

# Does the Race/Ethnicity or Gender of a Physician's Name Impact Patient Selection of the Physician?

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**Abstract:** This study's objective was to examine the extent to which individuals exhibit a preference for physicians based upon the race/ethnicity and gender of a physician's name. We conducted an online survey of 915 adults, who viewed a comparative display of four physicians' quality performance. We randomized the name of one physician, whose quality performance was equal to that of one physician and better than two other physicians, to be either typically African American male, African American female, white male, white female, or Middle Eastern (gender ambiguous). In regression models, participants more frequently selected the physician with the randomized name when displayed with a white male name, compared to when presented with an African American male, African American female, or Middle Eastern name (ORs ranging from .59 to .64). White and male study participants exhibited this pattern, while racial/ethnic minority participants did not. If the hypothetical choice bias observed here translates to people's actual selection of physicians, it could be a contributing factor for why women and racial/ethnic minority physicians have lower incomes than white male physicians.

**Keywords:** Implicit bias ■ Racial discrimination ■ Consumer choice ■ Physician race/ethnicity

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In the 1990s, national surveys found that some individuals reported a preference for a physician of their own race/ethnicity.<sup>1–3</sup> Chen and colleagues, for example, found that approximately one quarter of African Americans and one third of Latinos surveyed preferred a racially concordant physician.<sup>2</sup> Most of the attention from these findings focused on patients from minority backgrounds preferring physicians from their own racial/ethnic group; however, some non-Hispanic whites (whites) also expressed a preference for racially concordant physicians.<sup>2,3</sup>

Preferences for racially and ethnically concordant physicians are likely due to one or more of the following factors: people's comfort with having a physician who is from a similar racial and ethnic background, concern about not being treated fairly by a physician from a different background, and/or bias against physicians from different

racial and ethnic groups.<sup>1</sup> There is evidence supporting each of these explanations. A national survey found that 42% of Latinos who had chosen a Latino physician reported doing so because of the physician's ability to speak Spanish.<sup>3</sup> Quantitative and qualitative studies have found that African-Americans and Latinos who believe that there is substantial racial discrimination in the health care system are more likely to select a racially concordant physician than those who do not believe there is as much discrimination.<sup>2,4</sup> Finally, there have been anecdotal reports of white patients unwilling to be treated by minority physicians.<sup>5–7</sup>

This study examines the extent to which whites and minorities currently are influenced by the race/ethnicity and gender of physicians' names using an experimental approach that captures implicit, or unconscious bias, as well conscious bias.

## METHODS

We used an online experiment, in which study participants were asked to make a hypothetical choice among four physicians after viewing comparative quality information for each physician on eight metrics (Figure 1). Two physicians in the comparative display had top performance on 7 of the 8 quality metrics (and average quality on an eighth metric), while the other two physicians had lower quality performance. We randomized one of the two top performing physicians to have one of five names that differed by race/ethnicity and gender (column 2). The key research question was whether the race/ethnicity and gender of the randomized physician's name influenced the likelihood that study participants selected the physician.

The physician's name was either typically African American male (Dr. Tyrone Williams), African American female (Dr. Jasmin Williams), white male (Dr. Jack Williams), white female (Dr. Holly Williams), or Middle Eastern (Dr. Raja Fakraddin), without an identifiable gender. Four of the first names came from a list of distinctively African American and white names derived from California birth certificates.<sup>8</sup> The last name "Williams", which was used for the typically African American and white names, was the third most common surname in the United States in 2000,

**Figure 1.** Example of the comparative display of physicians. Note: The name in the second column was randomly assigned to be typically African American male (Dr. Tyrone Williams) or female (Dr. Jasmin Williams), typically white male (Dr. Jack Williams) or female (Dr. Holly Williams), or Middle Eastern (Dr. Raja Fakraddin).

	Dr. Eric Ramsey	Dr. Tyrone Williams	Dr. Stacy Fried	Dr. Brian Abbot
<b>Effective &amp; Safe Care</b> Patients receive recommended care and practice has safeguards to protect patients from medical errors				
Treats chronic illness using best practices	★ ★ ☆	★ ★ ★	★ ★ ★	★ ★ ★
Screens for cancer using best practices	★ ☆ ☆	★ ★ ★	★ ★ ★	★ ★ ★
Uses systems to prevent medication errors	★ ★ ★	★ ★ ★	★ ★ ☆	★ ★ ★
Uses systems to track all lab results	★ ☆ ☆	★ ★ ★	★ ★ ★	★ ★ ☆
<b>Patient Survey Results</b> What patients say about the doctor				
How Well Doctor Communicates	★ ★ ☆	★ ★ ★	★ ☆ ☆	★ ★ ★
Getting Care When Needed	★ ★ ★	★ ★ ☆	★ ★ ★	★ ★ ★
Patients Rating of Doctor	★ ★ ★	★ ★ ★	★ ★ ★	★ ★ ★
Courteous and Helpful Office Staff	★ ★ ☆	★ ★ ★	★ ★ ☆	★ ★ ★

and was the only popular surname name that was equally popular among whites and African Americans.<sup>10</sup> For the Middle Eastern name, we combined the names of two Trump delegates in Illinois who received fewer votes than expected given the number received by Trump, likely because of their foreign-sounding names.<sup>9</sup> The other top physician's first name, Brian, was a male name commonly used across racial and ethnic groups, with a last name of English descent (Abbot).<sup>11</sup>

A convenience sample of adults under 65 years of age ( $n = 915$ ) from across the United States was recruited from Qualtrics' online panel in the spring of 2016. Study participants were asked to select a physician based upon viewing the eight quality ratings, assuming the four physicians accepted their insurance. Our key dependent variable was selection of the physician with the randomized name, who was one of the two top performing physicians.

We conducted bivariate and multivariate analyses examining selection of the physician with the randomized name versus the other three doctors, based upon the race/ethnicity and gender of the physician's name displayed. The logistic regression models controlled for respondent demographic characteristics (gender, race/ethnicity, age, and education level) and health status (self-reported health status and self-report of chronic condition). Analyses were stratified by respondent race/ethnicity (white or a racial/ethnic minority) and by gender. Unfortunately we did not

have adequate sample sizes to examine responses separately for African American, Hispanic, or Asian study participants.

## RESULTS

Compared with the population of 18–64 year olds in the United States, the study sample was disproportionately white (non-Hispanic) (73% versus 62% for the U.S.) and female (59% versus 50% for the U.S.) (Appendix).<sup>14</sup> African Americans made up 9% of the sample, Hispanics 6%, and Asians 5%. Respondents were slightly more educated than US adults aged 18–64 nationally (35% had a high school degree or less schooling compared to 40% in the Current Population Survey) and were in slightly poorer health.<sup>15,16</sup>

Overall, 39% of the sample selected the physician with the randomized name (not shown). We did not observe a significant bivariate relationship between the randomized physicians' name and selection of the randomized physician for the full sample (Table 1). Though, when the randomized physician had a typically white male name, the physician was chosen 7–12 percentage points more frequently than when the physician was displayed with the other names.

Among white respondents, the preference for the physician when displayed with a typically white male

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