ELSEVIER

Social Science & Medicine 62 (2006) 2479–2488

SOCIAL SCIENCE & MEDICINE

www.elsevier.com/locate/socscimed

Race, socioeconomic status, and the perceived importance of positive self-presentation in health care ☆

Jennifer R. Malat[a,*], Michelle van Ryn[b], David Purcell[a]

[a] *University of Cincinnati, Cincinnati, OH, USA*
[b] *University of Minnesota, Minneapolis, MN, USA*

Available online 20 December 2005

Abstract

Hundreds of studies have documented disparities in medical treatment in the USA. These findings have generated research and initiatives intended to understand and ameliorate such disparities. Many articles examine disadvantaged patients' beliefs and attitudes toward health care, but generally limit their investigation to how these beliefs and attitudes influence adherence and utilization. Thus, this approach fails to consider whether patients use particular strategies to overcome providers' potentially negative perceptions of them and/or obtain quality medical care. In this paper, we examine positive self-presentation as a strategy that may be used by disadvantaged groups to improve their medical treatment. Analysis of survey data (the 2004 Greater Cincinnati Survey) suggests that both African Americans and lower socioeconomic status persons are more likely than whites or higher socioeconomic status persons to report that positive self-presentation is important for their getting the best medical care. Based on these findings, we suggest several routes for future research that will advance our understanding of patients' everyday strategies for getting the best health care.
© 2005 Elsevier Ltd. All rights reserved.

Keywords: USA; Race; Socioeconomic status; Treatment disparities; Self-presentation

Introduction

> …The physician looked at my daughter, looked at me, asked some quick questions, did a cursory exam, and said "she's fine, go home." … I adopted a different approach with that emergency room doctor. I became more assertive, more intense**, threw some medical terms back** at her. Enough so that she called the attending physician, who ordered more tests, including a chest X-ray. What they found was that my daughter had pneumonia… Although we walked out of the hospital having gotten the appropriate tests and with the antibiotics we needed, it was not so easy…
>
> Dr. Risa Lavizzo–Mourey, describing her strategies for getting appropriate care for her daughter[1]

☆ Support for this research was provided by grants from the Agency for Healthcare Research and Quality (R03 HS 13280-01A1) and the Taft Research Center at the University of Cincinnati. Thanks to David C. Lundgren and Rhys Williams for suggestions on earlier versions of this paper.

* Corresponding author. Tel.: +1 513 556 4700; fax: +1 513 556 0057.

E-mail addresses: Jennifer.Malat@uc.edu (J.R. Malat), vanry001@umn.edu (M. van Ryn), purcelda@email.uc.edu (D. Purcell).

[1] President's Message, The Robert Wood Johnson Foundation Annual Report 2003. (Emphasis added.)

0277-9536/$ - see front matter © 2005 Elsevier Ltd. All rights reserved.
doi:10.1016/j.socscimed.2005.11.014

Hundreds of studies have documented disparities in medical treatment in the USA (Smedley, Stith, & Nelson, 2003). Furthermore, there is strong evidence that stereotypes associated with sex, age, diagnosis, sexual orientation, sickness, socioeconomic status, obesity, and more recently, race/ethnicity influence providers beliefs about and expectations of patients (Bonvicini & Perlin, 2003; Douglas, Kalman, & Kalman, 1985; Foster et al., 2003; McKinlay, Potter, & Feldman, 1996; Najman, Klein, & Munro, 1982; Schulman et al., 1999; Shortt, 2001; Tait & Chibnall, 1997; van Ryn & Burke, 2000; Wileman, May, & Chew-Graham, 2002). These findings have generated considerable research intended to understand and inform programs aimed at ameliorating such disparities. Many articles examine the dimensions of disadvantaged patients' beliefs and attitudes toward health care, but generally limit their investigation to how these beliefs and attitudes influence adherence and utilization (Bussey-Jones & Genao, 2003; Lannin et al., 1998; Mathews, Lannin, & Mitchell, 1994; Oomen, Owen, & Suggs, 1999; Uba, 1992). Consequently, work on disparities generally fails to examine the degree to which patients are consciously strategic in their behavior with providers in order to overcome providers' potentially negative perceptions of them and/or obtain quality medical care.

Are patients who are at greater risk of receiving poor treatment more likely than others to report that strategies for improving providers' perceptions of them are important to getting good medical care? If the experience of unfair treatment and/or observations of inequality have an impact on patient behavior when seeking care, we would expect African American and low socioeconomic status patients to be more likely than their white and high socioeconomic status counterparts to perceive strategies of positive self-presentation—such as friendly manner and nice clothing—as important for obtaining optimal medical care. In this paper, we use survey data to determine whether race or socioeconomic status predicts the degree to which positive self-presentation is considered important for obtaining optimal medical care. The study of strategies for getting the best medical care is important because it can give insight into how patients' social location (e.g., race and social class) influence their approach to health care. In addition, development of interventions to decrease bias in health care, as well as all patient activation interventions, are more likely to be effective if the strategies patients already use are well understood, including sociodemographic variation in strategy use.

Background

The 2003 report from the Institute of Medicine, *Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare* explains that hundreds of studies document racial differences in the use of medical procedures in the USA. Whites are more likely than African Americans to receive high technology services as well as basic treatment for medical conditions (Bernabei, Gambassi, & Lapane, 1998; Cooper, Yuan, Landefeld, & Rimm, 1996; Dunlop, Song, Manheim, & Chang, 2003; Escarce, Epstein, Colby, & Schwartz, 1993; Palacio, Kahn, Richards, & Morin, 2002; Schneider, Zaslavsky, & Epstein, 2002). For example, one study finds that African Americans are less likely than whites to receive arthritis-related joint replacement, even when controlling for other demographic factors and access to care (Dunlop et al., 2003). While examining disparities in care due to socioeconomic status is difficult because income and education data are not always collected (Krieger, Chen, & Ebel, 1997; Krieger, Williams, & Moss, 1997), available evidence suggests that patients with lower incomes have reduced access to care and receive lower quality of care independent of insurance coverage in the USA (Agency for Healthcare Research and Quality, 2003; Himmelstein & Woolhandler, 1995; Newhouse & The Insurance Experiment Group, 1993). In other countries with universal access to basic care, such as the United Kingdom and Canada, systematic reviews conclude that race/ethnicity and social class disparities exist even without insurance coverage barriers to care (e.g., Davey Smith, Chaturvedi, Harding, Nazroo, & Williams, 2000; Goddard & Smith, 2001; Spitzer, 2005).

Patients' reports of their care in several countries reflect inequalities in health care. Patients from disadvantaged racial groups and lower social classes often have less positive feelings about the health care system and health care providers (Blendon, Sheon, DesRoches, & Osborn, 2002; Blendon et al., 1995; LaVeist & Nuru-Jeter, 2002; Malat, 2001; Ohldin et al., 2004). For example, African Americans in the USA are more likely than whites to be dissatisfied with the interpersonal aspects of the medical encounter (Barr, 2004).

دریافت فوری ← متن کامل مقاله

ISIArticles
مرجع مقالات تخصصی ایران

✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
✓ امکان دانلود نسخه ترجمه شده مقالات
✓ پذیرش سفارش ترجمه تخصصی
✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
✓ دانلود فوری مقاله پس از پرداخت آنلاین
✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات