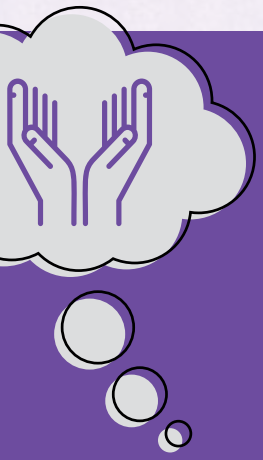
COMPASSIONATE Care

How do religion, gender, race and socioeconomic status shape clinical decisions?

Personal traits and values, such as gender, race, ethnicity, religion and socioeconomic status, can affect health and well-being. Athletic trainers should consider these values when making clinical decisions. To build cultural competence as a health care provider, try strategies such as Linda Leavitt's three-step approach.*

1. Recall how your values have shaped choices you made as a patient and as a clinician.
2. Learn which values affect outcomes and how they can help or harm the patient experience.
3. Prioritize patient-clinician dialogue; start conversations and ask questions freely.



RELIGION

Religion can benefit physical and mental health. Regular service attendees are more likely to eat well, be physically active and cope better. Regular attendance has been shown to reduce depression and substance abuse.

Considerations:

- When assessing and treating patients, consider religious concerns that may affect their care.
- Respect faith-based dietary limits, including those of Orthodox Judaism and Islam. Accommodate religious fasts, such as those observed during Ramadan, Islam's holy month.

GENDER IDENTITY

Gender and gender identity strongly relate to health and health care disparities. Studies find transgender and LGBTQIA+ patients seek care less due to perceived provider stigma, negative attitudes or fears of limited knowledge and understanding. Women, especially ethnically diverse women, often have less access to quality reproductive and women's health care. Men are often more hesitant to show emotion or acknowledge mental health concerns.



Considerations:

- Transgender people are more likely to experience depression, suicidal thoughts, substance abuse and self-harm.
- Know local resources, including welcoming, affirming facilities and providers.
- A patient's first impression of athletic trainers can shape future care. Make your setting more inclusive.



RACE AND ETHNICITY

Race and ethnicity link to care disparities also tied to gender and socioeconomic status. Ethnically diverse patients have less insurance coverage and face more barriers to care. Asthma, diabetes, cardiovascular disease and obesity occur more often among African Americans, Native Americans and Alaska Natives.

Considerations:

- Know each patient's race and ethnicity to recognize related care disparities.
- If language differs, confirm that the patient fully understands home exercise and medication instructions.

SOCIOECONOMIC STATUS

Socioeconomic status affects both past and current health. People in or raised in poverty have poorer health, less access to care and higher death rates overall.



Considerations:

- In low socioeconomic households, preteens and teens show more risk-taking, less physical activity and a higher risk of sexually transmitted diseases.
- Adults in low socioeconomic households face greater risk of diabetes, cardiovascular disease, osteoarthritis and depression.

*Source: National Athletic Trainers' Association; original article and references in *NATA News*, October 2017.

Infographic: National Athletic Trainers' Association (2023 update)