

WHO ME - BIASED?

Every patient deserves to receive quality, compassionate and timely care irrelevant of their ethnicity, age, disability status, gender, sexual orientation or religious beliefs. At Counties Manukau Health, this is the kind of care we aspire to; and which, by and large, most respondents to the patient experience survey tell us that we deliver.

There are occasions, however, where patients perceive our care as not being up to this standard. Whilst there are many contributing factors to poor care, there is a growing body of evidence to suggest that implicit bias, or unconscious beliefs that reflect widely held stereotypes of particular groups, may be negatively impacting health practitioner / patient interactions.

The concern around the influence of implicit bias and understanding how it impacts health care is enough that it is the focus of this year's Patient Safety Week | Wiki Haumarū Tūroro (3–9 November).

Understanding our bias matters, as does our ability to consciously challenge our unconscious biases. It matters because implicit bias on the part of healthcare providers has been cited as a key contributor to health inequities internationally. Correlational evidence indicates that biases are likely to influence diagnosis and treatment decisions and levels of care in some circumstances. In Aotearoa New Zealand, there are several studies which demonstrate Māori and Pacific peoples receive a poorer standard of healthcare than other ethnic groups.

The existence of implicit biases has been used to explain why inequities continue to exist in society even though declared, explicit racist, sexist, ageist and ableist attitudes are less prevalent.

Research by Carla Houkamau from the University of Auckland suggests that implicit bias manifests itself in the health system in four main ways:

1. Patients from minority groups expressing dissatisfaction with health care providers.
2. Health practitioners holding negative stereotypes about minority groups and treating them accordingly.
3. Minority groups anxious about being treated for fear of being stereotyped.
4. Health care workers letting their own cultural beliefs and practices dictate how they interact with patients, rather than being sensitive to the beliefs and practices of the patients they are treating.

For this report, we look at each of these four indicators of implicit bias so we can understand what they look and feel like from patients' perspectives. This report does not seek to define the prevalence of implicit bias at Counties Manukau Health, but does instead focus on the impact on the experience of our patients.

Jenny Parr

Chief Nurse and Director of Patient and Whānau Experience

Who me - biased?

He ngākau haukume tōku?

WIKI HAUMARU TŪRORO | PATIENT SAFETY WEEK 3 - 9 NOVEMBER 2019

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IMPLICIT BIAS #1

PATIENTS FROM MINORITY GROUPS EXPRESSING DISSATISFACTION WITH HEALTH CARE PROVIDERS

Both international and New Zealand researchers suggest that medical interactions between health care practitioners and patients of different groups (particularly ethnic groups) are less positive and productive. They are shorter in length, less patient-centered and involve fewer attempts at relationship-building, less patient participation in decision-making and poorer quality information (Fitzgerald & Hurst, 2017, Houkamau 2016).

HOW DO PATIENTS EXPERIENCE THIS TYPE OF IMPLICIT BIAS?

POOR INFORMATION AND COMMUNICATION

Some Maaori and Pasifika patients tell us they feel that information is being withheld from them, or they feel "talked down to" or not listened to.



I had to ask the nurse for the Maaori liaison officer so that the doctors would listen.

[Maaori patient]



"The doctors are so stuck up they make you feel like you're getting talked down to."

[Maaori patient]

WHAT DOES THE RESEARCH SAY?

"While the small things health practitioners do, including inadvertent non-verbal behaviour (body language, proximity and eye contact) may seem insignificant, they may have a powerful impact on how comfortable and confident patients feel. If bias thwarts the establishment of patient-health provider rapport, this can have serious consequences for service delivery" (Houkamau, 2016).

LGBTQI+ PATIENT RIGHTS

We heard from LGBTQI+ patients who felt their partners were not accorded the same rights as other patients' partners.



At first the nurses were fine with my (same-sex) partner staying with me as I suffer from anxiety but then we were moved and a nurse told my partner that they had to leave and were not allowed anywhere near my bed.

DISABILITIES

Some patients with disabilities felt that staff assistance was biased towards patients who were more physically able.

"I was often mistaken for being independent... on many occasions I was told to sit up and stand [even though] I had a ruptured disc compressing on a nerve."

DIFFERENT TREATMENT

We heard from some Maaori and Pasifika patients who saw how other patients were being treated, and felt their treatment was different in comparison.

"I had 2nd degree tears and bleeding, yet no antibiotics!!! It was unusual because three other women had the same tears and were discharged before me." [Pasifika patient]

PRACTICE REFLECTIONS

Which groups feel more at home at the hospital and which ones feel unwanted or uncomfortable?

Is there anything more you could be doing in your interactions with patients to make them feel welcomed and comfortable?

Who me - biased?

He ngākau haukume tōku?

IMPLICIT BIAS #2

HEALTH PRACTITIONERS HOLDING NEGATIVE STEREOTYPES OF MINORITY GROUPS AND TREATING THEM ACCORDINGLY

Implicit biases explain a potential dissociation between what a health practitioner explicitly believes and wants to do (e.g. treat everyone equally) and the hidden influence of negative implicit associations on their thoughts and action (Fitzgerald & Hurst, 2017). The following examples from different groups illustrate what patients experience when this happens.

HOW DO PATIENTS EXPERIENCE THIS TYPE OF IMPLICIT BIAS?

DISPARITIES IN PAIN MANAGEMENT

Several studies have found that implicit racial bias is associated with racial disparities in pain management. We heard from some Maaori and Pasifika patients who felt that staff appeared to think they could 'handle' pain, and treated them accordingly.

No grown man (esp Islanders) like to admit to pain we can't handle. It takes a lot of courage to come into the hospital and admit to the need of help. So it would be a great thing if staff didn't brush us off like we're not important. [Pasifika patient]



"[The doctors performed a painful procedure on my son without anaesthetic], the doctor apologised as he thought my son was stronger than his age and that because he's quite big he wouldn't need one."

[Pasifika parent]

TOO OLD FOR GOOD OUTCOMES

We heard from several older patients and their families who felt their healthcare practitioners treated them as though they had little chance of recovery or improved quality of life.

"Unlike most 90-year olds, my grandad is incredibly high functioning and very physically active [yet] he was treated like a geriatric patient with no hope of recovery."

LIFESTYLE CHOICES

Some patients told us they had been treated poorly because of judgements about their lifestyle choices (e.g. smoking, consumption of alcohol and other drugs).

"Never in my life have I EVER been humiliated like I was by a [doctor] who took it upon [them]self to openly speak about certain activities I do in my PRIVATE life in an open area with other patients and their families around listening to it all."

MENTAL HEALTH AND ANXIETY

Several patients felt as though their care and treatment was compromised after disclosing their mental health or anxiety-related disorders.

"My nurse argued with me about my anti-anxiety meds, saying the hospital didn't provide them, even though I've had them every other time and I have an authority number to take them regularly. He created an issue by going to doctors and pharmacy about it without talking to me first."

PRACTICE REFLECTIONS

Inclusive practice is important.

Your practice is **not** inclusive when you:

- refer to other population groups as 'they' or 'their'.
- refer to other groups unnecessarily e.g. 'the gay man in room 2'.

Your practice **is** inclusive when you:

- see and serve patients as individuals.
- make an effort to understand cultures different from your own.

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IMPLICIT BIAS #3

MINORITY GROUPS ANXIOUS ABOUT BEING TREATED FOR FEAR OF BEING STEREOTYPED.

Minority patients who anticipate poorer treatment from health providers may enter healthcare settings fearing that they will be personally reduced to a group stereotype. This process, which makes some patients hypersensitive to discrimination, is known as stereotype threat. Stereotype threat may also affect patient care by impairing their working memory or creating anxiety, which could lead them to forget or intentionally withhold important information or mistrust medical recommendations. In extreme cases patients may avoid seeking out healthcare altogether (Abdou 2015, Houkamau, 2016).

HOW DO PATIENTS EXPERIENCE THIS TYPE OF IMPLICIT BIAS?

'STEREOTYPE THREAT' AND ITS IMPACT ON PATIENTS

There are a number of examples in patient experience feedback from Maaori and Pasifika patients in the past 12 months where they appear to have responded to stereotype threat.

PRACTICE REFLECTIONS

Researchers suggest that there are a number of important steps that health practitioners can take towards addressing unconscious bias.

These include workshops and learning modules that help health practitioners:

- understand the cognitive bases of biases;
- openly acknowledge stereotypes;
- enhance their confidence in their abilities to interact with patients from different backgrounds; and
- enhance empathy towards different patient groups.

(Houkamau, 2016)

Who me - biased?

He ngākau haukume tōku?



The doctors ... tried to discharge me when I didn't feel comfortable leaving. They asked me what kind of income I was on. I asked what does that have to do with my health? I pay my taxes and I'm not on a benefit so I deserve to have the same treatment as everybody else.

[Maaori patient]

I got snarky comments from my nurse for sleeping after I had just had a baby. [Maaori patient]



I politely asked a staff member to empty a smelly hazard bin when in my room because it smelt foul like dead rat. She responded she can't smell anything and that the smell could very well be me. [Pasifika patient]

I asked to see my patient records and was told that I could only see them if a doctor was present. Give me my patient notes. I am an intelligent person and I want to read about my condition and treatment.

[Maaori patient]



It felt like they thought I was dumb and wouldn't understand certain procedures. [Maaori patient]

Practically accused of lying and being a drama queen when I was fully dilated and ready to push to give birth. [Pasifika patient]



IMPLICIT BIAS #4

HEALTH CARE WORKERS USING THEIR OWN CULTURAL BELIEFS AND PRACTICES TO GUIDE THEIR INTERACTIONS.

Researchers have found that rapport may be harder to establish when the healthcare practitioner and the patient come from different cultural or racial groups. This is because implicit attitudes may “leak” during interactions through the display of negative non-verbal behaviours, and the healthcare practitioner may be perceived as less friendly (Houkamau 2016, Kawakami and Gaertner, 2002).

HOW DO PATIENTS EXPERIENCE THIS TYPE OF IMPLICIT BIAS?

ROUGH, UNFRIENDLY CARE

Our patients sometimes perceive treatment differences from healthcare practitioners who are ethnically or culturally different to them. They describe this care as “rough”, “pushy”, “unfriendly.”

IMPLICIT BIAS OF PATIENTS?

Patient comments about staff ethnicity may reflect their own implicit bias. Healthcare practitioners who are of a different ethnicity may be more memorable, or patients may be applying their own cultural stereotypes to staff behaviour. Nonetheless, all patients at Counties Manukau health should expect to receive compassionate, respectful care from all our healthcare practitioners.

“I found some of the staff, especially the [several ethnicities] nurses very pushy to the point of bullyish”. [Maori patient]

“Further training for foreign staff in the duty of care for all patients.” [Pasifika patient]

“One nurse came to our room and said, “[People from your ethnicity] shake their babies”. Utterly ridiculous!”. [Ethnicity withheld]

WHAT IS THE PATIENT EXPERIENCE WHEN THEY ARE SEEN, VALIDATED AND VALUED?

THE IMPACT OF FEELING VALUED, VALIDATED AND RECOGNISED

Along with examples of implicit bias, there are also numerous examples from patients of how they feel when they are recognised, valued and validated. Patients for whom this happens are far more likely to rate their overall hospital experience as ‘excellent.’

“Perhaps it was my age and ethnicity, but I was given the respect of a kaumatua at all times. It made my stay enjoyable.”

“[We are a Maori whaanau]. We want to acknowledge the Senior Doctor who came to see my Mum. Our family were so appreciative of the wonderful, respectful, culturally appropriate manner in which he treated our dear mum & whaanau. Thank-you.”

“[As a member of the trans community] my correct gender and pronouns were continually and consistently used. I was respected, and validated. This was a very positive experience. Made everything else easy.”

“My daughter was greeted in our mother tongue, which indicate to me that the nurse had taken time to know that we were Tongans and appreciated us being there and willing to help us.”

“As a Jehovah’s Witness i refuse blood transfusions, and when i had blood loss the team put all their efforts to stop the bleeding. I felt respected and was given the best care.”