Silos of Care: How Unit Cultures Shape End-of-Life Experiences for Patients and Families (FR436-D)

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Objectives

- Define culturally competent care.
- Define unit culture.
- List ways in which provider/institution culture influence patient care at end of life.

Original Research Background: In response to widely documented racial and ethnic disparities in health, US medical providers are encouraged to exercise “culturally competent care” (ie, practicing in a way that is sensitive to the needs of patients from a wide range of racial, ethnic, and cultural backgrounds). Although the push for cultural competency is justified, there is little consensus in the literature about what culture is and how it operates in clinical encounters (Lo & Stacey, 2008). Given this lack of conceptual clarity, it’s not surprising that culture is operationalized as a set of beliefs and behaviors uniquely associated with patients. Rarely is culture understood as something healthcare providers and healthcare institutions also possess.

Research Objectives: Define culturally competent care, define “unit culture,” and recognize ways in which provider/institution culture influences patient care at end of life.

Methods: 7 months of ethnographic observations in a US hospital and 42 in-depth interviews with the families of deceased patients.

Results: Results suggest that not only do patients have racial/ethnic, religious, and cultural backgrounds that shape interactions with providers but also that hospital floors/units constitute cultural spaces. Looking specifically at end-of-life services, we argue that “unit cultures” (defined as beliefs, practices, and assumptions shared by units or specialization) profoundly influence how providers think about death, their role in end-of-life care, and what information they impart to patients.

Conclusions: Provider/patient interactions are frequently a combination of cultures, beliefs, and orientations. We suggest these interactional moments—during which provider cultures and patient cultures meet—play a significant role in determining what dying patients and families understand about impending death, how they make decisions about curative and palliative services, and how survivors feel in the months and years after a loved one has passed.

Implications for Research, Policy, or Practice: Recognizing the effect of unit culture in delivering culturally competent care can improve end-of-life services.