To measure pain and then let pain speak for itself: The role of elicited and non-elicited verbal pain language in pain assessment across cultures

By Stephanie Power

Standardised one dimensional pain measurement tools such as the Visual Analogue Scale (VAS), Numeric Rating Scale (NRS) and Verbal Rating Scale (VRS) are advantageous in situations where time is limited and information is required quickly. The NRS and VRS can be administered verbally and used with a variety of populations, for example clients with cognitive impairment (Bird 2003).

Multidimensional tools such as the McGill Pain Questionnaire (MPQ) potentially offer more insight into the pain experience combining a Pain Rating Index (PRI), Present Pain Intensity (PPI), and an inventory of words describing affective, sensory and evaluative aspects. These pain tools may break a client’s silence and extract descriptors that may act as an initial assessment. Therefore, these tools offer an elicited verbal pain language.

These tools, however, do not capture the pain experience in the individual’s own voice and they are based on predetermined criteria, which in the transposition from one culture and/or language to another may be invalid and deemed inappropriate (Harayan 2010; Chambers & Birnie 2013). The appropriateness and validity of pain assessment tools according to cultural, linguistic and specific pain contexts are called into question.

Intercultural communication (ICC) should be a primary focus in pain communication; if the health care professional and their client cannot converse clearly then pain assessment may become distorted.

To overcome gaps in ICC and provide a contextually appropriate tool, a non-elicited form of pain assessment is warranted. One in which the client uses their own language and within their own framework, that is they are not obliged to adapt to a tool which originated from a western biomedical or technocratic health system (Davis-Floyd 2004).

Non-elicited verbal pain language assessment may include an open ended question, unstructured or semi-structured interviews and the language may comprise adjectives, metaphors, cultural idioms or expressions that offer rich descriptive data which can complement an elicited verbal pain language assessment.

The accurate, valid and reliable assessment of pain is important to effectively respond to the client’s needs (Breivik et al 2008). In implementing existing hybrid non-elicited and elicited verbal pain language tools and creating new multi-model tools, multi-interdisciplinary input across health and social sciences will be required bringing into focus experienced health care professionals’ understanding, expertise and intuition of pain.

Health care professionals can develop communication skills in ICC training workshops and serendipitous or sought out opportunities in their practice where they can hone their ICC competence, which is a fluid and ever-changing process (Campinha-Bacote 2002).

References


Stephanie Power is a PhD Scholar (Applied Linguistics) in the School of Nursing and Midwifery at The University of Queensland.