

A Pilot Study of Relationships Among Pain Characteristics, Mood Disturbances, and Acculturation in a Community Sample of Chinese American Patients With Cancer

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Advances in cancer detection and therapy are extending the life expectancy of patients. However, cancer pain continues to be a persistent, disturbing, and often incapacitating symptom (Katz, 2002; Rahim-Williams et al., 2007; Spiegel, Sands, & Koopman, 1994; van den Beuken-van Everdingen et al., 2007; Wang et al., 1999). Although a number of cancer pain management guidelines have been developed (Gordon et al., 2005; Miaskowski et al., 2005; National Comprehensive Cancer Network, 2009), moderate to severe pain continues to be experienced by 30%–70% of patients undergoing cancer treatment and by up to 90% of patients with advanced disease (Portenoy & Lesage, 1999). In addition, cancer pain can have deleterious effects on patients' quality of life (Katz, 2002; Lin, Lai, & Ward, 2003; Miaskowski & Dibble, 1995; Miaskowski & Lee, 1999; Rustoen, Moum, Padilla, Paul, & Miaskowski, 2005) and often is associated with anxiety and depression (McDaniel, Mussleman, Porter, Reed, & Nemeroff, 1995; Mystakidou et al., 2006).

Cancer pain is multidimensional and includes physiological, sensory, affective, cognitive, behavioral, and sociocultural components (McGuire, 1995). Cultural beliefs and practices can affect the way patients perceive and respond to pain, can influence their communication about pain, and can affect their healthcare decisions about pain (Calliaster, 2003; Kagawa-Singer, 1998). For example, Chen, Miaskowski, Dodd, and Pantilat (2008) noted that Chinese patients' perceptions and management of cancer pain were influenced by the principles of Taoism, Buddhism, and Confucianism. A Taoist might believe that pain occurs if blood circulation (Qi) is blocked and that pain can be relieved by maintaining harmony with the universe. A Buddhist might believe that suffering (i.e., pain) can be relieved by following specifically defined right ways of life. A Confucian might believe that pain is an essential element in life that must be endured and reported only when it becomes unbearable. However, little empiric evidence is available

Purpose/Objectives: To describe the pain experience of Chinese American patients with cancer and to examine the relationships among pain characteristics, demographic characteristics, performance status, self-reported analgesic use, mood disturbances, and patients' acculturation levels.

Design: Descriptive, correlational, cross-sectional study.

Setting: Three community-based oncology facilities in the San Francisco, CA, Bay area.

Sample: 50 Chinese Americans who reported experiencing pain from cancer.

Methods: Participants completed in their preferred language a demographic questionnaire, the Karnofsky Performance Status Scale, the Brief Pain Inventory, the Hospital Anxiety and Depression Scale, the Suinn-Lew Asian Self-Identity Acculturation Scale, and information about analgesic use. Descriptive and correlational statistics were used to evaluate data.

Main Research Variables: Pain intensity, pain interference, performance status, anxiety, depression, analgesic use, and acculturation level.

Findings: Most of the patients reported moderate to severe pain and moderate levels of interference. Lower levels of acculturation were associated with higher least and worst pain intensity scores and higher pain interference scores. Anxiety and depression scores were in the moderate range. Higher depression scores were associated with higher pain interference scores. Self-reported analgesic use for 62% of the patients was classified as inadequate.

Conclusions: A significant percentage of Chinese American patients experience moderate to severe cancer pain that affects their mood and their ability to function.

Implications for Nursing: Nurses should assume a proactive role in assessing the physical, emotional, and cognitive dimensions of pain in Chinese American patients. Future research should evaluate the cancer pain experience of these vulnerable patients and develop and test culturally appropriate interventions.

on the relationships between levels of acculturation and pain in Chinese Americans.

Acculturation is a process by which immigrants adopt the values, beliefs, customs, norms, and lifestyle of the