

Culturally Attuned Care for South Asian Breast Cancer Survivors: Clinician Perspectives

Nainwant Singh, MD^{1,2}, Veena Manja, MBBS, MS, PhD^{1,2}, Ambri Pukhraj, MS¹, Rashmi Risbud, MA³, Shreya Desai, MS⁴, Akanksha Jain, BS², Lidia Schapira, MD⁵, Dolores Gallagher-Thompson, MS⁵, Karl Lorenz, MD, MSHS^{2,5}, Ranak Trivedi, PhD^{2,5}

1. Department of Health Policy, Stanford University School of Medicine; 2. VA HSR&D Center for Innovation to Implementation (CI2I), Menlo Park; 3. Department of Psychology, University of California, Davis; 4. Tilman J. Fertitta Family College of Medicine, University of Houston; 5. Division of Primary Care and Population Health, Stanford University School of Medicine

Background:

- In South Asia (SA), cancer can be stigmatized, and survivors can feel isolated and vulnerable (Karbani 2011).
- When native SAs migrate to the United States, they may have fragmented access to cancer-directed therapy and feel distressed (Wen 2014).
- [South Asian family members might be expected to be caregivers without training or support (Sarafraz 2020).
- Clinicians can bridge care gaps for survivors by practicing cultural humility (Kleinman 2006).
- Culture influences care preferences and care needs, but little is understood about the needs of South Asian cancer survivors and caregivers (Cain 2018).
- Within the South Asian Family Approaches to Disease (SAFAD) study, we aimed to understand clinician perspectives on barriers and facilitators to culturally attuned care.

Community Partner:

- **Sukham:** The Sukham Mission is to educate, empower & enable community members to follow the practice of living and aging well while preparing for life’s transitions, and care for loved ones dealing with chronic or serious illness

Methods:

- Semi-structured interviews with 14 clinicians at Stanford Healthcare.
- Physicians (8), nurse practitioners (2), social workers (2), physician assistant (1), and a psychologist (1)
- Emergent themes (barriers and facilitators) mapped to Bronfenbrenner’s socio-ecological model.

Results:

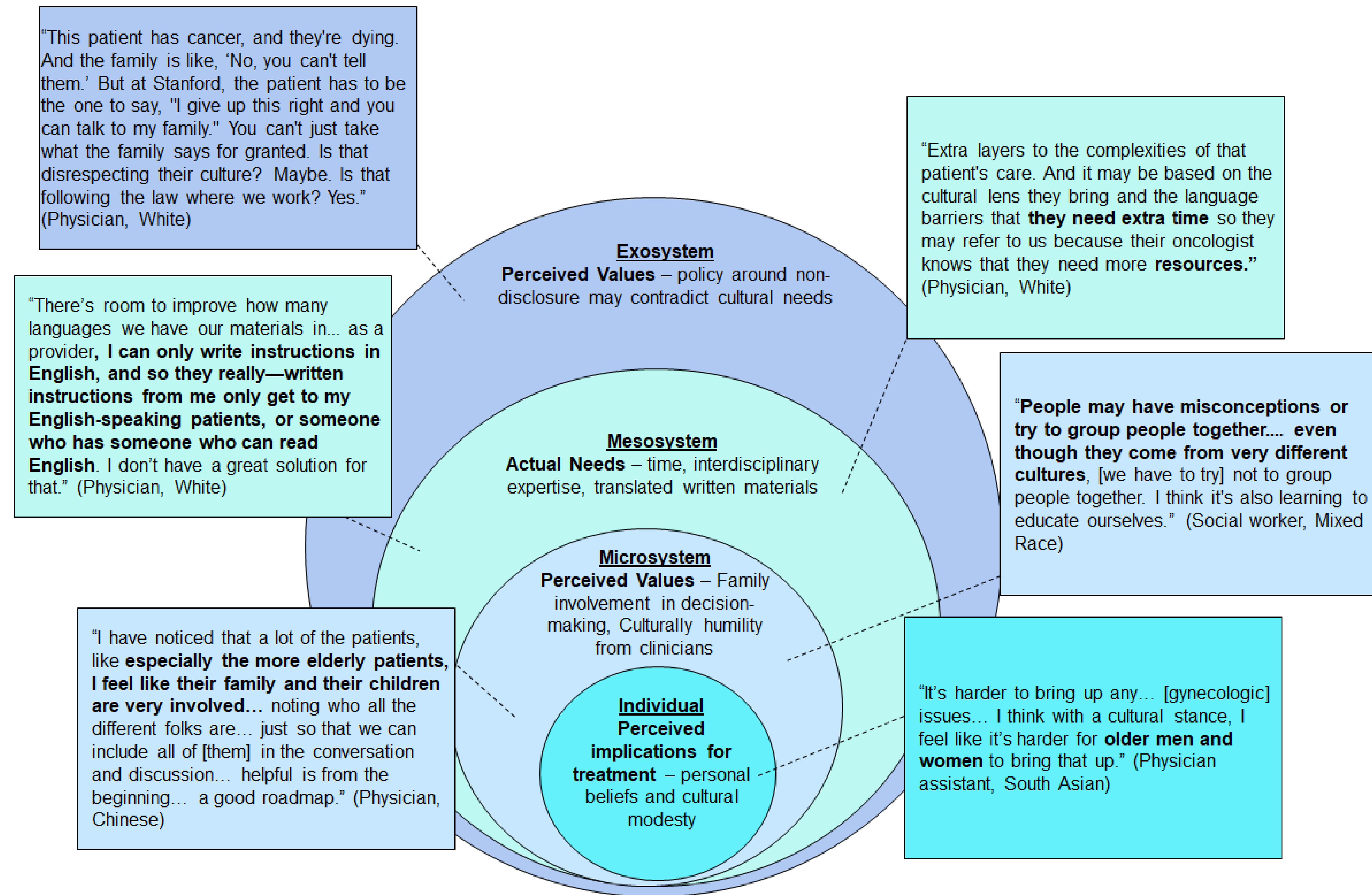
- For the **individual**, cultural modesty and personal beliefs may impact acceptance of treatment recommendations, trust in medical providers, and care satisfaction. These cannot be generalized to the diaspora at large.
- A cancer survivor's **microsystem** (i.e. family members and clinicians) can facilitate culturally attuned care by modeling respect for the individual's needs and preferences.
- In the **mesosystem**, teams can foster culturally attuned caring by offering time and SA-specific resources.
- The **exosystem** (health system laws) may include policies that contradict cultural needs. Health systems can provide relevant training and adopt strategies to culturally tailor delivery of care. One challenge two clinicians noted is there are already too many training videos, so more videos may not be widely accepted.

Recommendations:

- Future directions include development of a pilot intervention targeting these domains.

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- **Website:** <https://safadstudy.stanford.sites.edu>
- **Email:** nainwant@stanford.edu



Conclusions:

- Within the diverse SA cultures, beliefs and values differ, and it is important for clinicians to try to understand the diverse needs and not perpetuate stereotypes in clinical practice.
- Clinicians can foster culturally attuned person-centered care by asking survivors about their individual needs in these domains. For example, asking a South Asian cancer survivor if they need material translated into a language that is not readily available.
- Clinicians who lack an appreciation of cultural diversity around prognostic non-disclosure can misdescribe cultural behaviors as abusive/neglectful.