Intersections of Identifying Features in Medical Practice: Measurement, Outcomes, and the Role of Feminist Identity

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Abstract

Objectives: measure development of microaggression measures based on the experience of racial, sexist, and ageist microaggressions in health care settings. Also to assess of experiences of intersectional microaggressions in health care as they relate to physician trustworthiness, mental/physical health, and well-being. The role of feminist identity, if any, will also be explored in this context.

Introduction

Microaggressions refer to the experience of subtle, yet internalized, discrimination on the basis of race or other identifying features, previously studied in medical care (e.g., Cline & McKenzie, 1998); mental health care (Owen et al., 2014); academia (e.g., Minikel-Lacocque, 2013; Stevenson, 2013); and corporate leadership (Holder et al., 2015). Individuals who have experienced racial microaggressions were increasingly likely to experience risky health behaviors and more mental health issues (Blume et al., 2012; Torres et al., 2010).

Researchers (Almond, 2014; Constantine, 2007) have developed/validated measures of racial microaggressions as they relate to patient-provider experiences in medical and mental health care settings and found significant negative relationships to measures of well-being and patient satisfaction.

- The aim of this project is to extend the utility of racial microaggression measures in health care to explore the intersectional nature of microaggressions experienced on the basis of race, gender and/or age—as well as to further explore the function of preexisting intersectional microaggression measures.
- A secondary aim is to assess feminist identity as it might relate to outcomes such as flourishing, microaggressions, and physician trustworthiness.
- Both aims work towards cultivating physician trust among women of color.

Ideally, these tools would be used to provide education and feedback to health care entities on the impact of microaggressions in health care in hopes of bettering the experiences of patients who may have been inadvertently alienated by health care providers on the premise of their race, gender, and/or age.

Study Hypotheses:

a) Individual characteristics as well as physician characteristics will relate to participants' experiences of microaggression in medical settings.
b) Individual characteristics will relate to having diverse feminist identities.
c) There will be a negative relationship between the experiences of race/age/gender/ intersectional microaggressions and both well-being and physician trust measures.

Discussion:

- The findings related to physical disability suggest that women with physical disabilities are more likely to encounter these particular types of microaggression. Educational attainment was positively correlated to all microaggression measures, and also as expected, skin color related positively only to measures having to do with race (Racial microaggressions and intersectional microaggressions).
- Feminist identity was not significantly associated with individual characteristics such as age, education, and disability ratings; nor was it related to any of the study's other variables.

- In terms of cultivating physician trust among this sample, it appeared that having a female physician, and being older increased one's trust in their physician, while experiencing age microaggressions weakened that trust. Also worth noting is the relationship between physical health and racial microaggressions. It leads us to ask "are those experiencing racial microaggressions experiencing poor physical health as a result?" OR "does the stereotype of ill health for Black Americans increase one's chances of experiencing microaggression from a physician?"
- Measuring age, gender, and racial microaggressions in medical settings has proven to be useful in understanding trust in one's physician. While these identifying features could be measured intersectionally, it appeared that the factor structure of the individual measures held up better in this context.
- Future research should continue to assess valid measurement of individual or intersectional identities and their association with physical and mental health outcomes. Research in this area could also benefit from paired ratings from patients and health care providers. With the movement toward integrative medicine, health psychologists could play a vital role in increasing awareness of the long-term, compounding effects of microaggression on health care utilization and trust in health care entities.

Participants:

	Mean	SD	Range
Age	41.18	15.02	18-72
Skin Color	2.42	1.46	1-7

Race	
White	35.43%
Asian	29.13%
African American	16.54%
Hispanic/Latina	18.90%

Region	N	%
Northeast	26	19.5
Mid -West	20	15.0
South	55	41.4
West	32	24.1
Total	133	100

Education	%
Less than High School	1.49%
High School / GED	16.42%
Some College	20.90%
2-year College Degree	14.93%
4-year College Degree	30.60%
Masters Degree	11.19%
Doctoral Degree	2.24%
Professional Degree (JD, MD)	2.24%

Marital Status	%
Single, never married	28.36%
Separated	1.49%
Divorced	11.19%
Widowed	3.73%
Living w/ partner	5.97%
Married without children	14.93%
Married with children	34.33%

Measurement Development Results

Age Microaggresions from Physician	
Cronbach's Alpha:	0.90
Factorial Structure:	1 (λ=6.07)
% of Variance explained:	61%
% of variables marked for dimension (≥0.30):	100% (10/10)

Gender Microaggresions from Physician	
Cronbach's Alpha:	0.90
Factorial Structure:	1 (λ=6.82)
% of Variance explained:	68%
% of variables marked for dimension (≥0.30):	100% (10/10)

Race Microaggresions from Physician	
Cronbach's Alpha:	0.92
Factorial Structure:	1 (λ=6.68)
% of Variance explained:	67%
% of variables marked for dimension (≥0.30):	100% (10/10)

Intersectional MA Results:

	Lewis and Neville (2015)	Present Study (Race aggregated) N=127	Present Study Race=White N=45	Present Study Race=Black/AA N=21	Present Study Race=Asian N=27	Present Study Race=Hispanic/Latina N=24
Cronbach's Alpha:	0.93	0.98	n/a	n/a	n/a	n/a
Factorial Structure:	4	3	3	4	2	5
% of Variance explained:	49%	78%	85%	85%	81%	87%
% of variables marked for dimension:	**Factor 1**: 100% 10/10 **Factor 2:** 100% 7/7 **Factor 3:** 100% 5/5 **Factor 4:** 100% 3/3	**Factor 1**: 0% **Factor 2**: 12% (3/25) **Factor 3**: 25% (5/25)	**Factor 1:** 56% (17/25) **Factor 2:** n/a (6 complex) **Factor 3:** 0%	**Factor 1:** 80% 20/25 **Factor 2:** n/a (5 complex) **Factor 3**: 0% **Factor 4:** 0%	**Factor 1:** 80% 20/25 **Factor 2:** n/a (5 complex)	**Factor 1:** 80% 20/25 **Factor 2:** n/a (2 complex) **Factor 3:** n/a (3 complex) **Factor 4:** 0% **Factor 5**: 0%

Hypothesis Testing:

Hypothesis One:
Individual Characteristics x Physician Characteristics= Age Microaggressions from Physician

$F(8, 125) = 8.93, p < .0001, R^2 = .346$

Individual Characteristics	Significant standardized beta weights:	
Age	n.a.	The increase in physical disability status related to an increase in being bothered by age microaggressions from a physician.
Skin Color	n.a.	
Education	n.a.	
Disdisability Status	β = .487	
General Health	n.a.	
Physical Health	n.a.	
Mental Health		
Physician Characteristics	Significant standardized beta weights:	
Physician Age Concordance	n.a.	
Physician Gender Concordance	n.a.	
Physician Race Concordance	n.a.	
Length of Time with Physician	n.a.	

Hypothesis One:
Individual Characteristics x Physician Characteristics= Gender Microaggressions from Physician

$F(8, 125) = 9.01, p < .0001, R^2 = .366$

Individual Characteristics	Significant standardized beta weights:	
Age	n.a.	The increase in years of education and physical disability status, related to an increase in being bothered by gender microaggressions from a physician.
Skin Color	n.a.	
Education	β = .182	
Disdisability Status	β = .545	
General Health	n.a.	
Physical Health	n.a.	
Mental Health		
Physician Characteristics	Significant standardized beta weights:	
Physician Age Concordance	n.a.	
Physician Gender Concordance	n.a.	
Physician Race Concordance	n.a.	
Length of Time with Physician	n.a.	

Hypothesis One:
Individual Characteristics x Physician Characteristics= Racial Microaggressions from Physician

$F(8, 125) = 10.37, p < .0001, R^2 = .399$

Individual Characteristics	Significant standardized beta weights:	
Age	n.a.	The increase in years of education, physical disability status, and skin tone darkness and a decrease in self-rated physical health related to an increase in being bothered by racial microaggressions from a physician.
Skin Color	β = .194	
Education	β = .197	
Disdisability Status	β = .553	
General Health	n.a.	
Physical Health	β = -.226	
Mental Health	n.a.	
Physician Characteristics	Significant standardized beta weights:	
Physician Age Concordance	n.a.	
Physician Gender Concordance	n.a.	
Physician Race Concordance	n.a.	
Length of Time with Physician	n.a.	

Hypothesis One:
Individual Characteristics x Physician Characteristics= Intersectional (Black Woman) Microaggressions from Physician

$F(8, 125) = 9.01, p < .0001, R^2 = .366$

Individual Characteristics	Significant standardized beta weights:	
Age	n.a.	The increase in physical disability status, and skin tone darkness related to an increase in being bothered by intersectional microaggressions (i.e. Black woman) from a physician.
Skin Color	β = .281	
Education	n.a.	
Disdisability Status	β = .440	
General Health	n.a.	
Physical Health	n.a.	
Mental Health		
Physician Characteristics	Significant standardized beta weights:	
Physician Age Concordance	n.a.	
Physician Gender Concordance	n.a.	
Physician Race Concordance	n.a.	
Length of Time with Physician	n.a.	

Hypothesis Two:
Individual characteristics (age, education, skin color, disability) will be associated with feminist identity.

$F(4, 129) = 1.279, p = .281, R^2 = .038$

*Hypothesis not supported

Hypothesis 3:
Individual patient characteristics, physician characteristics, and the experience of age/gender/race/intersectional microaggressions in health care will predict trust in one's physician.

Hierarchical Regression Analysis	Variables Entered	Significant beta coefficients	Change in R^2
Model One: F(4, 129) = 2.309, p = .061	Age	(β = .253, p = .004)	
	Physical disability	n.a.	
	Skin Color	n.a.	
	Education	n.a.	
Model Two: Model 2: F(5, 128) = 1.833, p = .111	Flourishing (Well-Being)	n.a.	0.00
Model Three: Model 3: F(9, 124) = 1.925, p = .054	Physician Age Concordance	n.a.	1.971
	Physician Race Concordance	n.a.	
	Physician Gender Concordance	(β = .193, p = .036)	
	Length of time with Physician	n.a.	
Model Four: Model 4: F(13, 120) = 2.897, p = .001	Racial Microaggression	n.a.	4.582
	Gender Microaggression	n.a.	
	Age Microaggression	(β = -.590, p = .000)	
	Intersectional Microaggression	n.A.	