

Nyeri

Bolest

Douleur

ألم

Pijn

Πόνος

ئازار, ژان

Bol

ḍau

درد

Durere

PAIN

боль

Dolore

痛み

နာခြင်း

दर्द

疼痛

Schmerz

வலி

Dolor

Sakit

Developed by South Eastern Melbourne Medicare Local

¹ PainAustralia and Arthritis and Osteoporosis Victoria are assisting with the dissemination of the pain communication tool developed by South Eastern Melbourne Medicare Local, given that the South Eastern Melbourne Medicare Local ceased operations on 30 June, 2015

painaustraliaTM
working to prevent and manage pain

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INTRODUCTION

Objective:

1. Assist Healthcare Providers with assessing pain patients who have low literacy levels, who are Non - English Speaking, the aged community and those with disabilities
2. To increase the number of appropriate referrals to the Pain Specialist Clinics

Two Sections:

1. Cultural Context Information

Information to help put the patient's culture into context prior to the appointment:

Afghan Australians

Burmese Australians

Indian Australians

Iraqi Australians

Maori Australians

Sri Lankan Australians

Sudanese Australians

Vietnamese Australians

2. Pictorial Images

Images (relating to pain) to help the communication between the healthcare provider and their patient

HOW TO USE THE COMMUNICATION BOOKLET AND IMAGES?

Step 1:

- Prior to meeting your patient, review the relevant cultural profile
- The profiles highlight cultural differences in:
 - Communication
 - Cultural Health
 - Health beliefs and Practices

Step 2:

- Show the images to the patient to help them understand the questions you are asking
 - There is a male or female option for 'where is your pain?'
- They can be used in any order and in some cases only select images may be appropriate
- The tool can be used on-going with the patient to help monitor their progress
- The last page can be copied and marked up for the patient to take home with them

CULTURAL CONTEXT PROFILES

These profiles have been shared to help improve communication between the healthcare professional and their patients in our culturally diverse community.

It should be noted that there is great diversity within communities and people do not fit into a pre-determined cultural box or stereotype. The information presented here will not apply to all and these profiles should be considered in the context of the acculturation process.

GPs have available the TIS priority line: 1300 13 14 50

Contact details:



TIS



13 14 50

PAIN EXPRESSION ACROSS CULTURES

- Pain tolerance, experience of pain, outward expression of pain, and communication about pain are very different across cultures.
- Some cultures may place a lot of emphasis on the need to control their emotions (e.g.. Chinese, Filipino) and some are very expressive of pain (e.g. In general, Mediterranean cultures). In some religions, pain is valued as a pathway to Heaven. In others it is viewed as a karmic return for past misdeeds. Different belief systems also influence attitudes to pain relief. Failure to vocalise pain does not mean that the patient has a 'higher threshold'. As well as asking the patient how much pain they have, it may be helpful to ask the family. This is particularly relevant to the labour ward.
- Attitudes to drugs differ, and techniques other than medicines for pain should be explored. Pain can create increased dependence, and therefore significant others must be included in planning the care of the patient.
- Some cultures perceive disability as a shame and a punishment for past sins. There are also different attitudes to dependence. In some cultures the emotional wellbeing of a patient is related to the provision of care by loved ones, and this is given greater value than independence and autonomy. For others, including Anglo – Australians, independence is highly valued and this is emphasised in rehabilitation programs. A compromise may need to be negotiated with the person and family, as rehabilitation may be an unfamiliar concept.
- It is not appropriate in many cultures to tell a person directly of a poor prognosis as this removes all hope. Approaching the family about how best to break the news would be appreciated.

Source: http://www.health.qld.gov.au/multicultural/health_workers/pain.pdf

REFUGEES

Identification of refugees and survivors of torture and trauma is difficult, but this can be important. Knowing the country of origin will give some indication of whether a particular patient is likely to have experienced war and physical or psychological abuse. A great deal of tact is required however, and the information may not be volunteered if the interpreter or the health provider is not trusted. Figures of authority can represent annihilation, and therefore refugees may not want to reveal themselves for fear of being betrayed.

The hospital system, can retraumatise by triggering memories of patients who have previously undergone traumatic experiences. Triggers may range from specific experiences with doctors and nurses, to having to wait in a closed waiting area, and this can complicate staff-patient interaction.

Depending on the level of proficiency in English, interpreter-assisted communication is essential in order to facilitate discourse and develop a relationship based on trust.

Source: http://www.health.qld.gov.au/multicultural/health_workers/pain.pdf

AFGHAN AUSTRALIANS

It should be noted that there is great diversity within communities and people do not fit into a pre-determined cultural box or stereotype. The information presented here will not apply to all Afghan Australians and this profile should be considered in the context of the acculturation process.

LANGUAGE

- The main languages spoken in Afghanistan are: Dari (Afghan Persian) 50 per cent, Pashto 35 per cent and Turkic languages (primarily Uzbek and Turkmen) 11 percent. Thirty other minor languages are spoken. Many people are bilingual (7)

HEALTH IN AUSTRALIA

- Afghanistan has the fourth highest mortality rate and second highest infant mortality rate in the world, and a life expectancy of only 44.6 years (male 44.5, female 44.9) (5)
- As a result of their experiences of war and displacement, and their experiences as refugees, which in many cases has included mandatory detention, Afghan refugees are at high risk of mental illness and emotional issues (13).
- There is little research on the physical and mental health status of Afghanistan-born Australians and Afghan refugees in Australia. High rates of post traumatic stress disorder (PTSD), depression and anxiety have been found in Afghan asylum seekers and refugees living in the Netherlands (14).
- Afghan women were shown to have higher rates of PTSD, depression and anxiety than men (14)

Source: http://www.health.qld.gov.au/multicultural/health_workers/cultdiver_guide.asp

AFGHAN COMMUNICATION

- Hazaragi is a dialect of Dari spoken by the Hazara ethnic group of Afghanistan. Hazaras comprise between 16 to 20 per cent of the population of Afghanistan and they account for more than 50 per cent of the Afghan refugees who have arrived in Australia between 2006 and 2010 (6)
- The rates of education of Hazara people are lower than the other main ethnic groups of Afghanistan and many Hazaras are illiterate (9)
- In many cases Hazaragi speakers (particularly those who have lived in rural areas) cannot understand Dari interpreters (9)
- There is a shortage of Hazaragi interpreters in Australia (6,8).
- There is a fear in the Afghan Australian community that interpreters will not abide by confidentiality requirements (8)
- Many Afghan Australian women wear a burqa (loose body covering) and hijab (head covering) in public.
- It is normal for people of the same gender (men/men, women/women) to shake hands, kiss on the cheek and hug (particularly among men) when greeting (6,8).
- Muslim men and women may be reluctant to shake hands with people of the opposite gender. It is advisable that in such situations it is left to the Muslim person to decide what is appropriate (8)
- Afghan Australians may also greet by placing their hands over their heart and bowing slightly (6,10).
- Eye contact is generally avoided between men and women. Eye contact between men is acceptable but is usually only occasional, not prolonged 10.
- An Afghan Australian elder's nod may merely be a social custom showing politeness and respect for authority rather than a sign that they understand or agree with what the healthcare provider is saying (11).
- As a sign of respect, Afghan Australians do not call older people by their given name (8)
- Afghan Australians are likely to show their appreciation of a service provided to them by expressing words of blessing (8)

Source: http://www.health.qld.gov.au/multicultural/health_workers/cultdiver_guide.asp

AFGHAN HEALTH BELIEFS AND PRACTICES

- Beliefs about preserving health include living in accordance with the precepts of Islam which strongly emphasises personal daily hygiene including washing before prayer. Regular exercise, eating fresh food and a balanced diet, staying warm, and getting enough rest are also seen as important for health (15).
- Traditional Afghan causes of illness include: an imbalance of hot and cold forces in the body, not adhering to the principles of Islam and the will of God, possession by evil spirits called jinn, being given the evil eye, or sometimes Witchcraft (15). Jinn, the evil eye and witchcraft are mainly seen to cause mental illness (6)
- Prayer is traditionally seen as important in healing illness (15).
- Doctors are held in very high regard (8)
- Financial hardship has meant a major lack of health care services in Afghanistan, especially in rural areas. As a result, there has been a reliance on the use of medicinal herbs and plants to treat various illnesses (8)
- Older Afghan Australians may prefer traditional treatments to Australian medical treatments (8)

Source: http://www.health.qld.gov.au/multicultural/health_workers/cultdiver_guide.asp

AFGHAN HEALTH BELIEFS AND PRACTICES CONTINUED...

- Older Afghan Australians have a strong preference for receiving care from same sex health care providers, particularly in nursing tasks such as assistance with personal care (15).
- Religious rituals and customs at birth and death are important. A Muslim birth custom involves having an adult male be the first person to speak to a newborn infant. This male, who becomes a special person in the infant's life, whispers a secret blessing in the ear of the child (16). This is usually the Adhan, or what is usually recited as a call for prayer (6)
- Muslims may prefer to decrease sedation at the time of death so that the patient is able to hear the final part of the same blessing he or she heard at birth. The final part of the blessing, which is called the Kalima or confession of the faith, should be the last thing one hears at death (16).
- For more information on Islamic beliefs affecting health care please refer to the Health Care Providers' Handbook on Muslim Patients (17).
- A strong cultural stigma is attached to mental illness. Many mental health conditions such as depression may not be considered an illness. Afghan Australians may be reluctant to access mental health services (8)
- There is a strong stigma attached to men having a mental illness as it is seen as a sign of weakness (8,6).

Source: http://www.health.qld.gov.au/multicultural/health_workers/cultdiver_guide.asp

BURMESE AUSTRALIANS

It should be noted that there is great diversity within communities and people do not fit into a pre-determined cultural box or stereotype. The information presented here will not apply to all Burmese Australians and this profile should be considered in the context of the acculturation process.

LANGUAGE

- Burmese is the official language of Burma and is the main language spoken by Burmans (5)
- Karen people speak several dialects of the Karen language including Sgaw Karen, Pwo Karen, Karenni and Pa-o5
- Shan, Chin and Rohingya people all have distinct languages and dialects within these language groups. In all, more than 100 languages are spoken in Burma (7)

COMMUNICATION

- Karen people who have travelled widely in the Karen State are usually able to speak a number of dialects of the Karen language. However, those people who have not travelled often have difficulty understanding other dialects (5)
- Literacy rates among Karenni people are low (5)
- Traditionally Burmese people do not have family names. Therefore, all members of a family may have names that bear no obvious relationship to each other (5)
- It is customary to use titles (e.g. Mr and Mrs) when addressing people other than small children (5)

Source: http://www.health.qld.gov.au/multicultural/health_workers/cultdiver_guide.asp

BURMESE COMMUNICATION CONTINUED...

- The following communication issues are particularly important for Burmese Buddhists:
 - i. It is disrespectful for legs to be stretched out with feet pointed towards a person (5)
 - ii. The head is considered the spiritually highest part of the body and sensitivity is advised if it is necessary to touch the head (5)
 - iii. Using both hands to give and receive an object is a sign of respect, particularly with older people (5)
- These additional communication issues are relevant for Karen people:
 - i. Karen people normally walk behind those who are their seniors and elders (5)
 - ii. Karen may answer a question with no to be modest when an affirmative answer may seem more appropriate (5)
- It is often not appropriate to establish direct eye contact with Chin people, especially seniors (5)
- Although the name Myanmar was adopted by the Burmese Military Government in 1989 and subsequently recognised by the United Nations, other international organisations, the business community and many Burmese expatriates who oppose the military government continue to use the old names, Burma and Burmese (5)

Source: http://www.health.qld.gov.au/multicultural/health_workers/cultdiver_guide.asp

BURMESE HEALTH IN AUSTRALIA

- Average life expectancy in Burma is 64.5 years (male 62.2, female 66.9) compared to 81.7 years for all people living in Australia (male 79.3, female 84.3) (6)
- Karenni refugees living in Thai Burmese border camps have been shown to have rates of depression, anxiety symptoms and post-traumatic stress disorder comparable to those of other communities affected by war and Persecution (8)
- Burmese refugees settling in Australia have been shown to have high rates of treatable infectious diseases including Helicobacter pylori infection, latent tuberculosis, vitamin D deficiency and strongyloidiasis (9).

Source: http://www.health.qld.gov.au/multicultural/health_workers/cultdiver_guide.asp

BURMESE HEALTH BELIEFS AND PRACTICES

- Throughout Burma, rice is central to daily existence and is regarded as virtually synonymous with life itself. It is eaten at all meals (5).
- Theravada Buddhist health beliefs include:
 - Good and bad events can be attributed to actions committed in the past (5)
 - Aspects of mental illness are a result of one's past and current life actions (karma) 10.
 - The health of a person is controlled by the four elements of fire, water, air and earth and any imbalance in these elements causes illness and disease (5). Certain foods and medicines are classified as hot or cold and can adversely or positively affect health conditions and emotions. The classification of foods as hot or cold is unrelated to temperature (11). Hot foods are generally those foods which are salty, sour or high in animal protein, while cold foods are generally sweet or bitter (11). States of health seen as hot or cold are seen to require treatment with the opposite in medicine or foods (12).
 - Buddhist verses are important in curing illnesses, either being blown over the patient or recited over water for the patient to drink (13).
 - When a Buddhist is dying, a Buddhist monk or minister should be notified to provide chaplaincy services (14). The monk will chant verses after the person has died to help release the person's good energies (14).
 - The state of mind at the time of death is important in determining the deceased person's next rebirth (14).
 - After childbirth, the mother's body is susceptible to illness because it is cold from blood loss. The mother may want her body warmed with external heat and warm drinks and may want to eat foods with hot properties. Sour and bitter foods are also seen as important to reduce blood flow (12).

Source: http://www.health.qld.gov.au/multicultural/health_workers/cultdiver_guide.asp

BURMESE HEALTH BELIEFS AND PRACTICES CONTINUED...

- Many Karen and Karenni who have retained their animist belief system believe that a person possesses a number of souls called kla which might flee for various reasons (e.g. in connection with a mental breakdown) (5) It is seen as vitally important to retain the kla and losing kla puts a person in danger of illness (5).
- One way of keeping kla is by an elder or religious shaman tying sacred string around the wrist (5).
- The kla are said to leave the body at death and reappear in the form of the kla of a newly born child (5).
- Non-Christian Chins may ascribe some conditions that cannot be cured by Australian health care practices to hnam, an evil spirit that dwells within humans (5).
- Belief in spells and black magic is thought to be widespread in Burma. When a person has an illness that cannot be cured by any kind of medicine, black magic is usually suspected, and a cure is sought from a healer experienced in dealing with illnesses (5)

Source: http://www.health.qld.gov.au/multicultural/health_workers/cultdiver_guide.asp

INDIAN AUSTRALIANS

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LANGUAGE:

India has 15 official languages. Hindi is the most widely spoken and the primary language of 41 per cent of the population. However, more than 200 languages are spoken by people throughout India.

COMMUNICATION

- Indian Australians usually greet each other with the word namaste and a slight bow with the palms of the hands together. Greetings are usually formal and respectful.
- Some Indian Australians may be uncomfortable with physical contact with strangers (7). In most cases, a handshake is appropriate. However, it is usually not appropriate to shake hands with the opposite sex (11). Handshakes are usually gentle, rather than firm (12).
- Naming conventions vary across India (12). Many Indians do not use surnames. People are usually referred to by their title (e.g. Mr, Mrs) and their first name (7). However, many Indian Australians have adopted Australian naming conventions (12). It is advisable to request permission to use an Indian Australian patient's first name (13).
- Sikh people use given names followed by either Singh (for men) or Kaur (for women). Muslim people are known by their given name followed by bin (son of) or binto (daughter of) followed by their father's given name (7,9). For older Hindus, the term ji (for both men and women) or da (meaning big brother for men) is added to the end of a person's name or title to indicate respect (e.g. Anita-ji or Basu-da) (8,13. 48)

Source: http://www.health.qld.gov.au/multicultural/health_workers/cultdiver_guide.asp

TM

INDIAN AUSTRALIANS HEALTH IN AUSTRALIA

- Average life expectancy in India is 66.5 years (male 65.5, female 67.6) compared to 81.7 years for all people in Australia (male 79.3, female 84.3)⁶.
- Cancer rates for India-born Australians are lower than for people born in Australia, but higher than rates in India (17). The most common cancers among Indian migrants in the United States are prostate, lung and colorectal in men, and breast, genital and colorectal in women (18).
- United States studies have shown that people from an Indian background are at high risk of insulin resistance and Type II diabetes (15,16).
- Vitamin D deficiency is a common health problem and Indian-born women living in the United States are at high risk for osteoporosis (13).
- A United States study has shown that lactose intolerance is very common in older people of Indian background (13).
- Cardiovascular disease is higher in Indian migrants in the United States (13).
- Other health problems of importance among Indian migrants to the United States include hypertension, nutritional deficits, tuberculosis, malaria, filariasis, protozoal and other parasitic infections, hepatitis A, dental caries and periodontal disease, and sickle cell disease (13).
- Worldwide, Indian women have higher rates of suicide than women of other nationalities (19).

Source: http://www.health.qld.gov.au/multicultural/health_workers/cultdiver_guide.asp

INDIAN AUSTRALIANS HEALTH BELIEFS AND PRACTICES

- Many Indian Australians use Australian medicine in conjunction with traditional remedies including traditional medicine and spiritual practices such as Ayurveda, Siddha, Unani, Tibbi, homeopathy, naturopathy and acupressure (12,13). Ayurveda places emphasis on herbal medicines, aromatherapy, nutrition, massage and meditation to create a balance between the mind and body (13,20).
- The involvement of family members in major and minor medical decisions is crucial for many Indian Australians (14). Disclosing a serious or terminal diagnosis is best undertaken with great care and with the consultation and help of family members. It may be appropriate to ask a patient his or her wishes about confidentiality and privacy before discussion of any sensitive issues (14).
- Many Indian Australian women, particularly older Hindus, may prefer to be examined by health professionals of the same gender (13). Having a female relative in attendance when examining an older Hindu woman is recommended as it may facilitate a more open interaction (13). (49)
- An Indian cultural practice that may influence health care is the designation of left and right hands for specific tasks. The right hand is typically used for sanitary tasks such as eating while the left hand is reserved for unsanitary Tasks (14). This may affect a patient's comfort with the use of one arm or the other for drawing blood or for the insertion of an IV (14).
- Mental illness has severe negative connotations, especially among the older Hindu population (13,14). Some believe that mental illness is due to possession of the evil eye (13). Shame and denial are typical responses to any suggestion of mental illness (14). Because mental illness is concealed, it is often presented to a doctor as somatic complaints such as headaches or stomach pain rather than as anxiety or depression (13).

Source: http://www.health.qld.gov.au/multicultural/health_workers/cultdiver_guide.asp

INDIAN AUSTRALIANS HEALTH BELIEFS AND PRACTICES CONTINUED...

- Married Hindu women of Indian background often wear the Mangalsutra (a sacred necklace) around their Necks (13). Some Hindu men wear a sacred thread around their torso (13). Ritualistic armbands are also worn by Hindu men and women (13). These items are sacred and it is important that they are not cut or removed without the consent of the family (8,9,13).
- Certain days of the month based on the Hindu lunar calendar are considered auspicious and Hindus may request surgical procedures to occur on these days (13).
- Some Indian families may wish for sedation to be decreased for a dying patient because it is considered important that the person is as conscious as possible at the time of death (13). Many people believe that individuals should be thinking about God at the time of death and that the nature of one's thoughts determines the destination of the departing soul (13).
- At the time of death, family members may request that the body be positioned in a specific direction (8,13). They may wish to drop water from the River Ganges or place a holy basil leaf in the mouth of the patient and to audibly chant Vedic hymns (8,9,13). It is very important for family members to be at the bedside of a dying patient (8,9,13).
- More information on the health beliefs and practices of Hindu, Muslim and Sikh patients can be found the series of Health Care Providers' Handbooks published by Queensland Health Multicultural Services (8-10).

Source: http://www.health.qld.gov.au/multicultural/health_workers/cultdiver_guide.asp

IRAQI AUSTRALIANS

It should be noted that there is great diversity within communities and people do not fit into a pre-determined cultural box or stereotype. The information presented here will not apply to all Iraqi Australians and this profile should be considered in the context of the acculturation process.

LANGUAGE

- Almost all Iraqis speak Arabic, the official language of Iraq - Kurdish (official in Kurdish regions) is spoken in northern Iraq. The Turkomans speak Turkish. The Assyrians speak Aramaic. Farsi is spoken by some groups in Iraq (4,6).

COMMUNICATION

- The most common form of greeting is a handshake coupled with direct eye contact and a smile. Handshakes may be prolonged (7) It is normal for people of the same gender (men/men, women/ women) to kiss on the cheek as well as shake hands when greeting.
- For some Iraqi Australians, it is disrespectful for a man to offer his hand to a woman unless she extends it first (7) However, this is usually not the case for Christians and Kurds (10).
- A single, downward nod is the most common expression for yes (9)
- Many Iraqi Australians view outward signs of emotions in a negative manner because of the need to save face and protect honour (7)
- Many Iraqi Australian women who are Muslim wear a hijab (head covering) or jilbab (full body covering) in public.
- It is recommended that gender is considered when matching a patient with a health worker or interpreter (11).
- Both male and female Iraqi Australian patients have a preference for a male doctor. For pregnancy or gynaecological needs, most women prefer to be seen by a female doctor (12)

Source: http://www.health.qld.gov.au/multicultural/health_workers/cultdiver_guide.asp

IRAQI HEALTH IN AUSTRALIA

- Average life expectancy in Iraq is 70.3 years (male 68.9, female 71.7) compared to 81.7 years for all people living in Australia (male 79.3, female 84.3) (6)
- Chronic conditions including obesity, hypertension and latent tuberculosis infection have been shown to be prevalent in Iraqi refugees (13).
- Iraqi refugees have been shown to have higher rates of untreated tooth decay than the Australia-born population (14,15). A small study found that only 15 percent had no untreated decayed teeth and more than 10 percent had high decay levels (15).
- Iraqi refugees have been shown to have high rates of post-traumatic stress disorder (PTSD), anxiety and depression (5,16).

Source: http://www.health.qld.gov.au/multicultural/health_workers/cultdiver_guide.asp

IRAQI HEALTH BELIEFS AND PRACTICES

- Many Iraq-born people place a high value on Australian health care practices and have confidence in the medical profession (12).
- It is common for a family member to stay with the patient and to help answer questions (12,17). Many Iraq-born people expect information about a patient's diagnosis and prognosis to be first filtered through the family with the family deciding whether or not to tell the patient (17).
- For Iraqi Muslims:- Iraqi Muslims may be reluctant to disclose personal information and may be embarrassed by personal questions, including their sexual relationships. Patients may not provide enough information for a comprehensive diagnosis (12).
- It may be stressful for Muslim women to expose their bodies in front of male health care providers, or to even discuss sensitive topics related to women's health (18).
- It is expected that decision making regarding procedures such as a tubal ligation or hysterectomy involve the woman's husband (17).

Source: http://www.health.qld.gov.au/multicultural/health_workers/cultdiver_guide.asp

IRAQI HEALTH BELIEFS AND PRACTICES CONTINUED...

- Religious rituals and customs at birth and death are important. A Muslim birth custom involves having an adult male be the first person to speak to a new born infant. This male, who becomes a special person in the infant's life, whispers a blessing in the infant's ear (19). This is usually the Adhan or what is usually recited as a call for prayer.
- Muslims may prefer to decrease sedation at the time of death so that the patient is able to hear the final part of the same blessing he or she heard at birth. The blessing, which is the Kalima or confession of the faith, should be the last thing one hears at death (19).
- Muslims are required to pray five times a day and this may be particularly important when they are ill (17).
- For more information on Islamic beliefs affecting health care refer to the Health Care Providers' Handbook on Muslim Patients (21).
- Some rural Iraqis have ancient traditional health beliefs and practices that can include supernatural agents such as evil eye, jinni, witchcraft, sin, envy and bad luck and often seek traditional healers (22). These beliefs may delay patients and their families from seeking medical advice (22).
- Mental illness is often stigmatised. A person with mental health problems may not seek advice from professionals or even family members (23).

Source: http://www.health.qld.gov.au/multicultural/health_workers/cultdiver_guide.asp

SRI LANKAN AUSTRALIANS

It should be noted that there is great diversity within communities and people do not fit into a pre-determined cultural box or stereotype. The information presented here will not apply to all Sri Lankan Australians and this profile should be considered in the context of the acculturation process.

LANGUAGE:

- Sinhala is the official language of Sri Lanka and is spoken by 74 per cent of the population (mostly Sinhalese)
- Tamil is spoken by 18 per cent of the population
- English is commonly used by government and spoken by 10 per cent of the population (4).

COMMUNICATION

- Sri Lankans have various naming conventions dependent on their ethnic group. In most cases the family name comes first, and given name second (9).
- When addressing a person from Sri Lanka, particularly the elderly, it is important to use the appropriate title (e.g. Mr, Mrs) followed by their family name (10,11).
- Younger Sri Lankan Australians generally shake hands and are socialised towards soft rather than firm handshakes. A firm handshake may surprise a newly arrived Sri Lankan Australian (12).
- Sri Lankan Australians usually avoid eye contact in interactions where they feel deference or respect (12).
- Although many south Asians nod their heads to indicate yes and shake their heads to indicate no, this is not always True (12). A horizontal head swing can mean yes for some Sri Lankan Australians (12).
- The following communication issues are particularly important for Sri Lankan Buddhists:
 - It is disrespectful for legs to be stretched out with feet pointed towards a person (13)
 - The head is considered the spiritually highest part of the body and sensitivity is advised if it is necessary to touch the head (13)
 - Using both hands to give and receive an object is a sign of respect, particularly with older people (13).

Source: http://www.health.qld.gov.au/multicultural/health_workers/cultdiver_guide.asp

SRI LANKAN AUSTRALIAN HEALTH IN AUSTRALIA

- Average life expectancy in Sri Lanka is 75.3 years (male 73.2, female 77.5) compared to 81.7 years for all people living in Australia (male 79.3, female 84.3)⁴ . This relatively high life expectancy for a country with a low income level appears to be related to a highly efficient use of curative services by Sri Lankans (14).
- A recent population-based survey in Colombo showed considerably lower rates of depression in Sri Lankans compared to rates in Western countries (15). However, Tamil refugees living in South India have been shown to have poor mental health, including high rates of depression, anxiety and post traumatic stress disorder (PTSD) (16).
- Tamil asylum seekers in Australia have been shown to have higher levels of anxiety, depression and PTSD compared to Tamil refugees and immigrants (17).
- Vitamin D deficiency is a common health problem and Asian women are at high risk for osteoporosis (18).

Source: http://www.health.qld.gov.au/multicultural/health_workers/cultdiver_guide.asp

SRI LANKAN HEALTH BELIEFS AND PRACTICES

- Many Sri Lankan Australians value and use Australian medicine in conjunction with traditional remedies including traditional medicines and spiritual practices such as Ayurveda and Sinhala (10,14,19). Ayurveda places emphasis on herbal medicines, aromatherapy, nutrition, massage and meditation to create a balance between the mind and Body (10).
- The involvement of family in major and minor medical decisions is crucial for many Sri Lankans (12). Disclosing a serious or terminal diagnosis is best undertaken with the consultation and help of family members. It may be appropriate to ask a patient his or her wishes about confidentiality and privacy before discussing any sensitive issues (12).
- A Sri Lankan cultural practice that may influence health care is the designation of left and right hands for specific tasks. The right hand is typically used for sanitary tasks such as eating while the left hand is reserved for unsanitary Tasks (12). This may affect a patients comfort with the use of one arm or the other for drawing blood or for the insertion of an IV (12).
- Mental illness has strong negative connotations and stigma (12). Shame and denial may be the normal response to any suggestion of mental illness (12).

Source: http://www.health.qld.gov.au/multicultural/health_workers/cultdiver_guide.asp

SUDANESE AUSTRALIANS

It should be noted that there is great diversity within communities and people do not fit into a pre-determined cultural box or stereotype. The information presented here will not apply to all Sudanese Australians and this profile should be considered in the context of the acculturation process.

LANGUAGE:

Arabic is Sudan's official language and is the most widely spoken (7). English is the language of instruction for schools of South Sudan. A Sudanese Government policy in 1990 forced South Sudanese schools to use Arabic rather than English (7,11). Many other languages are spoken in the south including varieties of Dinka, Fur, Nuer, Ma'di, Acholi, Bari and Zanda (5,11). Many Sudanese are bilingual or multilingual (7). Sudanese refugees may have a preference for using their own language rather than Arabic, which was forced on them.

SUDANESE COMMUNICATION

- There are many different names for languages spoken in South Sudan and speakers of a particular language may not recognise the English name for the language they speak (5).
- It is advisable when contracting the services of an Arabic interpreter for a Sudanese Australian person that a Sudanese-Arabic interpreter is requested. The Sudanese Arabic dialect is distinct and the person may not understand an interpreter using another Arabic dialect (12).

There are distinctions in communication style between Sudanese Muslims from the North and South Sudanese people:

- Northern Sudanese greetings tend to be formal with a handshake only extended to members of the same sex. There may be a reluctance of Muslim men and women to shake hands with the opposite sex and prior to interaction with a woman, it is advisable that acknowledgement be afforded to the man as the head of the household (9,12)
- Typically, South Sudanese greetings are less formal. People greet friends and relatives with handshakes and men and women shake hands. Women can be addressed directly (9,12).

Source: http://www.health.qld.gov.au/multicultural/health_workers/cultdiver_guide.asp

SUDANESE COMMUNICATION CONTINUED...

- People are called by their first name, except for elders, teachers and religious leaders who are addressed by their title and surname (13).
- Members of the same family may appear to have different surnames in Australia as a result of confusion in the transfer of names during immigration. In Sudan, family names are silent and considered other names, and as a result many Sudanese Australians will have their middle name recorded as their surname on official documents (11).
- The right hand is used for greeting and eating and all other activities. The left hand is generally only used for bodily Hygiene (13). 86

Community Profiles for Health Care Providers

- Eye contact is very important among Sudanese people and indicates a caring attitude (13).
- Muslim women from north Sudan may be reluctant to be examined by a male physician. In contrast, most South Sudanese women will view this examination as a medical necessity (9)

Source: http://www.health.qld.gov.au/multicultural/health_workers/cultdiver_guide.asp

SUDANESE HEALTH IN AUSTRALIA

- Average life expectancy in Sudan is 54.2 years (male 53, female 55.4) compared to 81.7 years for all people living in Australia (male 79.3, female 84.3) (10).
- In a study of common medical conditions diagnosed in newly arrived African refugees in Melbourne, the major health issues included a lack of immunity to common vaccine preventable diseases, vitamin D deficiency or insufficiency, infectious diseases (gastrointestinal infections, schistosomiasis and latent tuberculosis) and dental disease (14). Musculoskeletal and psychological problems were common in adults (14).
- A Western Australian infectious disease screening study of 2111 refugees and humanitarian entrants in 2003-2004 reported a high prevalence of infectious diseases in sub-Saharan Africans including: hepatitis B (6.4 per cent carrier state, 56.7 per cent exposed), syphilis (6.8 per cent), malaria (8 per cent), intestinal infections (giardia intestinalis-13 per cent, schistosoma mansoni-7 per cent, stongyloides stercoralis-2 per cent, hymenolepis nana-3 per cent, salmonella-1 per cent and hookworm-5 per cent), a Mantouxiii test result requiring tuberculosis treatment (28.9 per cent)15.
- Other health concerns for Sudanese refugees include the sequelae of broken bones, injuries as a consequence of torture, flight or accident (16).
- Common health concerns in women include the physical and psychological consequences of rape, menstrual problems and pelvic pain. Most women have not had any preventive screening such as pap smears, breast examination or mammography (16).
- Sudanese refugees settling in Australia have been shown to have high rates of depression, anxiety and post traumatic stress disorder (8). However, many Sudanese Australians are more concerned with current acculturative stressors such as family problems, employment issues, housing and transport than they are about past trauma (8).

Source: http://www.health.qld.gov.au/multicultural/health_workers/cultdiver_guide.asp

SUDANESE HEALTH BELIEFS AND PRACTICES

- Many Sudanese refugees practice herbal and traditional health remedies. These practices are often limited by a lack of availability of herbs and a lack of specialists to prepare them (17).
- Sudanese refugees may be unfamiliar with a formal health system, Australian medical practices or being treated by a doctor of the opposite gender (7).
- Female genital mutilation (FGM)iv is practiced in Sudan, particularly in the north. Complications of FGM may include: incontinence, obstructed miscarriage and childbirth, vaginal and perineal damage at childbirth and sexual difficulties including non consummation and painful intercourse (19).
- Polygamy is common across Sudan and is considered a sign of wealth and prestige (9,11). The practice is decreasing in South Sudan (11).
- For more information on Islamic beliefs affecting health care please refer to the Health Care Providers' Handbook on Muslim Patients (20)

Source: http://www.health.qld.gov.au/multicultural/health_workers/cultdiver_guide.asp

VIETNAMESE AUSTRALIANS

It should be noted that there is great diversity within communities and people do not fit into a pre-determined cultural box or stereotype. The information presented here will not apply to all Vietnamese Australians and this profile should be considered in the context of the acculturation process.

LANGUAGE

Vietnamese is the official language and is spoken by the majority of the population (4,5). English is becoming increasingly favoured as a second language (4,5). Other languages include French, Chinese, Khmer, and the mountain languages of Mon-Khmer and Malayo-Polynesian (4,5).

COMMUNICATION

- Vietnam-born people list their family name first, then their middle name, with their first (given) name listed last. Many given names are common to both males and females (6).
- In addressing others, Vietnam-born people often use a person's title (e.g. Mr, Mrs), followed by their first name.
- Some Vietnamese Australians may appear to answer yes (da) to all questions. This may be a polite way of saying Yes, I am listening or Yes, I am confused (7).
- Vietnamese people can use a smile to show many different emotions including happiness, anger, embarrassment or grief (7).
- Vietnamese Australians may prefer to speak about sensitive subjects indirectly (7).
- Traditionally, Vietnamese people greet each other by joining hands and bowing slightly (7). The handshake has been adopted in Vietnamese cities (7). In public, men often hold hands as an expression of friendship (7). In Vietnam, women rarely shake hands with each other or with men.
- Outside of Vietnamese cities, making direct eye contact when talking is considered impolite particularly with people senior in age or status. Many Vietnamese people also speak in a low tone (7).

Source: http://www.health.qld.gov.au/multicultural/health_workers/cultdiver_guide.asp

VIETNAMESE HEALTH IN AUSTRALIA

- Average life expectancy in Vietnam is 72.2 years (male 69.7, female 74.9) compared to 81.7 years for all people living in Australia (male 79.3, female 84.3) (4) .
- Vietnam-born people in Australia have higher rates of dental problems including decay, and require more restorations and extractions compared to Australia-born people (8,9).
- The incidence of tuberculosis in Vietnam-born people in Australia is substantially higher than the incidence among Australia-born people (10,11).
- Compared to the general Australian population, 15-74 year old Vietnamese Australians have significantly lower mortality rates (6). However, Vietnamese Australian men have higher mortality from cancers of the digestive system, and Vietnamese Australian women have higher rates of cervical cancer compared to the rest of the Australian Population (6).
- A survey in New South Wales showed that 13.6 per cent of the 175 Vietnamese Australians surveyed were daily or occasional smokers (13). This equated to 30 per cent of Vietnam-born men and 2.5 per cent of Vietnam-born women (13). Smoking rates among Vietnam -born men in the United States have been shown to be high, ranging from 35 to 42 per cent (12).
- In the United States, Vietnam-born men have high rates of liver and naso-pharynx cancer and lymphoma, and both Vietnam born men and women have relatively high rates of lung and liver cancer (12).
- Research in the United States shows that Vietnam-born people are susceptible to chronic illnesses such as heart disease, stroke, hypertension and diabetes (12).
- Mental health studies of Vietnamese refugees show that they have high levels of depression, anxiety and posttraumatic stress disorder (14).

Source: http://www.health.qld.gov.au/multicultural/health_workers/cultdiver_guide.asp

VIETNAMESE HEALTH BELIEFS AND PRACTICES

- Traditional beliefs regarding shame and guilt are important in understanding how older Vietnamese Australian adults report symptoms (12). Since Vietnamese culture is oriented towards the family and the group, the individual is thought to represent the family as a whole (12). If an individual loses respect or status in the community, the whole family loses respect and status as well. The concept of loss of face may be why some older Vietnam-born adults and their families are reluctant to report distressing symptoms (15).
- Oriental medicine, which incorporates traditional Chinese and Vietnamese medicine, is important in Vietnamese culture. Emphasis is placed on the balance of yin and yang and hot and cold, and a proper balance is required to maintain health (6,12).
- Illness is believed to result from an imbalance of Yang (male, positive energy, hot) and Yin (female, negative energy, cold) forces in the body. Self control of emotions, thoughts, behaviour, diet and food and medication intake are all important in maintaining balance and health (12). For example, excess eating or worrying can lead to an imbalance or excess of heat, thus resulting in mental and physical illness (12). For example, an excess of cold food is believed to be related to coughing and diarrhoea (6).
- Illness may also be considered a result of environmental influences such as wind and spirits that can offset the internal balance of a person (12). For example, a Vietnam-born person may refer to a cold or flu as being exposed to poisonous wind or catching the wind instead of catching a cold (12).

Source: http://www.health.qld.gov.au/multicultural/health_workers/cultdiver_guide.asp

VIETNAMESE HEALTH BELIEFS AND PRACTICES CONTINUED...

- Vietnamese Australians may use traditional remedies, including medicines, in conjunction with Australian medical Treatments (6,16). It is common to use two types of medicine to treat a disease in Vietnam, and some Vietnamese Australians may consider prescribed and traditional medicines to be compatible (16). Many Vietnamese Australians may be reluctant to inform their doctors about their use of traditional medicines because of fear of disapproval (17,18).
- Two common treatment methods of wind illnesses are coining and cupping (12):
 - Cupping uses round glass cups which contain a lit taper and are pressed into the skin
 - Coining involves rubbing medicated oils onto the chest and back in parallel lines in order to release poisonous wind.
- To prevent stress for older adults, some Vietnamese families may prefer that the diagnosis of a serious or terminal illness is not disclosed directly to the older family member (12).
- Mental illness is generally considered shameful and is often associated with wrong-doing in a previous life. It is often not discussed in the family or the community. Somatisation is a common response to problems of psychogenic origin. For example, a Vietnamese male is more likely to explain psychological difficulties as physical symptoms such as abdominal pains or headaches (6).
- Many Vietnamese Australian women prefer a female practitioner, particularly for procedures such as breast and cervical cancer screening (12).
- There is considerable variation in beliefs among Vietnamese Australians, including between earlier migrants and those who migrated more recently (12). Health practitioners should acknowledge these variations and seek the preferences of patients and their families (12).

Source: http://www.health.qld.gov.au/multicultural/health_workers/cultdiver_guide.asp

Douleur

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Pijn

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Tell me about your PAIN?

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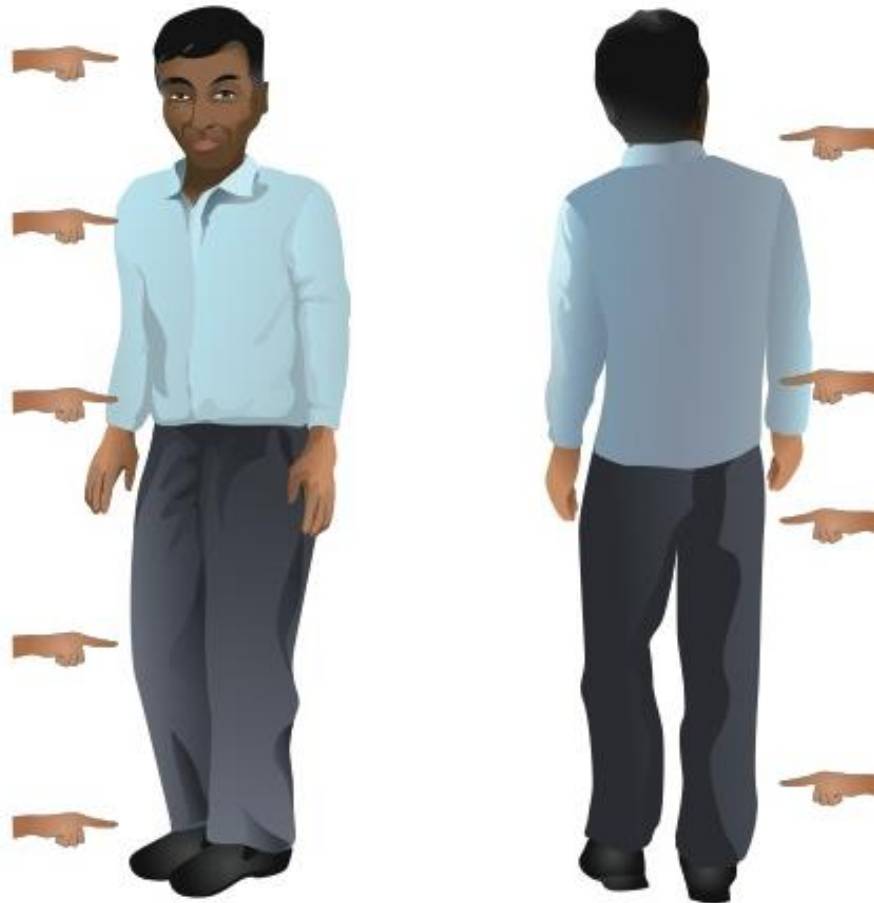
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Developed by South Eastern Melbourne Medicare Local

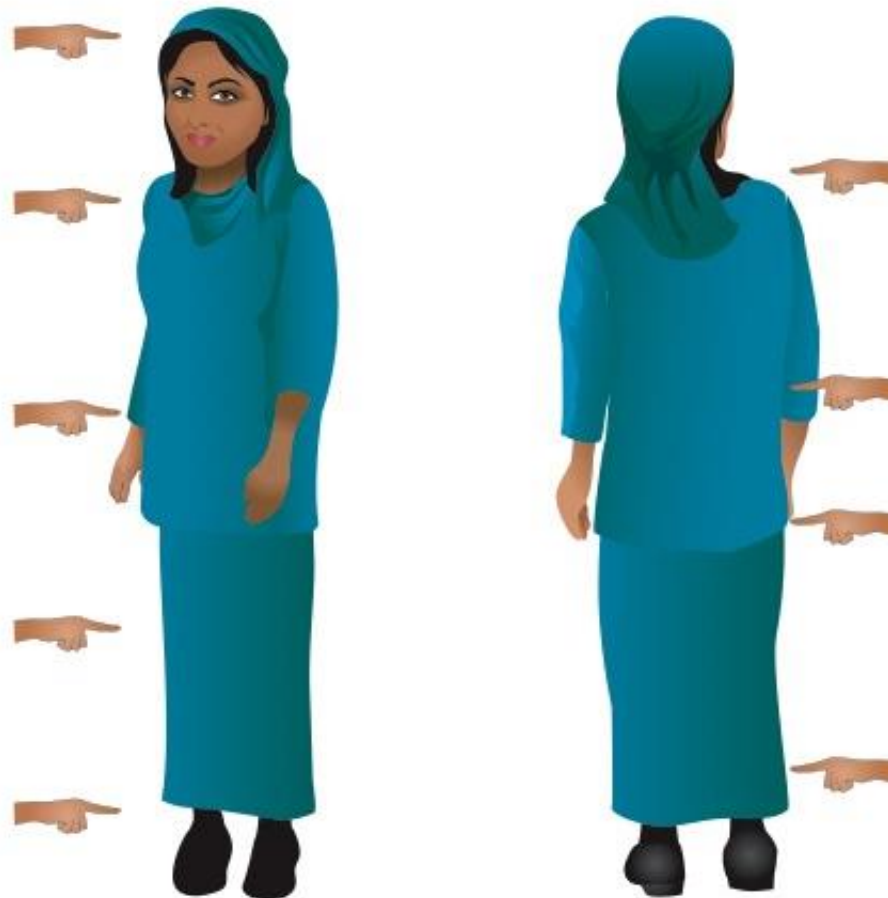
' PainAustralia and Arthritis and Osteoporosis Victoria are assisting with the dissemination of the pain communication tool developed by South Eastern Melbourne Medicare Local, given that the South Eastern Melbourne Medicare Local ceased operations on 30 June, 2015

painaustralia™
working to prevent and manage pain

Where on your body is the pain?



Where on your body is the pain?



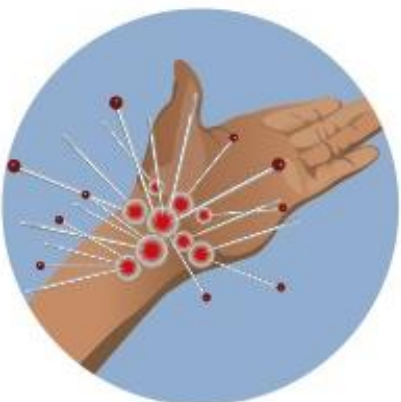
What does your pain feel like:



SHARP or STABBING pain



**ELECTRIC
shock pain**



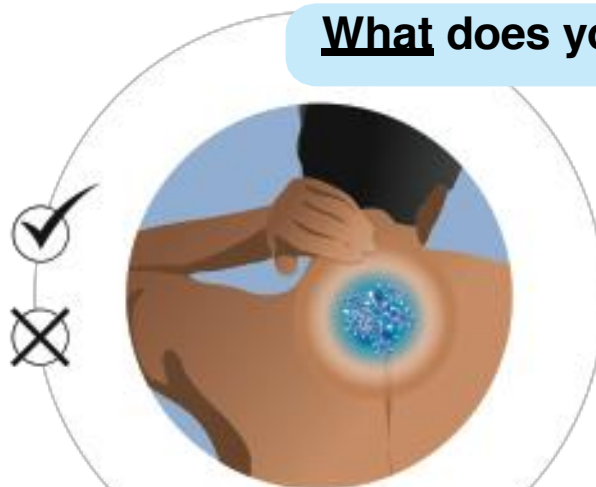
PINS & NEEDLES pain



BURNING pain



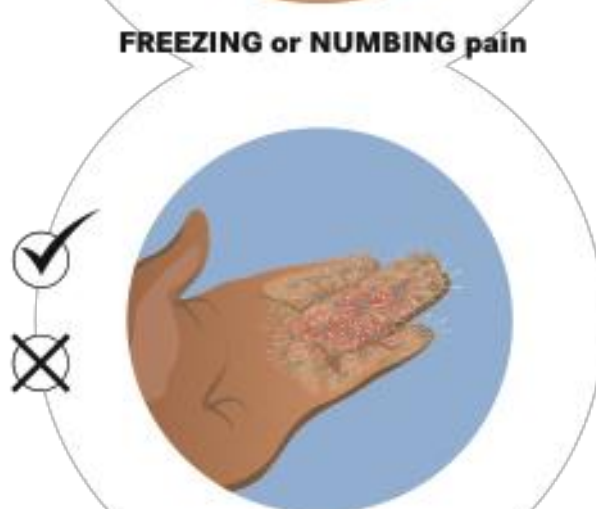
What does your pain feel like:



FREEZING or NUMBING pain



ACHING THROBBING pain



PRICKLY pain



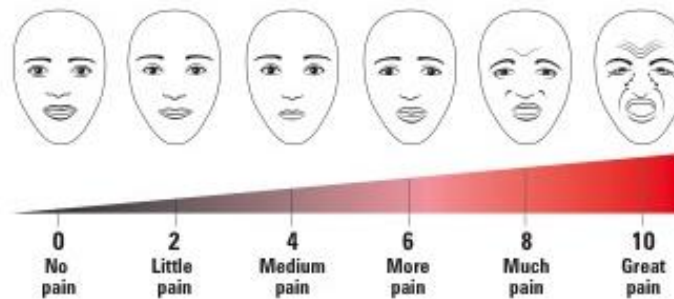
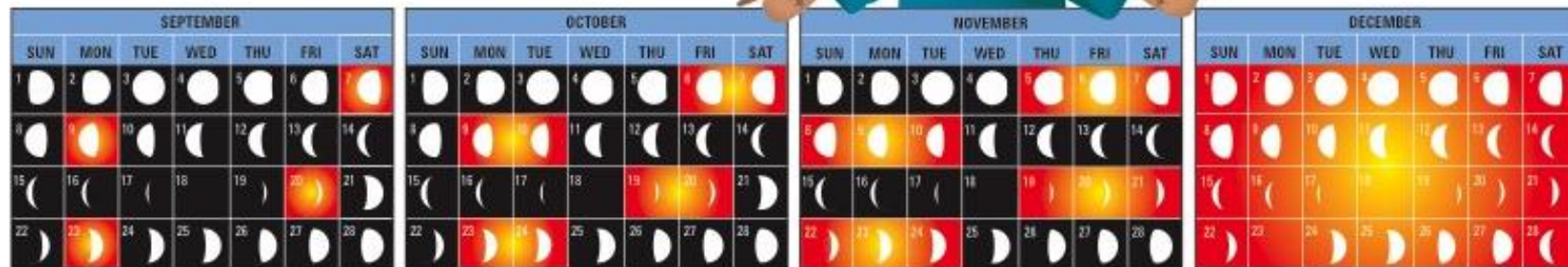
TIGHT or CONSTRICTING pain



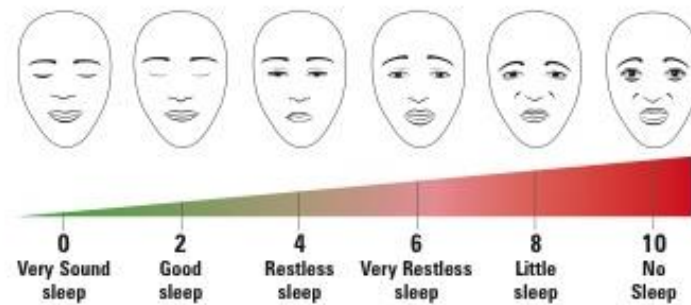
When does your pain occur?



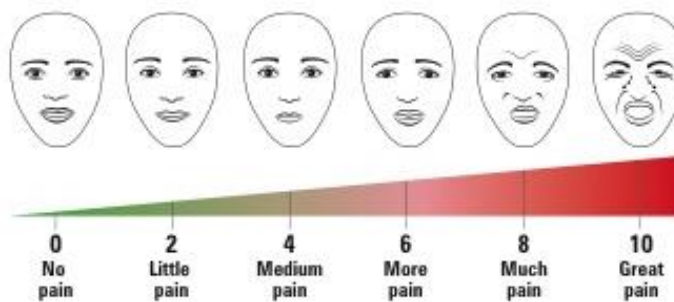
How frequent is your pain?



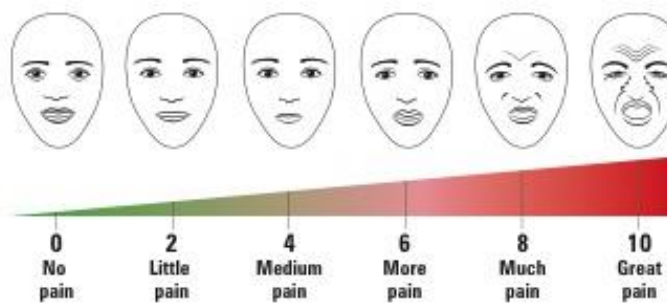
Does your pain affect your sleep?



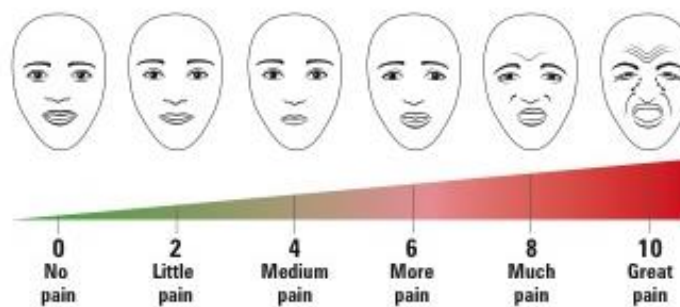
How severe is the pain when exercising?



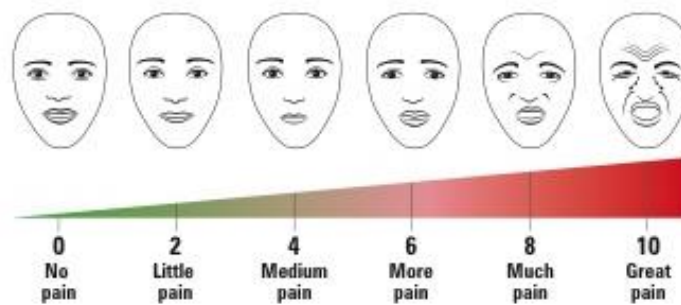
How severe is the pain when relaxing?



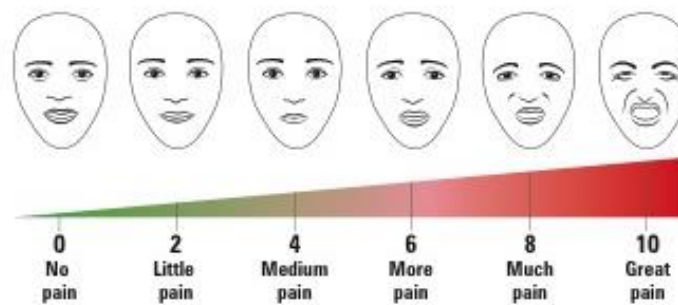
How severe is the pain when shopping?



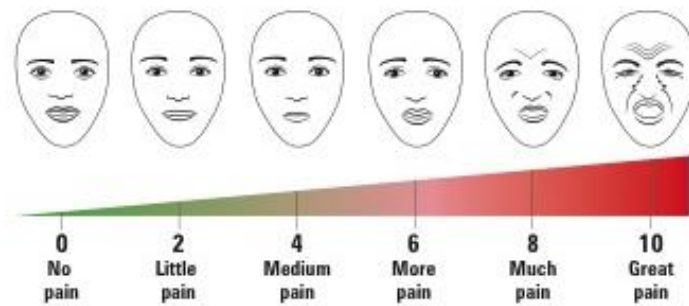
How severe is the pain when cooking?



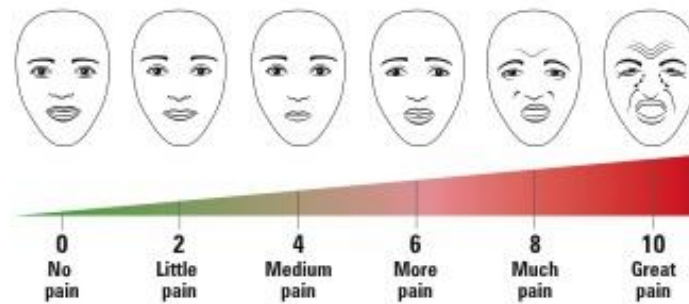
How severe is the pain when gardening?



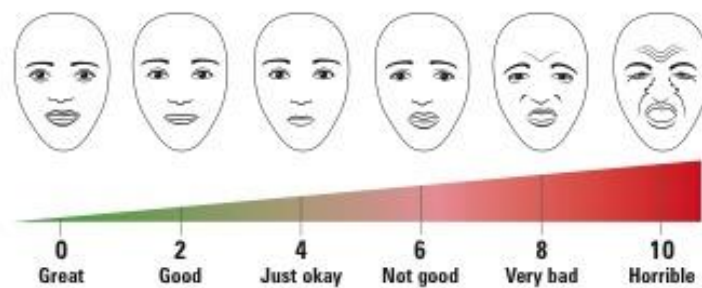
How severe is the pain when looking after children?



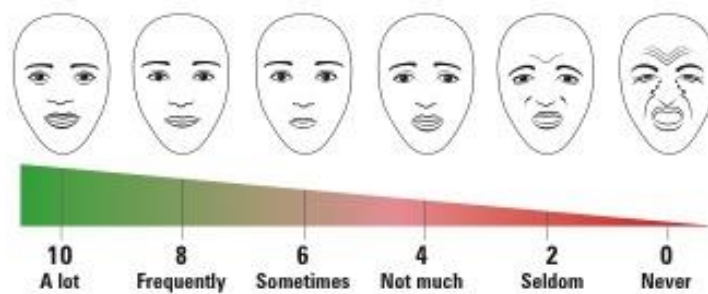
How severe is the pain when working?



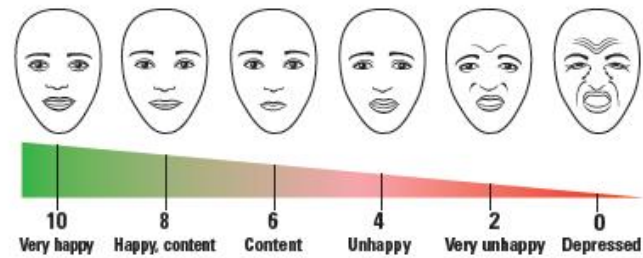
How is your family life?



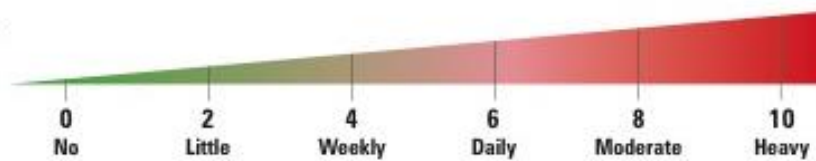
Have you been socialising?



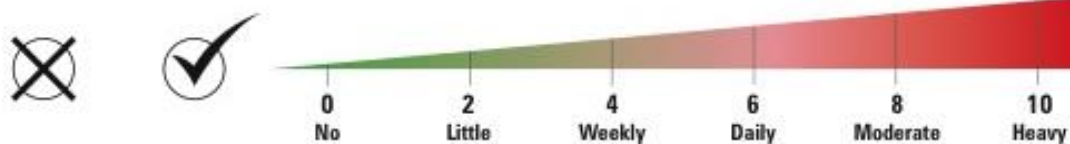
How are you feeling?



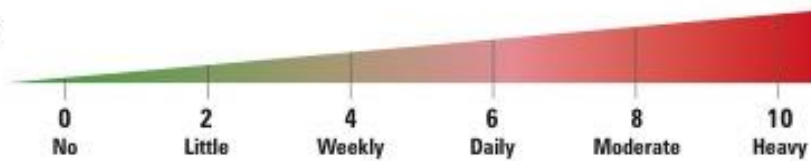
Do you drink?



Do you smoke?



Are you taking any medication?



Date:

Doctor's Name:

Recommended Activity

MON TUE WED THUR FRI SAT SUN

Sitting



EASY 1 2 3 4 5 HARD



EASY 1 2 3 4 5 HARD

Walking



EASY 1 2 3 4 5 HARD



EASY 1 2 3 4 5 HARD

Swimming



EASY 1 2 3 4 5 HARD



EASY 1 2 3 4 5 HARD

Aerobic/Cycling



EASY 1 2 3 4 5 HARD



EASY 1 2 3 4 5 HARD

Weights



EASY 1 2 3 4 5 HARD

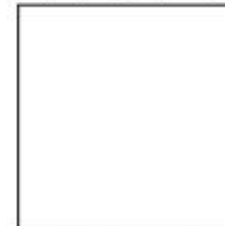


EASY 1 2 3 4 5 HARD

Stretching



EASY 1 2 3 4 5 HARD



EASY 1 2 3 4 5 HARD

Next Appointment

Date:

Location:
