

Differences in the Conceptualization of Medical Mistrust

Among African-American and White Women of Low Socioeconomic Standing

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Focus Groups

Six Racially Concordant Focus Groups Conducted

17 African-American Women | 22 White Women

Participants were asked to respond to:

“Have you or anyone that you know had experiences in a health care setting that made you feel mistrustful? **By mistrust I mean when people feel fearful or suspicious of doctors, nurses, hospitals or hospital workers. Maybe they think the provider is not doing enough to help them. Maybe they have doubts about the provider’s intentions. Or maybe they feel the provider is being biased. People may feel this way because of their illness, or disability, their race/ethnicity, ability to pay or because of their age or gender.**

People may feel mistrustful for any number or combination of reasons. The bottom line is that they feel uncomfortable, fearful or suspicious in a health care place. Given this meaning of medical mistrust, please give me examples that describe mistrust of the health care system or providers.”

- 162 statements were generated
- Statements were reduced to a final set of 96
- Participants rated the final set on **Perceived Prevalence** — *How often does this mistrust statement happen?*
- A five-point scale was used: 1 = Never to 5 = All of the time

Objective

- Develop a conceptual framework for medical mistrust among African-American and White women of low socioeconomic standing.

Methods

- Concept Mapping is a mixed methods process that combines focus groups, sorting/rating exercises with multidimensional scaling and cluster analysis.
- Concept Maps provide a pictorial representation of a group’s ideas on a given topic, shows how the ideas are related, and which are most relevant or important.
- Approved by University of Illinois at Chicago IRB/Human Subjects

Results

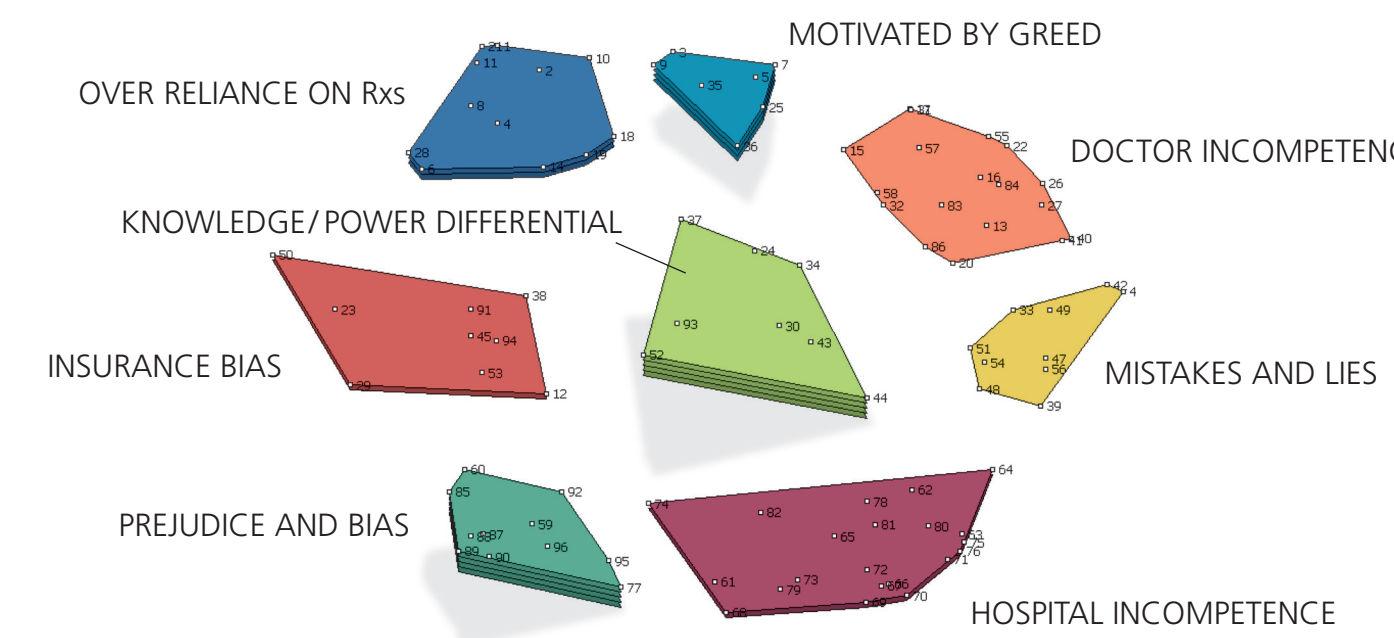
- Eight domains of medical mistrust were identified by both groups:
 - Doctor Incompetence
 - Hospital Incompetence
 - Insurance Bias
 - Knowledge/Power Differential
 - Mistakes and Lies
 - Motivated by Greed
 - Over Reliance on Rx’s
 - Prejudice and Bias
- How the domains were prioritized by each group varied.
- African-American women perceived the **institutional aspects** of medical mistrust as most prevalent.
- White women perceived the **interpersonal aspects** of medical mistrust as most prevalent.

Concept Map Results

Multiple layers indicate higher levels of Perceived Prevalence

African-American Women
Emphasis on Knowledge/Power Differential; Prejudice and Bias; and Motivated by Greed indicates

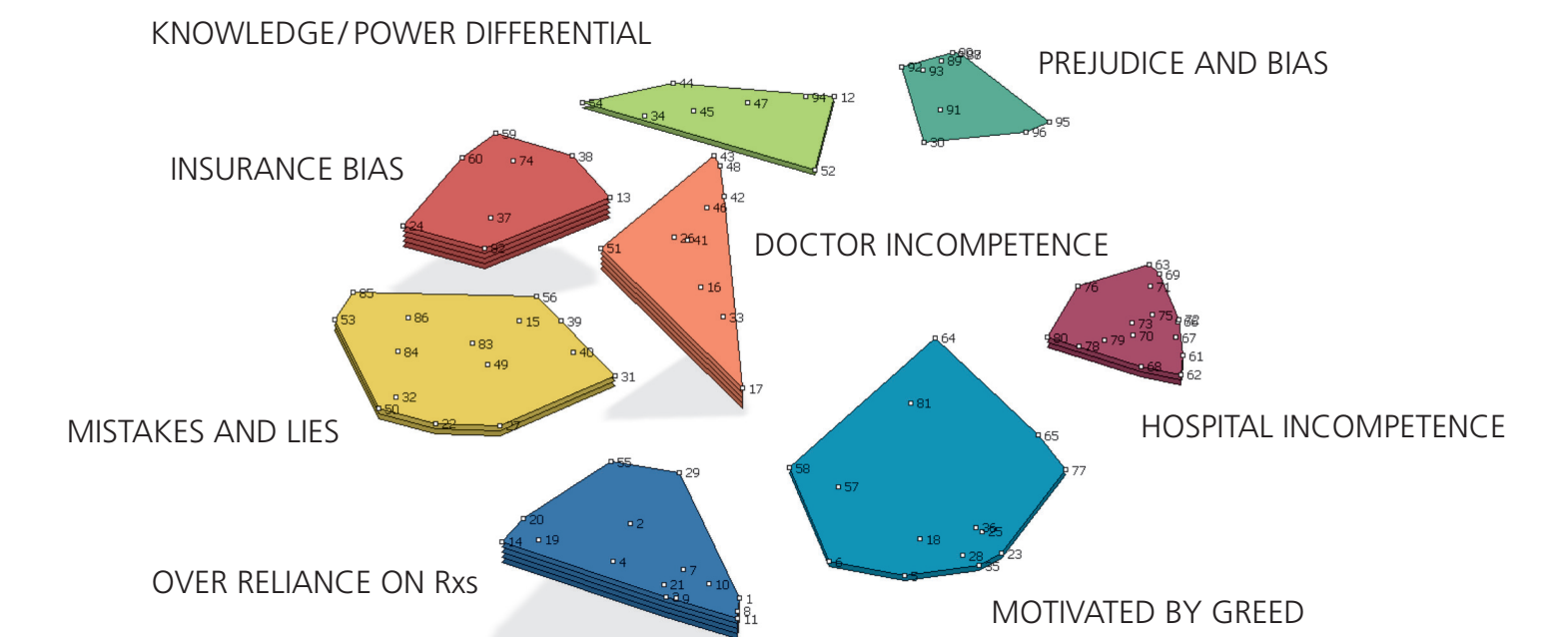
Institutional aspects of medical mistrust



White Women

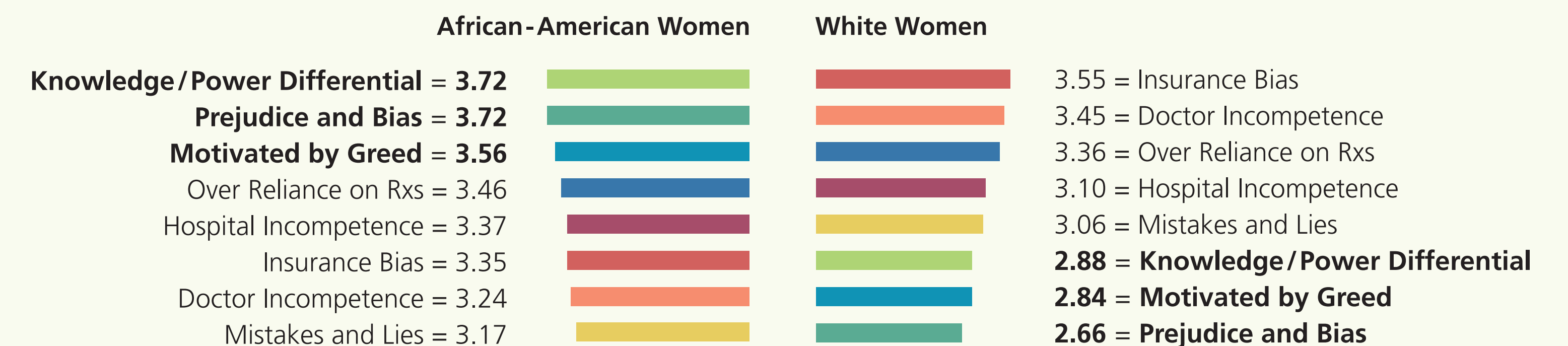
Emphasis on Insurance Bias; Doctor Incompetence; and Over Reliance on Rx’s indicates

Interpersonal aspects of medical mistrust



Conclusions

Perceived Prevalence Chart shows observed domain hierarchies and mean domain rating values based on the 5-point scale



- Domains in bold** are statistically significantly different between groups.
- Participant groups emphasized opposite domains.
- Study findings suggest that African-American women of low socioeconomic standing view medical mistrust in “landscape”—they have unequal access to care because of biases and racial discrimination at the institutional level.
- Findings also suggest that White women of low socioeconomic standing view medical mistrust in “portrait”—they have access to care, but they don’t like the way they are personally being treated.

Citations for Mistrust Definition

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