The following report summarizes my activities and accomplishments during my sabbatical in Fall semester, 2019.

I made significant progress on three main projects (as described in further detail below):
- Sophomore Year Experience
- Understanding group-based affirmations and their relation to one’s willingness to challenge injustice
- Understanding the impact of perceived age differences between physicians and patients

In addition, I continued my role as an associate editor for *Social Justice Research*; I completed peer reviews for other publications and funding agencies; I served as the external member for a thesis committee at the University of Regina, Regina, Saskatchewan, Canada; and I wrote recommendation letters for SSU students and graduates. Finally, I submitted two symposiums to the Spring 2020 meeting of the *Western Psychological Association*. First, a colleague and I proposed to co-chair a symposium that involves four colleagues (three from CSU campuses) from historically marginalized groups who will discuss how their experiences and research expertise has informed their teaching, service, and scholarship. Second, I proposed to chair a symposium that will include research presentations from three graduates from SSU and a new assistant professor in the SSU psychology department. They will present research that shows how people’s psychological assessment of income inequity affects their health and behavior.

**Sophomore Year Experience.**

I continue to work closely with Prof. Michelle Jolly (SSU History) to develop and assess the sophomore year experience program. In September, she and I created three poster presentations for the campus second year experience workshop. The first poster summarized data from the School of Social Sciences Undergraduate Research Initiative, the second poster summarized data from the School of Social Sciences Sophomore Year seminar, and the third poster summarized SSU institutional data about sophomores and sophomore year programs. In October, this work was presented (by Prof. Michelle Jolly) at the National Students in Transition Conference in Florida – which I attended, along with Alvin Nguyen (SSU Director for Transfers and Transition Programs). I also worked with an SSU student to code seminar reflection papers for evidence of different intellectual and transitional developmental stages among our students.

**Understanding group-based affirmations and their relation to one’s willingness to challenge injustice**

*Do group-based affirmations help or hinder observers' willingness to challenge injustice?*

To witness the mistreatment of others is distressing (Tyler, Boeckmann, Smith & Huo, 1997). It undermines our belief in a just world, threatens our personal sense of control, and action is risky if the observer could be the perpetrator’s next target (Berschied & Walster, 1967; Lerner, 1981; Tyler et al., 1997). Importantly, any psychological distress created by witnessing an injustice is amplified if we share an important reference group with either the target or the perpetrator (Gordijn, Yzerbyt & Wigboldus, 2006; Yzerbyt, Dumont, Wigboldus & Gordijn, 2003). Just as being the target or perpetrator of injustice can threaten a person’s self-image (Tyler et al., 1997), being connected to a target or perpetrator of injustice can threaten an observer’s self-image. When faced with such a threat, observers are more likely to minimize the injustice or blame the victim.

However, locked within the suggestion that the observation of injustice can threaten one’s self-image is a possible intervention. According to self-affirmation theory (Cohen & Sherman, 2014;
Wiesenfeld, Brockner & Martin, 1999), we want to see ourselves as decent, moral and competent (e.g., maintain self-integrity). Because self-integrity is the product of many sources (including group memberships, Sherman & Hartson, 2014), we can respond to a threat to our self-integrity in one domain by affirming our self-integrity in a different domain. If observing the mistreatment of others threatens our self-integrity, affirmation opportunities could mitigate this threat. Affirmation opportunities should make it more likely that people will acknowledge, and perhaps even challenge the injustice.

Last summer, Diana Grant and I submitted a research proposal to the National Science Foundation to support a series of experiments designed to test this possibility. Unfortunately, the proposal was not funded. However, I spent the fall collecting and analyzing initial data for this project, and I presented these results to colleagues at the University of Kiel in December. Diana and I also worked with two undergraduate students to code qualitative data related to this project, and I trained a team of undergraduates to begin data collection for a new experiment. My conversations with colleagues and our initial results suggest that it will be worthwhile to revise and resubmit the original grant this summer.

Understanding the impact of perceived age differences between physicians and patients

Do perceived age differences between physicians and patients shape older patients’ assessments of physician visits?

Successful visits to physicians are marked by effective compliance with physician recommendations and appropriate disclosure of relevant medical information. However, neither outcome is guaranteed. Statistics on general patient compliance and medication adherence suggest that between 40% and 50% of patients fail to comply fully with physician recommendations (American Heart Association, 2003; Kirchner, 2000; Smith, 2001). Two large surveys of more than 3000 United States adults indicated that over 61% of respondents avoided disclosing at least one type of pertinent medical information to their healthcare providers (Levy, Scherer, Zikmund-Fisher, Larkin, Barnes & Fagerlin, 2018).

In this project, Stephanie McKee (a SSU graduate now at the University of Virginia) and I extend previous research with legal, organizational and educational authorities (Smith, Olson, Tyler & Agronik, 2006; Smith, Tyler & Huo, 2003; Tyler, Degoey & Smith, 1996) to argue that two concerns; 1) whether patients get what they want or need (outcome favorability), and 2) whether the physician treats patients with respect (treatment quality), shape people’s reactions to physician visits. According to the Group Value Model (GVM, Lind & Tyler, 1992; Tyler, Degoey & Smith, 1996; Tyler & Lind), if people view the authority as sharing a salient social category, treatment quality predicts their reactions more strongly in comparison to outcome favorability. However, if they view the authority as sharing a different social category, outcome favorability predicts their reactions more strongly in comparison to treatment quality. Given the extent that age is a salient feature of physician-patient interactions (Nussbaum, Pitts, Huber, Krieger & Ohn, 2005), we hypothesize that relative age differences between patients and physicians will cue whether physician and patient share or do not share a relevant social category, and therefore, their relative sensitivity to outcome favorability or treatment quality.

We have drafted a first paper that summarizes correlational data from 450 older respondents (aged 60 and over) about their most recent visit to a primary care physician. As predicted, respondents who reported their physician treated them with more respect and the visit produced better outcomes were more willing to follow the physician’s recommendations and disclose relevant medical information. However, physician treatment quality more strongly predicted respondents’ willingness to confide when they viewed the physician as closer to them in age. In contrast, visit outcomes predicted respondents’ willingness to confide more strongly when they viewed the physician as much younger.
These patterns appear to reflect the degree to which respondents saw themselves as sharing the same values as their physician.

To confirm these results, we have completed data collection for three different experiments (we submitted the results from the most recent experiment to the 2020 Western Psychological Association meeting). Initial analyses of these data suggest that visit outcomes influence the reactions of older respondents (above age 60) to a greater extent when the physician is much younger in comparison to a physician who is closer to them in age. Medical schools and professional organizations emphasize interpersonal communication skills as an important part of physician effectiveness (Henry, Richard & Frankel, 2013). Our research indicates that sensitive interpersonal treatment shapes visit outcomes more strongly when patients view the physician as sharing a similar social category like age.
Invited talks
Smith, H.J. (December 7, 2019). Do group-based affirmations help or hinder observers' willingness to challenge injustice? Kiel University, Germany.

Publications

Under review (includes Spring 2020 conference submissions)

Manuscripts in preparation