Disparities in Perceptions of Healthcare Provider Communication among Women: Findings from the 2003 Health Information Trends Survey (HINTS)

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Introduction

- Effective and consistent patient-provider communication is an important determinant of patient satisfaction, adherence to prescribed regimens, and health outcomes.^{1,2}
- However, there are few data on how consistently healthcare providers perform communication tasks such as:
 - listening,
 - explaining,
 - being respectful,
 - spending time,
 - including patients in joint decision-making, or the extent to which perceptions about whether providers perform such tasks vary by demographic group, health status, or insurance status.

Objective

To examine the extent to which women of different ethnicities perceived whether the aforementioned communication tasks were consistently performed by their healthcare providers during the previous year.

Methods

- Data from the 2003 Health Information National Trends Survey (HINTS)4, a public dataset of the National Cancer Institute, were used in this study.
- The data were collected between October 2002 and April 2003, and contain responses of 6,149 respondents who were 18 years and older from a probability sample of US households identified through random-digit dialing.
- Telephone interviews were conducted by trained interviewers using a standard interview schedule.
- The interview protocol includes constructs from established health communication theory.³

Data analysis

We analyzed the data by selected demographic, health status, and other variables using SUDAAN, a statistical analysis program designed specifically for analyzing complex datasets.⁴

Results

- None of the racial groups perceived that healthcare providers always performed the five communication tasks.
- Hispanic women, however, reported a lower mean rating of 3.35 <u>+</u>.70 compared to non-Hispanics who reported scores of 3.45-3.48
- Ratings also varied by age, work status, health status, level of reported depression, and insurance status (P ≤ .001).

Conclusion

- Healthcare providers need to improve their communication with Hispanic women who are young, uninsured, and unemployed, and those already in poor health or depressed.
- Examining why these discrepancies exist and what can be done to improve patient-provider communication should be investigated further.

References

- I. Betancourt JR, Green AR, Carrillo JE. The challenges of cross-cultural healthcare--diversity, ethics, and the medical encounter. *Bioethics Forum*. 2000; 16:27-32.
- Image: 2. Freimuth VS. The chronically uninformed: Closing the knowledge gap in health. In: Ray EB, Donohew L, eds. *Communication and Health: Systems and Applications*. Hillsdale, NJ: Erlbaum; 1990: 212-237.
- 3. Nelson DE, Kreps GL, Hesse BW, et al. The Health Information Trends Survey (HINTS): Development, design, and dissemination. J Health Commun. 2004; 9:443-460.
- 4. SUDAAN. Available at: http://www.rit.org/sudaan. Accessed September 27, 2006.