

The lived experience of chronic pain for Māori: How can this inform service delivery and clinical practice?

A systematic review and qualitative synthesis

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Background

In Aotearoa New Zealand, Māori have a higher prevalence and report a greater impact of chronic pain than non-Māori. However, only a small body of research has investigated how Māori experience pain and whether services currently provide culturally responsive treatment. This research has not yet been synthesised.

Aims

To synthesise the literature describing experiences of chronic pain and pain management for Māori, and to understand how this experience could inform service delivery and clinical practice.

Methods

We systematically searched for qualitative research on Māori chronic pain experiences (Scopus, Medline, PsycINFO, NZ Research, Research Square). The results sections of included studies were coded line-by-line and synthesised using thematic analysis.

Findings:

Theme One: A multidimensional view of pain and pain management

- Spiritual and cultural factors, thoughts and emotions held in the body, whānau relationships, environmental factors and historic and intergenerational trauma influenced pain.
- Pain impacted people's work and social activities, engagement with cultural activities, and whānau relationships.
- Traditional healing addressed multiple dimensions, including the tinana, wairua, hinengaro and whānau.

Quotes

For kaumātua "there was little distinction between physical and other kinds of pain" and "pain was sometimes seen as a manifestation of emotional or mental trauma"⁷

"Experiences with complementary and alternative medicine [including rongoā Māori] were described as useful for general wellbeing, treating the person as a whole, and treating not just physical but psychological, emotional and spiritual aspects of living with chronic pain"⁵

"In some cases, pain precluded participants from carrying out required tasks at the marae, such as kaikaranga, custodian and kitchen duties. Some participants had stopped attending their marae as a consequence."⁶

Clinical Recommendations

- Use culturally-appropriate pain assessment tools that explore the physical, emotional, spiritual and social aspects of pain experience.
- Provide treatments that address the multidimensional (e.g. emotional, social and spiritual) aspects of the pain experience.
- Provide appropriate access to traditional Māori therapies (e.g. Rongoā).

Theme Two: A responsibility – Respectful tikanga-informed care

- Current practices in pain settings can lead to a loss of mana through discrimination and racism. System gatekeeping may occur, preventing Māori from accessing pain treatment.
- Whakawhanaungatanga (building connection) is essential for establishing a therapeutic relationship and promoting better outcomes for Māori.
- Mana-enhancing care was more likely when clinicians practiced tikanga, e.g. demonstrating collective whānau values and the use of karakia.

Quotes

"Within therapeutic relationships, aroha/compassion, listening, and connecting were key to healing."⁷

"A doctor will think, 'I won't refer them on to a specialist because they won't turn up to the appointment, you know, why should I bother my time with this type of person', it's those type of perceptions on access as well."⁵

"Processes that restore Māori identity and ways of being and knowing may be crucial to addressing the long-term pain."²

Clinical Recommendations

- Identify and remove barriers to referral and attendance at pain services. Establish links and inform possible referrers about pain services.
- Welcome patients with manaakitanga and use whakawhanaungatanga and/or the hui process to build relationships.
- Incorporate tikanga into clinical practice (e.g. karakia, use of te reo Māori, manaakitanga, kai, recognising whānau/patient strengths and enhancing mana).

Theme Three: Tino Rangatiratanga: A desire for knowledge, choice and autonomy in pain management

- Whānau actively expressed a desire to learn why pain occurs and how services support people in pain.
- Whānau wanted tino rangatiratanga by making their own health decisions, choosing their pain treatment pathways, and identifying their own solutions for pain.
- Studies indicated that Māori may approach pain with considerable autonomy, stoicism, mana and personal strength.

Quotes

"I come from a long line of strong women. Yeah, I think that has everything to do with it, everything to do with the way I was brought up... We just put up with it."⁶

"I would like to talk to someone about my joint pain: What is causing it? ...it's so frustrating, I've spent a fortune visiting the doctor and still don't bloody know what the arthritis actually is."¹

"I think I wanna be my own doctor. I don't mean to be rude to the doctors here, but, you don't know my body, only me, and I'll tell anyone that, you don't know my body."⁷

Clinical Recommendations

- Develop and provide culturally appropriate and empowering pain education resources/strategies.
- Provide patients and whānau with treatment options to empower autonomy in treatment decisions.
- Respect stoicism and mana by taking patients' pain reports seriously, be aware of underreporting of pain.

Included Studies:

1. Awatere SA. "I like to be treated like a person, a little smile never costs a thing" Weaving kaumātua experiences of living with osteoarthritis in Hawke's Bay, Aotearoa New Zealand into a collaborative Osteoarthritis-Management Toolkit. Doctoral thesis. Massey University. 2018.
2. Baker N. The Effect of Embodied Historical Trauma on Long-Term Musculoskeletal Pain in A Group of Urban Māori Adults. Master's thesis Unitec Institute of Technology. 2018.
3. Devan H, Jones B, Davies C, Perry M, Hale L, Grainger R. Are we just dishing out pills constantly to mask their pain? Kaiāwhina Māori health workers' perspectives on pain management for Māori. 2021. 134:1543. NZ Med J.
4. Magnusson J, Fennell J. Understanding the role of culture in pain: Māori practitioner perspectives of pain descriptors. N Z Med J. 2011.124(1328):30-41.
5. McGavock Z. A life transformed: the lived experiences of Māori with chronic pain. Master's thesis. Massey University. 2011.
6. McGruer N, Baldwin JN, Ruakere BT, Larmer PJ. Maori lived experience of osteoarthritis: A qualitative study guided by Kaupapa Maori principles. J Prim Health Care. 2019.11(2):128-37.
7. Morunga E, Bean D, Tuahine K, Hohepa K, Lewis G, Ripia D, et al. Kaumātua (elders') insights into indigenous Māori approaches to understanding and managing pain: A qualitative Māori-centered study. Research Square. 2023 (preprint).

Conclusion:

Health services need to: understand and respect the multidimensional aspects of pain, minimise racism and discrimination, use whakawhanaungatanga and tikanga-informed practices, and provide appropriate information to support tino rangatiratanga (self-determination) for pain management.

Read our full article from the NZMJ:



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A multidimensional view of pain and pain management:

- Spiritual and cultural factors, thoughts and emotions held in the body, whānau relationships, environmental factors and historic events were all noted to influence pain.
- Pain impacted people's work and social activities, engagement with cultural activities, and whānau relationships.
- Traditional healing was noted to address multiple dimensions, including the tinana, wairua, hinengaro and whānau.

A responsibility-Respectful tikanga-informed care:

- Studies demonstrated how current practices in health care and specialist pain settings can lead to a loss of mana and experiences of discrimination and racism.
- System gatekeeping may occur, preventing Māori from having access to optimal pain treatments.
- Whakawhanaungatanga (building connection) is essential for establishing a therapeutic relationship and promoting better outcomes for Māori
- Mana-enhancing care was more likely to be achieved when clinicians practiced tikanga, including demonstrating collective whānau values, respect for tapu and the use of karakia.

Tino Rangatiratanga: A desire for knowledge, choice and autonomy in pain management:

- Whānau actively expressed a desire to learn why pain occurs and how services support people in pain.
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