Abstract

Cultural competence models assume that culture affects medical encounters, yet little research uses objective measures to examine how this may be true. Do providers and racial/ethnic minority patients interpret the same interactions similarly or differently? How might patterns of provider–patient concordance and discordance vary for patients with different cultural characteristics? We collected survey data from 115 medical visits with American Indian older adults at a clinic operated by the Cherokee Nation (in Northeastern Oklahoma, USA), asking providers and patients to evaluate nine affective and instrumental interactions. Examining data from the full sample, we found that provider and patient ratings were significantly discordant for all interactions (Wilcoxon signed-rank test p < 0.02). However, discordance typically reflected a trend in which providers were more critical of their own behaviors than were patients. These findings suggest that providers serving American Indian patients often create greater satisfaction than they believe. We then distinguished cultural subgroups of patients, comparing magnitude of provider–patient discordance on specific interactions for patients at different levels of American Indian and White American cultural identity. Patients who affiliated strongly with American Indian cultural identity more closely shared providers’ reduced evaluation for several variables related to information exchange, as compared to patients who identified weakly. These results flag interactions that providers and their most culturally distinctive patients both experience as challenging.