Role of Cultural Diversity: Facts About the Issues and Formulas for Solutions

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Research

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Part I - Background

- What is cultural diversity
- How do you quantify it?
- Is it important?
- **Why is it important and how is it relevant to academic urology?**
- How much do you invest in it?
- What is the return on investment?

Cultural Diversity

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Cultural Diversity definition

My Definition

"the cumulative experiences of an individual or group of people related to environment, geography, religion, race, ethnicity, gender, sexual orientation, physical disability, and socioeconomic status that affect the viewpoint of the world and interaction with others"

Quantify cultural diversity (race)

Population of the United States by Race

NOTE: Percentages do not add up to 100% due to rounding and because Hispanics may be of any race and are therefore counted under more than one category. *Source:* U.S. Census Bureau: National Population Estimates; Decennial Census

and Hispanic/Latino Origin, Census 2000 and 2010

Race and Hispanic/Latino origin	Census 2010, population	Percent of population	Census 2000, population	Percent of population
Total Population	**308,745,538**	**100.0%**	**281,421,906**	**100.0%**
Single race				
White	196,817,552	63.7	211,460,626	75.1
Black or African American	37,685,848	12.2	34,658,190	12.3
American Indian and Alaska Native	2,247,098	.7	2,475,956	0.9
Asian	14,465,124	4.7	10,242,998	3.6
Native Hawaiian and other Pacific Islander	481,576	0.15	398,835	0.1
Two or more races	5,966,481	1.9	6,826,228	2.4
Some other race	604,265	.2	15,359,073	5.5
Hispanic or Latino	50,477,594	16.3	35,305,818	12.5

Source: U.S. Census Bureau: National Population Estimâtes; Decennial Census.

Quantify cultural diversity in Urology workforce (race)

Race	Number	Percent (%)	MOE (%)
White	9,452	84.1	1.5
Asian	1,439	12.8	1.3
African American	251	2.2	0.7
Other races	103	0.9	0.3
Total reported	11,244	100	0.9
Not reported	746		
Total	11,990		

(Data source: Weighted samples from the 2015 AUA Annual Census.)

Quantify cultural diversity in Urology workforce (gender)

Gender	Number	Percent (%)
Male	11,068	92.3
Female	922	7.7
Total	11,990	100

(Data source: National Provider Identifier 09/2015 file.)

Health Care Setting Considerations

- Practical parameters and constraints
- Program director, faculty, and residents are leaders
- Patient is active participant
- Physician cultural self identity
- Generalizations and bias
- Trust and mistrust

Practical parameters and constraints

Related to clinical practice

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

Practical parameters and constraints

Related to academic mission

- Selecting great residents to train
- Selecting great faculty to teach and develop scholarly achievement
- Dean's priorities (3 "R"s)
  - Revenue
  - Research
  - Reputation
- Recruitment challenges
- Educational priorities: Urology vs. Leadership and Cultural diversity

Importance – Health care disparities

Prostate cancer – African American men develop prostate cancer at an approximate 2 fold incidence and die of the disease at about 2.5 fold mortality rate (NCI SEER data base 2012).

- Molecular biologic differences

- Cultural differences
  - Socioeconomic status
  - Lack of health insurance
  - Unequal access to health care services
  - Less regular physical exams
  - Less prostate cancer screening

Talcott TA, Spain P, Clark JA, et al. Hidden barriers between knowledge and behavior: The North Carolina Prostate Cancer Screening and Treatment Experience. *Cancer*, 2007; 109(8); 1899-1606.

Importance – Health care disparities

Health care for culturally diverse populations

- African American, Latino, and Asian doctors provide more than half of all care to minority patients
- Low income patients are more likely to be treated by minority providers

Minority Physicians' Role in the Care of Underserved. JAMA Internal Medicine 2013

Importance – Health care disparities

Can training a more culturally diverse urologic workforce and training a more culturally aware workforce positively impact the health care disparity related to prostate cancer? Can it impact other urology health care outcomes?

If yes, then what?

Importance – Health care disparities

Sensoy and DiAnglo in the book "Is Everyone Really Equal" ask in the interest of justice – Are you prepared to "validate and support people who are socially or institutionally minoritized in relation to you, regardless of whether you completely agree or understand where they are coming from"

Importance – Health care disparities

The business world recognizes the value proposition of a culturally diverse workforce and a work force educated about culturally diversity to be successful with diverse targeted customers. The health care field lags behind.

Medicine requires bold leadership to counter "white fragility" – be willing to get uncomfortable and function outside of one's comfort zone

Physician Leadership

- Six Domains of Leadership (Sitkin and Lind)
  - Personal: Authenticity, Expertise
  - Relational: Respect, Concern, Understanding
  - Contextual: Focus, Coherence, Team building
  - Inspirational: High expectations, Enthusiasm
  - Supportive: Security, Blame control
  - 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

- National Prostate Cancer Registry and Database – multicenter data and pathologic tissue repository for African Americans to gather long term outcomes on active surveillance

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

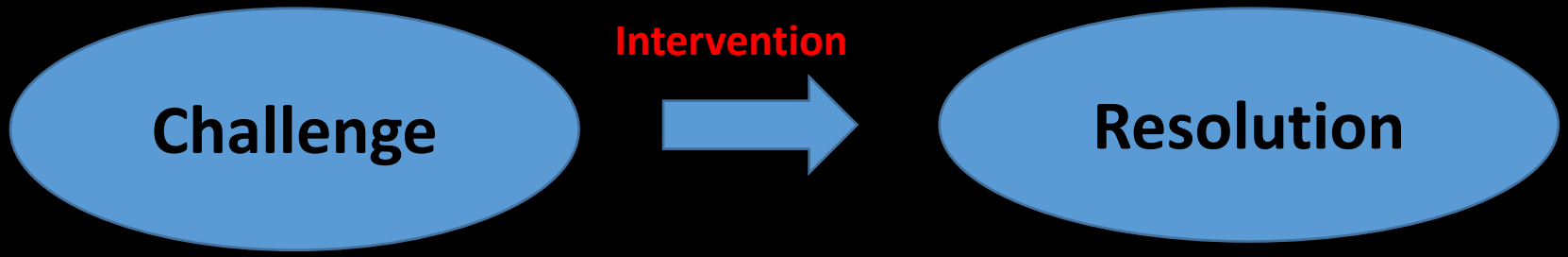
- Data from the Cancer of the Prostate Strategic Urologic Research Endeavor Study found that African American men were less likely to receive radical prostatectomy compared with Caucasian men with similar disease characteristics.

- 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?



Examples

New diagnosis of prostate cancer

- African American
- Mexican 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

Examples, *cont.*

Mexican American

- 43 year old MA female new patient with renal colic suspicious for kidney stones
- Undocumented, Spanish speaking
- During acquisition of medical history, she seemed intimidated and reluctant to answer
- My observation:
  - My approach was “matter of fact” information gathering
  - Patient was accompanied by family and was close to them
  - She did not look me in the eye
  - She seemed to connect and communicate very easily to my medical assistant who was my Spanish translator

Examples, *cont.*

Mexican American

- Cultural dimensions and conflicts
  - Power distance – formal vs informal
  - Masculinity – assertive vs caring
  - Uncertainty avoidance – patient is unsure if I will provide her with the best health care as she Is undocumented immigrant

- Universal dilemma
  - How do you ensure fairness and efficiency
    - Efficiency – Doctor wants to proceed quickly to evaluation of problem and order CT scan
    - Fairness – Patient wants more time to develop a sense that doctor cares

Examples, *cont.*

Mexican American

- My medical assistant acted as both Spanish translator and cultural translator
  - Doctor – I was informed of how she did not feel that I cared and adjusted my approach with her and her family
  - Patient – Patient was informed that her undocumented status was not a concern and that I was trying to evaluate her problem and did care
- Conclusion – Patient underwent successful ureteroscopy for 6 mm distal ureteral stone and was very pleased with her care and outcome

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

There are cultural leadership challenges at the the individual provider level, academic urology department level, academic medical institution level, and national health care level that impact that influence the health care educational experience and the patient outcome. However, potential improvements may be achieved through thoughtful consideration of setting (each department is different), self, and patient, with focus on **empathy**.

Part II – Interactive

1. How do you consider diversity in selection of faculty?
2. How do you consider diversity in selection of residents?
3. How do you consider diversity in methods for optimal interaction with patients for shared decision making?

Part II – Interactive

Hints

Connection between leadership and cultural diversity?

Rooney Rule?

Take Home

Actionable Plan for Change