



# Palliative care in the perspective of Cultural Theory

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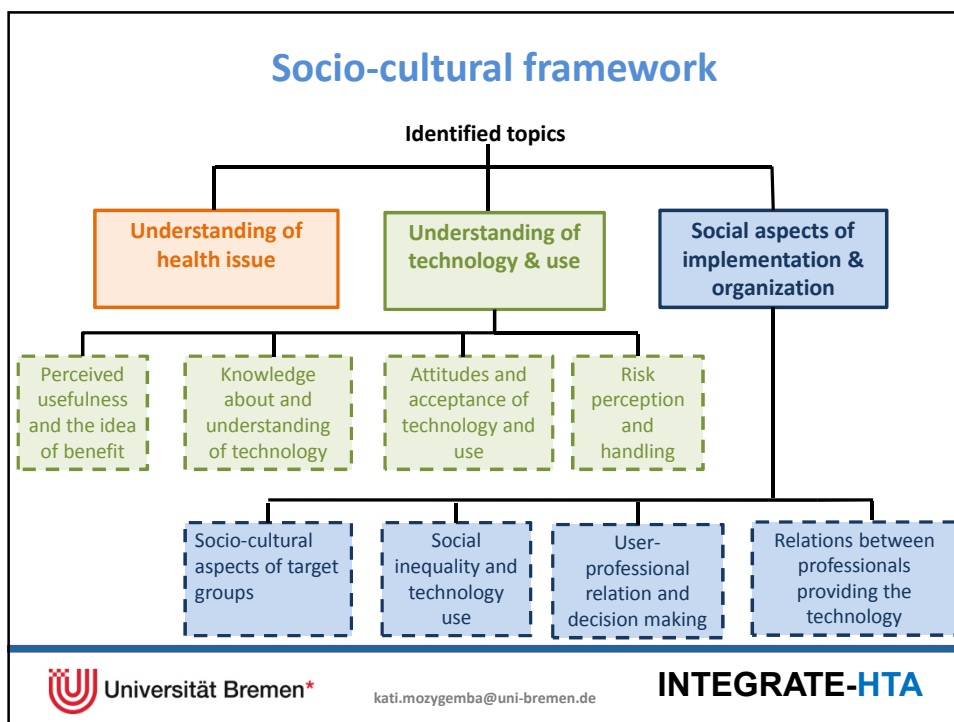
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## The assessment of socio-cultural aspects

**INTEGRATE-HTA offers:**

- a 5-steps-assessment process
- a socio-cultural framework

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### Purpose of the framework

- To **identify** relevant socio-cultural **topics**
- To **identify** and involve **heterogeneous stakeholders**
- To **develop** cultural sensitive **research instruments**
- To **reflect** different **cultural positions**

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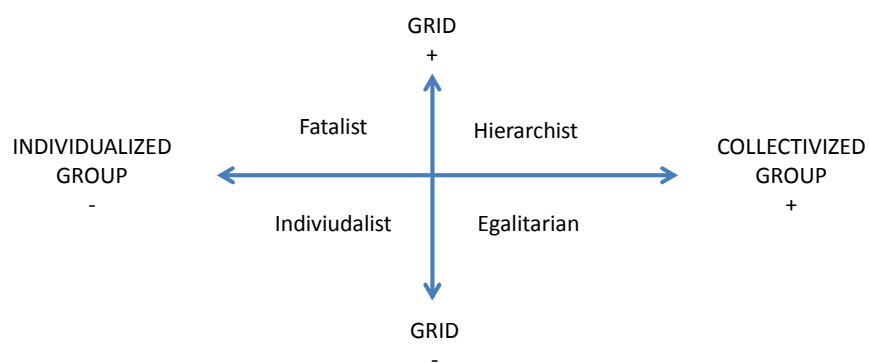
## Cultural Theory to address heterogeneity in HTA

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Cultural Theory elaborates with four ideal types differing in their preferred way of social organization

- Hierarchy
- Individualism
- Egalitarianism
- Fatalism

## Cultural Theory



## The four cultural types

<b>Hierarchy</b>	Strong group boundaries High social control and socially imposed roles Binding prescriptions, Institutional behavior
<b>Individualist</b>	Autonomy of individuals, personal rewards Negotiating social relationships on the base of contracts Individual behavior Market culture
<b>Egalitarian</b>	Cooperation and Collectivity Low levels of prescription Communitarian setting Autonomy but responsibility for the group
<b>Fatalist</b>	Isolated in social structures Belief in fate

(Douglas 1982, Thompson 1990)



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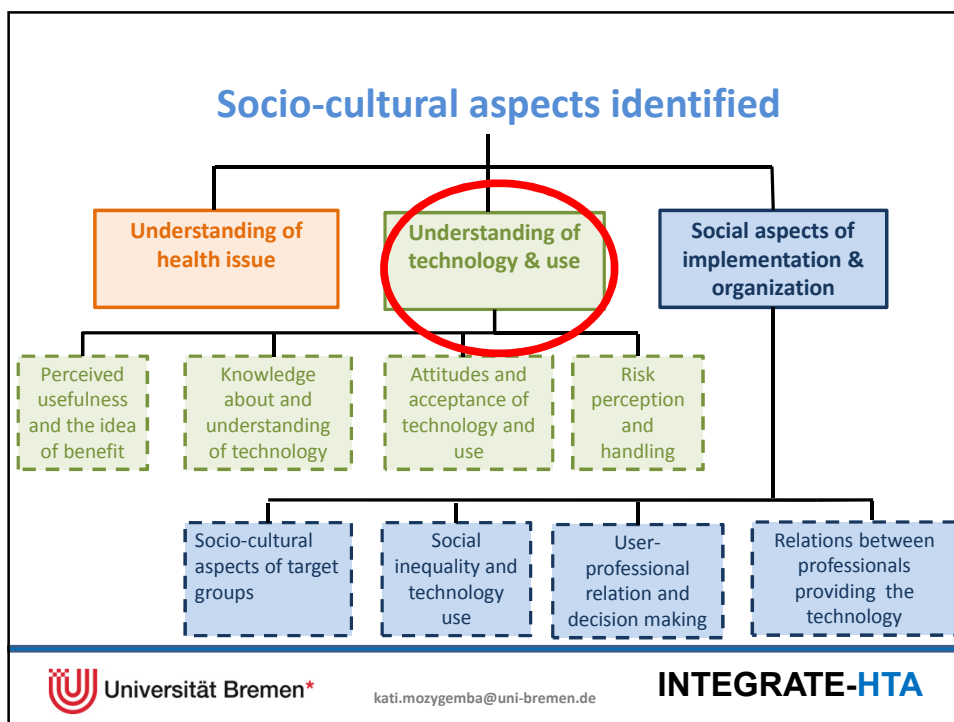
## How did we use it in palliative care?



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## Understanding of (r)HBPC

### **Result of the socio-cultural analysis:**

*The provision of (r)HBPC can be challenged by the context of a nursing home.*



#### **one reason:**

*The understanding of the intervention*

## Understanding of (r)HBPC

### ***Providers of (r)HBPC:***

- team care,
- shared responsibility,
- cooperation, communication,
- Patient centeredness understood as patient autonomy,
- Generalization of skills

## Understanding of (r)HBPC

### ***The nursing home:***

- hierarchical decision making,
- Prescribed roles and responsibilities,
- provider centeredness,
- Patient centeredness understood as experts know best

## Understanding of (r)HBPC

### ***Collision of two cultures:***

***Egalitarian team culture vs. hierarchy in the nursing home***



*The provision of (r)HBPC can be challenged by the context of a nursing home.*

## Understanding of (r)HBPC

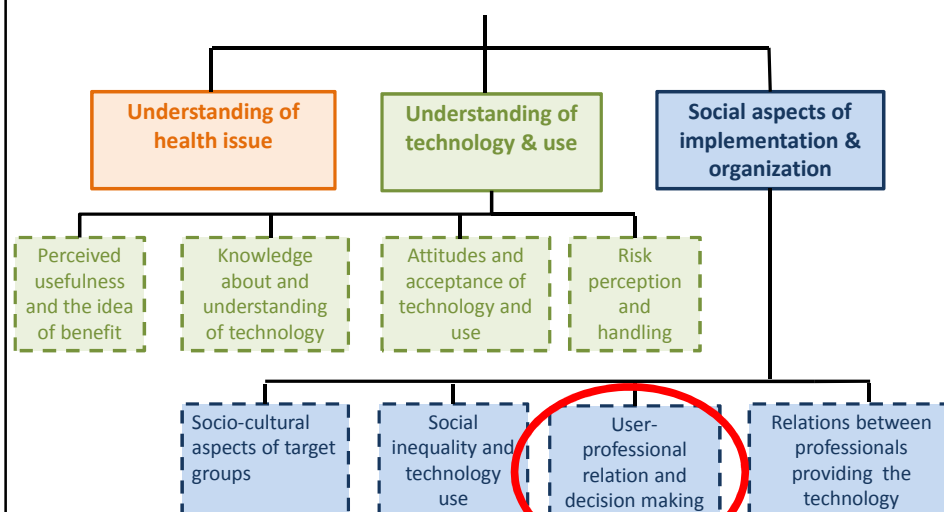
### ***Possible consequences for providing (r)HBPC:***

1. Change of the intervention
2. institution opens up for the egalitarian approach
3. without negotiation potential failure of the intervention



## Example from the field of palliative care

## Socio-cultural aspects identified



## User-professional-relationship:

***Users and professionals have expectations about:***

- how a patient should act,
- how a provider should act
- communication, decision making, responsibilities etc.

## The user-professional-relationship in (r)HBPC

***Result of the socio-cultural analysis:***

*The provision of (r)HBPC can be challenged by different patient groups.*



***one reason:***

*The idea of the user-professional-relationship*

## The user-professional relationship in (r)HBPC

### *The egalitarian approach of (r)HBPC:*

- patient centeredness,
- autonomy of patients,
- empowerment - if a patient is not able to express needs

## The user-professional relationship in (r)HBPC

### *Hierarchical context:*

- Patient wishes for professional authority
- Professionals are responsible for care

## The user-professional relationship in (r)HBPC

### *Individual context*

- Autonomy
- Catalogue of options,
- Choose between all options as a customer

## The user-professional relationship in (r)HBPC

### *Fatalistic context*

- Patients who do not want to decide anything

## User-professional relationship in (r)HBPC

### ***Collisions of different cultures:***

***The professionals' egalitarian approach meets different cultural contexts***

### ***Potential consequences:***

1. Adaptation of care to patient's wishes (authority as a kind of patient centeredness?)
2. Change of treatment context >> leaving (r)HBPC

## Conclusion

### What can we learn from these results?

- The ***success*** of an intervention ***in one cultural context*** does ***not necessarily*** mean that it also works ***in another one***.
- Considering ***socio-cultural aspects*** can help to analyse ***if an intervention will succeed*** in a specific socio-cultural context.