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Organisational Development and Globalisation: A Case Study on Minimising Cultural Obstacles to Patient Care

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Abstract: The dialogue of globalisation often neglects to address issues of cultural and social sensitivity where globally important issues need to be tackled at a geographically regional and local level. One such issue is the importance of women's healthcare in the Middle East. In a region of the world where personal modesty often takes precedent over appropriate healthcare being sought, the global recognition of the importance of early diagnosis of breast cancer being important in its effective treatment is having an impact on how the global community addresses regional customs in the case of globally relevant issues. Despite significant medical advances in the management of breast cancer, there remain many barriers which are limiting the ability to further develop early diagnosis and treatment of the disease from a global perspective. An earlier case-based study had drawn attention to social and cultural difficulties in the healthcare system within a Middle Eastern diaspora particularly due to delays in early detection and timely treatment of breast cancer. Following the identification of the main causes underlying delays in breast cancer detection, corrective measures to establish an efficient management system enabled the transformation of societal and cultural disadvantages into opportunities for positive change. Consequently, in an effort to minimise delays and reduce rising mortality figures in the Arab World, a breast cancer management plan was proposed. This paper thus addresses the process to introduce much needed improvement in the healthcare industry in the Arab World, by examining breast cancer management in the region, with a focus on the United Arab Emirates (UAE) as a potential model for change in the broader Middle East and Islamic World.

Keywords: Breast Cancer, Women, Management, Middle East, Arabian Gulf, United Arab Emirates

Introduction

LIMITED RESOURCE COUNTRIES have yet to identify cancer as a primary health care concern mainly because infectious diseases are the leading public health threat in these locations (American Cancer Society, 2007). Even with high mortality figures, resources are continuously exhausted providing treatment for what is typically diagnosed to be advanced-stage disease (Boutayeb *et al*, 2005).

Delays in breast cancer detection are mainly due to the fact that patients only seek medical care when symptoms have progressed to a point where they become noticeable or intolerable (Salomaa *et al*, 2005; National Cancer Institute, 2006).

Furthermore, in regions where women often find it embarrassing or are too shy to seek advice (Walker, 2004) on breast related problems, it is necessary to establish centres of excellence within hospitals known for their quality, sensitivity and expeditiousness in dealing with such problems. Such an approach would alleviate many of the cultural and social stigmas related to women's healthcare.

A well structured breast division within a hospital allows for smooth and prompt evaluation, instant findings, satisfactory benefits, and sought outcomes to international standards (New Dimensions Thermography, 2005).

Breast Cancer Research Centre of Excellence

By adopting a multidisciplinary management plan, this paper proposes a breast cancer research centre of excellence as a model for the Middle East, able to provide high quality healthcare recognised by professionals and academic institutions alike. Thus, this paper highlights the establishment of a breast cancer research centre of excellence in the Arabian Gulf region and proposes a model applicable to the wider Middle East (Motawy, 2004). For reasons of confidentiality, the centre has not been named in this study.

When established, the breast cancer research centre of excellence was the first of its kind in the Arabian Gulf region. The centre houses state-of-the-art facilities, operated by only the most qualified personnel. Yet, the distinctiveness of this project lies in the manner it relates to social and cultural values of the region, through the establishment of an all female administration and workforce.

The breast cancer research centre of excellence's main objective is to instigate multidisciplinary breast cancer management services, where patients are able to complete all required examinations in one location, eliminating long waiting time, minimising hand-offs



and associated health risks associated with delayed diagnosis.

The breast cancer research centre of excellence aims to be a centre designed and run by women employing qualified female breast surgeons, nurses and lab technicians, to form a highly experienced and capable workforce. It should provide comprehensive breast care services, including a complete breast physical, breast screening, testing and treatment. The site will contain research facilities, including fully equipped laboratories, to be maintained as part of the centre's mission to curb breast cancer through early detection and continued research by means of gathering accurate statistics for further studies and analysis. The centre also carries within it education facilities that encompass an auditorium to hold public lectures on awareness, as well as teaching programmes structured for medical professionals and medical students. International Affiliation is established by a board of directors amongst whom are affiliates of internationally distinguished breast research centres.

Breast diseases usually involve other systems (Bigby *et al*, 2006); therefore a standard multidisciplinary approach for breast pathology provides the means for optimum management capabilities.

As the United Arab Emirates (UAE) government continues its support for research based projects in a time where the countries economy relishes stability (UAE Ministry of Economy and Planning, 2006), launching a specialist breast research centre will not only improve health standards (Health Services in the UAE, 2007), but is also expected to boost the nation's as well as the region's economy with visiting patients from neighbouring countries (El-Helal *et al*, 1997). However, a project of this scale and significance requires not only financial support to see to its initiation but rather a calculated study to provide unsurpassed comprehensive breast care that meets growing demands on a regional scale (Health Services, 2007).

The common occurrence of breast cancer in recent years has encouraged women to seek medical advice arbitrarily with or without the slightest symptoms. However, merely a small percentage of women in Arabian Gulf society are believed to know the importance of regular screening for breast cancer (Azaiza *et al*, 2006).

The research carried out in this study suggests the main causes of delayed treatment of breast cancer patients is due to social and cultural stigma, delays originating from tardy general practitioners, and delays in the diagnosis and treatment process. Social and cultural stigma is mainly due to a lack of awareness, cultural and conservative values rooted in structures of many Arab countries have proven an obstacle into battling healthcare bias in the region

and for the development of suitable services. Moreover, in view of traditions and social habits, many Arab women do not seek regular medical checkups which commonly result in late diagnosis, "...scanty epidemiological data, and insufficient clinico-pathological studies." (Tadmouri *et al*, 2007).

Modesty and introversion are also considered a barrier to healthcare utilisation. It has been suggested to influence healthcare practices when it comes to breast cancer, many women "...have cited modesty as the reason they do not obtain cervical cancer screening or mammography." (Andrews, 2006).

Furthermore, due to a lack of available breast centres, patients have a tendency to shy away from male physicians and are likely to settle for treatment by unqualified female healthcare workers. Feeling neglected, others may rather seek alternative medication to lessen any discomfort, while adding further delay to what will consequently result in serious consequences (Bayers, 2004). Lack of public awareness regarding breast cancer has brought about habitual beliefs portraying breast cancer as a national stigma which create a negative influence on the effectiveness of awareness programs.

The Impact of Delays

Delays in establishing a prognosis amongst general practitioners heavily impacts health services, with increasing costs of treatment of late stages of cancer and most often with poor outcomes. At present, breast cancer awareness among the general population continues to challenge the health care systems in both developing and limited resource countries. Regrettably however, many primary health physicians also lack proper knowledge and training in breast diseases. As a result, patients in the Middle East that exhibit abnormal breast masses are delayed and often overlooked.

Finally, delay in the diagnosis and treatment processes is prevalent. A worldwide systematic review of observational studies indicated that patients with a delay in case presentation as short as three months witnessed a 12% drop in a 5 year survival rate (Centers for Disease Control and Prevention Department of Health and Human Services, 2007).

Naturally, patients are adamant when it comes to extensive waiting lists and recurring appointments with lengthy waiting time and minimal patient/doctor contact time (Kaltenthaler, 2001). More often, patients that tolerate such procedures are quickly deterred and liable to turn to more easily accessible alternatives such as traditional home remedies or pharmaceutical drugs. Women have also been found to postpone seeking medical advice, under circum-

stances where lesions have already appeared, in the hope that they will spontaneously disappear.

Furthermore, delays in hospital procedures for those who do seek treatment, reinforces the social distrust of conventional healthcare, particularly state-run hospitals. In busy hospitals that manage general healthcare procedures, a breast cancer patient seldom avoids endless waiting lists and lengthy procedures (Brock *et al*, 2006). The sequence of events that follow a breast cancer patient's arrival to an all female breast clinic, keeping in mind that a majority of hospitals in the Arabian Gulf region do not have dedicated facilities for breast diseases, can be summarised as follows:

1. A clinically diagnosed breast cancer patient is referred to a secondary care hospital by a primary physician.
2. An appointment is made with a surgeon or gynaecologist. This process takes 1-3 weeks.
3. After the surgeon confirms the clinical findings, he/she sends the patient to the radiology department for a mammogram appointment which takes another 1-3 weeks.
4. The patient is referred back to the surgical clinic in 1-2 weeks for a case report.
5. The patient is sent to the day surgery department for a biopsy appointment. This adds another 1-2 weeks.
6. Assuming that the test results are positive for malignancy, the patient is referred to both the oncology and radiology departments for further evaluation. Screening and blood tests are expected to take 2-4 weeks.
7. The patient then returns to the oncologist in 1-2 weeks after which the results will determine if the patient should be admitted to oncologist care for further investigations and treatment and then surgery or vice versa.
8. The waiting lists for surgery vary from 1-4 weeks. However, at this stage, the waiting time for a patient to go through surgical procedures ranges from 6-18 weeks.

During this process, patients were found to endure a waiting period of 6 to 18 weeks while coping with a range of 32 to 38 practitioner handoffs before receiving final care; this causes unnecessary apprehension and significant inconvenience for both the patient and her family.

Such delays cause adverse anxiety and generate mistrust towards the healthcare system, adding to the reinforcement of the cultural stigma. Although the impact clinical delays have on breast cancer remain unclear, patients with benign and malignant diseases may have elevated levels of anxiety that have been linked to delays in healthcare (Evans *et al*, 2006).

Identifying an existing deficit in the breast cancer management system provided an opportunity to develop a well-structured management plan to raise awareness and minimise delays in diagnosis and treatment processes of this menacing disease (Scottish Intercollegiate Guidelines, 2005).

This study has revealed that patients diagnosed with breast cancer undergo treatment delays in receiving healthcare. If curative treatment is the main objective, the diagnostic process should proceed without unnecessary delay to prevent a situation in which a curable disease becomes terminal. Reducing diagnostic and treatment delay cycles is possible through a multidisciplinary team approach that allows swift access to carefully planned investigations.

The breast cancer research centre of excellence has therefore been organised into teams of health educators, nurse coordinators, general practitioners, breast surgeons, breast radiologists, mammography technicians, breast pathologists, physiotherapists, data managers and patient support staff.

Analysis and Recommendations

For the breast cancer research centre of excellence to offer unsurpassed comprehensive breast care, has a number of peerless characteristics such as ensuring only the most qualified female breast surgeons, nurses and lab technicians form the backbone of the centre's fully equipped labs and educational facilities.

Maintaining high standards to better patient care and enhance general healthcare services can be achieved by:

- Establishing national health education programs to educate and correct the misconceptions.
- Establishing structured screening programs and promoting early detection methods.
- Improving the knowledge of the primary health care physician by providing training programs related to early detection and regular audits to maintain standards.
- Establishing referral strategies for patients diagnosed with suspicious breast mass, through an established management treatment program founded on open communication between primary care and the multidisciplinary team.
- Establishing a multidisciplinary team for a one stop breast oncology clinic where management systems are set and patients are directed to the specialised service without delay.
- Centres and clinics across the Arabian Gulf region should develop an integrated network of cancer care using common clinical guidelines, management systems and strategies of care through the utilisation of computer-based documentation, statistical and network sharing tools.

A multidisciplinary approach to breast diseases reduces waiting time and minimises hand-offs while reducing patient anxiety, hospital costs and cultural stigma. The delay management process is as follows:

1. Patients are encouraged to attend health education programs.
2. Where the breast mass is suspected, the patient is advised by the nurse coordinator and arranges for the patient to visit her General Practitioner (GP) within 2 days.
3. The GP arranges an appointment with the multidisciplinary team's appointment desk which is given within two days.
4. The multidisciplinary team collectively review the entire case as a single project, thus reducing hand-offs.
5. The team dispatches the patient for mammography screening and results are reviewed by the radiologist.
6. Fine needle aspiration is then performed and read by the pathologist.
7. Decision for surgery is then made after discussion with the oncologist dependent on the site and size of the lesion.
8. Patient is sent for other relevant tests such as blood-work.
9. An admission slip is issued.
10. An urgent admission is then achieved within two days of the evaluation.
11. The patient is evaluated in the ward by the anesthesia team.
12. The patient is operated upon within two days after admission.
13. Recovery is expected within 2-3 days during which the final pathology report is completed.
14. The oncologist reviews the report and an adjuvant therapy is then advised based on the collective report.
15. Patient is discharged on the fourth post operative day.
16. The discharged patient's progress is followed in the outpatient department for possible further treatment.

Through this proposed system, the estimated total waiting time for a patient is about 1-2 weeks as compared to 6-18 weeks and the number of hand-offs is about 7-9 as compared to the 36-38 in the typically adopted methods.

Though there maybe no evidence that substantiates effects a reduction to a four week delay has on survival, it is evident that diagnostic and therapeutic procedures are associated with patient anxiety, which is found to be reduced when the patient is offered treatment 2-3 weeks post diagnosis.

Patient confidence is enhanced through quality and efficiency. In the Arabian Gulf region, in terms

of healthcare, this translates to greater public confidence in hospitals and their procedures. Thus, supporting the proposed management plan, are three computer-based management tools, recommended as means to support a paperless organisation, to aid breast cancer research and provide faster and more efficient data storing and retrieval functions, while cutting costs of archiving countless medical documents (Douma *et al*, 2007).

The first software is an archiving tool used for storing classified patient records electronically known as *Adobe® LiveCycle™* software and *Adobe PDF* templates. This tool has proven a successful at *Beth Israel Deaconess Medical Center (BIDMC)*, a prominent medical facility that has managed through the use of *Adobe LiveCycle* to reduce costs, reduce liability commonly caused by misplaced or missing documents and improve patient care (Adobe Systems Incorporated, 2006).

Supporting the projects research based requirements, is a second tool used for data analysis in medical research. *SPSS Software* is a statistical analysis software program with data management and preparation capabilities (SPSS, 2006). *SPSS Software* solutions include statistical, data, text and Web mining tools as well as reporting and survey research products (Fiscutean *et al*, 2005). Improving disease management through *SPSS* is possible by analysing patient data and generating information by type and stage of tumour development. Text mining tools enable health specialists to filter related research literature and effectively monitor patient developments (Abraham, 2008).

The third and final planning tool recommended is software used for medical applications known as the *GRID* system, introduced by *High Energy and Nuclear Physics (HEP)*. This graphic interface system offers a computing approach for data exchange management. To assure its success, this system requires that a group of geographically distributed users, whom share a common goal, are in agreement to share their information. These techniques have proven effective in statistical analysis and in diagnosis by means of shared networks for imaging analysis (Torres *et al*, 2003).

Stipulating that hospitals worldwide were to join a common screening program to reduce delays in diagnosis of breast cancer, it is believed that *GRID* method would allow overseas case studies and interactive exchange of diagnosis. This is suggested to reduce delays in the diagnosis and treatment of breast cancer patients that are currently linked to screening programs and lack of qualified radiologists (Jiang *et al*, 2007).

Conclusion

Diagnostic evaluation revealed that the majority of patients that present their case in the Arab World are symptomatic due to the unavailability of established screening programs in the region. Identifying management obstacles associated with a lack of awareness and delays in diagnosis and treatment of breast cancer carried an opportunity to investigate a breast

cancer research centre of excellence in the region. A breast cancer management plan was produced in collaboration, aspiring to minimise delays in diagnosis and treatment of breast cancer. Supplements for the proposed plan in the form of management software tools were recommended to guarantee superior healthcare services towards improving healthcare in the Arab World, reduce cultural and social stigma and improve prospects for survival.

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