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Title of Research *	Trust in Patient–Provider Dyads Discordant on Gender and Race: A Test of Two Social Psychological Theories
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Introduction & Purpose *

Recent research has identified one source of persistent health care inequities as the structure of the medical profession, which constrains some patients into meeting with providers who are dissimilar from them on characteristics like gender and race. While we work to diversify our provider supply, it is important that we understand precisely how discordance between patients and their providers shapes health outcomes. I identify two social psychological theories – social identity and status characteristics theory – that provide competing predictions about how patients in discordant provider relationships differ from those in concordant ones. Specifically, social identity theory predicts that patients in all discordant dyads will form more negative impressions of their provider than those in concordant ones. Conversely, status characteristics theory predicts that impression valence in discordant dyads will be positively related with the status value (or prestige) of the differentiating characteristics. I focus the analysis on patients' trust in their provider, a feature identified in the literature as integral for patient outcomes.

Experimental Design *

I derive competing hypotheses from these two theories and test them using data drawn from the 1996–1998 HIV Cost and Utilization Services Survey, one of the few datasets with information on patient trust and provider background variables. I use ordinary least squares (OLS) regression models that account for the survey design to test the competing hypotheses.

Results *

Results are generally consistent with status characteristics theory. Compared to patients in a concordant relationship, patients possessing characteristics that are lower in status value than their provider report greater trust and patients possessing characteristics that are higher in status value than their provider report lower trust. These differences increase as the patient's perception of quality of care decreases.

Conclusions *

I discuss how these patterns suggest that some patients may be under-trusting their provider while others are over-trusting, and suggest implications for health outcomes.

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