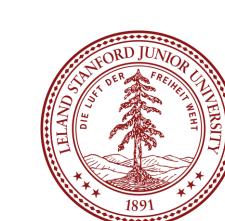


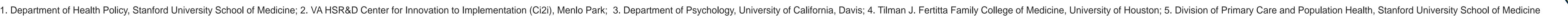
"Facilitate Trust and More Seamless Care"

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



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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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"This patient has cancer, and they're dying. And the family is like, 'No, you can't tell them.' But at Stanford, the patient has to be the one to say, "I give up this right and you can talk to my family." You can't just take what the family says for granted. Is that disrespecting their culture? Maybe. Is that following the law where we work? Yes." (Physician, White)

"There's room to improve how many languages we have our materials in... as a provider, I can only write instructions in English, and so they really—written instructions from me only get to my English-speaking patients, or someone who has someone who can read English. I don't have a great solution for that." (Physician, White)

"I have noticed that a lot of the patients, like especially the more elderly patients, I feel like their family and their children are very involved... noting who all the different folks are... just so that we can include all of [them] in the conversation and discussion... helpful is from the beginning... a good roadmap." (Physician, Chinese)

"Extra layers to the complexities of that patient's care. And it may be based on the cultural lens they bring and the language barriers that they need extra time so they may refer to us because their oncologist

<u>Mesosystem</u>

Perceived Values - policy around non-

disclosure may contradict cultural needs

Actual Needs – time, interdisciplinary expertise, translated written materials

Perceived Values – Family involvement in decision-making, Culturally humility from clinicians

<u>Microsystem</u>

Individual
Perceived
implications for
treatment – personal
beliefs and cultural
modesty

barriers that **they need extra time** so they may refer to us because their oncologist knows that they need more **resources**." (Physician, White)

though they come from very different cultures, [we have to try] not to group people together. I think it's also learning to educate ourselves." (Social worker, Mixed Race)

"People may have misconceptions or

try to group people together.... even

"It's harder to bring up any... [gynecologic] issues... I think with a cultural stance, I feel like it's harder for **older men and** women to bring that up." (Physician assistant, South Asian)

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.