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THE PROVIDER-PATIENT RELATIONSHIP AND SATISFACTION WITH CARE AMONG HIGH AND LOW ACCULTURATED LATINA BREAST CANCER SURVIVORS

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Due to advances in breast cancer detection and treatment, the average 5 year survival rate is 89%. Thus, efforts to improve health outcomes during survivorship are a high priority. Converging evidence suggests that the quality of the provider-patient relationship is not only associated with satisfaction with care, but also associated with improved health outcomes and better quality of life.

Important factors in the provider-patient relationship have been shown to include participatory decision making (PDM), trust in the physician, and being treated as an equal partner. Several recent studies have identified disparities in PDM with Latina patients exhibiting the lowest rates of PDM and poorest physician-patient communication; however, this group generally has the highest ratings of satisfaction with care. This paradoxical finding may be attributed to the fact that prior studies have not considered acculturation factors, including English language proficiency, which are likely to impact physician-patient communication and patients' confidence in initiating participation in treatment decision making.

Objective: This study aimed to address this gap in the literature by examining: 1) Associations among three factors important to the provider-patient relationship: PDM, trust in physician, and being an equal partner, 2) Associations between these qualities and satisfaction with care, and 3) Whether acculturation differences moderate the association between these qualities of the provider-patient relationship and satisfaction with care.

Method: Data were derived from 70 surveys completed by Latina breast cancer survivors.

Results: PDM scores were positively correlated with trust ($r = 0.48$, $p < 0.001$) and satisfaction with care ($r = 0.39$, $p < 0.001$), irrespective of acculturation status. In higher acculturated women, lower trust ratings were associated with lower satisfaction with care; however, associations between trust and satisfaction with care were not observed in women with lower

acculturation status ($F(1,66) = 5.43, p=0.02$). Being treated as an equal partner was not significantly associated with ratings of satisfaction with care in either of the acculturation groups of our sample.

Discussion: High-acculturated patients may have greater familiarity with the healthcare system, and thus have adapted expectations that are in-line with those of non-white Hispanic women. Low-acculturated patients, in contrast, may not have the same expectations of trust for contributing to their ratings of care. Implications for providing high-quality care for diverse women will be discussed.

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