

Knowledge of racism's impact on health is key for physicians to intervene, study finds

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The more strongly physicians and medical researchers believe that racism negatively affects health, the more likely they are to intervene when they observe a racist encounter or policy, according to a new study

published in the *Journal of General Internal Medicine*. Based on anonymous survey responses from 948 trainee and faculty members of the Department of Medicine (DOM) at Massachusetts General Hospital (MGH), the researchers found that attitudes about racism predicted an individual's willingness to act against observed racial incidents, whether overt or covert, or call attention to policies or procedures that reinforce racism.

"In the context of the COVID-19 pandemic, which disproportionately affected [minority communities](#), and the recent national discussion on racial justice, we felt it was important to understand the attitudes and actions of our DOM trainees and faculty related to [racism](#)," says lead author Sherri-Ann Burnett-Bowie, MD, MPH, chair of the Diversity & Inclusion Board in the Mass General Department of Medicine. "Medical communities must be actively involved in promoting racial equity in health care and engaging in anti-racism efforts to improve our patients' health. This research informed the DOM's anti-racism strategy and can inform other medical institutions' efforts."

The survey asked questions that assessed respondents' attitudes about the effects of racism on health or in society and how they responded when they observed overt or covert racist behavior in the hospital or became aware of a policy that reinforced racism.

A majority of respondents recognized the impact of racism on both society and health, although levels of endorsement were lower in some groups, including older individuals and men. Fewer than half of respondents, however, had spoken up when they witnessed a racist encounter or became aware of a policy that reinforced racism. Those individuals most likely to intervene upon observing a racist act or policy were those who most strongly endorsed the impact of racism on health. "This study suggests that the more knowledgeable we are about the effects of racism, the more we are likely to take a risk and intervene

when we see racism," says Burnett-Bowie.

Individuals over the age of 50 were also more likely to confront either the source of a racist encounter or to talk to hospital leadership. Trainees in their twenties, who may feel more vulnerable as they are starting their medical careers, were more hesitant to report racism or confront it.

"Bystanders have the ability to be part of the solution by reporting racist episodes or policies," says Burnett-Bowie. "We need to do a better job providing individuals with the skills needed to respond to racism. It's also important to create safe spaces for trainees to share their experiences and observations and to give people clear reminders that they will be supported if they report."

The research also highlighted shortcomings in some health care providers' knowledge about racism's specific effects on health, such as the undertreatment of pain in Black patients or the persistent high rates of maternal mortality in Black women. "That some respondents weren't aware of the realities of how racism presents in [medicine](#) reflects the gap in how we discuss these topics with trainees and faculty," says Burnett-Bowie.

The researchers hope their study will help providers and researchers "take the blinders off" in acknowledging the impact of racial bias on health and the effects of structural racism. "Addressing racism in medical settings requires ongoing conversations about the significant [health](#) consequences associated with racism," says Burnett-Bowie. In the future, the researchers hope to survey members of the DOM to determine which of several anti-racism initiatives are most effective in combatting racism in [health care](#).

"I'm very grateful to the members of the Department of Medicine who participated in this research and engaged in a conversation that isn't easy to have," says Burnett-Bowie. She also acknowledged the contributions

of senior author Katrina Armstrong, MD, MSCE, the outgoing chair of Medicine at MGH. "Dr. Armstrong has been a tremendous advocate for equity and anti-racism in our department, and I'm excited to continue building on her efforts."

Burnett-Bowie is associate director of the MGH Center for Diversity and Inclusion and assistant professor of Medicine at Harvard Medical School (HMS). Other key authors are Jessica Zeidman, MD, primary care program director in the DOM and instructor in Medicine at HMS; Aisha James, MD, MEd, director of [racial justice](#) in medicine in the DOM and instructor in Medicine and Pediatrics at HMS; and Katrina Armstrong, MD, MSCE, physician-in-chief in the DOM at MGH and professor of Medicine at HMS.

More information: Sherri-Ann M. Burnett-Bowie et al, Attitudes and Actions Related to Racism: the Anti-RaCism (ARC) Survey Study, *Journal of General Internal Medicine* (2022). [DOI: 10.1007/s11606-021-07385-1](#)

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