Role of Cultural Diversity in Communication for Shared Decision Making

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Health Care Setting Considerations

- Practical parameters and constraints
- Physician is "leader"
- Patient is active participant
- Physician cultural self identity
- Generalizations and bias
- Trust and mistrust

Empathy

Practical parameters and constraints

- Limited time for office encounters
- Patient anxiety
- Fund of knowledge limitations
  - Physician
  - Patient
- Financial implications of evidence based medicine and patient satisfaction

Physician Leadership

- Six Domains of Leadership (Sitkin and Lind)
  1. Personal: Authenticity, Expertise
  2. Relational: Respect, Concern, Understanding
  3. Contextual: Focus, Coherence, Team building
  4. Inspirational: High expectations, Enthusiasm
  5. Supportive: Security, Blame control
  6. Responsible: Balance, Ethics
- Personal leadership style

Patient is active participant

- Information vs. direction
- Internet
- Personal history with health care decisions and experiences
- Others history with health care decisions and experiences

Cultural self identity

- Cultural dimensions
- Universal dilemmas
- Myers & Briggs Personality Inventory - MBTI

1. Shaules, Joseph. (2010) A Beginner's Guide to the Deep Culture.
2. Lewis, Richard D. (2005) When Cultures Collide
3. Hofstede, Geert. (2010) Cultures and Organizations
4. The MBTI Personality Type at www.myersbriggs.org

Cultural identity for patient and self

Cultural dimensions

- Power distance:
  - Acceptance of society hierarchical order
- Individualism vs. collectivism
- Masculinity vs. femininity:
  - Achievement and assertiveness vs. modesty and caring
- Uncertainty avoidance
- Long term orientation vs. short term normative orientation

Hofstede, Geert. (2010) Cultures and Organizations

Cultural identity for patient and self

Universal dilemmas

- Whom are people loyal to:
- Who gets respect: Achieved vs ascribed status
- How do you ensure fairness and efficiency
- How should we manage emotions
- Who is in control
- What time is it
- How can we judge goodness and truth
- Am I in your space
- Shall we look forward or back
- How different are men and women

Shaules, Joseph. (2010) A Beginner's Guide to the Deep Culture.

Cultural self identity

Myers & Briggs Personality Inventory - MBTI

- Extraversion (E) or Introversion (I)
- Sensing (S) or Intuition (N)
- Thinking (T) or Feeling (F)
- Judging (J) or Perceiving (P)

The MBTI Personality Type at www.myersbriggs.org

Generalizations and bias

- Patient health literacy
- Patient health priorities
  - Outcomes
  - Side effects
- Physician cultural memory

Trust and mistrust

- Tuskegee Experiment – Continuation of experiment on African American men with Syphilis who were denied potentially curative treatment with penicillin after it was known that penicillin could help them
- Hereditary Prostate Cancer Research Project - multicenter genetic linkage study organized by Howard University and the National Human Genome Research Institute (NHGRI) with incorporation of clinical sites led by African Americans physician investigators demonstrated high recruitment
- Racial and ethnic health disparities

1. Tuskegee Syphilis Study Administrative Records, 1929 – 1972, research.archives.gov
2. Royal C, Baffoe-Bonnie A, Kittles R, Powell, I, et al, Recruitment Experience in the First Phase of the African American Hereditary Prostate Cancer (AAHPC) Study. Annals of Epidemiology, 10:8(1), s68-77.

Trust and mistrust, *cont.*

Racial and ethnic health disparities

- Data from the Cancer of the Prostate Strategic Urologic Research Endeavor Study found that African American men were less likely to receive radical prostatectomy compared with Caucasian men with similar disease characteristics.
- Moses and Underwood reported that African American men with prostate cancer had 33% decreased likelihood in surgery based even when matched for comorbidities, and prostate cancer stage and grade.

1. Moses KA, Paciorek AT, Penson DF, Carroll PR, Master VA.. Impact of ethnicity on primary treatment choice and mortality in men with prostate cancer: data from CaPSURE. J Clin Oncol (2010) 28(6):1069–74.10.1200/JCO.2009.26.2469
2. Moses K, Underwood W, et al, Racial Disparity in Receipt of Treatment for Prostate Cancer (Submitted for publication)

Empathy

How?

Example

New diagnosis of prostate cancer

- African American

Examples, *cont.*

African American

- 70 year old AA male with Gleason 7, PSA 9, T1C prostate cancer sees a local urologist first and then seeks 2nd opinion from me
- Patient expresses that the other urologist did not care
- Prior urologist recommended radiation
- Prior urologist is a friend and excellent CA physician
- My observation:
  - Patient is with his wife
  - Wife refers to patient as Mr. Brown
  - Patient has difficulty looking me in the eye but wife does
  - Patient responds yes sir and no sir to all my questions
  - Patient is dressed in a suit

Examples, *cont.*

African American

- Cultural dimensions and conflicts
  - Power distance – formal vs informal
  - Masculinity – assertive vs caring
  - Uncertainty avoidance – direct towards option vs explanation of options with risks vs benefits
- Universal dilemma
  - Who gets respect
    - Ascribed – Patient is deacon in his church
    - Achieved – Physician
- Patient preferred radical prostatectomy and underwent surgery uneventfully and is satisfied

Interventions

A. Individual providers

- End of day appointments
- Plan for long encounters
- Encourage attendance of family at encounter
- Education materials that reflect diversity
  - Videos
  - Printouts
  - Web sites
- Language translators
- Cultural translators
- Relational leadership with diverse communities

Interventions, *cont.*

B. Healthcare system

- Medical school educational curriculum inclusion of cultural assessment and leadership

- Physicians with multicultural background
  - Medical school
  - Residencies
  - Primary care
  - Specialty care

- Cultural assessment in patient satisfaction

Old paradigm of doctors simply telling patients what to do → Extinct

Conclusion

Shared decision making is needed to facilitate the use of evidenced medicine to achieve quality outcomes and patient satisfaction

There are cultural leadership challenges at both the individual provider and national health care level that impact communication for shared decision making. However, potential improvements may be achieved through thoughtful consideration of setting, self, and patient, with focus on **empathy**.