Editorial • Diversity and Inclusion Matters in Vision Therapy

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Each patient views life through their own lens, literally and figuratively. As eye care professionals, we pay close attention to the physical lens, but we may not fully consider the figurative lens our patients use to view the world. Diversity is defined as the distinct traits that make a person unique, such as age, education, ability, race, gender, sex, religion, national origin, and culture. Even service in the military adds a layer of culture to one's diversity of experiences.[1] These factors comprise the lens in which we all perceive everyday experiences. By intentionally valuing our patient's full perspective, we bridge the gap between the clinician's views of vision care and the patient's beliefs.[2] Without addressing this difference, there is an increased risk for clinician-patient communication breakdown, unmitigated practitioner bias, and ultimately, reduced patient outcomes. Health care professionals who invest in and interweave diversity initiatives in their patient care practice have increased patient adherence, increased morale with staff, and better patient outcomes.[3-5]

Effective diversity efforts not only improve patient-doctor communication, but they also enhance doctor-staff relations by expanding creativity, enriching problem solving, improving morale, and increasing fiscal strength.[5-6] It must be noted that diversity is not effective without inclusion, the practice of providing equal access to opportunities and resources for people who might otherwise be excluded or marginalized. Inclusion is a true sense of belonging. Fostering this sense of belonging among the office staff and patients supports retention.

Making diversity and inclusion core values in eye care may reduce the gap in health disparities, health differences associated with social, economic, and/or environmental disadvantage.[7] As optometrists, we are aware of the effect vision therapy can have on improving disparities in visual processes and learning outcomes.[8] We have all managed patients who we knew would benefit from therapy but did not adhere to the prescribed protocol. Investing in diversity and inclusion strategies may reduce the variance in compliance. It is a common theme within vision therapy education that clinicians should treat the patient as a person, not just a set of eyes. We are well versed in case history and examination findings to diagnose, but do we consistently consider the cultural or psychosocial aspects of the diagnosis? Do we ponder their social histories and the emotional states of the patient or caregiver and their potential influence on the therapeutic outcomes?[9]

You may be asking yourselves what the impetus is to add more questions to the examination. Patients in marginalized groups are more likely to arrive in your examination room with mistrust for health care professionals. Patient adherence to treatment increases when trust is cultivated in the doctor-patient relationship.[10] With this in mind, did you know the level of encounter satisfaction reduces with Spanish-speaking patients when a professional translator is not used?[11] Do you consistently connect with the patient about the therapeutic protocol on their level? Does your vision therapy team feel comfortable communicating to your transgender patients and use preferred pronouns? Did you know that addressing a young black male as "boy" is considered offensive because of the word's connection to slavery and the Jim Crow era? Is it a priority for you and the vision therapy team to correctly pronounce the name of your patients, no matter how difficult? If English is a second language, do you adjust automaticity goals in the therapy room? Is your team trained to inquire about patient temperament to add to the full context of the patient, not just the eye symptoms? When your therapy patient is more despondent, have you trained your therapists to push through the session or to pause and inquire about the patient?

For instance, young LGBTQ patients have higher rates of anxiety and depression along with being at a greater risk of being bullied.[12] This combined knowledge can guide the doctor on the best mode of

Table 1. BATHE protocol

Background- what is going on in your life?
Affect- how does it affect you?
Troubles- what troubles are you experiencing?
Handling- how are you handling it?
Empathetic Statement- i.e. I hear you, that must have been tough.

action for this patient. Some medical professionals use the BATHE protocol to connect and to build trust with the patient (Table 1).

When inclusion practices are not taken into consideration, it opens the door to micro aggressions, patient dissatisfaction, and ultimately, reduced health outcomes. Therefore, what steps can eye care professionals take to develop a core value of diversity in their offices?

1. Make your office a welcoming environment for staff and your patients. Patients who are historically marginalized look for welcoming spaces. A simple sign that says "All are welcomed here" makes a warm impression. Consider the photographs in the office. Are they representative of the patients being served? For instance, if your patient population has a significant amount of historically marginalized groups, such as disabled patients or ethnically diverse patients, are they represented on your walls? Who is represented in the brochures? To take this further, invest in training for the clinician and staff on inclusive behaviors.
2. Invest in diversity training to facilitate effective communication. It cannot be stressed enough how important it is to communicate to your patients in a manner that appreciates the person and that person's experiences, not the symptoms presented. With patients who identify as LGBTQ, do not assume gender identity, ask. Use the pronouns they use for themselves. If you can address the patient using their first name, great! If not, do not automatically use Mr./Mrs./Miss/Ms. or gendered words such as ma'am and sir. Ask them how they would like to be addressed.[12]
3. Listen without judgment, interjecting, or suggestions to earnestly hear the patient or parent. This should be exercised with patients and staff. When patients feel that they are heard, trust develops.
4. Examine your staff. Does your staff reflect the patient demographic your office serves? This is not for mere numbers, but for representation, which provides a range of experiences and understanding that is innately helpful with successful patient care interactions.[13]

Diversity and inclusion in vision therapy is a must for better-quality interactions with patients and staff. It all starts with valuing the perceptive lens with which each individual views the world and taking actionable steps to demonstrate the individual importance of each patient to begin enhancing patient outcomes and staff relations.

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Pepper JD. Diversity and inclusion matters in vision therapy. Optom Vis Perf 2020;8(4):167-8.