Why Patient Values Matter in Clinical Decision Making

Studying the impact of race, religion, gender and socioeconomic status on health disparities

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It has been stated that quality clinical practice is an art that balances research, theory, experience and patient characteristics with a clear emphasis on evidence.[1] As athletic training remains focused on research and theory through evidence-based medicine and evidence-based practice, it is essential that practitioners not forget the impact patient values have as part of the clinical decision-making process. Patient values are individual characteristics, such as gender, race/ethnicity, affectional status and socioeconomic status that may influence a patient's health, age and wellness. Often these influences have a negative impact on patient's health status and should be considered when providing patient-centered and evidence-based care.[1]

The influence of patient values on overall health care can be considered through the lens of health and health care disparities.[2,3] Health disparities are the increased prevalence of illness, injury, disability or morbidity experienced by a specific population compared to another, while health care disparities are differences in access to health insurance coverage, access to and use of care, and quality of care provided.[2,3] Braverman[4] states that many of these disparities can be avoided if addressed early and often. It is important to note that an individual may have multiple patient values associated with these disparities that are interrelated, and this may cause disparities with higher consequences.[3] With focus on evidence-based medicine and clinical outcomes, patient values such as socioeconomic status, gender identity and race/ethnicity may be overlooked even though each have a major influence on the overall effectiveness of the care being provided. Much has been discussed in the literature on these disparities in regards to race and ethnicity, however, many more exist and athletic trainers should consider them when making clinical decisions.[2,4-6]

This article will discuss a few examples of patient values and their influence on the patient's wellness. It is important to note that the values discussed are only a small number of the patient values that may influence your clinical decision-making.

Socioeconomic Status

Socioeconomic (SES) status has a significant impact on a patient's prior and current health status. Individuals who grew up or are currently living in poverty have an overall lower health status with higher mortality rates than comparable households.[2,5,7] This may be due to multiple factors including access to health care, age and the influence of SES on nutritional status.[2-4,7,8] Low SES patients overall have less access to health care, and the care they receive is lower quality.[2-4,7]

These patients rarely see a primary care physician for yearly check-ups and may have chronic underlying conditions impacting the healing and rehabilitation of orthopedic injuries. SES and age are related by both health predispositions and behaviors.[7] Preteens in low SES households have decreased access to regular health care and have higher rates of risky behaviors.[7] Adolescents, having decreased physical activity, risk obesity and have a higher risk for sexually transmitted infections.[7] Adults are at higher risk for diabetes, cardiovascular disease, osteoarthritis and depression.[7] The relationship between nutrition and SES is related to the choices available to patients. Low SES neighborhoods have a higher number of fast food restaurants, more prepackaged and processed food and decreased access to fresh produce and whole foods.[7,8]

Religion

A second patient value to consider when providing care is your patient's religious background, which has a direct impact on the relationship between the clinician and patient. One must consider the impact of gender and religion in regards to how the evaluation and treatment processes occur. A practitioner of the opposite gender must always be aware if there could potentially be an issue for a devout patient. The patient's faith has also been shown to have a positive impact on overall health.[9-11] Individuals who regularly attend religious services demonstrate improved healthy eating, partake in better food choice, are more likely to consume the appropriate number of calories and have higher levels of physical activity.[9,11] Additionally, having faith improves an individual's overall mental health, with decreased rates of depression and substance abuse, along with better overall coping skills.[11]

The relationship between religion and nutrition has been well documented. Certain faiths, such as orthodox Judaism and Islam, may have specific diets that followers must abide by.[9,10] This must be taken into consideration when assisting with meal planning or providing nutritional counseling by ensuring kosher and specific options.[9,10] In addition to the specific dietary aspects, athletic trainers should be aware of patients whose religious beliefs include fasting. During the Muslim holy month of Ramadan, individuals do not partake in anything to eat or drink from sun up to sun down.[9,10] Thus, if you are working with a patient who is fasting, take time to ensure that he or she is maintaining proper hydration and consuming food when possible.

Gender

A third patient value that may influence your patient's health status and your clinical decision-making is gender. Gender is one value that has been shown to be highly intertwined with other values with regards to health and health care disparities.[5,8] First, practitioners should be aware of the pronoun with which their patient identifies.[6,12,13] Patients may ask to be referred to as he, she or zie (pronounced like the letter Z).[6,13] Gender pronouns do not have to be related to biological gender; they are related to an individual's gender identity.[6,13] By not utilizing the appropriate pronoun, the communication between practitioner and patient will start off poorly before the care begins.

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Examples of the influence of gender on health care range from gender norms of emotion to access to care. Males, especially older black males, tend to not seek out health care as they fear negative test results and outcomes.[8] Men may also be hesitant to show emotion and to admit mental health concerns with their providers.[8] Women, especially minority women, have been shown to have decreased access to quality family planning and reproductive care.[2] These are just a few of the impacts of gender on health care.

While there are well-understood health and health care disparities associated with the male and female genders, transgender patients have a more significant number of concerns associated with quality health care. Transgender patients are less likely to seek care due to a fear that clinicians will not be understanding and knowledgeable about transgender concerns.[6,12] Concerns include pre- and post-gender reassignment hormonal and physical concerns, as well as appropriate screenings that may not be associated with an individual's gender identity but with biological gender.[6] Transgender patients are more likely to have significant mental health considerations with higher rates of depression, suicide, substance abuse, self-harm and alcohol abuse.[6,12] Communication is key with transgender patients to be aware of their concerns as well as the potential health conditions that may arise.

Directly related to gender, awareness of affectional status is another patient value. Known as an invisible population within health care, five to 10 percent of the U.S. population identify as LGTBQ+.[12] Individuals who identify as LGTBQ+ have higher rates of mental health disorders, depression, substance abuse, alcohol abuse, suicide and self-harm.[12,13] These patients are also more likely to perceive negative attitudes and stigmas from practitioners, which causes patients to be less likely to seek out care.[6,12] Thus, clinicians should address their own fears and beliefs and receive more training because patients want to feel comfortable discussing specific LGTBQ+ issues with their providers. [6,12]

Race and Ethnicity

The final patient value is race and ethnicity, which has been detailed in the literature. Race and ethnicity are directly linked to gender, language and socioeconomic status, along with the health and health care disparities associated with them.[2,3,5,8] Minority patients have been shown to have decreased amounts of insurance coverage and more barriers to health care.[2] An additional health care disparity is related to patient and practitioner interactions, especially when there is a language difference.[2] This may consist of something as simple as a patient's lack of understanding of exercise instructions to a dangerous situation where medication administration is impacted. Examples of minority heath disparities are higher rates of asthma, diabetes, cardiovascular disease and obesity in blacks, American Indians and Alaska Natives.[2] These are just a few of the health and health care disparities associated with a few patient values but are used to demonstrate the interactions between patient values and health care.

For many athletic trainers, these patient values are new components of the clinical decision-making process, and you may not feel you have the knowledge or experience to implement them. There are many strategies that can be utilized to improve a clinician's knowledge on patient values, but the first step is to acknowledge your deficit and have a desire to learn more.

Leavitt[14] provides a three-step strategy that begins with examining one's self through reflective practice. First, reflect about your own personal experiences where specific values have influenced you decisions both as a patient and as a clinician: Have you ever inadvertently caused a disparity to occur? How could you have done it differently? Second, learn about the difference vales that influence outcomes and have both positive and negative influences on patient experiences. Seek out information on all patient values. Resources can be found in a wide variety of places including the Diversity section of the NATA website, produced by the NATA Ethnic Diversity Advisory Committee (**www.nata.org/professional-interests/diversity**), and the Kaiser Family Foundation (**www.kff.org/disparities-policy/issue-brief/disparities-in-health-and-health-care-five-key-questions-and-answers/#footnote-195310-1**)). Finally, value the communication between patients and clinicians. Don't be afraid to open a dialogue and ask questions.

Athletic training has a long tradition of a personalized holistic approach to health care. With our patient population continuing to diversify, the number of different patient values we will come across in our clinical practices continues to grow. It is essential that we become more knowledgeable about how those values influence the care provided. As we continue to grow as evidence-based clinicians, we must improve our use of patient values in the clinical decision-making process.

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