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The influence of culture on the pain experience

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The purpose of this presentation is to explore the influence of culture on the pain experience. Evidence-based culturally congruent best practices in pain management for diverse groups will be discussed. Emic and etic attitudes toward pain, expressions of pain, pain assessment, pain management, pain responses (stoic and emotive), use of complementary/alternative practices, use of indigenous/traditional therapies, and bio-cultural variations among cultural groups will be examined. Implications for practice and education will be explored. Pain is a universal human experience. Individual beliefs about pain are guided by ethnicity, culture, age, gender, emotional factors, family/interpersonal relationships, and spirituality/religious heritage. Evidence supports that clients of ethnic minorities and racially and linguistically discordant client-provider relationships receive inadequate pain management and report decreased satisfaction with pain management. Therefore, it is a clinical imperative that healthcare practitioners integrate culturally congruent approaches to pain assessment and management into practice. Healthcare teams are charged with providing culturally competent care, designing client- and family-centered care models, enhancing client engagement, minimizing health disparities, and delivering safe care. Thus, healthcare teams provide care to diverse clients experiencing pain in a variety of settings and across the life span. Recognizing and acknowledging differences in cultural beliefs regarding the pain experience (clients and providers alike) is intended to minimize cultural imposition - the tendency of a person or group to impose their values and patterns of behavior onto others - thereby leading to the delivery of culturally congruent care - care that is meaningful, beneficial, satisfying, and fits with the client's values and beliefs.

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Development of program standards for psychosocial support of parents of infants admitted to a neonatal intensive care unit: A national interdisciplinary consensus model

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Providing psychosocial support to families who are expected to give birth to an infant with a life-limiting condition and to parents of infants in the Neonatal Intensive Care Unit (NICU) are essential elements of high quality perinatal and neonatal care respectively. A primary goal of providing parental support is to ensure that equal attention is given to the healthy functioning of the family as to the medical outcome of the baby. A key component to ensuring the quality of this care is to provide both education and support to the health professionals who work with these families. Yet uniform program guidelines are not present, nor are educational guidelines for health professionals readily available. The National Perinatal Association (NPA) convened a multidisciplinary group of professionals and NICU parents to build consensus at a national level for generating these guidelines. One area of focus was standards for palliative care and bereavement. The team reviewed literature and reflected on current practices in perinatal, neonatal and community settings during the perinatal period in the NICU and beyond. A key finding was that many health professionals lacked training in this area and did not know what community resources were available. It was agreed that palliative care and bereavement services should be available to any family whose fetus or neonate is facing a life-threatening condition or imminent death. This type of care requires a commitment to a family-centered integrative approach to perinatal, neonatal and infant care, as well as knowledge of appropriate community resources.

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