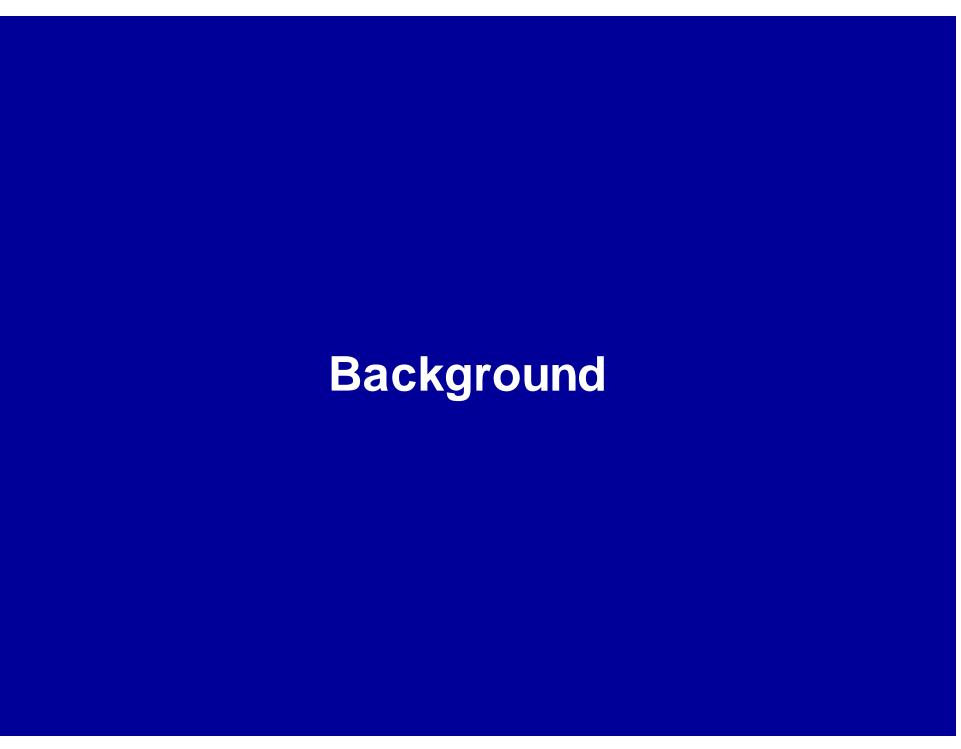
Trust and Distrust of Physicians among African American, Non-Hispanic White and Hispanic Respondents

Elizabeth Jacobs¹, Emily Mendenhall¹, <u>Italia Rolle²</u>, Carol Ferrans², Richard Warnecke²

John H. Stroger, Jr. Hospital of Cook County and Rush University Medical Center, Chicago, IL¹
University of Illinois at Chicago, IL²

Outline

- Background
- Study Objective
- Methodology
- Results
- Conclusions
- Recommendations



Trust and Health Care

- Importance delivery of health care
- Patient-physician relationship
- Interpersonal trust significant predictor:
 - Acceptance of recommended care
 - Satisfaction with care
 - Loyalty and satisfaction with the physician
 - Self reported health improvement
 - Willingness to give physician control

Previous Research Interpersonal Trust and Health Care

Focus on Caucasian patients

 Lack of studies comparing trust and distrust in physicians across racial/ethnic groups

 African American and Hispanics differing views of trustworthiness

Study Objective

To better understand how views of trustworthiness of physicians vary across African Americans, Hispanics and Non-Hispanic whites.



Study Design

Qualitative

- 17 Focus Groups conducted
 - 9 African American (n=66)
 - Public hospital clinics and community organizations
 - 3 Non-Hispanic White (n=13)
 - Private Hospital
 - 5 Latino (n=38)
 - Public hospital clinics and community organizations

Focus Groups

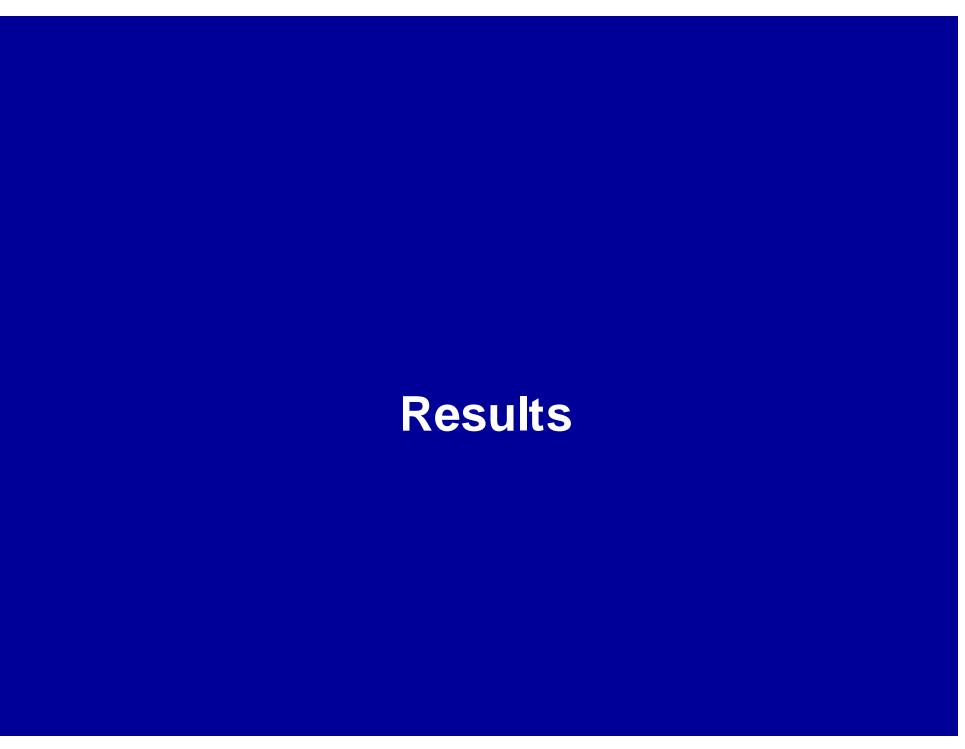
Semi-Structured Interview Guide

 Trained experienced moderators and observers

Audio taped

Analysis

- Focus group discussions transcribed verbatim
- Grounded theory
- Transcripts reviewed using ATLAS.ti 4.2
 - Two trained coders
 - Intercoder reliability: K statistic = 0.90
- 91 codes
 - 17 initial codes based on interview guide
 - 74 codes added during analysis



Demographics

- Age range 19-79 years
 - Mean 47 years
- Hispanics and African Americans had lower educational attainment than whites
- Majority had visited a doctor in the past year
 - High 89% (similar across the groups)
- Health care insurance
 - Higher rates of un-insurance Hispanics and African Americans



- Important for all groups
 - Interpersonal competence
 - Excellent interpersonal communication key to building trust
 - Caring
 - Having an interest

"[Doctors should] be able to communicate and to have a good bedside manner. I may not mean an awful lot [to the doctor]. Just show me that you are concerned. You know you don't have to sit in the room for me 20 hours. Make me feel comfortable because this is my life and I want to trust."

- Important for all groups
 - Technical competence
 - Making the right diagnosis
 - Giving the appropriate treatment
 - Providing the correct follow-up care

- Different across groups
 - Physician characteristics
 - Gender, age, race not important for African American and whites
 - Hispanics preference language (Spanish speaking) and gender

- Important for all groups
 - Interpersonal and technical incompetence
 - Hurried consultations
 - Poor communication
 - Lack of attentiveness

"I've been sick for about the past 5 years. I see doctors and specialists regularly...My original doctor was terrible. She didn't listen to anything I had to say. She was right [according to her]. No matter what it was, she was right. In the mean time I was getting sicker"

- Different across groups
 - For profit health care
 - African Americas: community clinics focus on profit specifically Medicaid
 - Drug companies and physicians
 - Communication difficulties
 - Physician ability to communicate clearly in English or Spanish
 - African American and whites distrust non-fluent English speaking physician
 - Hispanics distrust non-Spanish speaking physician

Different across groups Racial Discrimination

- African Americans and Hispanics perception of treatment
- Whites focus on socioeconomic status and insurance
- Hispanics discrimination African American staff
- Experimentation
 - Important for African Americans
 - Tuskegee experiment
 - Less relevant for whites and Hispanics

Distrust in Health Care Providers

"Over my period of time dealing with the medical field, I know that you do need a hell of a lot of trust in physicians...it reminds [me] of the Tuskegee Institute where they messed around and they made the brothers have the disease instead of treating them; they just wanted to see how it was going to affect them."

Consequences

Influence on health care seeking behavior

- Trust
 - Facilitates care-seeking
 - Enhances adherence to treatment
- Distrust
 - Refusal of surgery
 - Withdraw from care
 - Not seek care

Limitations

- Qualitative study
- Limited number of participants (n=117) differing for each racial/ethnic group
- Recruitment in a single urban environment
- Respondents had contact with the health care system within the last twelve months

Conclusions

 Patient insight into determinants of physician trust and distrust

Similarities and differences across the groups

 Core group of factors engender trust and distrust

Conclusions

- Determinants of trust similar across all groups
 - Interpersonal and technical competence
 - Hispanics: Spanish speaking and culturally competent physicians
- Determinants of distrust more varied across groups
 - Lack of technical and interpersonal competence
 - For-profit physician motivation
 - African Americans and Latinos:
 - cultural incompetence
 - racial and ethnic discrimination
 - language barriers
 - fear of experimentation

Recommendations

 Approaches to building trust and preventing distrust should not be onesize fits all

 The measurement and exploration of trust as a determinant of disparities and/or health outcomes should be sensitive to these differences across racial/ethnic groups

Acknowledgements

- Robert Wood Johnson Foundation
- Elizabeth Jacobs, MD MPP
- Emily Mendenhall, MPH
- Gabriela Juarez-Dominguez, MA
- Carol Ferrans, RN, PhD, FAAN
- Richard Warnecke, PhD
- The many participants in this study