

Russian Patients and Doctors at the Hospital.  
Between Paternalist Expectations  
and Discriminatory Practices.  
Project Proposal

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# Subject

Empirical study of the attitudes towards welfare state in post-Socialist countries using the case of Russia

# Major topics of interest

- Paternalist expectations of Russian patients (hypothetically inherited from the Soviet system, if so – age dependent)
- Discriminatory practices and attitudes of Russian doctors (hypothetically domains for discrimination are social status and age)
- Interaction between discrimination and attitudes towards welfare system

# Why hospital as a field?

- Direct interaction between people and welfare system: patients in the hospital are consumers of public goods, the quality of these services is crucial for them in this moment
- Possibility of applying a complex design using factorial survey (vignettes) to conduct a quasi-experimental study
- This topic is scientifically promising (publications in higher impact factor journals), and has policy implementations, and can be potentially sponsored from outer grants
- Relatively easy access to the field
- Lack of research in this area in Russia, a few published papers using qualitative methods only

# Objectives

- To study attitudes toward redistribution and welfare state of the patients in Russian hospitals.
- To analyze discriminatory practices (if any) of Russian doctors and their effect on attitudes of patients towards health care system
- To investigate possible impact of psychological traits (“Big Five”) and mediation effects of values on attitudes towards re-distribution (a topic that has been rarely addressed previously in sociology and social psychology).

# Research Questions

- Does discrimination in healthcare system affect attitudes towards welfare and state?
- Is there a cohort (generation) effect in perception of free/paid healthcare (Is homo Sovieticus almost extinct or of least concern in contemporary Russia?)
- How individual psychological traits affects individual attitudes towards welfare system?
- Is there a difference in attitudes towards welfare between patients and non-patients (who might perceive welfare system in more theoretical way)?

# Data and Methods

- Data collection in the hospitals (now planned in St. Petersburg, can be possibly expanded to Russian regions for comparative purposes)
- Additional (control) survey in St. Petersburg (and, probably, in some other Russian regions)
- Patients are nested within doctors and, possibly, within hospitals (if not possible, hospital characteristics will be taken as 2<sup>nd</sup> level fixed effects) -> Multilevel SEM or Multilevel Regression design
- Factorial Survey design for study of both patients' attitudes and doctors' discriminatory patterns and practices

# Methodology (Vignettes)

- We plan to use a survey **experiment** to explore patients' attitudes toward various types of health care system. We adopt a fractional factorial survey design. Respondents have several choices on three ideal factors:
  - 1) Amount of taxes paid by taxmen (low/medium/high/progressive scale);
  - 2) Type of health care system (Single-payer health care; National insurance system; “Libertarian” health care: patients pay for themselves)
  - 3) Quality of life: low/medium/high (*an alternative – quality of non-medical service in hospitals*)



# Methodology (Vignettes) - 2

Some ideal constellations of factors, which are obviously improbable in real life, are excluded, such as low taxes/ Single-payer health care/high quality of service).

In general, people are forced to choose between various combinations of welfare system (exemplified by health care system), taxation system and accessibility of various non-primary goods (in general – as quality of life – or in a particular case of health care – as quality of service)

We intend to identify factors which influence choice between paternalist and capitalist (market) welfare systems

# Methodology - 3

- We also split the sample of patients into two groups: individuals with a basic Compulsory Medical Insurance and Voluntary Medical Insurance. It provides an opportunity to control the possible effect of discrimination of patients due to their socio-economic status on their attitudes (patients within groups are assumed to be treated equally by medical personnel).
- Another control is frequency of visits by relatives

# Methodology - 4

- We compute “readiness to discriminate” scores for each doctor based on him/her responses to separate survey questionnaire. These scores will be used as a second-level variable to distinguish between an effect of actual discrimination of patients (measured as a probability for a given doctor to behave in a discriminatory way) and true patient’s attitudes towards the ideal design of health care system. “Readiness to discriminate” is measured with Bogardus scale and includes attitudes towards a variety of social minorities.
- For discussion: Ethnic and social boundaries, both or one?

# Challenges

- Sample randomization: Patients are a biased sample (for example, age-wise).

*Solution:* Some controls may be included for the most evident sources of bias (e.g. social status can be blocked by including the type of insurance as obligatory/voluntary)

- Field work: Our team has limited experience in sociology of medicine.

*Solution:* We invite a specialist in this field from another HSE lab who is experienced in fieldwork in Russian hospitals

- Questionnaire creation and piloting: Ethic aspects of working simultaneously with patients and doctors (social desirability bias)

# Potential Outcomes

- Scientific outcomes:
  - 1) New findings about determinants of attitudes towards the welfare system in post-Soviet context
  - 2) Testing the psychological theories about interaction of individuals and system (theory of heterogeneous attribution (Gomes and Wilson, 2003; system justification theory (Jost, 1991)
  - 3) “Doctor effect” that may potentially be measured as better health outcomes for those whose doctors are less discriminative.
- Policy implications:

What to Russian patients want and what makes them unhappy with the existing medical system (expectations of electorate in this sensitive field). How do they feel about the existing model and how do they perceive reforms in this field (including attitudes towards private medical care among different population groups).

# Possibilities for Project Expansion

- This project has an obvious policy implication (in the light of further monetization and marketization of health care in Russia) -> funding
- There are prospects for further inclusion of our questionnaire into international clinical trials
- Possibility of implications in medical field (impact of discriminatory practices of doctors and psychological traits of patients on health outcomes)

Thank you for your attention