“Racial Bias…I’m Not Sure if It Has Affected My Practice”: a Qualitative Exploration of Racial Bias in Team-Based Primary Care

INTRODUCTION

In summer 2020, COVID-19 laid bare social determinants contributing to disproportional African-American death rates, and #BlackLivesMatter protests decried police brutality and systematic racism that continue to exert daily pressure on African American lives. These twin forces resulted in renewed commitment to health equity and criminal justice reform within the medical community.

Microaggressions including “microinvalidation”—the denial of racialized experiences of people of color—may more profoundly impact racial anger, frustration, and self-confidence than overt forms of racism. Furthermore, denial of racism prevents team members from realizing and confronting their role in causing traumatic reactions or perpetuating disparities.

METHODS

As part of a 3-year mixed-methods evaluation of a novel team-based care (TBC) primary care model, Primary Care 2.0, we added questions on rotating topics to standard quarterly implementation-focused interviews (standard interview guide and rotating topic questions available upon request). Our implementation science-informed evaluation actively sought to explore the impact of context, in this case national conversations about racial bias, since context is a known factor in successful implementation.

Items of interest explored the potential role of racism and bias in TBC, effectively establishing a local baseline of reported #BlackLivesMatter impact, with this prompt: “How has #BlackLivesMatter and the national conversation about racial bias changed the way you interact with patients or people at work, if at all?”

For this analysis we examined interview transcripts (n = 26, Table 1). A qualitative expert (CBJ) and two physicians (MS, NKT) collaboratively coded responses for themes; co-authors reached interpretive consensus with iterative discussions.

RESULTS

We identified 7 major themes around two divergent foci: lack of acknowledgement of the role of racial bias in healthcare, and strategies to address racism (Table 2). Nullifying themes included no impact (n = 13), denial (n = 7), and no awareness (n = 5). Strategies revolved around communication (n = 6), patient care adaptations (n = 3), and diversity in TBC (n = 2). Specifically, participants discussed the following: acknowledging previous negative healthcare experiences by asking new patients “How has healthcare been for you? Any barriers in the past?”; creating safe TBC cultures that encourage honest communication and support team discussions about racism; becoming aware of providers’ own assumptions and leveraging that information to intentionally resist dismissing complaints from patients of color.

DISCUSSION

Our interviews demonstrated a pre-2020 baseline of poor acknowledgment of the role of racism in interactions among our care team members and with patients. It is unknown whether these findings are unique to our time/setting, but they reflect previous research documenting a state of widespread
Themes and responses | &nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&n...
based primary care, which brings together interdisciplinary healthcare staff with diverse training and backgrounds. The American Medical Association’s code of conduct emphasizes “[care] for the health of the community” and individual patient-provider relationships “based on trust.” It additionally requires “patients’ welfare above the physician’s own self-interest”. Our respondents’ specific anti-racism strategies align with this code, but may be uncomfortable for some team members. Suggested communication approaches include active listening and checking in with colleagues and patients about their experiences of racism; explicitly acknowledging patients’ previous potentially negative interactions with healthcare; and staying informed of current events. Additional anti-racism strategies alluded to, but not overtly highlighted in our data, include promoting national-level change for equitable care regardless of race or other factors.

This study is limited by its single-institution setting; we attempted to increase applicability by sampling multiple individual clinics and various level of staff.

#BlackLivesMatter and COVID-19 disparities dominated US media in early summer 2020, potentially raising awareness around racism impacts in both the national collective awareness and local clinic settings. This awareness may afford team-based care a valuable window of opportunity to engage in individual reflection and group work around the legacy of racism. We hope this manuscript and others provide clues for individual and team behavior change, especially since our data demonstrate specific ways healthcare providers and staff can interact to potentially reduce racism’s negative impact on health and healthcare.

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