Discrimination and the experiences of racial/ethnic minority healthcare providers

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National Institutes of Health
Science of Research on Discrimination and Health

BETHESDA

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Presenter Disclosure

Marcella Nunez-Smith

The following personal or financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

No conflicts of interest to disclose
Racial/ethnic minority groups are underrepresented across physician workforce.

Data sources: U.S. Census, American Medical Association, Association of American Medical Colleges.
Physician workforce diversity recognized as key to reducing healthcare discrimination and improving healthcare outcomes

Health Resources and Services Administration, Institute of Medicine, Sullivan Alliance
Racial/ethnic physician diversity linked to benefits in patient care, research, and policy domains
Direct patient care benefits extend beyond care for racial/ethnic minority patients and populations.

- Practice in primary care
- Work in underserved communities
- Increase quality of patient encounters
- Reduce patient-reported experiences of healthcare discrimination
Research priorities and patient participation are influenced by diversity within the physician workforce

- Increase racial/ethnic minority participation in research trials
- Develop research agenda on racial/ethnic health inequities
- Incorporate relevant research priorities across research content
Policy- and institutional-level implications of increasing racial/ethnic diversity among physicians

- Address history of professional exclusion
- Improve quality of training for all physicians
- Reduce medical errors
- Limit inappropriate ED visits
History of institutional discrimination towards racial/ethnic minority physicians with lasting legacy


#medical schools (MD)
Total: 160 → 66
Women: 17 → 1
HBCU: 10 → 2

1964

#medical schools (MD)
Total: 131 (+23)
Women: 0
HBCU: 3

MEDICAL EDUCATION IN THE UNITED STATES AND CANADA
A REPORT TO THE CAMBRIDGE FOUNDATION FOR THE ADVANCEMENT OF TEACHING
BY
ABRAHAM FLEXNER
WITH AN INTRODUCTION BY
HENRY A. PRITCHETT
DIRECTOR OF THE FOUNDATION

African American Physicians and Organized Medicine, 1846-1968
Origins of a Racial Divide

Life for African American physicians in the United States was a struggle against segregation that should be understood and acknowledged. For more than 150 years, many states and local medical associations discriminated against black physicians, denying them the same opportunities as white physicians. The struggle of African American physicians against segregation is an integral part of the history of medicine in the United States. The medical community was slow to recognize the challenges faced by black physicians and the need for change. The efforts of these physicians have been essential in the struggle for equality and advancement in medicine.
Insights from recent empirical studies
Qualitative study of practicing physicians of African descent in New England (n=25)

• Median Age: 45 years
• Academic: 10
• Specialties: 11
• Female: 14
• Sexual Minority: 3

Participants: 25 practicing physicians of African descent representing a diverse range of primary practice settings, specialties, and ages.

Background: Increasing the racial and ethnic diversity of the physician workforce is a national priority. However, insight into the professional experiences of minority physicians is limited. This knowledge is fundamental to developing effective strategies to recruit, retain, and support a diverse physician workforce.

Objective: To characterize how physicians of African descent experience race in the workplace.

Design: Qualitative study based on in-person and in-depth racially concordant interviews using a standard discussion guide.


Results: 1) Awareness of race permeates the experience of physicians of African descent in the health care workplace; 2) race-related experiences shape interpersonal interactions and define the institutional climate; 3) responses to perceived racism at work vary along a spectrum from minimization to confrontation; 4) the health care workplace is often silent on issues of race; and 5) collective race-related experiences can result in “racial fatigue,” with personal and professional consequences for physicians.

Limitations: The study was restricted to New England and may not reflect the experiences of physicians in other geographic regions. The findings are meant to be hypothesis-generating and require additional follow-up studies.

Conclusions: The issue of race remains a pervasive influence in the work lives of physicians of African descent. Without sufficient attention to the specific ways in which race shapes physicians’ work experiences, health care organizations are unlikely to create environments that successfully foster and sustain a diverse physician workforce.

Nunez-Smith et al, Ann Int Med. 2007;85(2):236-245
The impact of race on the professional lives of physicians of African descent: qualitative findings

<table>
<thead>
<tr>
<th>Race permeates work experiences</th>
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<tbody>
<tr>
<td>Similar race-related experiences shape interpersonal interactions and define institutional climate</td>
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<tr>
<td>Responses to perceived/experienced racism vary along a continuum</td>
</tr>
<tr>
<td>Healthcare workplace often silent on race, and discriminatory behavior normalized</td>
</tr>
<tr>
<td>“Racial fatigue”, associated emotional &amp; psychological stress, may influence career trajectory</td>
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</table>
I think race permeates every aspect of my job so...when I walk onto a ward or on the floor I’m a black guy before I’m the doctor.

I’m still a black guy before I’m the guy in charge, before I’m the attending of record, so that permeates everything.

-general surgery, academic
At work...whenever they want to diversify something they call me.

When they don’t need that, when they would need someone purely for individual intellectual capacity, I am not the first person they think about.

-internal medicine, academic
Patients rejecting my care is...fairly overt. We have just met and they want someone else.

I do not think that most patients want to discriminate against me because I am African-American, but patients sometimes expect us not to do a good job or not to do as well as somebody else would do.
I was (removed from) taking care of a [white] individual. We talked later, the division chief and I. The parents were uncomfortable with me taking care of their child... they told him they didn’t think I would be capable because of race.

That ended our conversation. What about next time?

-pediatrics, hospital-based practice
“Racial fatigue”

There really is nobody addressing these issues, because nobody knows how to...

and so you are left processing it by yourself...

So that often just causes conflict that one has to manage in order to get the work done.

-family medicine, private practice
Racial fatigue consequences: job turnover

Medicine [hasn’t been] challenging intellectually but challenging emotionally...so it is good when people acknowledge that there is stress related to being black and doing this work.

That it is a different experience from other colleagues...
I have changed my career path completely...I kept running into dead-ends so I left academics.

-internal medicine subspecialty, hospital-based practice
Follow-up survey with national sample of racially/ethnically-diverse physicians

American Medical Association Masterfile
- N=1500 (15 deceased)
- 601 excluded incorrect/unverifiable contact information
- 469 completed surveys (53% response rate)

National Medical Association Roster
- N=250
- 0 excluded unavailable contact information
- 60 completed surveys

Total N= 529
Participant demographics largely reflected physician distribution nationally.
Hypotheses generated in qualitative work tested and confirmed in national survey

“I am asked to take on certain responsibilities at work because of my race/ethnicity.”

<table>
<thead>
<tr>
<th>Physician Race/Ethnicity</th>
<th>% with “agree” or “strongly agree” response</th>
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<tbody>
<tr>
<td>Non-Hispanic Black</td>
<td>81%</td>
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<tr>
<td>Non-Hispanic Asian</td>
<td>82%</td>
</tr>
<tr>
<td>Non-Hispanic Other</td>
<td>50%</td>
</tr>
<tr>
<td>Non-Hispanic White</td>
<td>17%</td>
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<tr>
<td>Hispanic/Latino(a)</td>
<td>77%</td>
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Hypotheses generated in qualitative work tested and confirmed in national survey

“Patients have refused my care.”

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<tbody>
<tr>
<td>Non-Hispanic Black</td>
<td>60%</td>
</tr>
<tr>
<td>Non-Hispanic Asian</td>
<td>33%</td>
</tr>
<tr>
<td>Non-Hispanic Other</td>
<td>42%</td>
</tr>
<tr>
<td>Non-Hispanic White</td>
<td>30%</td>
</tr>
<tr>
<td>Hispanic/Latino(a)</td>
<td>17%</td>
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“Have you ever experienced discrimination in your current work setting?” (Yes/No)

32% of all respondents answered “yes”

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<thead>
<tr>
<th>Physician Race/Ethnicity</th>
<th>% with “yes” response</th>
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<tbody>
<tr>
<td>Black</td>
<td>56%</td>
</tr>
<tr>
<td>Asian</td>
<td>39%</td>
</tr>
<tr>
<td>Other</td>
<td>37%</td>
</tr>
<tr>
<td>White</td>
<td>22%</td>
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Adjusted logistic regression

Nunez-Smith et al, *J Gen Int Med, 2009;24(11):1198-204*
“Have you experienced racial/ethnic discrimination over your career course? (Yes/No)”

26% of all respondents answered “yes”

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<thead>
<tr>
<th>Physician Race/Ethnicity</th>
<th>% with “yes” response</th>
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<tbody>
<tr>
<td>Black</td>
<td>69%</td>
</tr>
<tr>
<td>Asian</td>
<td>45%</td>
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<tr>
<td>Other</td>
<td>56%</td>
</tr>
<tr>
<td>White</td>
<td>09%</td>
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</table>

Adjusted logistic regression
“Have you witnessed discrimination directed towards patients and their families? (Yes/No)”

40% of all respondents answered “yes”

Adjusted logistic regression

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<th>Physician Race/Ethnicity</th>
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<tbody>
<tr>
<td>Black</td>
<td>63%</td>
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<tr>
<td>Asian</td>
<td>27%</td>
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<tr>
<td>Other</td>
<td>45%</td>
</tr>
<tr>
<td>White</td>
<td>28%</td>
</tr>
<tr>
<td>Hispanic/Latino(a)</td>
<td>23%</td>
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Agaba et al, *CT Public Health Association*, 2010
“Have you ever left a job (as a physician) because you experienced discrimination?” (Yes/No)

Implications of research findings

Physicians and other healthcare workers have unique insights and perspectives on healthcare discrimination.

Recognizing contribution of workplace discrimination to physician job turnover which may further compromise quality of care for vulnerable patients.

Increasing numbers of racial/ethnic minority physicians may not be sufficient to achieve sustainable diversity in the absence of supportive policies at work.
Successful workforce inclusiveness requires attention not only to pipeline but also to professional equity.

1) Increase representation of racial/ethnic minorities in the medical profession

2) Support the inclusion and success of diverse workforce within institutions

Racial/ethnic inequities in healthcare access, delivery, and outcomes
Emerging areas in physician workforce diversity and healthcare discrimination research

<table>
<thead>
<tr>
<th>Build Research Infrastructure</th>
<th>Broaden Inclusiveness Construct</th>
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<tbody>
<tr>
<td>Non-M.D. physicians (D.O.)</td>
<td>LGBTQ</td>
</tr>
<tr>
<td>Scope of practice (D.N.P.)</td>
<td>Socioeconomic status</td>
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<tr>
<td>“Mid-levels”</td>
<td>Geography</td>
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<tr>
<th>Develop New Benchmarks</th>
<th>Apply Novel Methodologies</th>
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<td>Medical school social mission</td>
<td>Modeling</td>
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<tr>
<td>Accreditation standards</td>
<td>Implicit attitudes testing</td>
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<tr>
<td>Institutional guidelines/policies</td>
<td>Audit studies</td>
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Acknowledgements

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