

Using technology to heal patient-provider culture clashes

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What upsets patients the most?

Care Team Members

(N=360)

System Inefficiencies

“There’s a lack of letting patients know about appointments”

Access Barriers

“If I’m prescribing a medication that is \$6,000 a month, and the patient has to pay \$2,000 out of pocket, it’s impossible for the majority of the patient population.”

Patients

(N=373)

Care Team Coldness

“The doctor thinks he’s God. I asked him if it’s possible that he could have made a mistake, and he went ballistic. I thought he was gonna physically attack me.”

Care Team Incompetence

“I lost two toes because the ER diagnosed me wrong. What’s worse, I told them what the problem was, and they just wouldn’t listen.”



What's driving this gap in understanding
between care teams and patients?

A clash between care team and patient
cultures

Care Team Members Espouse An Independent Model of the Person

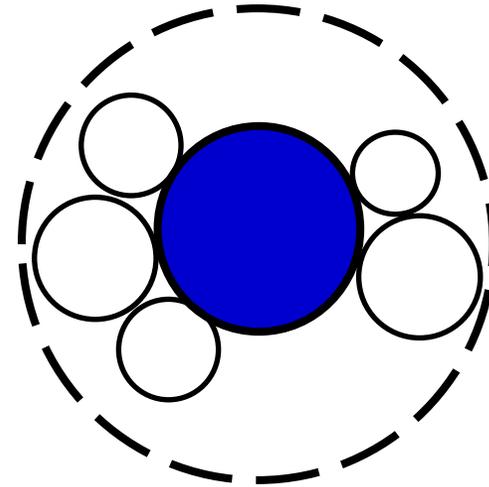
Independent

Individual

Unique

Influencing

Free



Patients Espouse An Interdependent Model of Person

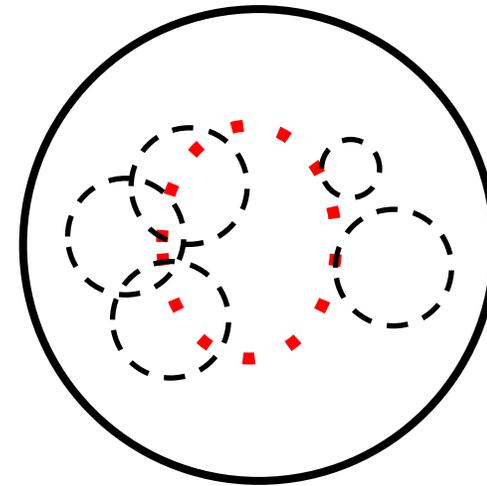
Interdependent

Relational

Similar

Adjusting

Rooted



Independence + Interdependence = CONFLICT

"EVERYONE SHOULD READ THIS BOOK."

—Carol S. Dweck, PhD, author of **MINDSET**

East
vs.
West

Coasts vs. Heartland

**HOW
TO THRIVE IN A
MULTICULTURAL
WORLD**

Whites vs.
People of color

CLASH!

Global North vs.
Global South

Rich vs. Poor

Men
vs.
Women

Conservative vs.
Liberal religious groups

Businesses
vs.
Governments
and Nonprofits

**HAZEL ROSE MARKUS, PhD
and ALANA CONNER, PhD**

Major Culture Clashes

Independent

Interdependent

West			East
Men			Women
Whites			People of Color
Middle-Class			Working-Class
East & West Coasts			South & Midwest
Mainline Protestants, Atheists			Conservative Protestants, Catholics, Jews, Mormons
Urban			Rural
Global North			Global South

Most Care Team Members Are Mostly Independent

Independent

Interdependent

West		 East
Men		 Women
Whites		 People of Color
Middle-Class		 Working-Class
East & West Coasts		 South & Midwest
Mainline Protestants, Atheists		 Conservative Protestants, Catholics, Jews, Mormons
Urban		 Rural
Global North		 Global South

Most People in the World are Mostly Interdependent

Independent

Interdependent

West			East (56%)
Men			Women (51%)
Whites			People of Color (51% in 2050)
Middle-Class			Working-Class (70%)
East & West Coasts			South & Midwest (59%)
Mainline Protestants, Atheists			Conservative Protestants, Catholics, Jews, Mormons
Urban			Rural
Global North			Global South (83%)

Observation: Technology in healthcare increasingly supports
provider independence > patient-provider interdependence

- Apps, email, and AI agents are replacing in-person communication
- Electronic patient records afford interchangeable providers
- Providers are tethered to COWs (computers on wheels)
- “Dr. Google”

How might we use technology to support **interdependence** in healthcare?

Patients with **interdependent** providers fare better

Study:
Interdependence
enhances placebo
effects

Participants randomly assigned to interact with a doctor trained to deliver one of four experience:

- High warmth/
high competence
- High warmth/
low competence
- Low warmth/
high competence
- Low warmth/
low competence

High Warmth



High Competence



Low Warmth



Low Competence



Histamine Skin Prick

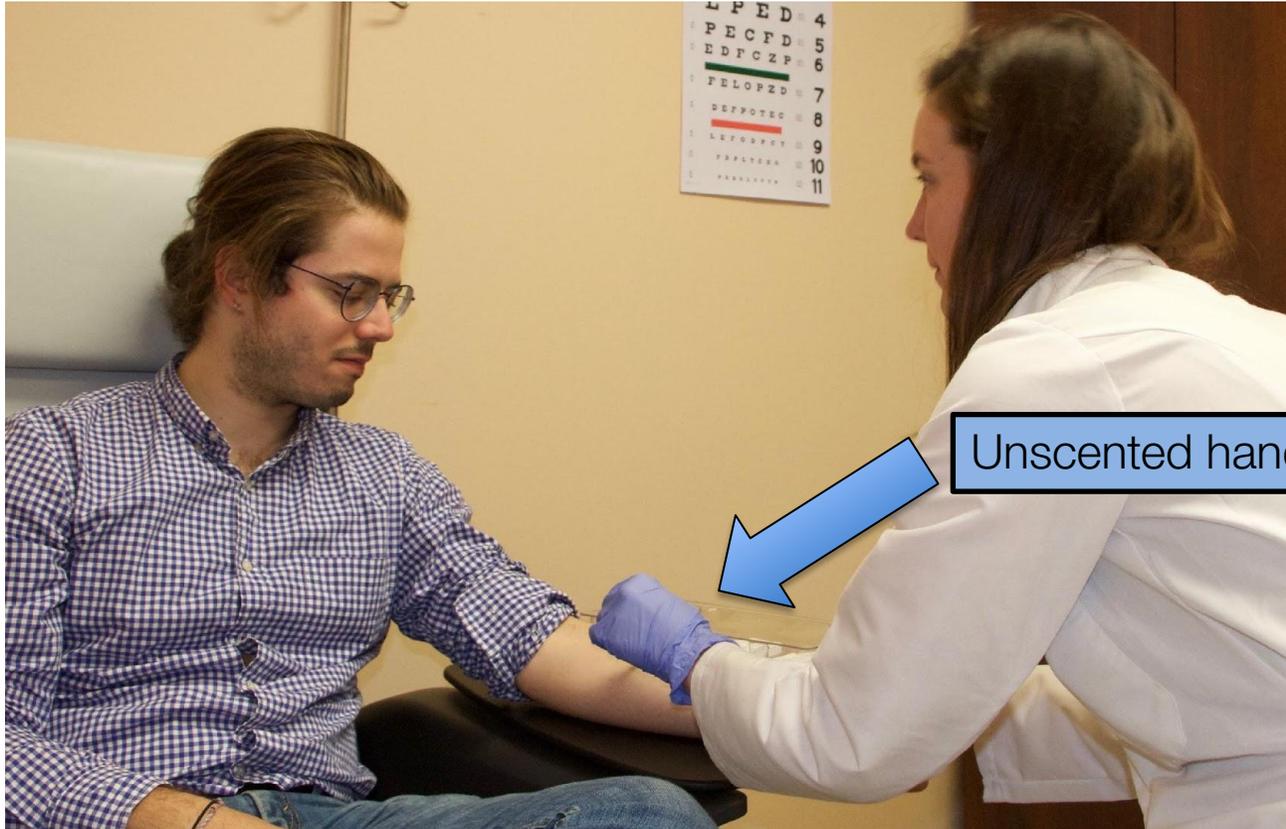
- "This study is about allergies."
- Size of wheal measured every 3 minutes

Wheal



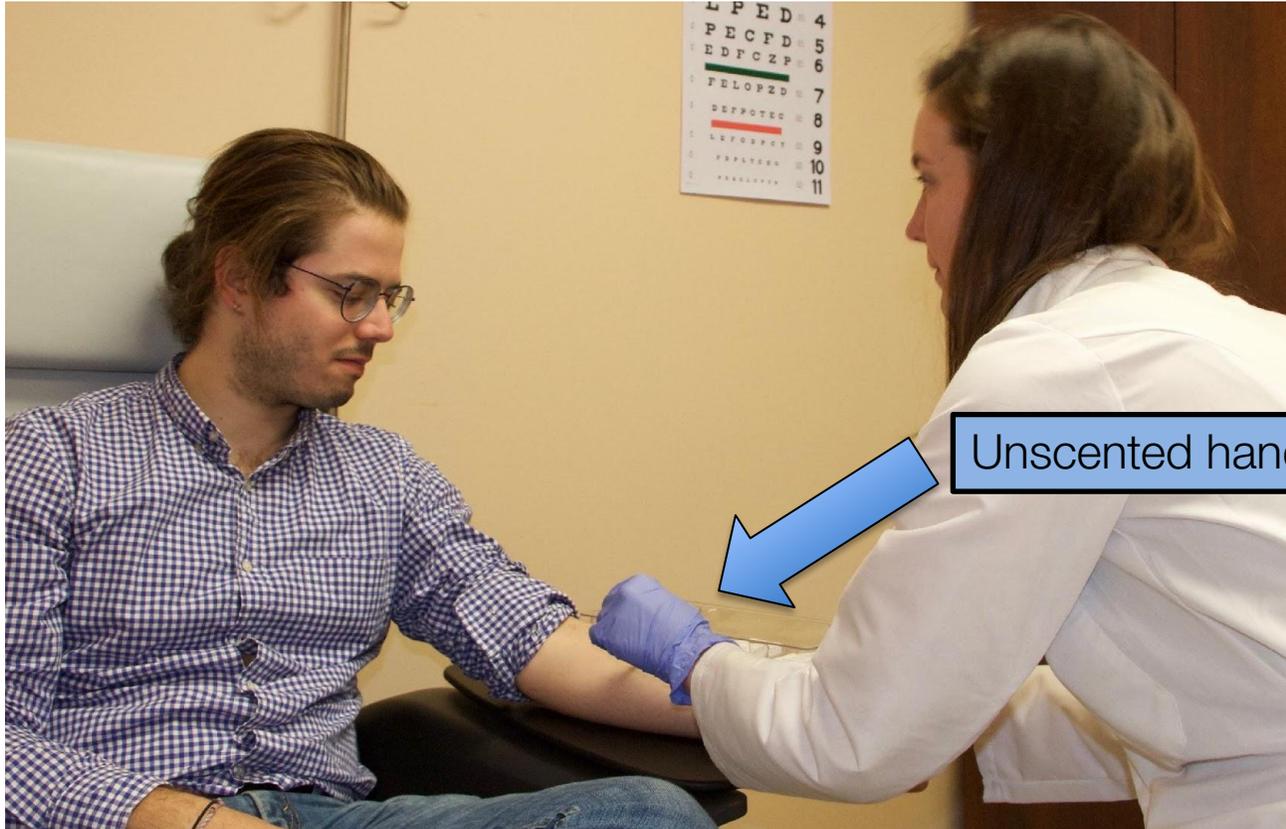
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Positive Placebo Condition



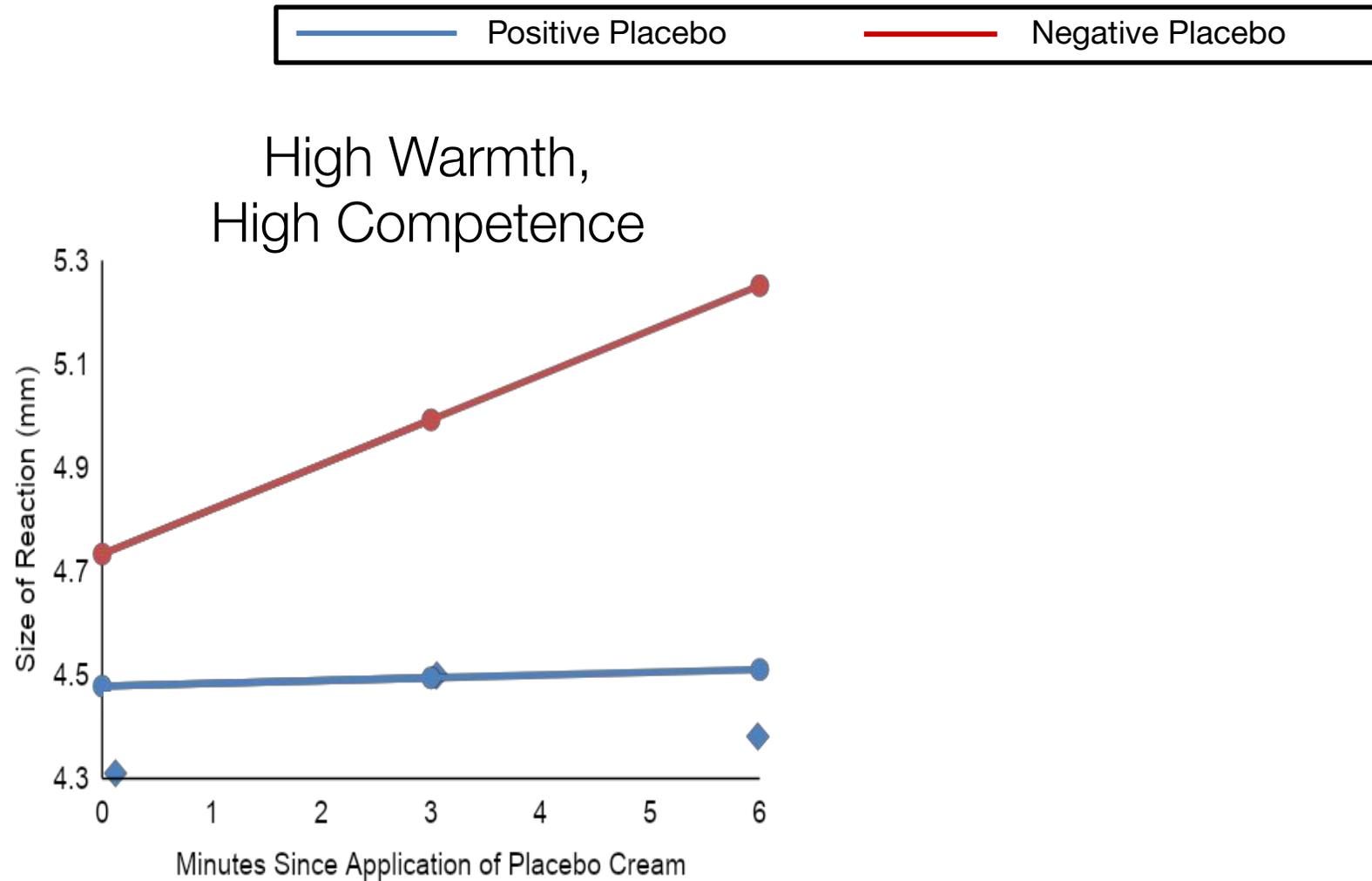
“This is an antihistamine cream. It is going to make the irritation better.”

Positive Placebo Condition

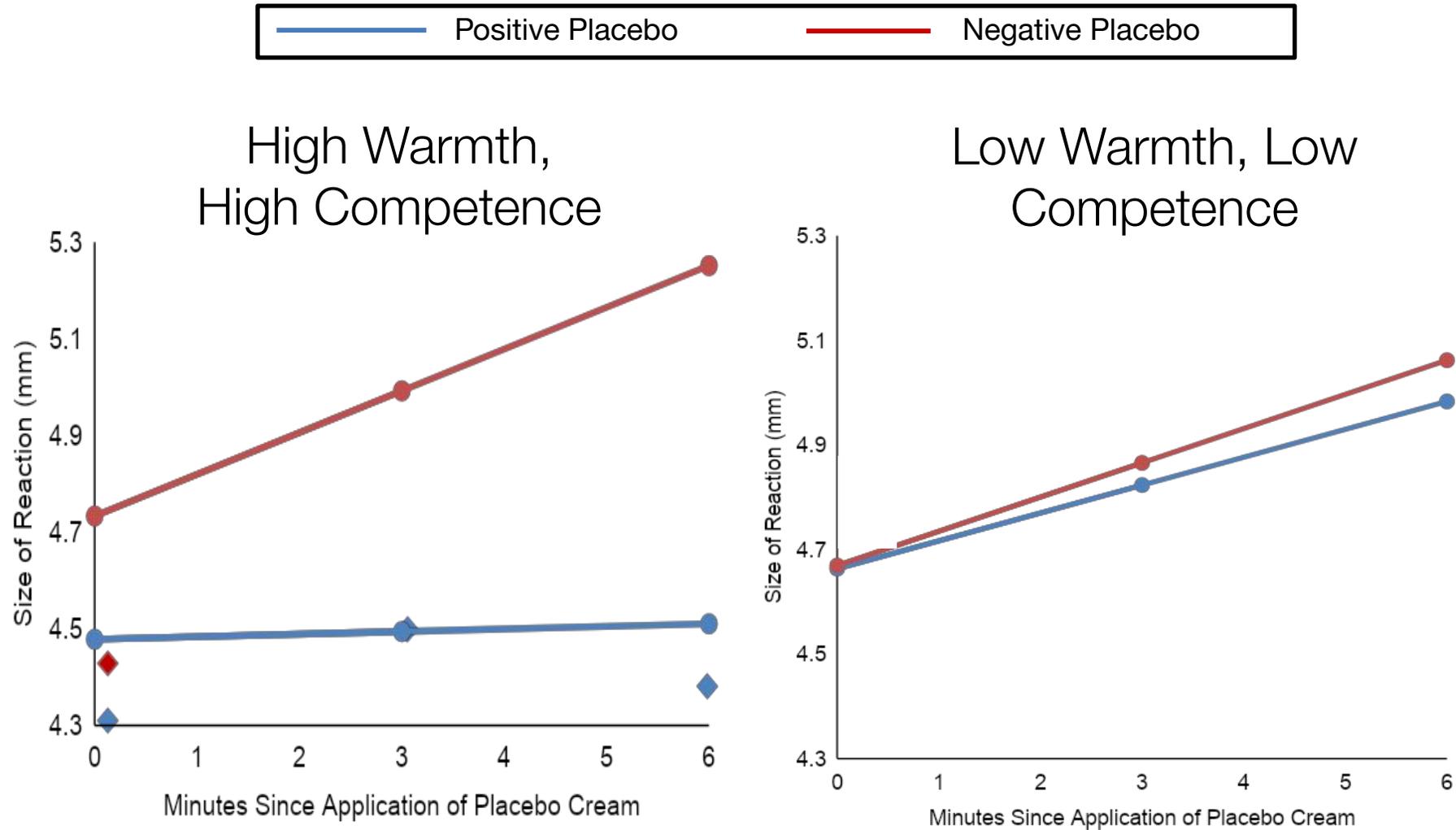


“This is an **histamine agonist**. It is going to make the irritation **worse**.”

Doctor's Style Moderated the Effects of Provider Expectations



Doctor's Style Moderated the Effects of Provider Expectations



Conclusions

- Patients are most upset by care-team issues
- Care-team members underestimate their effects on patients
- Technology may exacerbate patient-provider culture clashes
- Focusing on the *interdependent* aspects of care could enhance outcomes

Parting Question

How might we use technology to support **interdependence** in healthcare?

THANK YOU



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