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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 used 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 Explicit Bias** (at the beginning of the parent study): 25 items taken from Brigham’s (1993) Attitudes toward Blacks Scale and McConahay’s (1986) Modern Racism Scale ( $\alpha = .89$ ).

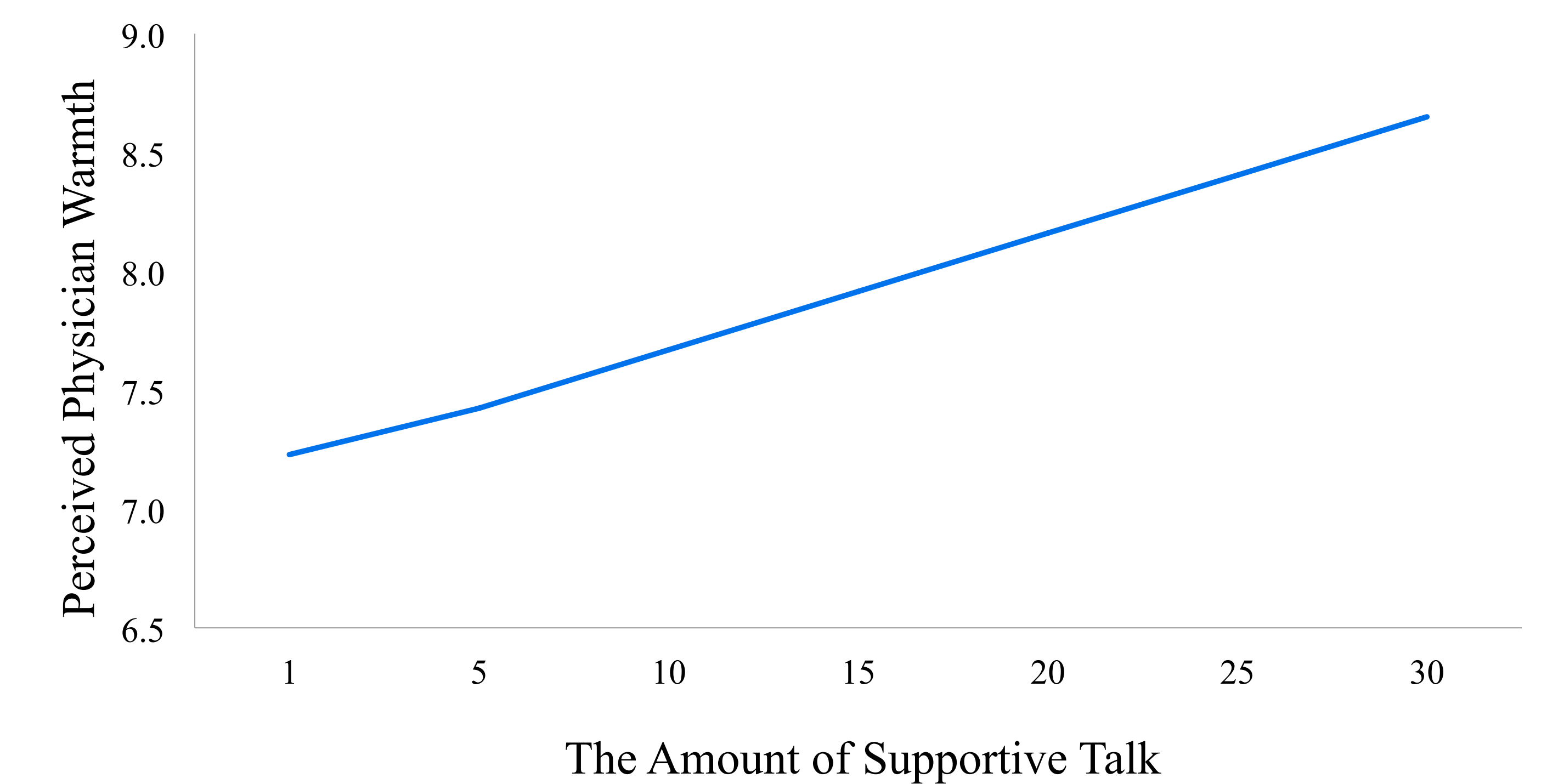
**Physician Implicit Bias** (questionnaire at the beginning of the parent study): Implicit Association Test (Greenwald, McGhee, & Schwartz, 1998).

## REFERENCES

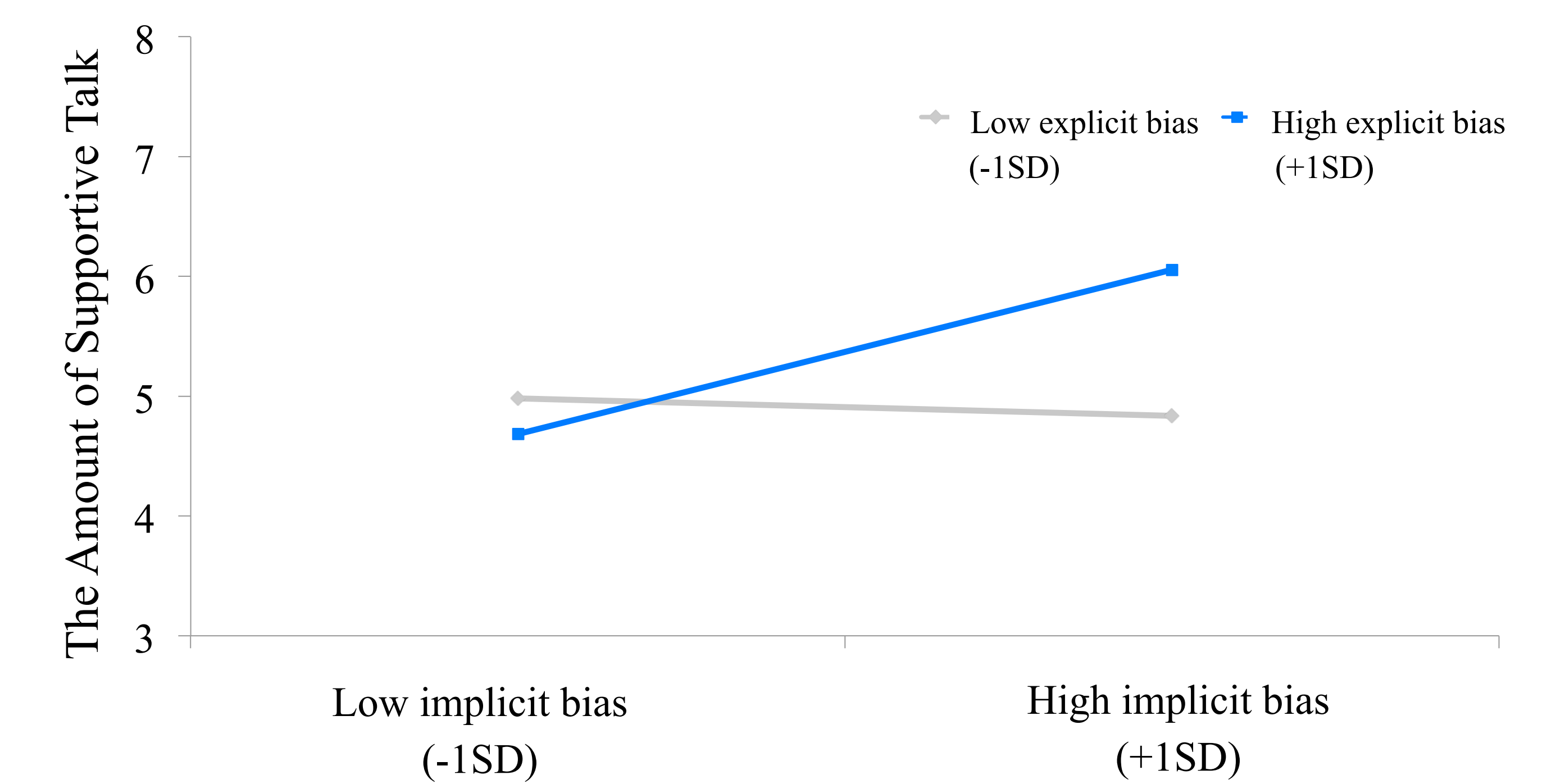
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## RESULTS

1. The effects of Physician Supportive Talk on Patients’ Perceptions of the Physician



1. The Interaction of Physician Implicit and Explicit bias



## SUMMARY AND CONCLUSIONS

- The greater amount of supportive talk is associated with higher perceived physician warmth.
- Interestingly, physicians with high explicit and high implicit racial bias engaged in more supportive talk.
  - Further research is needed to assess how explicit and implicit racial bias interact to affect patient-centered communication.
- Nevertheless, patient-centered communication appears to be an effective strategy for physicians in increasing patients’ perceptions even in racially discordant medical interactions.

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