Abstract

This research study examines the relationship between racial disparities and pain management among minorities. The purpose was to assess for disparities that minorities may experience while receiving pain management. This was then compared to the care White Americans received. The research was compiled of 11 scholarly articles which had various settings such as emergency rooms, outpatient clinics, physician offices, etc. across America. Results show that Hispanics and African Americans are less likely to receive opioid treatments and if they do, they receive a smaller dose. Also, Hispanics and African Americans were more likely to receive a non-opioid than a White American. Some of the articles also rated patient satisfaction. The studies showed higher satisfaction with care from non-whites even though their pain severity score was higher. They also received a lower doses of opioids. Based on the findings, conclusions can be drawn that the issue may not stem from one single cause, but rather a multitude of causes such as patient stereotyping, lack of access to healthcare, and cultural barriers.

Background & Problem

Health disparities are a major issue in our health care system. Across all clinical settings, there are inequalities among different races and genders that reside in the United States. According to the Centers for Disease Control and Prevention, the CDC, health disparities are "preventable differences in the burden of disease, injury, violence, or in opportunities to achieve optimal health experienced by socially disadvantaged racial, ethnic, and other population groups, and communities" (Centers for Disease Control and Prevention, 2017). Health disparities may be due to where people live, based simply off the color of their skin, a person’s gender, or even someone’s age. Everyone should receive equal treatment, especially when it comes to pain management. The specific health issue being discussed in this evidence-based practice study is, the differences among races when it comes to pain management.

According to the U.S. Census Bureau, 39.3 percent of the U.S. population are not White. These other races include African American, American Indian, Hispanic, or Latino, Asian, Hawaiian Pacific, or include 2 or more races. Whites make up 60.1 percent, Hispanics make up 18.5 percent, African Americans make up 13.4 percent, and Asians make up 5.9 percent of the country’s population (United States Census Bureau, 2021). William Frey states that according to new census projections, the United States will become minority white by the year 2045. These projections demonstrate that the percentage of African Americans will rise to 13.1%, Hispanics to 24.8%, and 7.9 percent for Asians. Leaving Whites to fall to 46.7 percent (Frey, 2016). Because of the increasing portion of minorities, healthcare workers need to do their part and forget about their biases or stereotypes they may have to provide the absolute best care possible to our diverse communities. If this racial disparity is not addressed, these groups of people will still not receive the care that they need and deserve.

Methods/EBP

To address the objective of this paper, a systematic literature review search was conducted using CINAHL (Cumulative Index for Nursing and Allied Health) and PubMed. When searching CINAHL, key words, such as racial disparities, pain, and management were used to yield the results. This yielded 68 articles. Articles were excluded if they were published before 2011, they did not take place in the United States, or the article was not peer-reviewed. Another search was performed within PubMed that included the same key words and exclusions. This search yielded 214 articles. To qualify for this study, articles needed to include (1) non-Hispanic whites, African Americans, and Hispanics, (2) take place in the United States, (3) focus on the management of pain in a variety of settings and (4) be scholarly and peer-reviewed. After applying the qualifications, we then had a total of 124 articles. Eleven of those articles were included in this study.

The question guiding this evidence-based practice study is: In the United States, how does pain management differ among different races and genders to reduce disparities of pain management for minorities? The question was formed in PICO format. The goal of this evidence-based study is to determine disparities of pain management, identify them, and provide ways to eliminate them.

Evidence was synthesized to create a meta-analysis of the included articles. Data was included in the studies such as the racial/ethnic composition of the population, the setting, the quantity of opioid given, which was taken from billing data for each patient. Data was analyzed using statistical analysis.

Summary of Literature Review

Results

Across different settings including the emergency department, orthopedics, outpatient clinics, postpartum, and hospice, Caucasian individuals are more likely to receive an opioid compared to African Americans and Hispanics. Caucasian patients are 10 percent more likely to receive opioids, and two to three times more likely to get an opioid for chronic pain. African Americans are 36 percent less likely to receive opioid analgesia compared to Caucasians, and Hispanics are 30 percent less likely. Caucasians leave hospitals with a lower pain rating than African Americans and Hispanics.

If African Americans and Hispanics receive an opioid, their doses tend to be lower and for a shorter duration of time compared to Caucasians. African Americans received 17 MME, Hispanics received 14.5 MME, compared to Caucasians that received 20 MME. In another study, African Americans received 23.5 MME, Hispanics received 19.4 MME, and Caucasians received 24.8 MME. Overall, when African Americans and Hispanics receive an opioid, they are most likely going to receive a lower dose.

Stereotyping African Americans and Hispanics is playing a key role in their care plans when it comes to pain management. Many providers believe that African Americans are at an increased risk for substance abuse and prescription opioid misuse. Providers are more likely to provide opioid risk reduction strategies to African Americans than Caucasians, and they are more likely to be referred to an addiction specialist.

Conclusions

Through the meta-analysis of these studies, we can identify that there is currently a disparity when it comes to pain management in different races. Caucasian individuals are more likely to receive an opioid compared to an African Americans or Hispanics. People of minorities also receive lower doses than the Caucasian population. These choices are related to many factors including bias, stereotypes, and access to care.

Caucasians are becoming the minority, and this will continue for years to come. It is important for healthcare workers to identify these disparities and fix them so all citizens of the United States can receive proper and equal care.

Recommendations

Further research needs to be conducted to determine causation for pain management disparities. Research can be focused on provider perspectives which directly affects a patient’s plan of care. Research can also focus on the aspect of access to care to determine if it plays a role when it comes to pain management. More research must be completed to figure out if disparities exist within the pediatric population.

Besides from conducting further research, recommendations can also be made to reduce the occurrence of these disparities. Recommendations can include education strategies for healthcare professionals to put their biases to provide the best care possible to every patient. We can also be sure to advocate for our patients and be culturally competent.

References


