Dying for a Diagnosis: The Impact of Racial Discrimination in Healthcare

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Introduction

Discrimination is the act of negatively behaving towards a person or group of people due to the social group these individuals belong to. Although, as a society we like to believe that discrimination does not occur as often as it does, it can take many forms that we can be oblivious to. As a healthcare provider, one is held to a higher standard that many often forget that are still human susceptible to the same vices. A review of the literature reveals that unconscious racial bias affects the treatment African-American patients receive in healthcare and has been even with the formation of inclusionary laws that are supposed to prevent discrimination (Yearby, 2010).

The goal of this undergraduate study was to determine if unconscious biases have an affect on whether or not certain patients receive full scope treatment and to observe if there was an impact on the psyche of healthcare providers that engage in conscious or subconscious discrimination.

Background Research


Hypotheses

Hypothesis 1:
❖ Higher levels of empathy in healthcare providers is positively correlated to the level of care they will provide to their patients.

Hypothesis 2:
❖ Due to negative societal stereotypes put upon African Americans, the likelihood of experiencing discrimination from healthcare providers is high.

Method

Participants
❖ 45 health science related major students from a Northern California majority female liberal arts college (Figure 1) and Bay Area healthcare professionals (42 Females & 3 Males) (Figure 2)
❖ 21 Caucasian, 10 Hispanic/Latino, 10 Asian/Pacific Islander, 2 African Americans and 2 Other (Non-Race Stated) self-identified individuals participated in the study (Figure 3)

Materials
❖ Online questionnaire on SurveyMonkey.com

Procedure
❖ Participants were given a direct link to survey
❖ Survey comprised of 4 sections that contained:
  ● 6 Demographic questions: age, gender, ethnicity, education completed, education level, and field of study/major
  ● 20 questions from the Jefferson Empathy Scale for Healthcare professionals - Student Version (Hojat, 2007)
  ● Randomly assigned 1 of 3 vignette options with 5 questions
    (African American patient vignette, Caucasian patient vignette, or Non-Stated Race patient vignette)
  ● Big-5 Personality Inventory - 10 question short version (Rammstedt & John, 2007)

Results

Hypothesis 1:
❖ Empathy is positively correlated to how accurate the participants thought the patients described their symptoms. (r=-.3, p<.05)
❖ The more severe the participants thought the patient’s symptoms were, the quicker they treated the patients (r = -.462).
❖ Additionally, they treated patients more quickly when they were more likely to administer treatment (r = -.469, p<.01)

Hypothesis 2:
❖ Participants were significantly more likely to believe African American patients’ symptoms were more severe than Non-Stated Race participants (mean difference = .933, p<.05).
❖ Participants were significantly more likely to administer treatment to African American patients than Non-Stated Race patients (mean difference = 1.33, p<.05) and to Caucasians than Non-stated Race patients (mean difference = 1.143, p<.05)

Discussion
❖ The findings of the study supported Hypothesis 1, which indicated that the healthcare providers with higher empathy levels would render swift care the more severe they believed the patient’s condition was.
❖ Hypothesis 2 was not supported by the data in proving discrimination towards African American patients. It was found that healthcare providers were less likely to provide treatment to Non-Stated Race patients than African American patients.

Limitations
❖ Over 93% of the participants were female, which can only provide the female perspective on discrimination in healthcare related fields.
❖ Additionally, females are typically associated with higher empathy levels, the results could be a reflection of that.