

# There is Still Bias in Patient Satisfaction Data

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With great interest we reviewed the article (by Solnick, Peyton, Kraft-Todd & Safdar, 2020) entitled *Effect of Physician Gender and Race on Simulated Patients' Ratings and Confidence in Their Physicians: A Randomized Trial*.<sup>1</sup> The authors reported that gender and race did not significantly affect patient satisfaction after conducting a computer-based simulation involving participants recruited by crowdsourcing to play the role of a patient reporting to the emergency department with symptoms consistent with gastroenteritis.

The authors question whether the discrimination and bias experienced by women and African American physicians play out routinely and systemically in patient encounters, manifesting as unequal patient satisfaction ratings, or alternatively if discrimination from patients accounts for “occasional,” anecdotal circumstances. They further suggest that non-patient factors, such as institutional and co-worker bias, may play a greater role in bias experienced by women and African American physicians. The latter supposition likely holds some merit and should be investigated further as a means to quell physician workplace discrimination.

The authors state that high stress clinical environments, such as the emergency department, might expose more bias than primary care settings. In the study however, the low-acuity computer-based scenario involves a patient who has no abdominal pain and probable gastroenteritis. Although the symptom checker states that the patient could have appendicitis and treatment usually involved surgery, the physician's recommendation for conservative treatment does not create a stressful situation. In addition, there is no direct communication between patients and physicians. While the participants were blinded to the intent of the study, it is also probable that participants were able to discern the study purpose. The authors concede this point.

We do agree with the authors' statement that reported results should not be interpreted as contradicting the lived experiences reported by physicians from underrepresented groups.

Data presented by Poole (2019) showed considerable difference in overall patient satisfaction data amongst African American physicians when treating white versus African American patients at the Mayo Clinic in Arizona.<sup>2</sup> Additionally, Sotto-Santiago, Slaven & Rohr-Kirchgraber (2019) illustrated lower mean and median patient satisfaction scores for women and racially underrepresented physicians, with there being significantly lower mean scores amongst racially underrepresented physicians.<sup>3</sup>

Although we commend the authors for conducting a randomized study using crowdsourcing to investigate this important issue, caution should be exercised in generalizing findings purporting that gender and race are not significant variables to consider when interpreting patient satisfaction scores. Further study is warranted to optimize effectiveness of using computer-based simulation and crowdsourcing to investigate the impact of gender and race on patient satisfaction scores.

## REFERENCES

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