

Overview

- Physician multicultural competency is a growing topic of interest in the study of medical education and physician-patient dynamics (Brunett & Shingles, 2018; Michalopoulou et al., 2010, Ahmed & Bates, 2010)
- Previous research has indicated **a link between physician multiculturalism, patient outcomes, patient satisfaction, and willingness to engage in medical care** (Ahmed & Bates, 2016; Brunett & Shingles, 2018; Chase et al., 2024; Dawadi et al., 2022).
- There is a lack of research into how patient perceptions of physicians' cultural competence informs decisions about seeking care.

Hypotheses: Participants will **choose a more culturally competent provider to receive care from**. This preference will **correlate with intrinsic importance placed on culturally competent providers**.

Methods

- Participants (N=114) were recruited via Reddit, counseling Listservs, and posters around CSU campus to complete a Qualtrics survey.
- After obtaining consent, participants were **counterbalanced to seeing both of the following vignettes in random order**.

| Dr. A | Dr. Z |
|---|---|
| This doctor has been practicing family medicine for fifteen years and has researched various topics in clinical medicine. They have additionally published research on popular medical problems. They are currently interested in taking new patients from all backgrounds. | This doctor has been practicing family medicine for fifteen years and has published research on how cultural disparities may present in the clinical environment. Their other research interests include intersectionality and multiculturalism in medicine. They are currently interested in taking new patients from all backgrounds. |

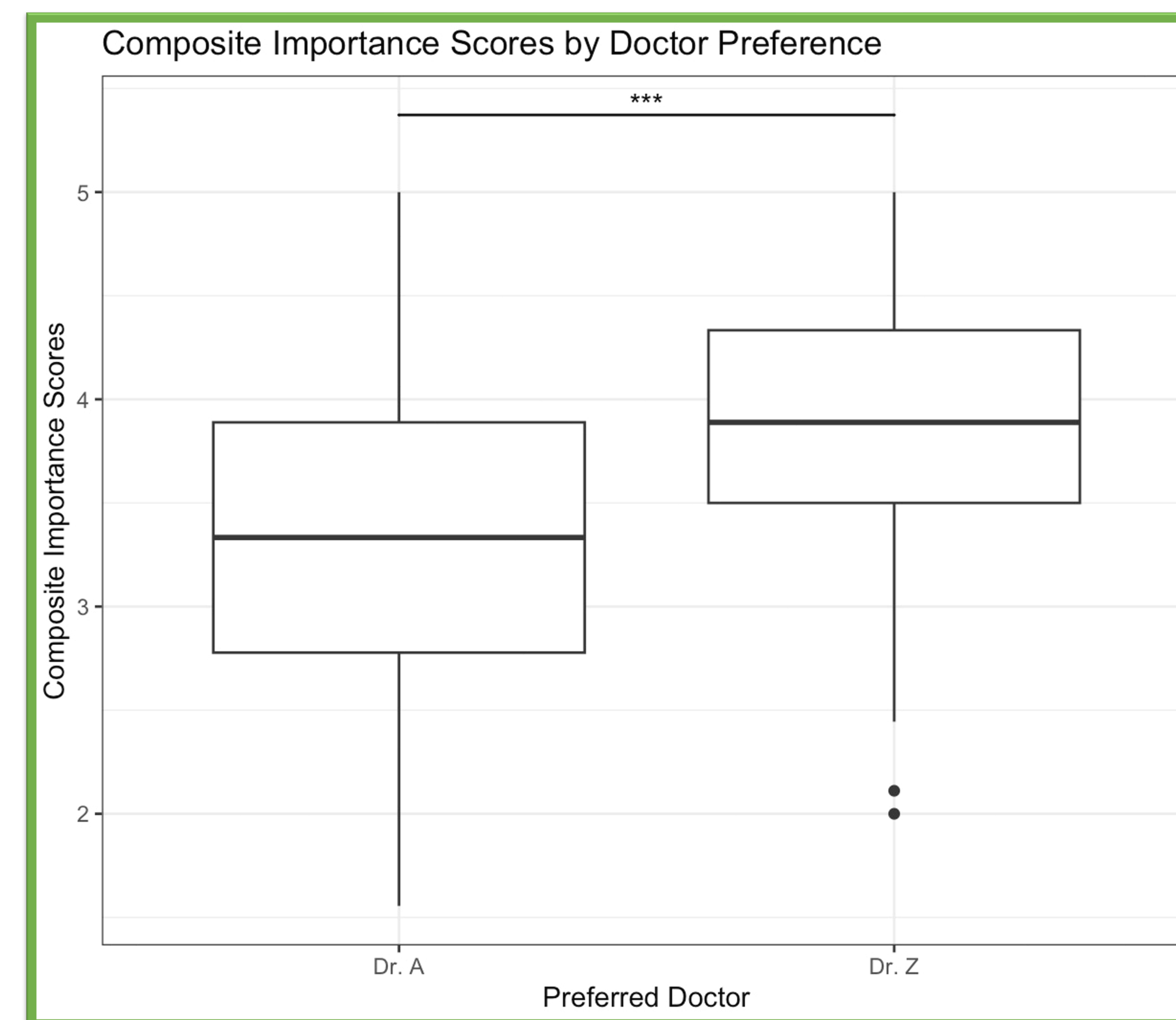
- After seeing **one vignette** participants were instructed to **assess qualities of each physician** including trustworthiness, empathy, humility, compassion, work ethic, and knowledgeability.
- Participants then viewed both vignettes side-by-side and **rated how likely they were to go to each doctor for an initial visit to establish care** on a scale from 1-10. They then **chose either Dr. A or Dr. Z** to receive medical care from.
- Participants then answered a rating scale of **how important cultural competency in a physician is to them** (Michalopoulou et al., 2010).
- The ratings scale was then combined to form a **composite scale for cultural competency**.
- At the end participants answered demographics questions.

Results

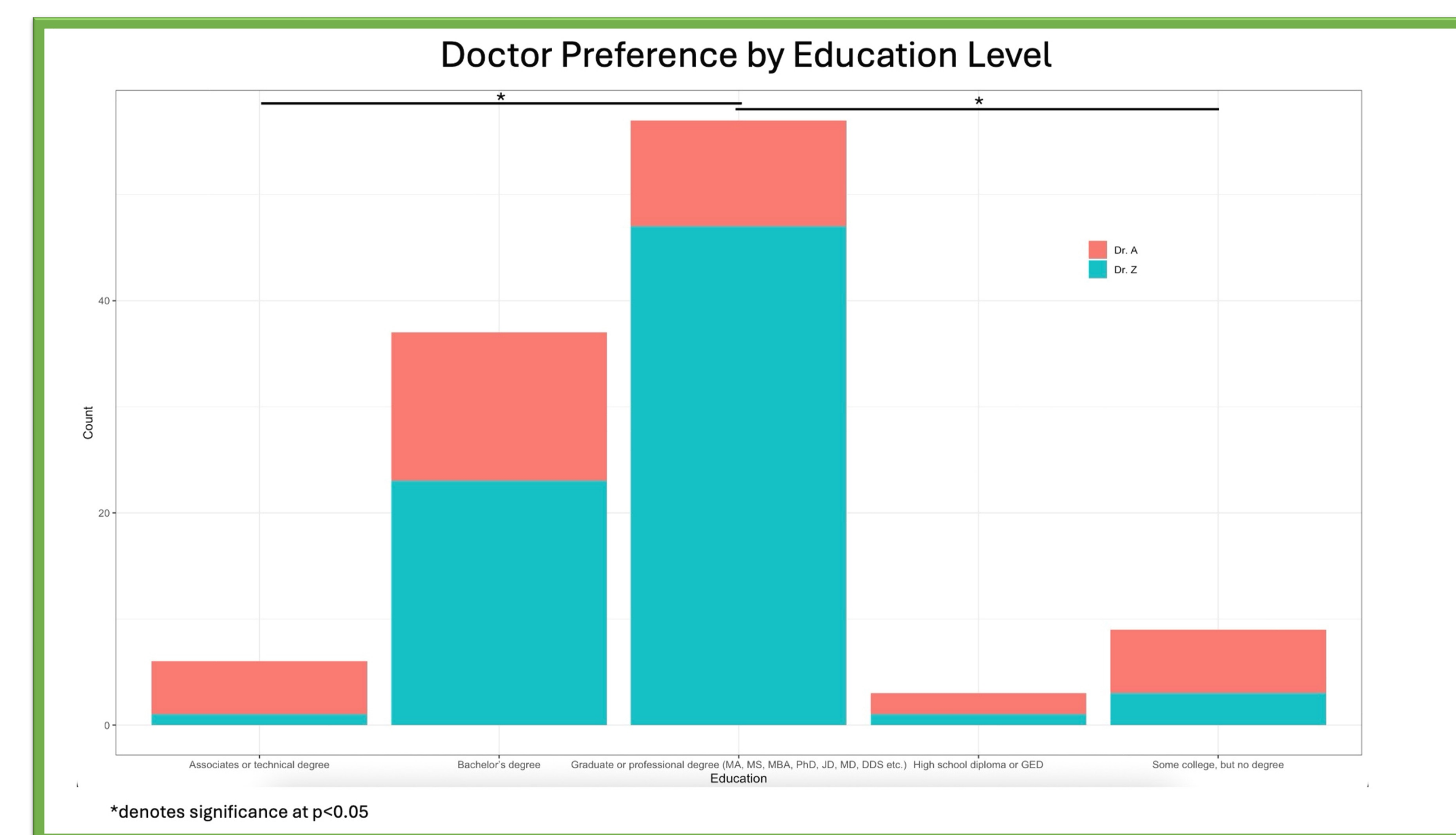
- When asking participants to choose one provider over another, statistical analysis reveals that **67.5% of participants chose Dr. Z, the more culturally competent provider**.
- Exact binomial statistical testing revealed **the proportion of participants choosing Dr. Z to be statistically significant** ($p = 0.0002$, 95%CI [0.58, 0.76])

Results (cont)

- On average, **participants who chose Dr. Z over Dr. A placed higher importance on physician cultural competency than those who chose Dr. A over Dr. Z** ($p = 0.0007$).



- Participant demographics were statistically analyzed to **elucidate if certain demographic factors led to differences in physician choice**.
- Chi-Squared tests revealed that participants with **higher levels of education** (e.g., graduate or professional degree, associates degree, some college) **were more likely to choose the more culturally competent provider** ($p = 0.0006$).



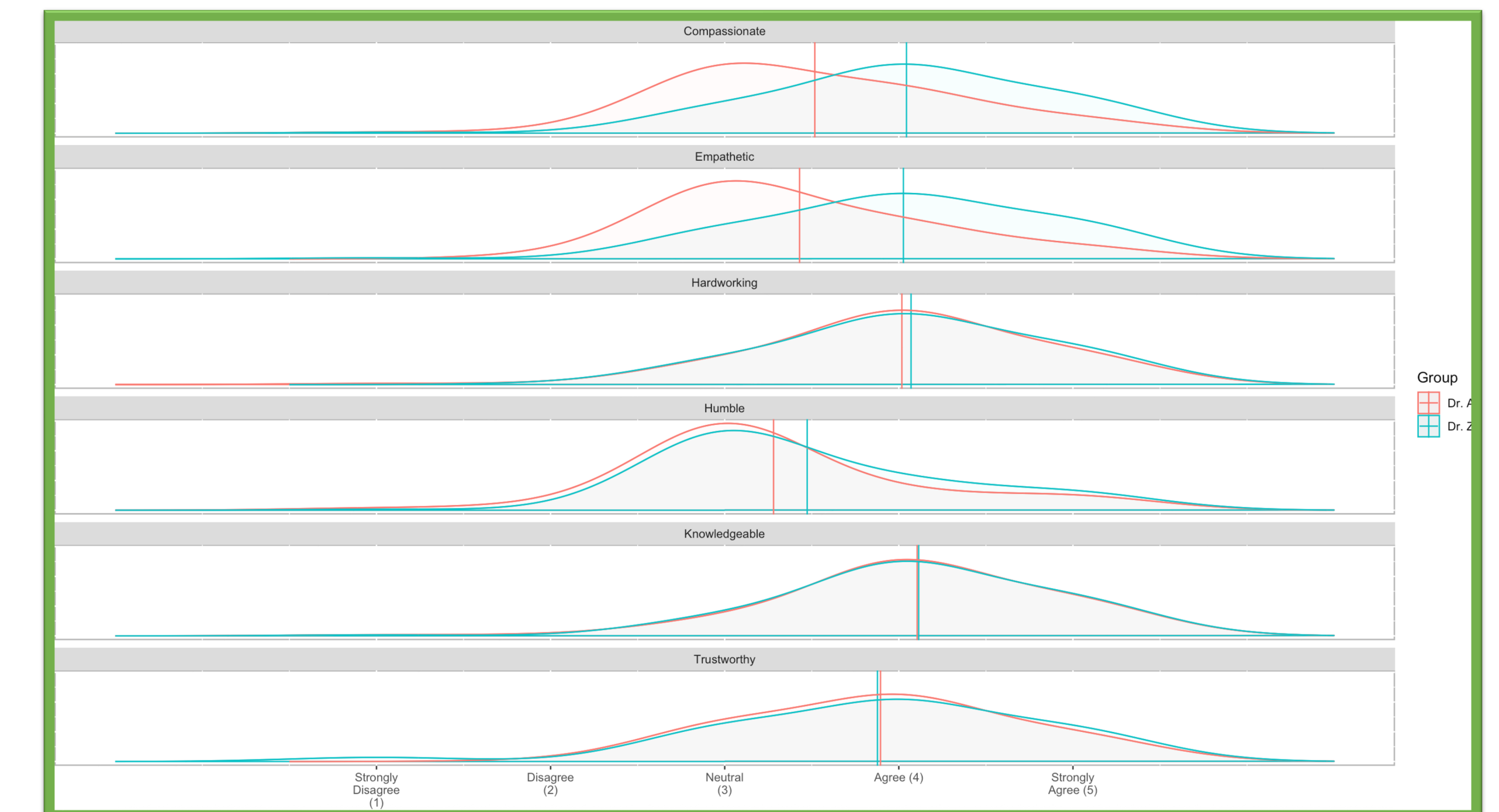
- All other demographics when tested against physician choice were not statistically significant.
- Participant's cultural competency composite scores differed significantly based on employment status and education status** (see table below).

| Education | n | Mean Composite Score |
|---------------------------------|----|----------------------|
| Associates or technical degree | 6 | 3.241 |
| Bachelor's degree | 37 | 3.679 |
| Graduate or professional degree | 57 | 3.862 |
| High school diploma or GED | 3 | 3.556 |
| Some college, but no degree | 9 | 3.037 |
| | | p-value = 0.01852* |

| Employment | n | Mean Composite Score |
|------------------------------------|----|----------------------|
| A homemaker or stay-at-home parent | 3 | 4.185 |
| Retired | 4 | 2.5 |
| Student | 9 | 3.383 |
| Unemployed and looking for work | 2 | 3.611 |
| Unspecified | 1 | 3.667 |
| Working full-time | 77 | 3.768 |
| Working part-time | 16 | 3.729 |
| | | p-value = 0.01092* |

Results (cont)

- Participants rated the more culturally competent provider as more compassionate ($p < 0.001$), empathetic ($p < 0.001$) and humble ($p = 0.03$).** All other aspects were not statistically significant.



Discussion

Summary

- Participants preferred the more culturally competent provider. Participants who preferred the more culturally competent provider had higher ratings for the importance of physician cultural competency.
- Education was a significant predictor for preference of the more culturally competent provider.
- The culturally competent provider was rated as more compassionate, empathetic, and humble by participants.

Implications

- Patients place high value on cultural competence and will preferentially choose to go to a culturally competent doctor, indicating a behavioral extension to their closely held intrinsic values.
- Future physicians and medical training should place further emphasis on cultural competency as this is highly valued by patients.
- This is especially true as patients view culturally competent physicians to be more compassionate, empathetic, and humble compared to doctors who do not present as culturally competent.

Limitations

- Convenience sampling through online forums.
- Filtering out bot accounts using Qualtrics verification measures.
- Lack of demographic diversity in the sample.

Future Directions

- Designing a similar study with more generalizable results
 - Diverse demographics with monetary compensation for participants (e.g., Mturk) to avoid bots.
- Modifying presenting qualities of each physician to see if effects persist (e.g., race, gender).

Contact

If you have any questions or feedback please reach out to us!

Primary contact info below.

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