

The Pain Experience of Hispanic Patients With Cancer in the United States

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Purpose/Objectives: To explore Hispanic patients' cancer pain experience from a feminist perspective to find explanations for inadequate pain management.

Design: A qualitative online forum study.

Setting: Internet and community settings.

Sample: 15 Hispanic patients with cancer recruited using a convenience sampling method.

Methods: A six-month online forum was conducted using nine discussion topics, and the data were processed using a thematic analysis.

Main Research Variables: Cancer pain experience.

Findings: Four major themes emerged related to the following findings. The first was a lack of communication with healthcare providers regarding undermedication. The second was that women and men were enduring pain because of traditional gender roles guiding their behaviors. Third, participants placed the highest priority on family during the diagnosis and treatment process, thus setting aside their needs for pain management. The fourth theme was that participants were enduring inconvenience and unfair treatment in the U.S. healthcare system while simultaneously appreciating the treatment they had received.

Conclusions: Because of cultural factors and marginalized status in the United States as Hispanics and as immigrants, most of the participants could not adequately describe and manage their pain.

Implications for Nursing: Findings suggest a need for further investigation of the influences of multiple factors, including financial issues, cultural norms, and gender stereotypes, on cancer pain experience among diverse subgroups of Hispanic patients with cancer.

Juarez, Ferrell, and Borneman (1999) reported that Hispanic patients endured greater pain and poorer quality of life outcomes compared to Caucasians and African Americans. Anderson et al. (2002) indicated that Hispanic patients recounted severe pain and many concerns about pain management. Indeed, pain among Hispanic patients with cancer in the United States, particularly Hispanic patients of lower socioeconomic status, seems to be undertreated (Delgado, Lin, & Coffey, 1995; Eley et al., 1994). Cleeland, Gonin, Baez, Loehrer, and Pandya (1997) found that Hispanic patients treated in ethnic minority settings were more likely to be undermedicated than patients treated in nonminority settings. Hispanic patients also reported experiencing less pain relief and receiving inadequate analgesia dosages compared to patients from other ethnic groups. Anderson et al. (2004) noted that physicians underestimated baseline pain intensity and provided inadequate analgesics for greater than 50% of the Hispanic and African American patients with cancer in their study. In a separate study, Anderson et al. (2002) con-

Key Points . . .

- ▶ Hispanic identity or immigrant status in the United States, financial difficulties, language barriers, and cultural values placing family as the highest priority interfere with descriptions and management of pain.
- ▶ Because of traditional gender roles emphasizing machismo, Hispanic men rarely complain about pain.
- ▶ Cultural traditions among Hispanic women emphasizing an obedience and obligation to sacrifice for their families resulted in women enduring pain while fulfilling their multiple roles and responsibilities.
- ▶ Hispanic patients with cancer place their highest priority on family while managing cancer pain.

cluded that approximately 28% of Hispanic patients received analgesics that were insufficient in strength to manage their pain and that physicians underestimated pain severity in 64% of Hispanic patients.

Several possible factors could explain why pain management of Hispanic patients with cancer is inadequate. One factor could be Hispanic patients' concern about potential addiction to pain medications and development of tolerance (Anderson et al., 2002; Cleeland, 1991; Cleeland, Gonin, Baez, Loehrer, & Pandya, 1997). Another factor could be fewer resources and greater difficulty in accessing care and filling analgesic prescriptions, especially among patients of lower socioeconomic status (Cleeland; Cleeland et al.). A third factor could be difficulty on the part of healthcare providers in assessing pain because of differences in language proficiencies and cultural backgrounds (Cleeland; Cleeland et al.). The most common factor cited for noncompliance with pharmacologic treatment by Hispanic patients with cancer was inability to understand instructions (Juarez et al., 1999).

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