Hospice and African American Referrals:
A Causal-Comparative Study on the Perceptions of Non-Physician Medical Providers

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BACKGROUND OF STUDY

• Palliative care and hospice services were shown to improve patient-centered outcomes such as pain and depression (Meier, 2011)

• African Americans underutilize hospice services accounting for less than 9% of patients, compared with Caucasians who accounted for more than 80% of hospice utilization in 2013 (NHPCO, 2014).
• Reasons for the disparity have been heavily attributed to internal factors that insinuate the patients’ responsibility for their groups’ underutilization and that African Americans are making a choice not to engage in hospice services (Cort, 2004; Drisdom, 2013; Reese, Ahern, Nair, O'Farie, & Warren, 1999; Winston et al., 2004).

• However, a review of literature shows that patient factors are only one-half of the equation as referring providers may also play a role.
Previous research has examined factors such as:

- Religion
- Cultural mistrust
- Lack of exposure
- Preference for aggressive treatment

However, all have been patient driven factors (Cort, 2004; Johnson, et al., 2009; Lukachko et al. 2015; Munoz et al., 2014).

Provider decisions influence the healthy outcomes of minorities in different avenues; on the forefront (Preventive screenings) and the backend (diagnostics, referrals, and treatment).
• **Provider Factors:** Research on the external factors, such as medical providers perceptions, has found distinct racial biases in cardiac care, diabetes management (Ache et al., 2011; Schulman et al. 1999).

• **Perceptions:** The manner in which medical providers perceive patients and their family members as interested in hospice services could have a strong effect on the pursuit of end of life care treatment options and even limit patients from being able to have a choice to accept or deny hospice services.

• **Hospice Referrals:** Ache et al. (2011) showed that physicians viewed African Americans as more resistant to hospice referrals simply on race alone. This study determined differences in perceptions towards hospice referrals between physicians belonging to African American and Caucasian racial groups.
• Previous to this research study, it was not known if and to what degree, the race of the provider and or the race of the patients they serve leads to statistically significant differences in the perceptions held towards hospice services between African American and Caucasian non-physician medical providers.

• The purpose of this quantitative, causal-comparative study was to examine if and to what extent, statistically significant differences exist in the perceptions non-physician medical if those racial differences are due to provider race alone, patient race alone, or the interaction between provider race and patient race.
RESEARCH QUESTIONS

• RQ1: Is there a statistically significant difference between the race (African American or Caucasian) of non-physician medical providers and their perceptions towards hospice referrals? (medical providers’ race)

• RQ2: Is there a statistically significant difference between the perceptions of non-physician medical providers who primarily serve Caucasian patients and non-physician medical providers who do not primarily serve Caucasian patients in their practice? (race of the patients served)

• RQ3: Is there a statistically significant interaction between the race of the non-physician medical provider (Caucasian or African American) and the racial composition of patients who providers serve (majority Caucasian or not majority Caucasian)? (examines interaction of both medical providers’ race and the race of the patients served)
RESEARCH DESIGN

• Data for this study were collected using a non-experimental causal-comparative 2 x 2 factorial design.

• The non-manipulated independent variables for this study were provider race (African American or Caucasian) and patient race (providers who reported that they treat a majority of Caucasian patients versus providers who reported that they do not treat a majority of Caucasian patients).

• The quantitative dependent variable was provider perceptions towards hospice referrals measured by 17 separate items.
ADVANCING SCIENTIFIC KNOWLEDGE

• This research advanced current knowledge in the field of African American underutilization of health care services by providing results that could indicate that although African Americans receive lower levels of assistance during end of life (NHPCO, 2012), it may not be entirely attributed to a patient’s choice to not engage in services (Ache et al., 2011; Conner, 2010; Corrigan, 2004; Kranke, Floersch, Kranke, & Munson, 2011), but due to their providers’ perceptions of them such as being resistant to referrals.

• Results of this study have the possibility of helping minority groups, who as a whole underutilize hospice services.

• Results may also increase referral times by identifying another institutional barrier to hospice referrals, and providing recognition that nurses and social workers also play a vital role in hospice referrals.
Looking Glass Self - self-identity is actually not shaped by one’s own internalized thoughts of himself or herself; it is constructed from one’s belief of how he or she thinks regarding “measuring up” in the eyes of others (Callero, 2014; Gecas & Schwalbe, 1983; Isaksen, 2013).

Social Distance Theory Social distance describes the distance that exists between a person and others belonging to different demographic groups such as race, class, and gender and is “generally defined as a function of affective distance between the members of two groups” (Geetha, 2014, p. 129).

Social Learning Theory - observation or direct experience can lead to new patterns of behavior (Bandura, 1977).
Internalized Oppression Theory - a psychological effect of the abuse of power that leads oppressed groups to believe negative attributions associated with them as truth (Charles, 2014).

Stereo-type Threat - when one has a concern in a situation that their actions will confirm the negative stereo-type placed upon him or her (Spencer, Logel, & Davies, 2016).

The Theory of White Privilege – “invisible package of unearned assets that is reliable each day” to Caucasians (as cited by Case, 2012, p. 78).
INSTRUMENTATION

• Perceptions of non-physician medical providers were measured using the Comparison of Attitudes toward Hospice Referral between African American and White American Physicians tool that was originally developed and used in a study by Ache et al. (2011).

• The initial study conducted by Ache et al. in 2011 consisted of one question regarding non-physician medical providers’ personal experience and 17 questions regarding attitudes toward hospice referrals.
DATA SOURCES

• Participants were a convenience sample of 697 non-physician medical providers ages 21 and older with the general population of nurses and social workers in the United States.

• Sampling consisted of GCU affiliates and National Hospice Social Work Support group members who met the criteria identified in this study and who voluntarily agreed to participate.
The target population of this study included nurses and social workers who were either affiliated with a southwestern university as a student, faculty, or staff, and or a member of a national nurse/social worker Facebook group.

There were 697 respondents who participated. Of the 697 participants, 457 (65.6%) were Caucasian, 106 (15.2%) were African American respondents, and 35 did not provide their race.

There were 625 (89.7%) females and 49 (7.0%) males. 23 did not respond.

506 (81.2%) of the participants were in the medical field; 36 (5.2%) of them were from the general practice, 71 (10.2%) reported to be in other areas of practice, and 24 did not report their field.

(60.3%) participants who were board certified at the time of the study
RESULTS RQ1

• H1a. “African American non-physician medical providers will hold more negative perceptions towards hospice referrals than Caucasian non-physician medical providers.”

• The 2 X 2 MANOVA findings indicated that the main effect of provider race was statistically significant (Wilks’ Lambda = .923, F (18,510) = 2.376, p = .001): there was a difference in the perceptions held between African American and Caucasian non-physician medical providers.

• The MANOVA results found statistically significant differences between African American and Caucasian non-physician medical providers (p = .001).

• ANOVA results indicated that for the main effect of provider race, 6 of the 17 items had statistically significant differences in provider perceptions held towards hospice services.
RESULTS RQ2

• H2a. Non-physician medical providers who do not primarily serve Caucasian patients will have more negative perceptions towards hospice services than non-physician medical providers who do primarily serve Caucasian patients in their practice.

• MANOVA indicated that differences in the majority race of the patient (Table 10) was not statistically significant (p > 0.05). Though providers who treated primarily Caucasian patients had more favorable views towards hospice, those differences were not statistically significant. As such, the null hypothesis was not rejected (Wilks’ Lambda = .863, F (90,2570) = .850, p = .840).

• Univariate analysis indicated that only 1 of 17 items (“I prefer to have a non-primary care specialist recommend hospice.”), had a significant difference (F (5,2478) = 2.408, p = .036).
H3a. There will be a statistically significant interaction between the race of the non-physician medical provider (Caucasian or African American) and the racial composition of patients providers serve (majority Caucasian or not majority Caucasian).

The factorial MANOVA indicated that there was no interaction effect between provider and patient race (Wilks’ Lambda = .945, F (36, 1020) = .820, p = .766), therefore, the null hypothesis was accepted.

Univariate testing indicated 2 of 17 items had a significant difference “In general, I am comfortable explaining hospice referrals to patients and families.” and “I am comfortable explaining hospice care to minority patients and families.”
• Caucasian non-physician medical providers who primarily served Caucasian patients were more comfortable explaining hospice referrals to patients and their families than Caucasian non-physician medical providers who did not primarily serve Caucasian patients (F (2, 1020) = 4.100, p = .017).

• Caucasian non-physician medical providers who do primarily serve Caucasian patients were more comfortable explaining hospice care to minority patients and families than Caucasian non-physician medical providers who do not primarily serve Caucasian patients (F (2, 1020) = 3.792, p = .023).
The purpose of this causal-comparative study was to examine if and to what extent, statistically significant differences exist in the perceptions non-physician medical providers hold towards hospice services and if those racial differences are due to provider race alone, patient race alone, or the interaction between provider race and patient race.

Results indicated a statistically significant difference existed with the main effect of provider race (Wilks’ Lambda = .923, F (18,510) = 2.376, p = .001) but not for majority patient race alone and there was not an interaction effect (p>.05).
Results from this study highlighted the need for organizations and administrators to examine hospice referral policies and procedures as well as education on cultural diversity and inclusion staff trainings because cultural competence is key to the delivery of healthcare (Repo, et al., 2017).

This study allots providers and administrators the awareness to make adjustments that could lead to a conscious effort to partake in more discussion with terminal patients about hospice referrals.

Lastly, the results of this study could provide universities that offer social work programs and any other institutions objectives that seek to increase providers’ preparedness with hospice referrals as death is not secluded to those who solely work in gerontology.
THEORETICAL IMPLICATIONS

• Although it was not the main intention of the study, this study may have identified the breadth of forming one’s self-identity through the lens of others (Looking Glass Self) and how those personal ideations can carry over to professional referral behaviors and overall decision making.

• The results of this study may indicate that providers have a responsibility in the racial health care disparity of hospice utilization, and how close or apart they may define themselves from their patients (Social Distance) could affect the equity of care they provide to their patients (Johnson et al., 2009; Street et al., 2007; Townsend et al., 2017; Van Ryn et al., 2006; Yeung & Martin, 2003).
PRACTICAL IMPLICATIONS

• Results of this study indicates a need for administrators to create, implement, and encourage policies and procedures that will result in the discussion of hospice referrals with all qualifying patients with terminal diagnoses.

• Though provider perceptions may not change the choices patients make about their end of life care treatment options, it could increase the number of patients who have the opportunity to make a choice for their end of life care treatment preferences (Johnson, et al., 2009; Munoz et al., 2014).
RECOMMENDATIONS FOR FUTURE PRACTICE

1. Results of this study should be used by providers who make hospice referrals. By results of the study being applied in professional practice, it is possible that the racial healthcare disparity of hospice utilization can be decreased.

2. Institutions of higher learner should review the results of this study as they may indicate the need for courses outside of Social Work programs to provide education and discussion on countertransference and implicit bias. Doing so could illustrate how as providers they have the possibility to affect hospice underutilization due to their decision making in their profession.

3. Patients should read the results of this study to receive education that health care inequities are not always the result of providers’ intention. Being aware of such information could assist African American lessen their documented cultural mistrust of the health care system. In addition, it could also provide African Americans with the awareness, that they may be required to make their health care needs more pronounced and known.
CONCLUSION

• This study theorized that differences would exist between African American and Caucasian non-physician medical providers and that African Americans providers would have more negative perceptions towards hospice referrals due to their own racial construct such as stigma.

• Testing of those hypothesis confirmed that racial homogeny between provider and patients they serve may impact providers’ perceptions but not significantly.

• Furthermore, race of the provider rendering such referral can make a statistically significant difference in their perception towards hospice services based upon their own racial biases. An interaction does not exist between the race of patient and provider race.
Social Distance Theory describes the distance that exists between a person and others belonging to different demographic groups such as race, class, and gender and it is “generally defined as a function of affective distance between the members of two groups” (Geetha, 2014, p. 129).

The Theory of White Privilege was examined to show the contrast of some of the cultural aspects of African American providers. White privilege provides the freedom of Caucasians to not be reminded or aware of their race which could result in less distress or double guessing when making decisions and providing care for patients.

In the framework of The Looking glass self, consequences of African Americans being aware of the negative stereo types attributed to them and higher levels of self-reported stigma (Conner, 2010; Corrigan, 2004; Kranke et al., 2011), their self-identity is actually not shaped by one’s own internalized thoughts of himself or herself; it is constructed from one’s belief of how he or she thinks regarding “measuring up” in the eyes of others (Callero, 2014; Gecas & Schwalbe, 1983; Isaksen, 2013). Therefore, African American non-physician medical providers’ efforts to avoid any possible “controversy” could affect the treatment they provide their patients.
Q & A SESSION

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THANK YOU!