

Nursing Decision-Making and Racial Disparities in Pain Management for Black Children

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Introduction

- Pediatric pain is undertreated, (Gai et al., 2020; Ogino et al., 2022) which leads to negative long-term health outcomes (Noel et al., 2018; Victoria & Murphy, 2016)
- Healthcare provider bias is a known risk to patient safety and contributes to disparities in pain management (Joint Commission, 2016)
- Literature from the last fifteen years suggests black adults are more likely to receive inadequate pain care compared to white adults (Pletcher et al., 2008; Tamayo-Sarver et al., 2011; Shah et al., 2015; Alexander et al., 2018; Lee et al., 2019; Morales & Yong, 2020)
- The body of literature investigating racial disparities in pediatric pain care is limited, and findings vary across context and population

Purpose:

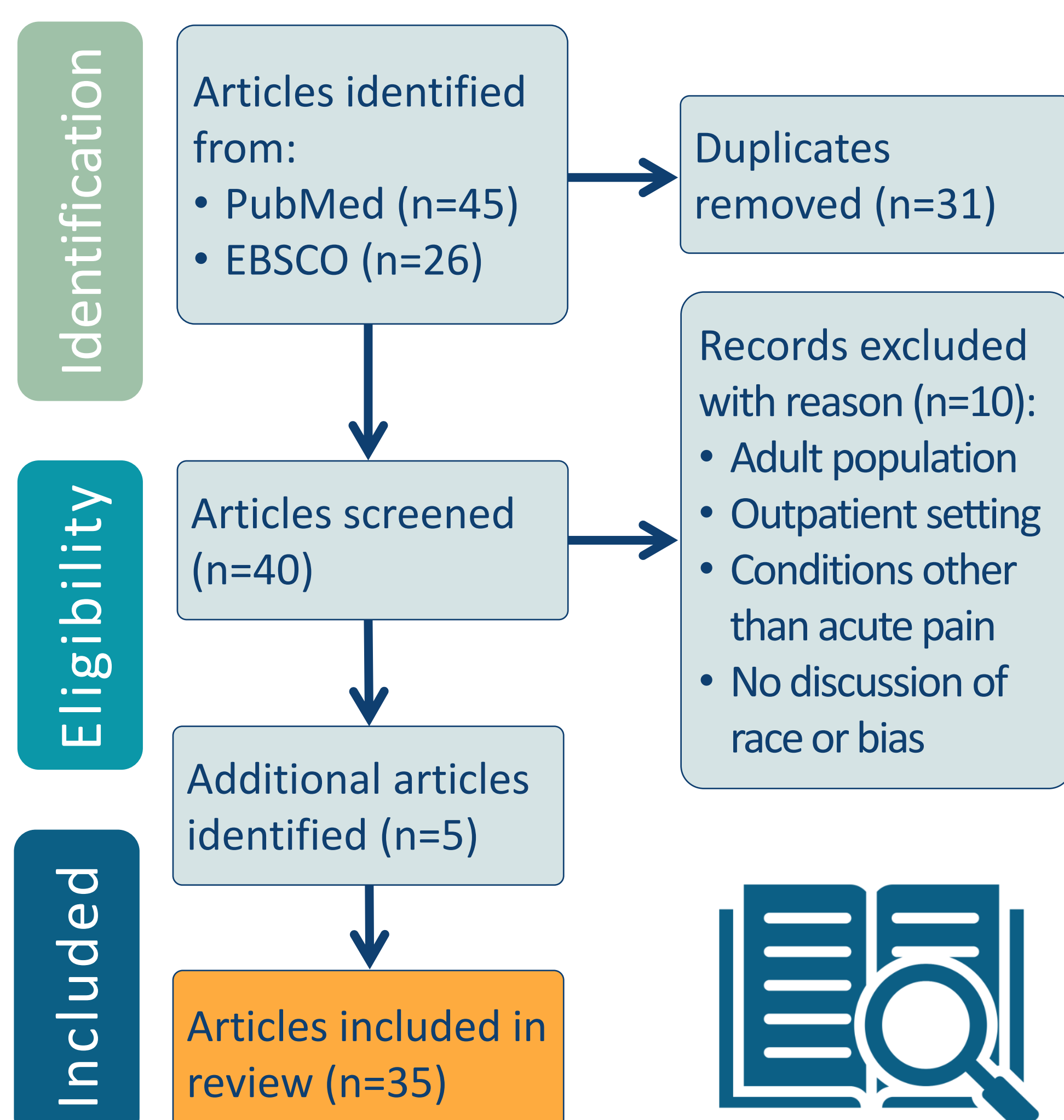
- Using literature from the last five years, investigate the role of racial bias in nursing management of pediatric pain for black children
- Identify evidence-based ways nurses can promote equitable pain management

Methods

Review of Current Literature

(Research published < 5 years ago, unless seminal work)

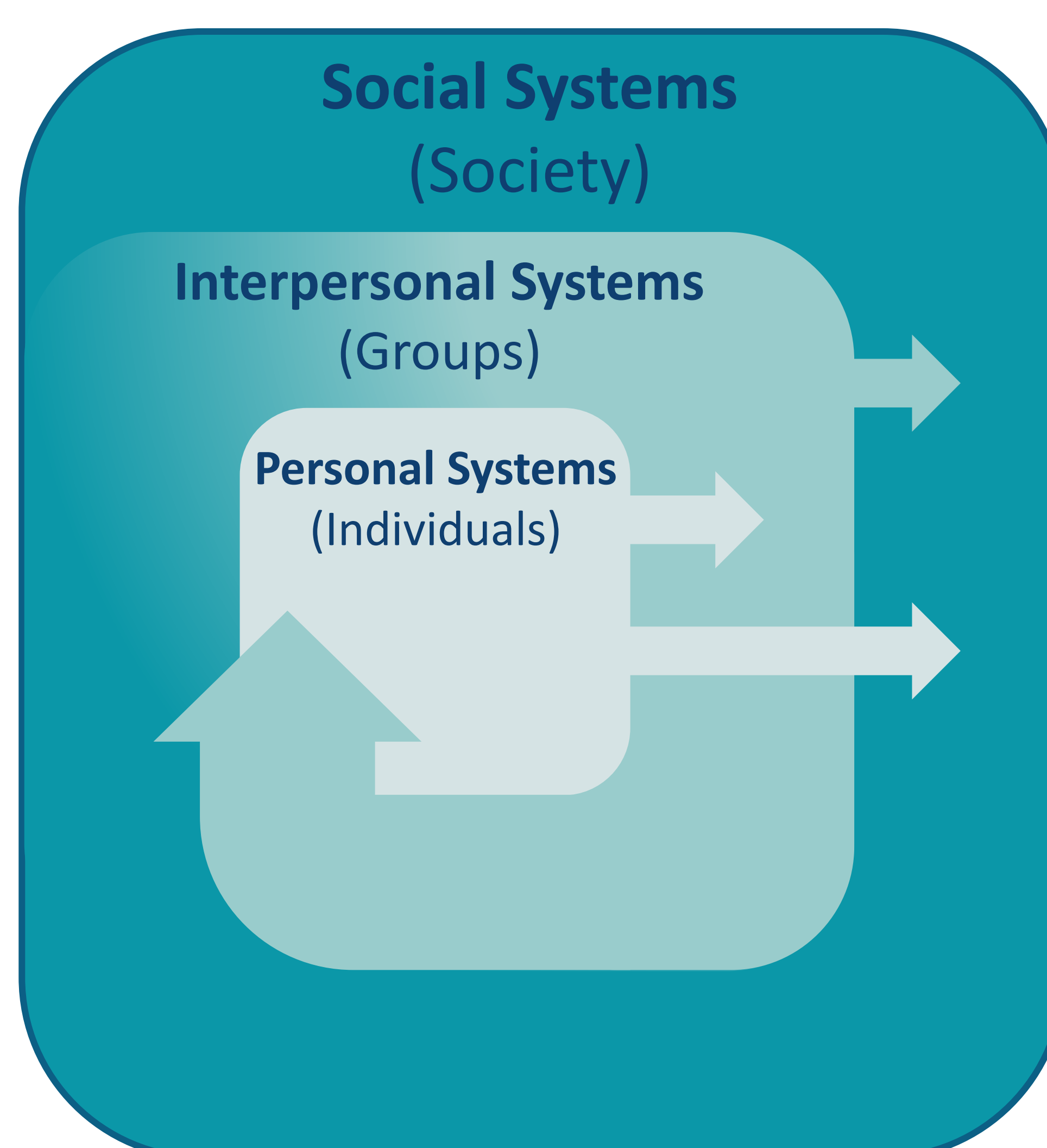
Search terms: (health equity or healthcare disparities or social determinants of health or race or racism) AND (pain) AND (children or child or pediatric or adolescent or youth)



Findings

- There is limited research investigating the relationship between nursing bias and clinical decision-making (Thirsk et al., 2022) and even less examining nursing bias in pain management
- Imogene King's *Systems Framework for Nurses* explains nursing decision-making as a dynamic interaction between the nurse, patient, and environment (King, 1981). The recall of education, nursing experience, and concept of self inform the derivation and implementation of care decisions. Disparities in pediatric pain care are reflective of biased judgments in the "interpersonal systems" domain.

Systems Framework for Nurses (Imogene King, 1981)



- Recent retrospective cohort studies identify both disparate and inadequate pain management for black children in hospital settings compared to white children (Ehwerhemuepha et al., 2021; Goyal et al., 2020; Guedj et al., 2021; Hartford et al., 2022; Kipping & Chamberlain, 2019; Miller et al., 2020; Phan et al., 2021; Trinidad et al., 2023; Wing et al., 2022)
- In some settings, research shows no evidence of racial disparities in pediatric pain management (Jette et al., 2021; Liao & Reyes., 2021; Pekas et al., 2023; Rosenbloom et al., 2019; Rosenbloom et al., 2023)
- More research is needed to identify the drivers of inequities in pediatric pain care (Cavalier et al., 2018; Ehwerhemuepha et al., 2021).

Implications

- Do not solely rely on education as an intervention for disparities in pain management (Cerdena et al., 2020).
- Advocate for consistent analgesia administration for pediatric patients regardless of race (Ehwerhemuepha et al., 2021)
- Closely monitor quality care indicators linked to pain disparities (ex: opioid administration) **and** critically evaluate practice guidelines that include race as an independent variable (Wright, 2022)
- Frequently and clearly document pain assessment (Gai et al., 2020)
- Identify situations that promote biased behavior rather than screening nurses for bias (Thirsk et al., 2022)
- Understand the potential influence of bias on nursing intuition
- Conceptualize disparities in pain care as a consequence of **structural racism** (Cerdena et al., 2020; Write et al., 2022)



Conclusion

- In some settings, black children experience worse pain management compared to white children
- More research is needed to identify the drivers of inequities and develop interventions to prevent perpetually poor pain outcomes for black children. (Cavalier et al., 2018; Ehwerhemuepha et al., 2021).
- Nurses play a key role in the equitable treatment of pain and are well-positioned to advocate for patients in a way that can improve outcomes (Cavalier et al., 2018; Thirsk et al., 2022)

References available upon request