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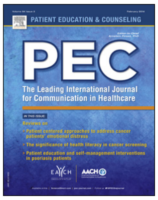

Communication study

Associations between patient–provider communication and socio-cultural factors in prostate cancer patients: A cross-sectional evaluation of racial differences

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ABSTRACT

Objective: To examine the association between socio-cultural factors and patient–provider communication and related racial differences.

Methods: Data analysis included 1854 men with prostate cancer from a population-based study. Participants completed an assessment of communication variables, physician trust, perceived racism, religious beliefs, traditional health beliefs, and health literacy. A multi-group structural equation modeling approach was used to address the research aims.

Results: Compared with African Americans, Caucasian Americans had significantly greater mean scores of interpersonal treatment ($p < 0.01$), prostate cancer communication ($p < 0.001$), and physician trust ($p < 0.001$), but lower mean scores of religious beliefs, traditional health beliefs, and perceived racism (all p values <0.001). For both African and Caucasian Americans, better patient–provider communication was associated with more physician trust, less perceived racism, greater religious beliefs (all p-values <0.01), and at least high school education ($p < 0.05$).

Conclusion: Socio-cultural factors are associated with patient–provider communication among men with cancer. No evidence supported associations differed by race.

Practice implication: To facilitate patient–provider communication during prostate cancer care, providers need to be aware of patient education levels, engage in behaviors that enhance trust, treat patients equally, respect religious beliefs, and reduce the difficulty level of the information.

1. Introduction

Prostate cancer is the most common malignancy and the second leading cause of cancer deaths among men in the United States [1]. Compared to Caucasian Americans, African Americans have higher incidence and mortality rates from prostate cancer, are diagnosed with more advanced disease, undergo less aggressive initial treatment, and have poorer prognosis [2–6].

Multiple treatment options are available for prostate cancer, and patient treatment decision-making process is complex [7]. Patients rely on physicians as the primary source of information when discussing treatment options for prostate cancer [8,9]. Patients often need to quickly build new relationships with oncologic care providers while managing the overwhelming demands of information, treatment decision-making [10], psychological distress, and financial stress [11,12]. A pattern of ineffective

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patient–provider communication can lead to lack of understanding of prostate cancer and treatment options [13], which may prevent men from making informed decisions, from receiving optimal treatments, and from achieving positive health outcomes [14], and may lead to more decisional regrets [9].

The American Society of Clinical Oncology has identified culturally appropriate patient-centered care as a way to foster patients' involvement in their care [15]. Good communication is essential for patient-centered cancer care [16], yet racial and social class differences between physicians and patients have been cited as barriers to patient–provider communication [17,18]. African Americans often reported suboptimal communication with providers and higher levels of unmet information needs [19]. They were more likely to consider their providers' communication as less participatory, less informative, and less supportive than Caucasian Americans [17,20,21]. Patients in racially discordant patient–provider interactions received significantly less information and were less active participants when compared with patients in racially concordant interactions [22]. Patients who were the same race as their providers rated their visits as more participatory [17,23] and reported less discrimination in treatment [24]. Providers perceived African Americans as less effective communicators, treated them more contentiously, were more verbally dominant, and engaged in less patient-centered communication with African Americans than with Caucasian Americans [25,26]. African Americans perceived unsatisfactory patient–provider communication as a form of unfair treatment and disrespect by the medical staff [27], which has been associated with decreased utilization of health services, delays in seeking treatment, and less satisfaction with care among African American patients [9,24,28].

Communication, the process by which individuals interact and influence each other, depends heavily on preexisting, shared cultural patterns and social structures [29]. The individual and the external social and cultural environment in which the patient has lived must be studied to understand patient–provider communication. The Institute of Medicine (IOM) suggested race is a social and cultural construct [30], yet the socially and culturally constructed life experiences of an individual can be difficult to align along a simple dimension captured by the variable "race" [31]. Some reports, using "race" as one of the predictors or a covariate, failed to examine the relevance of social and cultural context influencing patient–provider communication [17,26,32,33]. Other studies examined the racial differences and the impact of certain socio-cultural factors, such as trust/mistrust or perceived racism/discrimination. These studies have found, compared with Caucasian American patients, African Americans were more likely (1) to report their visits with providers as less participatory and supportive, (2) to receive significantly less information [17,21,22], (3) to be treated with disrespect [18], (4) to report more perceived racism [27,34] and (5) to report less trust in health care providers [24,32,34]. Less trust in health care providers [32] and more perceived racism [34] have been associated with fewer quality interactions with health care providers. These studies, however, have been conducted among patients in primary care settings who usually have long-term relationships with their providers [17,18,24,25,27,34]. The relationships between patient–provider communication and the social-cultural factors may differ for men with prostate cancer when the information needs and stress levels are high and the patient–provider relationships are new. The effects of religious and health beliefs on patient–provider communication also are understudied [35]. Little research has examined the collective effects of different social and cultural factors on patient–provider communication.

To fill the gaps, this population-based cohort study examined how a set of socio-cultural factors (i.e., physician trust, perceived racism, religious beliefs, traditional health beliefs, and health literacy) influenced patient–provider communication after a recent diagnosis of prostate cancer (Fig. 1). Potential racial differences in these relationships were also explored using a multi-group structural equation modeling (SEM) approach.

2. Methods

The North Carolina–Louisiana Prostate Cancer Project (PCaP) was a population-based cohort study of 1011 African American and 1034 Caucasian American research subjects with prostate cancer. Details of PCaP design and methods are published elsewhere [36].

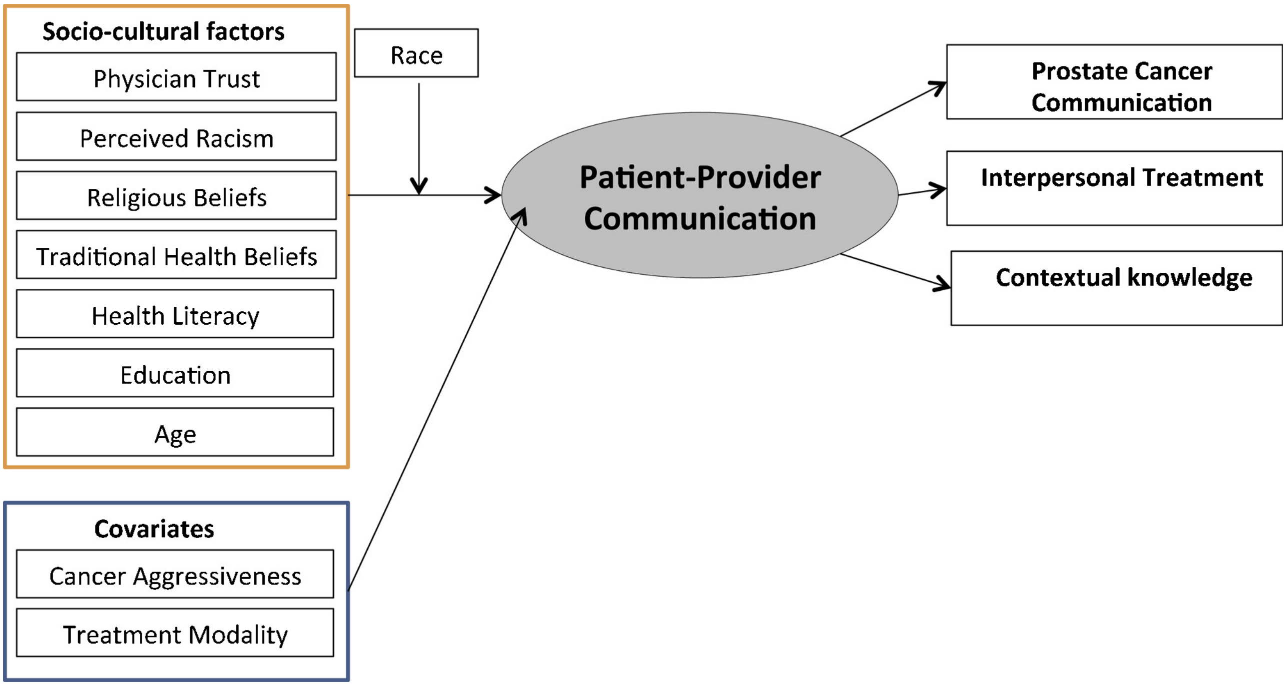

Fig. 1. Socio-cultural Factors Influencing Patent-Healthcare Provider Communication.