

The Effects of “Small Talk” on Patient Perceptions of Physicians in Racially Discordant Medical Interactions

Katherine Kulick & Nao Hagiwara
Virginia Commonwealth University

RESEARCH QUESTION

- Is small talk associated with patient perceptions of their physician during racially discordant medical interactions between Black patients and non-Black physicians?

INTRODUCTION

- Patients and physicians tend to have more negative perceptions of one another in racially discordant medical interactions than in racially concordant ones.
- Approximately 75% of Black patients interact with non-Black physicians.
- Consequently, Black patients tend to report more mistrust of and less satisfaction with physicians compared to White patients.
- This is problematic because patients are less likely to adhere to physician recommendations when their perceptions of their physician are negative.
- Thus, it is critical to facilitate positive communication between Black patients and non-Black physicians to improve Black patients' perceptions of physicians.
- The current study focused on one aspect of positive communication—friendliness—and examined its association with patient perceptions of their physician.
- One way to have friendly communication during medical interactions may be to have casual conversations on things unrelated to the chief medical complaint (i.e., small talk).

HYPOTHESIS

- The presence of small talk during medical interactions would be associated with more positive perceptions of non-Black physicians among Black patients.
- The amount of small talk would be positively associated with Black patients' positive perceptions of their non-Black physician.

METHODS

Participants:

Parent Study

- 18 physicians [14 Asian, 3 White, 1 Black, 55.6% women, age $M = 31.00$ ($SD = 3.49$)]
- 153 self-identified Black patients [77.1% women, age $M = 43.2$ ($SD = 13.13$)]

Current Study

- 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:

Parent Study

- A longitudinal study of health status of Black patients who participated in racially discordant medical interactions.
- Patients completed several self-report questionnaires including a post interaction questionnaire which measured patient perceptions of their physician.
- Patients' medical interactions were video recorded.

Current Study

- A secondary analysis of 133 (?) transcripts of video-recorded medical interactions.
- Coded transcripts for the number of utterances consisting of small talk.

Measures:

- Patient Perceptions of their physician:** Patients answered 5 items assessing their perceptions of their physician (i.e., warmth, friendliness, and teamness) immediately after the interactions. Each item was standardized and averaged to yield a single score.
- Small talk:** The number of utterance consisting of small talk was recorded. The presence/absence of small talk was also assessed using the number of utterance (i.e., 0 vs. > 1).

Example of small talk coding:

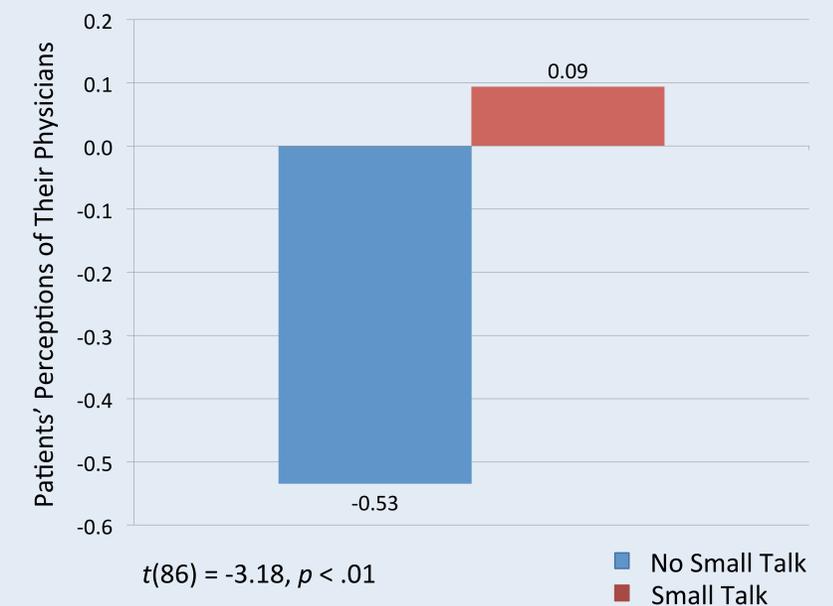
“No. Sometimes it'll be 11:00pm, sometimes it'll be 2:00am in the morning.”

↑
1

↑
2

RESULTS

- The presence of small talk, versus the absence of small talk, was associated with more positive patient perceptions of the physicians



- The amount of small talk, the number of utterances, was unrelated to patient perceptions of the physician.

SUMMARY AND CONCLUSIONS

- The presence (as opposed to the amount of) small talk during racially discordant medical interactions was associated with more positive perceptions of the physician by the patient.
- It is better to have any small talk even if it was a very short one.
- In the future, experimental studies should be conducted to determine the causal relationship between small talk and patient perceptions of their physician.
- Once a causal relationship is established, training interventions that aim to increase physicians' engagement in small talk can be developed.

REFERENCES

- Benkert, R., Peters, R. M., Clark, R., & Keves-Foster, K. (2006). Effects of perceived racism, cultural mistrust and trust in providers on satisfaction with care. *Journal of the National Medical Association, 98*(9), 1532-1540.
- Cousin, G., Schmid Mast, M., Roter, D. L., & Hall, J. A. (2012). Concordance between physician communication style and patient attitudes predicts patient satisfaction. *Patient Education and Counseling, 87*(2), 193-197. doi: 10.1016/j.pec.2011.08.004
- Goold, S. D., & Lipkin, M. (1999). The doctor-patient relationship. *Journal of General Internal Medicine, 14*(S1), 26-33. doi: 10.1046/j.1525-1497.1999.00267.x1.08.004
- Stewart, M., Brown, J. B., Donner, A., McWhinney, I. R., Oates, J., Weston, W. W., & Jordan, J. (2000). The impact of patient-centered care on outcomes. *The Journal of Family Practice, 49*(9), 796-804.