

Medical Communication in Older American Indians: Variations by Ethnic Identity

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Abstract

The authors analyzed audiotapes from 102 patients of American Indian race (50 years) to explore how ethnic identity influences medical communication. A standardized interaction analysis system was used to classify patient utterances into categories: information-giving, questions, social talk, positive talk, negative talk. The authors identified patient subgroups distinguished by level of identification with American Indian and White identity and explored whether some subgroups devoted more communication to certain categories of talk. Patients highly affiliated with American Indian identity devoted a significantly greater percentage of communication to “positive talk”—including statements of optimism, reassurance, and agreement—than patients identifying at lower levels ($p > .05$). They devoted less communication to “negative talk,” including corrections, disagreements, and anxiety statements ($p < .05$). Effects persisted after adjustment for confounders, including health status. Patterns may encourage providers to underestimate distress and overestimate satisfaction and comprehension in patients highly affiliated with American Indian identity.