

The Role of Race in Patient Satisfaction and Trust Among African-American Patients: A Historical and Contemporary Exploration | Frances Mei-Yuan Liu

The United States is plagued with a deep history of racial discrimination against African-Americans. The inception of this country and much of its history involves deliberate and systematic racism against Blacks. Societal efforts toward racial equality have had to address the history of slavery and the Jim Crow system of segregation, which have collectively cast a deep shadow on such efforts. While progress in race relations has been accomplished since the passage of the Civil Rights Act in 1964, present-day contradictions suggest that true racial equality has yet to be fully achieved.

The field of healthcare is not exempt from the persistence of racial inequalities, nor is it free from an extensive history of racial discrimination against African-Americans. Historically across the nation, African-American patients received sub-optimal treatment and were deceived and mistreated by their physicians. Segregationist policies and differential treatment insured that race played a significant role in African-American patients' encounters with the University of Virginia (UVA) Medical System. Various studies have suggested that patient mistrust and patient dissatisfaction are two potential consequences of the historical legacy of discrimination. These findings are medically significant because of the causal roles that patient mistrust and dissatisfaction may play in the extensively documented racial disparities in healthcare that exist today. Thus, addressing racial disparities in healthcare necessitates a study of the role of race in the doctor-patient relationship, patient trust, and patient satisfaction among African-American patients.

The purpose of this thesis is twofold: to examine the history of discrimination against African-Americans at the UVA Hospital, and, in light of this research, to conduct a qualitative study to examine the role of race in present-day relationships between African-American patients and their physicians. I hypothesize that African-American patients will tend to believe that race does play a role in the doctor-patient relationship and that they will express patient mistrust and dissatisfaction with their personal physicians. This paper aims to provide a realistic framework for understanding patient mistrust and dissatisfaction in light of the potentially catalyzing roles they play in producing racial and ethnic disparities in healthcare.

This thesis study is based on a combination of archival historical research and first-hand personal interviews. The archival research helped provide a historical context for this study by providing an overview of the factors that have framed African-Americans' attitudes toward and experiences in the healthcare system. Key events and medical practices and policies at the UVA Hospital were examined in this thesis. The disproportionate use of black cadavers, racial segregation in hospital wards, expansion of the Black Hospital Movement, development of the Eugenics Movement, mistreatment of African-Americans in the Tuskegee Study and slow changes that occurred after the passage of the Civil Rights Act provided a background of

potential historical causes for present-day mistrust and dissatisfaction among African-American patients.

Personal interviews were then conducted with African-American patients at the UVA Hospital's Family Medicine Clinic to explore present-day attitudes and experiences of African-American patients. The interview responses showed a trend of high satisfaction with and trust in personal physicians. Additionally, the responses stressed the importance of honesty and trust in the doctor-patient relationship. The majority of patients felt that race did not play a role in their current doctor-patient relationship, while the role of race concordance as an enhancer of the doctor-patient relationship was raised by several patients. Many responses affirmed that positive changes have occurred since the 1960s; patients conveyed positive doctor-patient relationships and expressed sentiments of satisfaction and of being treated with respect by their physicians. However, the interview responses also revealed that further progress has yet to be achieved. Several patients recounted experiences of racial discrimination by physicians, and many interviewees suggested that the UVA Hospital still has room for improvement with regard to fostering a comfortable atmosphere for African-American patients.

While this study is limited in scope, the findings illuminate the progress that has been accomplished in race relations and in ensuring equal treatment in the healthcare setting. The UVA Hospital should be pleased with the overwhelming responses of patient satisfaction with and trust in primary care physicians. However, the findings also suggest that fully equal treatment and the assurance that patients will receive equal treatment in healthcare have yet to be accomplished. These findings are consistent with broader trends in society: deliberate and overt racism in society is now considered unacceptable, but experiences of race-based presumptions, judgments, and tension continue to persist.

Addressing the problems that are raised in this study will require a multifaceted approach. Physicians should be conscious of the importance of the development of trust in the doctor-patient relationship, particularly among African-American patients and in light of the deep history of discrimination and mistreatment. In addition, physicians should be made aware of the experiences of judgment and unequal treatment perceived by some African-American patients. Especially when viewed in light of the history of racial discrimination in the medical field, the persistence of these experiences is troubling. Physicians should be made aware of the critical role they can play here: unintentional and intentional bias on the part of the physician can greatly affect the patient's experience and translate into differential treatment. Increased awareness and cultural sensitivity training among physicians should be a priority for medical institutions and medical training facilities.

The findings of this study should prompt the UVA Hospital to be proud of its progress in ensuring equal treatment to all patients, but the study should also compel the hospital administration and staff to address the expressed tension and experiences of racial discrimination described by several patients. The hospital administration and staff need to take intentional steps to ensure a comfortable atmosphere for all patients throughout the medical system. The

persistence of racial and ethnic disparities in healthcare and experiences of racial discrimination today should prompt all healthcare providers and the general public to collectively resolve to eliminate their existence.