

ABSTRACT

Objective: This dissertation proposal explores racial medication adherence inequity among end-stage renal disease (ESRD) patients. Prior research suggests that there are poor rates of medication adherence in the ESRD population. Ghimire and colleagues (2015) found in their systematic review of the medication nonadherence literature that nonadherence ranged from 12.5% to 98.6%. In addition, there is research that ethnicity is associated with unsuccessful medication adherence. Specifically African Americans have poorer rates of medication adherence when compared to Whites. However, the reasons for this racial inequity are not understood beyond identified proximal risk factors. This is particularly troubling since ESRD patients who do not adhere to their medication regimes suffer decreased quality of life, increased morbidity, and death.

This dissertation proposal explores the impact of racism and its daily expression, everyday racism, on medication adherence. Previous quantitative studies involving patients with other chronic diseases have shown a link between low medication adherence among African Americans and higher perceived racism (Halkitis, Palmar & Mukherjee, 2008; Shenolikar, Balkrishnan, Camacho, Whitmire, and Anderson, 2006; Dawson, Walker, Campbell, & Egede, 2015). Additionally, previous qualitative studies involving African Americans with other chronic diseases have found that medication taking was influenced by a distrust of the White medical system (Bhattacharya, 2012; Lukoschek, 2003; Schlomann & Schmitke, 2007). To date, no studies have been conducted with African American ESRD patients to understand the racial inequity beyond proximal factors.

To gain an understanding of the possible contribution of everyday racism to medication nonadherence, I use Critical Race Theory (CRT) as the theoretical foundation of the study. CRT

postulates that racism is endemic to US society and affects every aspect of society. I also propose to use the conceptualization of everyday racism by Essed (1991). Essed (1991) defines everyday racism as the manifestation of structural racism. The “everyday” is the context where the broader, structural racism occurs. Therefore, the two are inextricably bound.

Research questions: 1) Do African American ESRD patients experience everyday racism in the healthcare setting? 2) If so, does everyday racism influence their medication adherence? 3) In what way does everyday racism influence their medication adherence?

Methods: In order to understand the possible effects of everyday racism on the medication adherence behavior of African American ESRD patients, I propose a mixed methods study. The study will be composed of an exploratory qualitative portion and a quantitative portion. For the qualitative portion, I will collect data through semi-structured, in-depth interviews with African American ESRD patients and will use Constructive Grounded Theory (CGT) to guide the collection of data and analysis of data. For the quantitative portion, following each interview, I will administer two scales, the Discrimination in Medical Settings scale and the Medication Adherence Reporting Scale. A mixed methods approach is chosen for two reasons. First, there is scant knowledge in the extant literature about the possible effect of racism on medication adherence in the ESRD African American population. Second, a quantitative component will provide a more comprehensive account of the studied phenomenon and increased credibility of findings (Creswell & Clark, 2011).