EXPLORING THE RAZOR’S EDGE: MASCU LINE DISCOURSE IN PATIENT-PROVIDER RELATIONS

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- Minor in Men’s Health- first academic men’s health program
  - Men’s Health
  - Men Across Cultures
  - Men and Anger
  - Men in Recovery
  - Fathers and Fathering
- Private Practice working with Men/Boys
  - Naturopathic health consulting
  - Anger
  - Anxiety
  - “Lost”
Effective Provider-Patient Communication is Essential for High-Quality Medicine
Benefits of good communication:

- Patient satisfaction
- Adherence to treatment plan
- Symptom reduction
- Cooperative/collaborative
- Improved provider job-satisfaction/well-being

- Communication skills are teachable
The Razor’s Edge: Male Patient/Male Provider Dyad

How Does Masculine Discourse affect communication, and therefore health outcomes?
Avoidance of Healthcare

- Internalized masculinity inhibits healthcare seeking in men.

- Socialized message that men must conceal their vulnerabilities.

- “Young men and boys receive many contradictory messages about health while growing up. A health professional might encourage a young man to seek help when he needs it; yet research repeatedly shows that parents, other adults, and peers all discourage boys from seeking help—and ridicule and punish them when they do.”
Men who buy into traditional notions of masculinity are more negative about seeking mental health services than those with more flexible gender attitudes.

APA’s new Guidelines for Psychological Practice With Boys and Men:

- Traditional masculinity is psychologically harmful and that socializing boys to suppress their emotions causes damage that echoes both inwardly and outwardly.

- Stoicism, aggression, dominance and competition are the tenets of masculinity that are harmful.
"power, privilege and sexism work both by conferring benefits to men and by trapping them in narrow roles. They should consider how stoicism and a reluctance to admit vulnerability hamstring men in personal relationships, and they should combat these forces, in part, by encouraging fathers to engage more fully with their children."
Reactions to APA and Gillette

- “masculinity is being attacked as a pathology that needs to be cured”
- “masculinity needs to be shaved off”
- “profound and appalling rejection of the inherent nature of men”
The male provider/male patient dyad?
The Male Patient

- Communication style/ability reflects masculine norms
  - Competitive
  - Guarded, not vulnerable
  - Stoicism; Disclosing little
  - Independent

- “A man may find it difficult to talk about symptoms of premature ejaculation, erectile dysfunction or social anxiety, so he chooses instead not to bring up these issues, leaving the physician challenged to solve a medical puzzle with missing pieces. Worse yet, he may be too intimidated to even go a doctor.”

- Male patients talk less to male providers

- Male patients prefer male physicians, but only if it influences communication (Himmelstein/Sanchez 2015)
Masculine = Not Feminine

- Anti-feminine traits compound the communication difficulties by producing hindrances against self-awareness, self-care and self-nurturance, which are key components of medical care.

- Another example of how anti-feminine behaviors may manifest is in reluctance to talk about health behaviors such as use of performance-enhancing drugs, taking safety precautions or lowering risky behavior such as not using condoms, sports helmets or safety belts.

- Additionally, fear of the feminine shows up as men keeping the relationship distant, and can produce a lack of respect for female health care practitioners.
2008 Australian Study, “Qualities men value when communicating with GPs”:

**PATIENT CENTERED APPROACH:**

- Bio-psychosocial perspective
- Perception of “patient as person”
- Shared power/responsibility
- Therapeutic alliance
- Doctor as person

**MALES PREFER:**

- Frank Approach (matter of fact)
- Demonstrable Competence
- Thoughtful Use of Humor
- Empathy- “why”
- Prompt Resolution of Health Issues
Gender Non-Conforming Patients

Most physicians have treated TGNC patients and most had not had formal training, regarding communication and treatments.


“Hello, my name is Dr. Jones, and my preferred pronoun is she/her. What is your preferred name and pronoun?”

The MALE PROVIDER

Are we also masked?
Male Providers

- Traditional masculine norms or less gender role restricted?
- How comfortable in their masculinity?
- Able to vulnerable?
- Stoic/stoic?
- Able to cultivate shoulder to shoulder vs face to face dynamic?
Male physicians still typically develop a more authoritative engagement with patients, in which the demeanor is more regimented and less interactive.

- J.A. Hall, J.T. Irish, D.L. Roter, C.M. Ehrlich, L.H. Miller-Satisfaction, sex, and communication in medical visits Med Care, 32 (1994), pp. 1216–1231

Male primary care physicians engage in less-active partnership behaviors, fewer psychosocial question asking, and far less emotionally-focused talk. Research has also shown that male physicians have shorter consultation times than their female colleagues.


One meta-analysis demonstrated that “female patients received significantly more information and more total communication from their physicians than male patients.


Male patients seldom receive emotionally concerned acknowledgment such as concern and reassurance, and infrequent partnering statements with the physician.


Male physicians generally have a more scripted communication style.

How Do Masculinities Inform the Practices of Men Who are Nurses?

- Rational
- Decisive/Assertive
- Resilient
- Strong- physically and by being a protector to “watch over” patients

- Authoritarian
“Whoa—way too much information.”
Protection and defense are key elements of the job

Physical strength necessary for safety and adherence to rules

Sports-oriented stereotype is beneficial as a relational tool

Hispanic Physician’s Paternalistic Style Preferred
- may produce better outcomes

Black Male Provider/Patient Dyad increases effectual communication and health outcomes

**Research:** Having a Black Doctor Led Black Men to Receive More-Effective Care, Harvard Business Review, N. Torres

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Researchers have found that during their third year of medical school, typically the time when students start seeing more patients, their level of empathy declines and cynicism increases, despite efforts to teach empathy.

What Can We Teach?
What Can We Learn?

- Vulnerability can be flexible
- Masculinity is only one part of the male- yang is created by yin
- Self Awareness of one’s own style
- Recognition of the patient’s preferred communication style
- Traditional tenets of masculinity can be used to enhance provider/patient interaction
Join me for Men’s classes
Watch for upcoming Men’s Health Certificate

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