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“It’ll Be OK”: The Effects of Supportive Talk on Patient Perceptions of Physicians in Racially Discordant Medical Interactions

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INTRODUCTION

- Patient-centered communication is associated with patients’ positive views of their physicians.
- Positive views of physicians can elicit better health behaviors, such as increased adherence and future utilization of health services, which in turn affect their health.
- Thus, patient-centered communication is associated with better health outcomes for patients.
- One of several styles that characterize patient-centered care is the use of supportive talk (i.e., verbal validation of the patients’ emotional or motivational state) by physicians.
- The greater the supportive talk, the greater the positive perceptions of patients.
- However, prior patient-centered communication research tended to focus on racially concordant medical interactions.
- Less is known about the association between non-Black physicians’ supportive talk and Black patients’ perceptions of the physician.
- Additionally, few studies have systematically examined the effects of physicians’ explicit and implicit racial attitudes on their use of supportive talk.
- **Explicit racial attitudes**: Voluntary, controllable attitudes that are often reflected in verbal behaviors
- **Implicit racial attitudes**: Spontaneous, hard-to-control attitudes that are often reflected in nonverbal or paraverbal behaviors.

RESEARCH QUESTIONS

- How does the use of supportive talk by non-Black physicians during medical interactions affect patients’ subsequent perceptions of the physician?
- Do physicians’ explicit and implicit racial attitudes affect their use of supportive talk during the medical interactions?

METHODS

Participants:
- 16 non-Black physicians [14 Asian, 2 White, 50.0% women, age M = 30.08 (SD = 2.61)]
- 133 Black patients [75.2% women, age M= 43.95 (SD = 14.26)]

Procedure:
- The current study was a secondary analysis of 133 transcripts of patient-physician interactions from an existing study of Black patients at a primary care clinic.
- In the parent study, both non-Black physicians and Black patients completed multiple questionnaires and also participated in video-recorded medical interactions.
- The video-recorded interactions were professionally transcribed.
- For the current secondary analysis, we coded for supportive talk using the transcripts.

Measures:
- **Supportive Talk** (transcripts): The number of utterances that validate or support the patient’s emotional or motivational state.
  - Examples: “That must be very hard on you and your family.”
  - “Congratulations on losing 10 pounds.”
  - “You’re doing a great job, Mr. Jones. Keep up the good work.”
- **Patient Perception of Physician Warmth** (immediately after the medical interaction): The sum of two items: “How warm was the doctor toward you?” and “How friendly was the doctor to you?” (r = .55). Higher numbers indicate greater perceived warmth.
- **Physician Implicit Bias** (questionaire at the beginning of the parent study): Implicit Association Test (Greenwald, McGhee, & Schwartz, 1998).

RESULTS

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<tr>
<th>1. The effects of Physician Supportive Talk on Patients’ Perceptions of the Physician</th>
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<tbody>
<tr>
<td><strong>The Amount of Supportive Talk</strong></td>
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<td><strong>Perceived Physician Warmth</strong></td>
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<td><strong>The Amount of Supportive Talk</strong></td>
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<tr>
<th>1. The Interaction of Physician Implicit and Explicit bias</th>
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<tr>
<td><strong>Low implicit bias</strong> (-1SD)</td>
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<td><strong>High implicit bias</strong> (+1SD)</td>
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<td><strong>Low explicit bias</strong> (+1SD)</td>
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<th>SUMMARY AND CONCLUSIONS</th>
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<td>• The greater amount of supportive talk is associated with higher perceived physician warmth.</td>
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<td>• Interestingly, physicians with high explicit and high implicit racial bias engaged in more supportive talk.</td>
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<td>Further research is needed to assess how explicit and implicit racial bias interact to affect patient-centered communication.</td>
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<td>• Nevertheless, patient-centered communication appears to be an effective strategy for physicians in increasing patients’ perceptions even in racially discordant medical interactions.</td>
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REFERENCES


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