



In the Literature

R-E-S-P-E-C-T: PATIENT REPORTS OF DISRESPECT IN THE HEALTH CARE SETTING AND ITS IMPACT ON CARE

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Perceptions of disrespect and of being treated unfairly within patient-provider relationships affect whether patients heed doctors' advice or return for treatment. These consequences are the unwelcome results of perceived racial discrimination and can be avoided if doctors strive to be respectful and culturally sensitive to the needs of their patients, regardless of ethnic or racial background.

In "[R-E-S-P-E-C-T: Patient Reports of Disrespect in the Health Care Setting and Its Impact on Care](#)" in the September 2004 issue of the *Journal of Family Practice*, researchers Janice Blanchard and Nicole Lurie, of George Washington University and RAND Corporation, respectively, found that minorities are significantly more likely than whites to report being treated with disrespect or being looked down upon in patient-provider relationships.

Drawing on prior research that documented racial and ethnic disparities in health care across numerous diseases and care settings, the authors hypothesized that minority and non-native English speaking patients report negative health care experiences more often than do whites. They further hypothesized that patients who report such negative experiences are less likely to seek care initially or return for follow-up care.

Methodology

The authors analyzed data derived from the Commonwealth Fund 2001 Health Care Quality Survey, a nationally representative sample of 6,722 adults age 18 years and older. These respondents lived in the continental United States and spoke English, Spanish, Mandarin, Cantonese, Vietnamese, or Korean. The authors measured such factors as whether minorities felt they were treated with disrespect or looked down upon; believed they received unfair treatment due to race or language spoken; or believed they would have been better

treated if they had been of a different race. The authors also measured utilization, gauged by whether the person received a physical exam within the prior year; received optimal cancer screening and recommended elements of chronic disease care; delayed needed care; or did not follow the doctor's advice.

Results

Overall, 14.1 percent of blacks, 19.4 percent of Hispanics, and 20.2 percent of Asian Americans reported that they perceived being treated with disrespect or being looked down upon by health care providers, compared with only 9.4 percent of whites. Members of these minority groups were also more likely than whites to report they were being treated unfairly because of race or language, and were more likely to feel they would have received better care had they belonged to another race. Language presented another barrier to equal care. Non-native English speakers were more likely to say they had been treated with disrespect and felt they would have received better care if they had been of a different race.

Men were significantly more likely than women (15.9% vs. 11.6%) to perceive being treated with disrespect by doctors. This was particularly true among Asian American and Hispanic men. Twenty-four percent of Hispanic men and 23 percent of Asian American men, compared with 17 percent of black men and 11 percent of white men, perceived that they were being treated with disrespect.

Education was also associated with perceptions of disrespect. Almost 18 percent of respondents without a college education believed they had been treated with disrespect, compared with only 10 percent of those with a college education. Again, this was particularly true of minority respondents. Twenty-nine percent of Asian Americans, 22 percent of Hispanics, and

19 percent of blacks without a college education reported being treated with disrespect, compared with 13 percent of whites.

Respondents who reported being treated with disrespect were more likely to report not following doctor's advice and putting off needed medical care. These respondents were also significantly less likely to have had a physical exam in the past year; and those with a chronic condition, such as diabetes, hypertension, or heart disease, were less likely to have received optimal care.

Discussion

While the study findings did corroborate the authors' hypotheses, it is also important to look at the results in light of the strong relationship between reports of disrespect and patients' quality of care. Respondents who reported negative experiences in health care environments were less likely to get appropriate and necessary care. This, in turn, jeopardizes their health status. This was true even for patients with serious, chronic conditions. By receiving suboptimal care, patients with chronic conditions are likely to experience even worse health outcomes.

The correlation between negative perceptions and receipt of care for chronic disease did not persist for cancer screening. Black and Hispanic respondents were more likely than whites to receive optimal cancer screening. The authors' theorize that this is true partly due to the wide array of community programs with special outreach efforts. These settings may be more likely to use culturally sensitive approaches or may represent such a fleeting health care experience that negative perceptions based on race are less

likely to form. However, the authors hypothesize that individuals who receive cancer screenings may be less likely to follow up on abnormal results. Situations requiring long-term relationships, like chronic disease care, may suffer the most from perceptions of discrimination and disrespect.

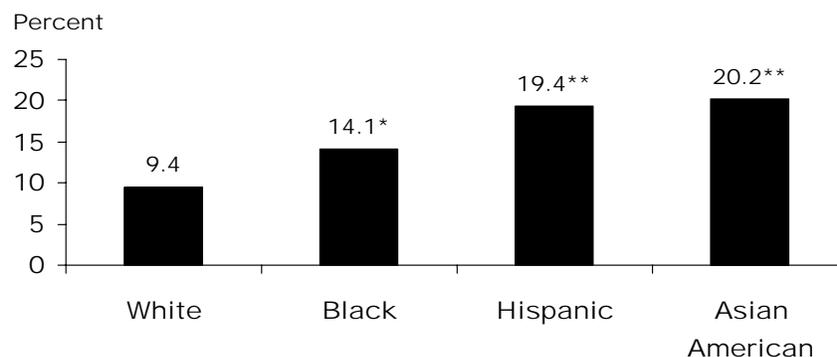
Recommendations

Helping patients get the care they need and counteracting negative interpersonal experiences will require interventions aimed at both doctors and patients. While further research is needed to focus on what approaches can best improve perceptions of care in patient-provider relationships and how interventions can reduce racial disparities in health care, physicians should strive to be respectful and culturally sensitive to the needs of their patients, regardless of ethnic or racial background.

Facts and Figures

- More than 14 percent of blacks, 19 percent of Hispanics, and 20 percent of Asian Americans perceived being treated with disrespect or being looked down upon, compared with 9 percent of whites
- Men are significantly more likely than women to perceive being treated with disrespect by a doctor (15.9% vs. 11.6%)
- Almost 18 percent of individuals without a college education believed they had been treated with disrespect, compared with only 10 percent of those with a college education.

Percentage of Patients Who Felt They Were Looked Down Upon/Treated with Disrespect by Their Doctors



* $p \leq 0.10$

** $p \leq 0.001$

Source: J. Blanchard and N. Lurie, "R-E-S-P-E-C-T: Patient Reports of Disrespect in the Health Care Setting and Its Impact on Care," *Journal of Family Practice* 53 (Sept. 2004): 721.