

The Association of Clinician Characteristics with their Attitudes Toward Patients with Sickle Cell Disease: Secondary Analyses of a Randomized Controlled Trial

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Financial Disclosures: This work was supported by an Osler Center for Excellence institutional award. Dr. Haywood's effort on this project was supported by the Johns Hopkins Clinical Research Scholars Program (5KL2RR025006-03), as well as by a grant from the National Heart, Lung, and Blood Institute (1K01HL108832-01). Dr. Beach's effort on this project was supported by a grant from the Agency for Healthcare Research and Quality (K08 HS013903-05). Drs. Beach and Hughes were also supported as Blaustein Scholars through the Johns Hopkins Berman Institute of Bioethics.

Background: A high level of evidence exists to suggest that negative attitudes held by clinicians toward persons with sickle cell disease serve as important barriers to the delivery of high quality care to this patient population. Little is known, though, about the characteristics of clinicians that may be predictive of these negative attitudes.

Methods: During spring and summer 2009, we conducted a randomized controlled trial to test an intervention to improve clinician attitudes toward persons with sickle cell disease. Participating clinicians completed questionnaires regarding their demographic characteristics and their attitudes toward sickle cell patients. Principal clinician characteristics of interest included their race, professional discipline (nurse/physician), and the amount of their recent exposure to sickle cell patients in pain. Secondary analyses from this trial are presented here.

Main Findings: Asian clinicians reported more negative attitudes towards these patients than did Black or White clinicians, nurses reported more negative attitudes than physicians, and clinicians with the greatest levels of recent exposure to sickle cell patients in pain reported more negative attitudes than did clinicians with lower levels of recent exposure.

Conclusions: Our findings could facilitate the development of tailored educational resources needed to improve the quality of care delivered to persons with sickle cell disease, a national priority for sickle cell efforts.

Keywords: Sickle cell disease ■ clinician attitudes ■ healthcare disparities

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INTRODUCTION

Sickle cell disease (SCD) is a serious inherited disorder of the blood that leads to significant morbidity, early mortality, and high emergency department and inpatient healthcare utilization. Unfortunately, SCD patients are known to report more problematic experiences with healthcare than other hospitalized groups in the U.S.¹⁻³ Because SCD in the U.S. is found primarily among African-Americans, efforts to

understand and eliminate barriers to high quality SCD care can be advanced by an examination of the conceptual models developed as part of the larger research on racial and ethnic disparities in healthcare quality. This body of research has found that racial and ethnic disparities in healthcare quality are a result of the interaction among healthcare system factors, patient behaviors and characteristics, as well as the behaviors, characteristics, and attitudes of clinicians.⁴⁻⁷

The clinician contribution to racial and ethnic healthcare disparities is hypothesized to operate through multiple pathways. In the model developed by van Ryn and colleagues^{5,6,8,9} clinicians, like all humans, are thought to possess attitudes and biases about persons with particular demographic or disease characteristics. Under conditions of clinical uncertainty, high cognitive demand, and intense time pressure, conditions which are typical of healthcare encounters, these underlying attitudes and biases about patients may exert an indirect effect on treatment recommendations made by clinicians through their impact on the clinician's interpretation of patients' symptoms or concerns. These underlying attitudes may also directly impact treatment decisions by influencing the extent to which a clinician may feel that a patient merits a particular treatment, or the extent to which a patient is viewed as appropriate for a particular treatment. Clinician attitudes about patients may also influence the interpersonal style adopted by the clinician when communicating with a patient, which may subsequently have a negative impact on both the interpersonal and technical quality of the care delivered to that patient.^{4,6,7}

Patients with SCD in the U.S. possess many characteristics that make the clinician contribution to disparities in healthcare quality particularly salient. As a predominantly African-American patient population, clinician beliefs about African-American patients in general may play a significant role in how patients with SCD are viewed and treated. Clinicians have been shown to believe that compared to White patients, African-American patients are less educated, less intelligent, more likely to abuse drugs or alcohol, less adherent to care recommendations, and are less likely to be the kind of

person with whom the clinician could see themselves being friends.¹⁰ These results persisted even after controlling for a number of potentially confounding patient demographic and attitudinal characteristics.

The very nature of SCD and its most well-known complication, the severe acute painful episodes caused by the disease, places SCD patients at great risk of negative attitudes and stereotyping. There are no reliable and objective clinical measures of the presence or severity of acute SCD pain. Therefore, the extent to which clinicians trust the SCD patient's subjective reports of their pain experience bears a significant impact on the quality of the care delivered to these patients. While it has been well-established that negative clinician attitudes toward SCD patients serve as barriers to the delivery of high quality care to this patient population,¹¹⁻¹³ considerably less is known about clinician characteristics that are associated with, if not directly influencing, the attitudes that clinicians have toward these patients. In a prior study by our group, we found that inpatient healthcare providers viewed SCD patients more positively than did emergency room providers, and that nurses viewed these patients more positively than did physicians and physician assistants.¹⁴ This study, though, asked clinicians to express their attitudes towards specific SCD patients after their most recent acute healthcare encounter with that patient. In another study, we found that emergency room nurses expressed more negative attitudes, and a lower level of regard, towards SCD patients generally than did emergency room physicians.¹⁵ The research reported here seeks to extend our knowledge in this area by exploring the attitudes that internal medicine hospital providers have towards SCD patients in general. Specifically, the research team explored the extent to which clinician characteristics such as race, sex, professional discipline, and amount of exposure to SCD patients in pain may be associated with attitudes toward SCD patients generally. Because the disease in the U.S. predominantly impacts African-Americans, we hypothesized *a priori* that African-American clinicians would exhibit more favorable (i.e., less negative and more positive) attitudes toward this patient population than clinicians of other races.

METHODS

Design

Data for this study were collected as part of a randomized controlled trial that tested the ability of an 8-minute video-based intervention to improve the attitudes that clinicians have toward SCD patients. The methods used in, and the results of the test of the intervention have been described elsewhere.¹⁶ Nurses and house staff (55% 1st year, 19% 2nd year, and 16% 3rd year) working on general inpatient medical wards in the

Department of Medicine at a large, urban, academic medical center were recruited to participate in the study. All data collection occurred during the spring and summer of the year 2009. All study activities were conducted with the approval of our Institutional Review Board.

Measures: Clinician Attitudes Toward SCD Patients

Participating clinicians completed a survey instrument assessing their general attitudes toward patients with SCD. The items comprising the instrument were adapted either in whole or in part from similar instruments in the published literature on clinician attitudes toward patients.^{10,17-19} New items were also developed based on a comprehensive review of the literature and the combined knowledge and SCD patient care experiences of our multidisciplinary research team, which included the expertise and perspectives of a clinical director of a specialized adult SCD program, as well as an adult living with SCD. The specific reasons why we chose to study the attitudes we examine here are given in the description of each sub-scale below. In general, we chose to study attitudes that represent the larger constructs of clinician trust and distrust in patient reports of their pain experience and/or their need for opioids to treat pain, which are constructs that are of central importance to patients with painful chronic diseases in general, and SCD patients in particular.²⁰⁻²⁴ Attitudes that were studied represented the larger constructs of clinician feelings of affiliation with, or empathy towards, patients, which are constructs that prior research has shown to be expressed or reported unequally by clinicians towards patients of different racial and/or socioeconomic backgrounds.^{7,10} After undergoing extensive psychometric testing as reported elsewhere,¹⁶ 3 measures of clinician attitudes toward SCD patients emerged and were used as the dependent variables for the analyses reported here.

Negative Attitudes Toward SCD Patients Scale. This negative attitudes scale was comprised of 6 items that assessed the extent to which clinicians possessed negative views about SCD patients. Specifically, clinicians were asked to estimate the percentage of SCD patients who over-report (exaggerate) pain, fail to comply with medical advice, abuse drugs and alcohol, attempt to manipulate clinicians, are drug-seeking when they come to the hospital, or are frustrating to care for. These items were included in our instrument because they represent stereotypes or biases that physicians often have about African-American patients in general,¹⁰ and that physicians and nurses often have about persons with SCD in particular.^{12,25-29} Response options were <5%, 6-20%, 21-50%, 51-75%, >75%. The 6 individual item scores were summed, and a linear transformation was used to place total scale scores on a 0 to 100 scale, with higher values signaling an endorsement of more negative

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