really appreciate each of you sharing your thoughts and feelings and energy and time with us today. Stay tuned for the next episode of the Nursing Station Podcast. But in the meantime, thanks to everyone who participated today. We greatly appreciate it. And let's band together to treat everyone as one.