Shared Decision Making: Considerations for Culturally and Linguistically Diverse Populations
Culture and gender: Hofstede’s cultural dimensions

Power Distance Index (PDI) that is the extent to which the less powerful members of organizations and institutions (like the family) accept and expect that power is distributed unequally. This represents inequality (more versus less), but defined from below, not from above. It suggests that a society’s level of inequality is endorsed by the followers as much as by the leaders. Power and inequality, of course, are extremely fundamental facts of any society and anybody with some international experience will be aware that ‘all societies are unequal, but some are more unequal than others’.

Individualism (IDV) on the one side versus its opposite, collectivism, that is the degree to which individuals are inte-grated into groups. On the individualist side we find societies in which the ties between individuals are loose: everyone is expected to look after him/herself and his/her immediate family. On the collectivist side, we find societies in which people from birth onwards are integrated into strong, cohesive in-groups, often extended families (with uncles, aunts and grandparents) which continue protecting them in exchange for unquestioning loyalty. The word ‘collectivism’ in this sense has no political meaning: it refers to the group, not to the state. Again, the issue addressed by this dimension is an extremely fundamental one, regarding all societies in the world.
Hofstede’s cultural dimensions

**Masculinity (MAS)** versus its opposite, femininity, refers to the distribution of roles between the genders which is another fundamental issue for any society to which a range of solutions are found. The IBM studies revealed that (a) women’s values differ less among societies than men’s values; (b) men’s values from one country to another contain a dimension from very assertive and competitive and maximally different from women’s values on the one side, to modest and caring and similar to women’s values on the other. The assertive pole has been called 'masculine' and the modest, caring pole 'feminine'. The women in feminine countries have the same modest, caring values as the men; in the masculine countries they are somewhat assertive and competitive, but not as much as the men, so that these countries show a gap between men’s values and women’s values.

**Uncertainty Avoidance Index (UAI)** deals with a society’s tolerance for uncertainty and ambiguity; it ultimately refers to man’s search for Truth. It indicates to what extent a culture programs its members to feel either uncomfortable or comfortable in unstructured situations. Unstructured situations are novel, unknown, surprising, different from usual. Uncertainty avoiding cultures try to minimize the possibility of such situations by strict laws and rules, safety and security measures, and on the philosophical and religious level by a belief in absolute Truth; 'there can only be one Truth and we have it'. People in uncertainty avoiding countries are also more emotional, and motivated by inner nervous energy. The opposite type, uncertainty accepting cultures, are more tolerant of opinions different from what they are used to; they try to have as few rules as possible, and on the philosophical and religious level they are relativist and allow many currents to flow side by side. People within these cultures are more phlegmatic and contemplative, and not expected by their environment to express emotions.
Hofstede’s cultural dimensions

Long-Term Orientation (LTO) versus short-term orientation: this fifth dimension was found in a study among students in 23 countries around the world, using a questionnaire designed by Chinese scholars. It can be said to deal with Virtue regardless of Truth. Values associated with Long Term Orientation are thrift and perseverance; values associated with Short Term Orientation are respect for tradition, fulfilling social obligations, and protecting one's 'face'. Both the positively and the negatively rated values of this dimension are found in the teachings of Confucius, the most influential Chinese philosopher who lived around 500 B.C.; however, the dimension also applies to countries without a Confucian heritage.

http://geert-hofstede.com/dimensions.html
Australia in comparison with the below

http://geert-hofstede.com/dimensions.html
Narrative review of 26 studies about SDM in Non-Western cultures found doctors less inclined to share cancer diagnosis or treatment options with patients but patients want involvement (especially to include family)

Obeidat R et. Al. Oncology Nursing Forum 2013 40(5)
Nepalese medical students, doctors & patients found that hierarchical culture flowed into medicine and patients want more involvement but doctor’s attitudes were more status and power driven.

Moore M. 2009 Patient Education & Counseling
Who makes the decisions? Gender issues

Women may have less autonomy in healthcare decisions (compared with household) especially regarding their own health

Archarya 2010
What we know: Doctors’ skills

› Range of issues including poor knowledge about cultural beliefs, individualism: collectivism, patient autonomy, racism/bias, language and linguistic barriers

Schouten et. Al. PEC 2006
Cervical cancer information needs of disadvantaged, rural women in Tamil Nadu, India: Designing a patient-centred interactive Voice-Site accessed via mobile phone

Lyndal Trevena, Rita Isaac, Ian Olver, Joseph Davis, Madelon Finkel

Funding Aus-Aid PSLP
Information needs and preferred decision-making

- Three focus groups in three villages
- Women invited by community health-worker
- Total participants approx 62
- Mainly SHG members and peer educators
- FGDs were audio-taped, translated and transcribed
- LT plus one of the RUHSA team independently analysed for themes and reached consensus
1. Fears and stigma

- Women feel shy to discuss this topic
- A cervical cancer diagnosis has stigma – people will think the woman is of bad character
- Women are afraid of being diagnosed with cancer
- Looking for peace of mind that they don’t have cancer
  - *Because they do the testing in that particular part, those who are tested they go and tell others they are testing in the genitals so other people get shy*
  - *There are some people who believe there is no cure for cancer so they are really afraid and they are not coming.*
  - *When a lady is suffering from this disease, when other people get to know this – they feel very ‘ugly’ about her. So all the other people will go on talking about her. See there are some people, they talk very filthy language about this disease. If a lady is getting the disease and the message comes out other people will underestimate her.*
Results: Seven themes

2. Knowledge gaps

- Lack of awareness about cervical cancer screening (not seen to be a priority when healthy)
- Belief that cervical cancer can be caught through simple contact
  - Those who are thinking that I don’t have any disease so they are not coming.
  - If I go for testing, if I find I have cancer in my house they will keep a separate plate and tumbler for me. They will isolate me. They get fear and because of this they are not coming. The other people in the house may not come along and sit with me to eat. They feel shy also – fear, shy, hesitation...all this. The neighbours also will not come and talk to me. So that’s the reason people are really worried about this testing, worried about the disease.
Results: Seven themes

3. Confusion and conflicting advice

- Inconsistent messages given about the signs and symptoms of cervical cancer
- Confusion about the schedule for screening clinics
- Confusion about what the test and treatment involves and who should have it
- Confusion about costs of testing AND treatment
  - *We don’t know. We are ignorant about the procedures. Til what age can we do this testing? Is it within 40 years? Is it 50 years?*
Results: Seven themes

4. Competing demands

- Difficulty travelling away from village
- Competing demands & responsibilities of home duties and employment
  - When they found cancer cervix and when they go for treatment, during that time, No one is helping in their house for cooking and other works. No one is supporting them in their day to day work so they hesitate to go for treatment. Even the husband is not helping, not fetching water. So there are no helpers in household works. How can we go for testing? How can we go for treatment?
5. Role of others

- Strongly influenced by the experience and behaviour of others

- Respond to stories about women who died of cancer because it was not detected and treated. Also use message that early detection saves lives

- Role of husbands in supporting good health for their wives

  - *Definitely the husband should know this message. This is very important for the life. Health message is important for the life of the wife so husbands will definitely give the phone to her.*

  - *Once you get tested, other people will join and come to the clinic. I brought so many people to the clinic. That is the method I use*
6. Women wanted informed choice

- Facilitator: What are the messages about cancer cervix you want us to tell you? What is the information you want?

- Respondent: “What are the problems and advantages of testing. We want the basic information about the disease and if I get the disease whether it is curable completely. So can we get the peace of mind. Can you tell something about the signs and symptoms of the disease?”
Results: Seven themes

7. Mobile-specific issues

- Mobile phones are widely available
- Some household (esp the less wealthy) have one phone which is kept by the husband. Some will restrict call access for wives
- Husbands will tend to give call to wives if they know the caller
- Women generally find the idea of a cell-phone delivered communication very positive
- Many thought that the phone would provide some anonymity and they would want to access information
- Women generally felt more comfortable talking to and listening to women
- Preferred method of access was variable