Article type : Vox Clamantis

Cross-Cultural Headache Care within the United States: Speaking the unspoken

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Study funding: none

Acknowledgements: The author thanks Drs. Zachary London and David Brown for reviewing earlier drafts of this paper.

Key words: Cultural Competency, (Cultural Sensitivity), Cross-Cultural Communication, Medical Ethics, Headache Care Disparities, Headache Education, Patient Outcomes

Disclosures

Dr. Charleston: Medical Advisory Board for Alder, Biohaven. Consultant- Allergan.

Introduction

Culture plays a significant role in health care and may impact patient-provider communication and health outcomes. Cross-cultural communication is a critical and necessary component of excellent cross-cultural health care and important for competence in medical ethical practice when caring for patients from different cultural backgrounds. There is very little data on cross-cultural headache care particularly in the U.S. However, cross-cultural care in other illnesses and diseases may provide insight of how to approach cross-cultural care of patients with headache disorders. From a US provider's perspective, this work will define culture, highlight some advantages of effective patient-provider communication, identify four skills needed to become fully competent in ethical practice, examine cross-cultural communication, and briefly review how cultural misunderstanding can be a source of conflict between patients and physicians and adversely affect patient outcomes. This manuscript will also briefly

highlight differences between the terms “cultural competency” and “cultural sensitivity” and discuss plausible methods to address cross-cultural care in headache medicine.

Culture

It may be important to begin by defining culture. While several definitions exist, those relevant to this article include;

- The integrated pattern of human knowledge, belief, and behavior that depends upon the capacity for learning and transmitting knowledge to succeeding generations.
- The customary beliefs, social forms, and material traits of a racial, religious, or social group; *also*: the characteristic features of everyday existence (as diversions or a way of life) shared by people in a place or time
- The set of shared attitudes, values, goals, and practices that characterizes an institution or organization
- The set of values, conventions, or social practices associated with a particular field, activity, or societal characteristic [1]

All of these definitions of culture may have significant impact on patient-provider communication. Cultural difference is an important but overlooked source of miscommunication between physicians and the patient/patient’s family. Cross-cultural miscommunication hinders effective patient-physician communication, medical decision-making, and clinical outcomes.[2-4] Additional examples of potential relationships of the definitions of culture aforementioned to headache medicine, albeit not all-inclusive, are included in Table 1.

Table 1

Culture Definitions [1]	**Examples of Potential Relationship to Headache**

	Medicine
The integrated pattern of human knowledge, belief, and behavior that depends upon the capacity for learning and transmitting knowledge to succeeding generations.	1. Patient-Provider Communication[2,4] 2. "Headache Literacy"[5]
The customary beliefs, social forms, and material traits of a racial, religious, or social group; *also*: the characteristic features of everyday existence (as diversions or a way of life) shared by people in a place or time	1. Patient-Provider Communication[2,4] 2. Portrayal of migraine and other headache disorders in various forms of media[6] 3. Impact and response to headache in the workplace[7] 4. Paucity of underrepresented groups of color and diverse ethnic groups in headache research[8] 5. Availability of funding opportunities[9] 6. Headache care access, utilization, treatment plan adherence[10,11] 7. Ethnic biases, gender biases, social construction and labeling of individuals other than non-Hispanic whites with non-empowering terms (including the term "Minorities")[12-18]
The set of shared attitudes, values, goals, and practices that characterizes an institution or organization	1. Patient-Provider Communication[2,4] 2. Support for headache programs and or related resources within hospitals, academia, medical departments and other private practices[19,20] 3. Proportion of funding and other supportive programs given the impact of headache disorders[9] 4. Paucity of significant representation of underrepresented groups of color and diverse ethnic groups (especially underrepresented groups in medicine) on headache-related boards, advisory committees, invited

	commentaries, study sections, scientific programming, funding, etc. 5. Paucity of individuals of underrepresented groups of color and diverse ethnic groups in headache medicine leadership roles (departments, headache societies, organization etc.) 6. Insurance coverage and access concerns[21] 7. Ethnic biases, gender biases, social construction and labeling of individuals other than non-Hispanic whites with non-empowering terms (including the term "Minorities")[12-18]
The set of values, conventions, or social practices associated with a particular field, activity, or societal characteristic	1. Patient-Provider Communication[2,4] 2. "Migraine Stigma"[22] 3. Ethnic biases, gender biases, social construction and labeling of individuals other than non-Hispanic whites with non-empowering terms (including the term "Minorities")[12-18]

Patient Provider Communication, Medical Ethics

Effective patient-physician communication significantly influences health outcomes of older patients and is linked to patient recall, adherence, and satisfaction.[23] Effective patient-physician communication may also enhance patients' co-operation with management plans.[24] In a review of 21 studies, Stewart et al found that effective patient-physician communication positively affected patients' outcomes in areas such as pain, anxiety, functional status, physiologic measures of blood pressure and blood glucose.[24] Communication between health care providers and patients can help or hinder medication and treatment compliance, outcomes and both patient and provider satisfaction.[25] Patient-centered care/relationship-centered care, ask-tell-ask technique, active listening, and being fully present with the patient can significantly improve quality of medical relationship.[25]

In addition, communication has a role in medical ethical practice. Four skills have been suggested to be required for one to become fully competent in ethical practice. 1) Recognition: can one recognize the issue? 2) Reasoning: can one reason through the issues? 3) Responsibility: what is one's professional obligations? and 4) Response: what will be the course of action? However, ethical problems often do not stem from a fundamental disagreement, but rather from miscommunication.[26] Good medical ethical practice includes cross cultural care.

Failure to identify cultural difference as source of miscommunication may lead to failure of 1) recognition of the culturally based etiology of conflict, 2) reasoning to address root cause of problem, 3) responsibility viewed in terms addressing the root problem, and 4) response that adequately addresses core issues. About 5% of diseases are genetically caused and nearly 95% are due to lifestyle/environmental factors.[4] Although data is emerging how epigenetic may play a role the expression of disease and may illuminate gene-environment interaction, there is still a significant role of lifestyle and environmental factors in diseases.[27] Studies on adherence to medical treatment show that only 20-50% of medical regimens are followed. Many patients resist lifestyle changes, and culture forms lifestyle. Therefore if physicians attended to the influence of culture on health behavior, outcomes of medical care might well be improved.[4]

Words on "Cultural Competence"

Cultural competence may be defined as a set of attitudes, skills, behaviors and policies enabling individuals to establish effective interpersonal and working relationships that supersede cultural differences.[2-4] However, cultures are not homogeneous or monolithic. Varying levels of acculturation, assimilation, age, education, income, family structure, gender, wealth, foreign versus native-born status, and refugee or immigrant status all modify the degree to which one's cultural group membership may influence health practices and health status.[4] One major problem with the idea of "cultural competency" is that it suggests culture can be reduced to a technical skill for which clinicians can be trained to develop expertise based on a list of "dos and don'ts."[3] Effective cross-cultural interactions require that the clinician integrate multiple cultures in the clinical encounter: the clinicians' own, patient/family's, as well as the health care institution's.[4] The problem of cultural competency may be addressed by acknowledging the importance of clinicians' being sensitive to cultural difference and provide care that is empathetic and compassionate. A better term for this may be "cultural sensitivity". Cultural sensitivity is an ongoing awareness of superficial and deep structures of cultural similarities, differences, and relevance.[28,29] A suggested a way to fix the cultural competency in a healthcare setting is to

implement an "ethnography"-driven approach.[3] Culturally sensitive health care providers aid and intervene in a manner that is relevant to patients' needs and expectations.[28] Cultural sensitivity training has improved health providers' understanding of multiculturalism, communication with underrepresented groups, cultural awareness, and open-mindedness as well.[28] In one study of an ethnically diverse sample of low-income primary care patients, people skills, individualized treatment, effective communication, technical competence, physical environment characteristics (culturally sensitive art, music, reading materials, etc.) and office staff behaviors were identified as indicators of culturally sensitive health care.[30] Implementation strategies should be done with care, as similar challenges of patients and physicians found in cross-cultural encounters (e.g. patients' behavior in relation to doctors' advice, and physician-patient relatability/relationship issues) may be seen from diverging perspectives and uncover underlining ethical issues.[31]

To the author's knowledge, to date, researchers have not examined the influence of culture from the patients' or providers' perspectives in headache medicine, neither has there been any validated patient-centric assessment tools designed to help physicians understand the "ethnography" or "culture" of their headache patient population. Evaluated cross-cultural care of patients from other medicine subspecialties may provide insight on how to approach cross-cultural care of patients in headache medicine.[32] In addition to cultural sensitivity training, strategies of culturally "competent" healthcare have been suggested on an individual level (e.g. linguistic and/or cultural matching, human resource development, integration of interpreter services, adaptation of the facility's social and physical environment, patient data and collection and management), an access level (e.g. integration of community health workers, user engagement and networking, telemedicine, tailoring outreach methods, creating community health networks), and an intra-facility level (e.g. needs assessment and monitoring of organizational change, creation of positions or groups to monitor and supervise the process, development of action plans, leadership involvement and support, promoting structural changes within the organization).[33] Moreover, headache medicine advocacy as well as emphasis on diversity, equity and inclusion within the field of headache medicine may be beneficial to ameliorate stigma, biases, and stereotypes[12,22] and improve cross-cultural headache care in the US.

Summary

Cross-cultural care is an important part of ethical practice. Cultural sensitivity may help improve communication and furthermore, improve patient outcomes. Research and leadership are needed to

identify, disseminate, and implement strategies to improve cross cultural communication and cultural sensitivity in headache medicine in the US.

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