

Perceptions of Healthcare Professionals:

Disparities among Anglo and Latino Women

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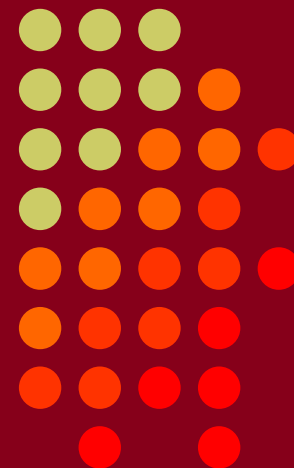
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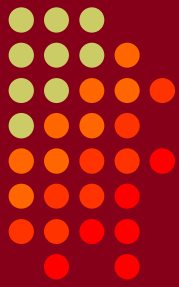
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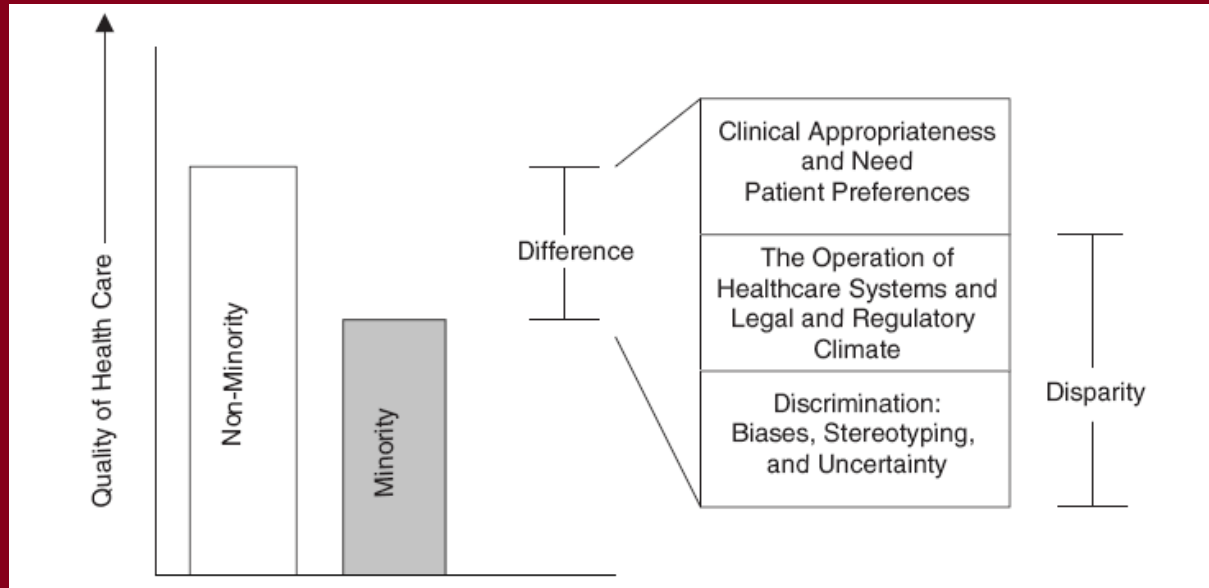


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Evidence of Discrimination in Healthcare



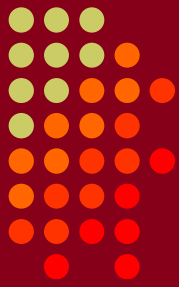
- Institute of Medicine's (IOM) report on unequal treatment points to evidence of discrimination in healthcare across racial and ethnic groups and its impact on disparities in various health outcomes (1).



Source: “*Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare*” IOM (2003)

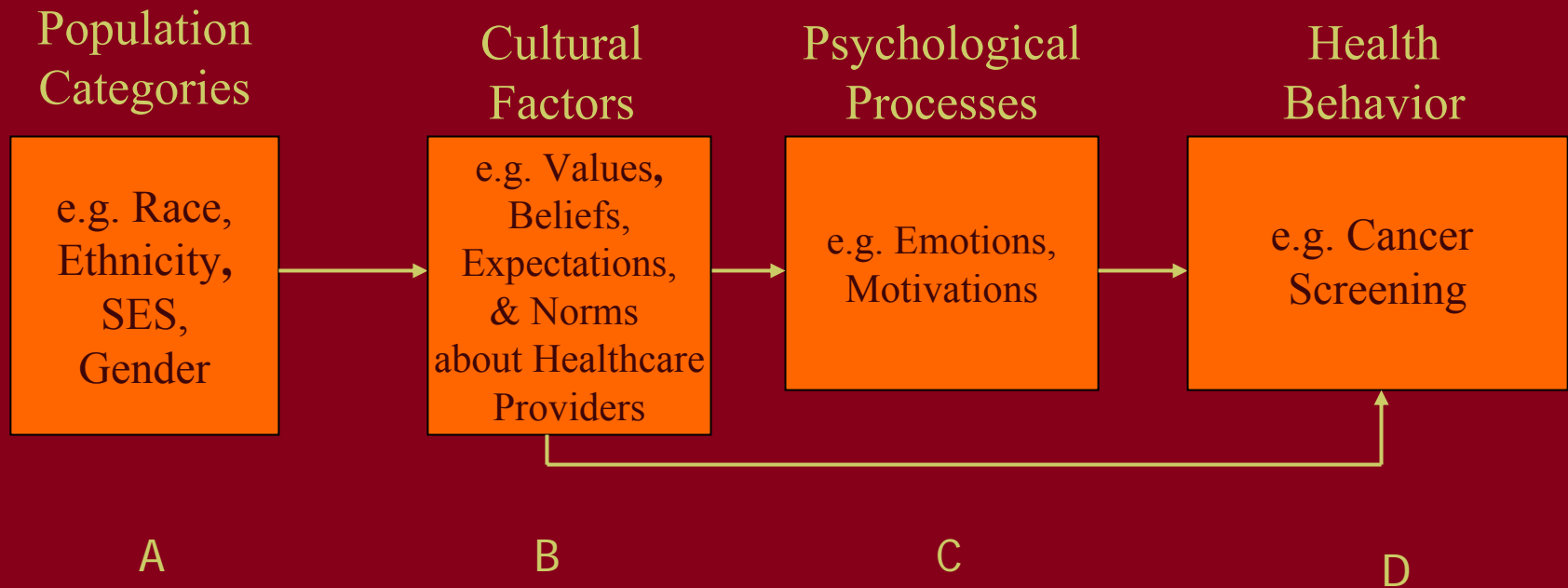
- Gomes and McGuire (2001) illustrated in the IOM report that minorities experience disparity in quality of care through discrimination practices by healthcare providers and through unequal care by the delivery system of healthcare (1).

Model for the Study of Culture and Health Behavior



Healthcare discrimination may be better understood through the study of patients' cultural perceptions of healthcare professionals and how this may influence healthcare utilization.

Distal.....To more proximal determinants of behavior



The model for the study of culture and health behavior can be used to guide such research (e.g. Betancourt & Lopez, 1993; Betancourt & Flynn, 2007).

Aims & Hypotheses



Research Aims:

1. Assess cultural perceptions of healthcare professionals among Latino and Anglo women
2. Determine how cultural perceptions may be associated with disparities in breast cancer screening

Research Hypotheses:

1. Group differences will exist among Anglo and Latino women regarding cultural perceptions of healthcare providers delivering screening services
2. Less favorable cultural perceptions of healthcare providers will be associated with less frequency of clinical breast exams among Anglo and Latino women.

Study Methodology



Participants: Anglo (n=38) and Latino (n=44) cancer-free women in San Bernardino and Riverside Counties were included in the study. Women were between the ages of 18 and 48.

Recruitment: Bi-lingual research assistants recruited Latino and Anglo women from various locations including churches, community organizations, health clinics, and university settings.

- Efforts were made to ensure that participants from various demographic backgrounds were recruited for the study

Participation and Compensation: All participants were paid \$25 for the completion of a questionnaire containing items concerning cancer screening behaviors and cultural perceptions of healthcare providers who provide screening services

Informed Consent: All participants underwent verbal and written informed consent.

Measures

Item Development

Based on Triandis' methods for the analysis of subjective culture (3,4). Qualitative interviews with Latino (n=22) and Anglo (n=17) women identified elements of culture relevant to cancer screening behaviors. Responses from interviews were content coded and items were developed to assess culture-specific and culture-general elements.

Cultural Perceptions of Healthcare Provider Items:

Two domains of healthcare perception were assessed:

1. cultural perceptions of healthcare professionals performing **mammograms**
2. cultural perceptions of healthcare professionals performing **clinical breast examinations (CBEs)**

Items were ranked on a 7-point Likert scale from 1 = “strongly disagree” to 7= “strongly agree”

Sample items:

Sample
Mammogram items

“Healthcare personnel doing the mammogram are very friendly and considerate”
“Health care personnel are very helpful by providing useful instructions for the mammogram”
“The experience of having a mammogram would be better if the health personnel was more friendly and considerate”

Sample
CBE items

“Doctors who do the clinical breast examination are always very professional”
“Doctors try to make you feel at ease during the clinical breast exam”
“I do not trust the doctors doing the clinical breast exam”
“It is difficult finding a doctor that you trust and feel comfortable with”

Breast Cancer Screening Item:

One item assessed **Clinical Breast Exam** frequency:

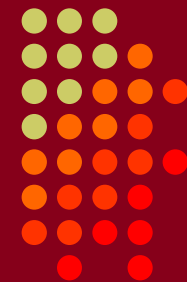
“How many clinical exams have you had in the last 5 years?”

Data Analyses

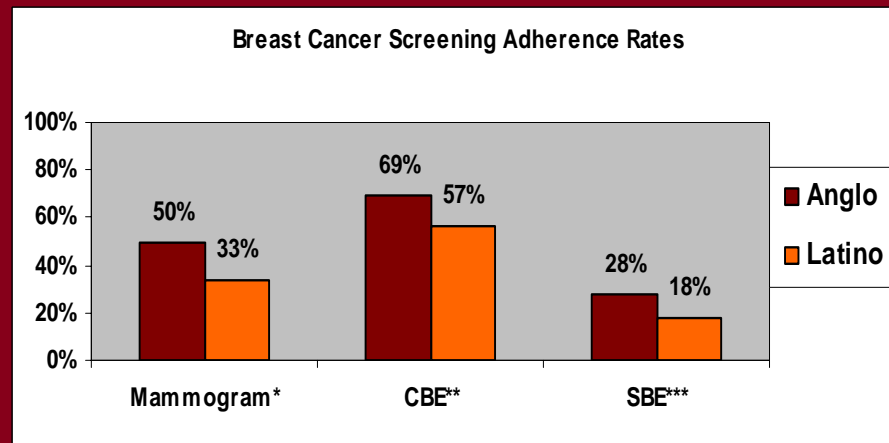


- An exploratory factor analysis was performed to assess the factor structure of items assessing cultural perceptions of healthcare professionals across two domains of screening (mammogram and CBE).
- After the exploratory factor analysis, factor composites assessing cultural perceptions of healthcare providers in each screening domain were created by summing and averaging items within each factor.
- T-tests were computed to examine potential ethnic group differences among the items contained in each factor and on each of the screening domains.
- Correlations were computed to assess whether the composite scores of each factor would be associated with frequency of clinical breast exams

Sample demographics and screening rates



	Latino	Anglo	Total
	N=44 53.7%	N= 38 46.3%	N= 82
Age (M)	37.29	42.5	39.8
Education (M)	10	14.46	12.12
Income (%)			
0-14,999	54.1	24.2	40
15,000-24,999	8.1	21.2	14.3
25,000-39,000	18.9	21.2	20
More than 40,000	15.9	28.9	22
Latino Country of Origin (%)			
Mexico	80	--	
S. America	5	--	
Central America/ Caribbean	7.5	--	
Other	7.5	--	



*women 45 years+ with at least 5 mammograms in past 5 years

**women 25 years+ with at least 3 CBEs in the past 5 years

***women 18+ with at least 12 or more tests SBEs in the past 5 years

Factor Analysis

An exploratory factor analysis was conducted using SPSS version 12.0

A two factor solution was revealed and inter-item reliabilities were computed for each factor on each screening domain.

Professional
Conduct

Mammography
 $\alpha = .799^*$

CBE
 $\alpha = .894^*$

Lack of
Comfort/
Trust

Mammography
 $\alpha = .748^*$

CBE
 $\alpha = .763^*$

Mammography

	Factor Loadings	
	Professional Conduct	Lack of Comfort/Trust
Healthcare personnel are always very professional.	.663	-.083
Healthcare personnel are very useful by providing useful instructions	.811	-.081
Healthcare personnel doing the mammogram are very friendly and considerate	.695	.205
I do not trust the healthcare personnel doing the mammogram	.226	.648
Having a female do the exam is less embarrassing	.239	-.557

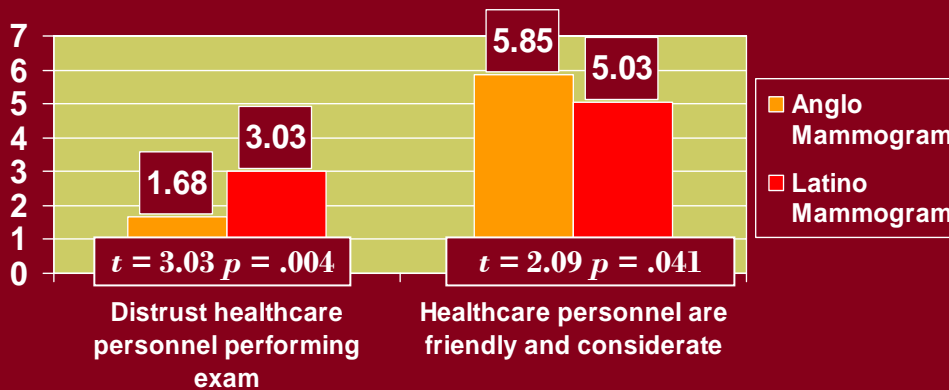
Clinical Breast Exam

	Factor Loadings	
	Professional Conduct	Lack of Comfort/Trust
Doctors that do the clinical breast exam are always friendly and considerate	.965	.082
Doctors who do the clinical breast exam are always very professional	.861	.111
Doctors try to make you feel at ease during the clinical breast exam	.838	-.042
Doctor really care about their patients and are concerned with their patients health	.745	-.095
Doctors are very helpful by explaining what they are going to do during the exam	.743	-.065
Having the doctor touch you during the clinical breast exam is very uncomfortable.	.157	.746
Doctors are not compassionate for what their patients are going through	-.075	.691
Doctors are always in a hurry and do not have time for their patients	-.073	.633
It is difficult to find a doctor that you trust and feel comfortable with	-.087	.632
Some doctors inappropriately touch their patient's breasts	-.230	.401
I do not trust doctors doing the CBE	.034	.339

* Indicates Chronbach's alpha of items within each factor

Ethnic Differences in Cultural Perceptions of Healthcare Providers

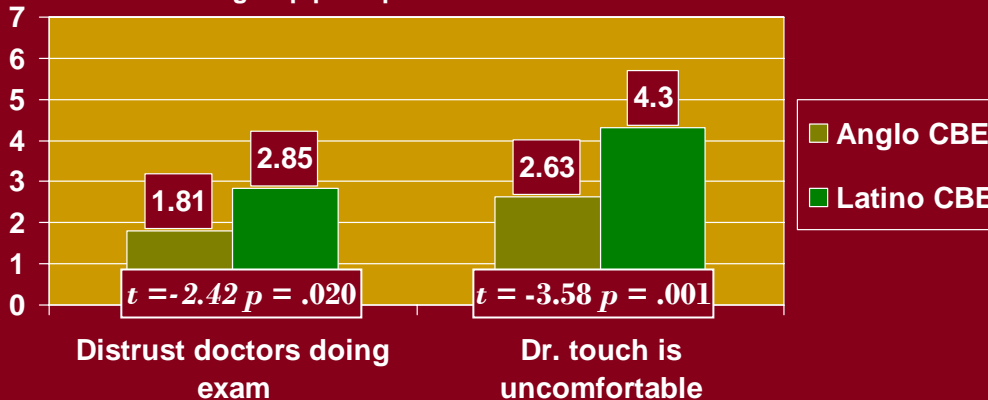
Ethnic group perceptions of healthcare: mammography



Mammograms

- Latino women reported significantly higher levels of distrust toward healthcare personnel
- Anglo women felt that healthcare personnel were significantly more friendly and considerate

Ethnic group perceptions of doctors: CBE



Clinical Breast Examination

- Latino women reported significantly higher levels of distrust of doctors than Anglo women
- Latino women were also significantly more uncomfortable with the doctor than Anglo women

Cultural Perceptions of Healthcare Providers & Frequency of Screening

Cultural Factors		# of clinical breast exams
Professional Conduct (CBE)	Anglo	$r = .36^*$ ($p = .045$)
	Latino	$r = -.013$ ($p = \text{NS}$)
Lack of Comfort/Trust (CBE)	Anglo	$r = -.324$ ($p = .075$)
	Latino	$r = -.41^*$ ($p = .019$)

The cultural factor “Professional Conduct” was significantly related to higher CBE screening frequency for Anglo but not Latino women.

The cultural factor “Lack of Comfort/Trust” was significantly related to lower levels of CBE screening for Latino but not Anglo women.**

**Healthcare-relevant cultural factor composites for mammography were not significantly related to screening rates, however this finding may be due to the small sample size used in that particular analysis.

Conclusions



Based on the Model for the Study of Culture and Health Behavior

- Findings indicate that ethnic differences exist in the cultural perceptions of healthcare providers that deliver screening services
- These cultural perceptions of healthcare providers are associated with frequency of screening among Anglo and Latino women

Future Research

- Efforts should be made to better understand the psychological processes (e.g. cognitions & emotions) that underlie ethnic differences in cultural perceptions of healthcare providers
- Future research could also be conducted with healthcare personnel to better understand their cultural beliefs and expectations about diverse patients which may in turn influence the effectiveness of their care

Intervention

- Programs could benefit from intervening with both culturally diverse patients and their healthcare providers
 - Such interventions are expected to lead to more effective delivery of healthcare services and may also improve the health behaviors of diverse patients

References



1. Institute of Medicine (2002). *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*. Washington, DC: National Academy Press.
2. Betancourt, H. & Flynn, P. (2007). Culture, health behavior, and delivery of services. *Manuscript submitted for publication*.
3. Triandis, H. C. (1972). *The analysis of subjective culture*. New York: Wiley.
4. Triandis, H. C. (1984). A theoretical framework for the more efficient construction of cultural assimilators. *International Journal of Intercultural Relations*, 8, 301-330.
5. Betancourt, H. & Lopez, (1993). The study of culture, race, and ethnicity in American Psychology. *American Psychologist*, 48, 629-637.