Racism as Experienced by Physicians of Color in the Health Care Setting

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BACKGROUND AND OBJECTIVES: The purpose of this study was to examine the impact of racism experienced by physicians of color in the workplace.

METHODS: We utilized a mixed-methods, cross-sectional, survey design. Seventy-one participants provided qualitative responses describing instances of racism from patients, colleagues, and their institutions. These responses were then coded in order to identify key domains and categories. Participants also completed quantitative measures of their professional quality of life and the incidence of microaggressions experienced while at work.

RESULTS: We found that physicians of color were routinely exposed to instances of racism and discrimination while at work. Twenty-three percent of participants reported that a patient had directly refused their care specifically due to their race. Microaggressions experienced at work and symptoms of secondary traumatic stress were significantly correlated. The qualitative data revealed that a majority of participants experienced significant racism from their patients, colleagues, and institutions. Their ideas for improving diversity and inclusion in the workplace included providing spaces to openly discuss diversity work, constructing institutional policies that promote diversity, and creating intentional hiring practices that emphasize a more diverse workforce.

CONCLUSIONS: Physicians of color are likely to experience significant racism while providing health care in their workplace settings, and they are likely to feel unsupported by their institutions when these experiences occur. Institutions seeking a more equitable workplace environment should intentionally include diversity and inclusion as part of their effort.

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In 2003, the Institute of Medicine released their comprehensive report on racism in medicine, which documented extensive racial disparities across a multitude of health outcomes.[1] Since then, there has been accumulating evidence that racism, discrimination, implicit bias, and structural inequalities have substantially impacted health care delivery and outcomes.[2-4] Although there is a growing body of evidence documenting the harmful effects of racism on patient care, comparatively much less is known about how racism and discrimination affect physicians of color.[5,6] The long-term impact of such occupational stressors such as racism and discrimination remains unknown, especially as it relates to job satisfaction and burnout.

A recent commentary on this issue concluded that it is critical that researchers begin to study how discrimination affects physicians of color.[7] Thus, the primary purpose of this study was to survey physicians of color about their experiences regarding institutional racism, racism from colleagues, and racism from patients using a qualitative approach. A secondary purpose of this study was to examine the impact of workplace microaggressions on professional quality of life. Using a quantitative approach, we hypothesized that a greater incidence of microaggressions experienced at work would be correlated with higher levels of burnout indicators.

Methods

This study consisted of a cross-sectional, mixed-methods, survey design and was approved by our institutional review board. We sent a survey to physicians of color through the Society of Teachers of Family Medicine's (STFM) Group on Minority and Multicultural Health and through the behavioral scientists' network. For

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the purposes of this study, "physicians of color" was defined as any individual who (1) held a physician's license to practice medicine, and (2) identified as either: American Indian or Alaska Native, Asian, black or African American, Hispanic or Latino, Native Hawaiian or other Pacific Islander, or multiracial.

Participants completed the Racial and Ethnic Microaggressions Scale's subscale on workplace microaggressions, in which microaggressions were defined as "subtle statements and behaviors that unconsciously communicate denigrating messages to people of color."[8] Participants also completed the Professional Quality of Life Scale (which measures compassion satisfaction, burnout, and secondary traumatic stress),[9] and a demographics questionnaire. They also answered open-ended qualitative items in which they were asked to describe an instance of institutional racism, an instance of racism from a colleague, and an instance of racism from patients. Participants also reported how organizations could better support physicians of color experiencing racism. We analyzed the qualitative items using a version of the consensual qualitative research method modified for brief responses.[10] We analyzed the bivariate and multivariate data using correlation and ANOVA statistical tests. Bonferroni corrections were used for multiple comparisons.

Results

Of the 71 survey participants, 72% identified as female, 23.3% as male, and 1.4% as nonbinary. The mean age was 35 years (*SD*=8.52), and the mean number of years practicing medicine was 7.22 (*SD*=7.55). Regarding race/ethnicity, 34.2% identified as black, 34.2% as Asian, 24.7% as Latinx/Hispanic, and 1.4% as American Indian or Alaskan Native. Regarding medical specialty, 87.7% identified as family physicians. Nearly 33% reported that English was their second language.

We found that 23.3% of participants reported that a patient had refused their care specifically due to their race/ethnicity. Another 21.9% stated they were unsure if a patient refusal for care was due to their race/ethnicity, but that it had occurred. Microaggressions were not significantly correlated with compassion fatigue or burnout, but they were positively correlated with a measure of secondary traumatic stress (r=.26, P=.03). racism from patients (SD=1.94), and the mean was 4.24 (SD=12.31) instances of racism from colleagues/medical staff. Participants who reported English as their second language reported significantly more instances of racism from patients (M=2.32, SD=2.71); t=-2.16, P=.04), than those who spoke English as a first language (M=.89, SD=1.31). There were no significant differences between males and females on these outcome measures.

For each qualitative item, several domains and categories were identified. Responses to instances of racism are summarized in Table 1. Participant suggestions for more inclusive health care settings are summarized in Table 2.

Discussion

We found that a majority of the physicians surveyed reported instances of racism and discrimination from patients, colleagues, and the institutional climate. Examples included assumptions that participants were actually not physicians, inappropriate comments about their race, and structural biases that led to substantially fewer advancement opportunities. These qualitative responses were substantiated by the quantitative data, in which we found that microaggressions experienced at work were significantly correlated with secondary traumatic stress, an important element of professional quality of life.[9] Because these data are correlational, we cannot infer causality, but it is clear that participants experienced a significant emotional labor burden as a result of these instances.[11] Many participants cited that these instances impacted their mental health and/or their sense of well-being. Notably, participants reported that they were more likely to experience racism from their colleagues in comparison to their patients. The finding that physicians who reported English as a second language experienced more instances of racism from patients might suggest that it is more socially acceptable to discriminate based on language than race. Finally, participants also recommended that institutions provide more opportunities to openly discuss diversity work, create institutional policies that are supportive of diversity and inclusion, and hire a more diverse workforce.

These findings are important to the field of family medicine because although there has been increasing focus on the impact of racism on patient outcomes,[1-4] there has been relatively little research on the effects of racism on health care providers. Our results indicate that physicians of color often face racism and discrimination in the workplace, and this represents an occupational hazard that has the potential to negatively impact their career advancement and sense of well-being. One limitation to this study is the cross-sectional design, in which we did not follow physicians' experience of racism and burnout longitudinally. However, even based on these limited data, it is clear that physicians of color do experience significant instances of racism at work, and that institutions can and should do more to provide an inclusive environment. Another limitation is that we were not able to fully explore the effects of intersectionality (eg, belonging to other marginalized and oppressed groups) and their impact on outcomes. Future research should examine the impact of specific institutional initiatives on the prevalence of instances of racism and discrimination experienced while at work. Until these data are systematically tracked, institutions will not be able to measure progress toward a more inclusive environment.

Table 1: Overview of Qualitative Responses Regarding Racism

Item 1: Describe how institutional racism has affected you.			
Domain	**Frequency**	**Categories (Frequency)**	**Example**
Excluded	22	For leadership advancement (*x16*); overlooked (*x7*)	"I was treated differently compared to my other non-black counterparts and overlooked for leadership positions."
Assumptions	14	Discounted abilities (*x7*); stereotypes (*x7*)	"Denied away rotations as a medical student with a foreign sounding name from a foreign medical school - rotations which they eventually agreed to let me do because I graduated from undergrad at the aforementioned institution. Makes me think that when I applied to residencies did my name and medical school handicap my application due to internal bias of the residency programs..."
Held to higher standards	11		"The automatic assumption that my education will be of less quality because of my race and that English is my second language. And 'having' to work the double compare to others providers to prove them wrong."
Microaggressions	9		"Numerous microaggressions in the workplace without response from the institution."
Fewer resources	8	Training/education (*x5*); lower compensation (*x3*);	"A personal experience was being offered >$40k salary deficit in comparison to comparable hire last fiscal year."
Not experienced	7		"I have not experienced institutional racism."
Impact on patient care	6		"Medical school curriculum that often trains us to recognize patterns along assumed racial categories, and the way in which providers of all levels (physician, resident, student, nurse, PA, NP, SW, etc) make comments about a patient's race or generalizations/stereotypes about certain racial groups have perpetuated institutional racism."
Psychological burden	6		"These experiences have many times made me depressed where I've had to seek a therapist and has made my morale at work low."
Institutional neglect	4		"Numerous microaggressions in the workplace without response from the institution. No persons of color in higher positions. Institution not fostering an environment of community."
Invalidation	4		"I have to validate and justify racism against me to superiors in order for them to believe me."
Intersectionality	3		"I've been told by my adviser at my program that I have been looked at more critically because of my race, that I'm a minority, then female and that I'm Muslim."
Threatening	2		"Threatened because of my race."
Differential treatment	2		"How I am treated. My scheduling. Expectation. Voice at institution compared to peers. Penalized over small things compared to peers."
Item 2: Describe an instance of racism from a colleague that has affected you.			
Not experienced	19		"I haven't at this point."
Microaggressions	14	Assuming not a doctor (*x*3); inappropriate comments (*x*3); lack of respect (*x*3); homogeneity bias (*x*2)	"Nurse assumed that I was not a physician because of my race."
Assumptions	12	Stereotypes (*x7*); discounted abilities (*x5*)	"Just 'subtle' comments about language or stereotypes about race."

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Table 1: Continued

Item 2: Describe an instance of racism from a colleague that has affected you.			
Domain	**Frequency**	**Categories (Frequency)**	**Example**
Invalidation	6	Not listened to (*x4);* distrust (*x2*)	"Someone stating that we have to hire a "Latino" for a certain position because the community would not accept a Spanish speaker that wasn't Latino. As much as I tried to explain that Latinx culture is huge and that we have differences, the [white] man expressing his opinion was resolute."
Psychological burden	5		"I feel worn out."
Differential treatment	4		"Instances where nurses don't give you the same level of work as a white colleague."
Impact on patient care	3		"Lack of respect for nursing staff and patients due to their race."
Excluded	2		"I am systematically excluded from going to lunch or dinner with the 'good old white boys and girls.' It is during after-hours getting together activities that important decisions are made and connections are established."
Held to higher standards	2		"Assuming I will do more work due to race."
Impact on teamwork	2		"I am not able to communicate effectively due to their perceived notions."
Fewer resources	1		"Reduced opportunities for training."
Intersectionality	1		"Ignored in an interaction among three faculty. I attribute it to being a member of 3 non-dominant groups across race, gender, and age, as well as junior faculty status."
Adaptation	1		"I am used to "benign comments" of ignorance that it no longer affects me."
Item 3: Describe an instance of racism from a patient that has affected you.			
Microaggressions	16	Inappropriate comments (*x10*); assumed not a doctor (*x5*)	"Patient assumed I was not a physician."
Assumptions	13	Discounted ability (*x6*); stereotypes (*x6*)	"I have had several patients assume my graduate degree was from outside the country and ask extensively about my education, to the point of intrusion."
Patient refusal of care	13		"Intubated patient in ICU refused to have me extubate him because I was black. Wrote this information to communicate to his wife."
Not experienced	11		"No incidents."
Adaptation	7	Psychological (*x5*); patient education (*x2*)	"Deliberately being asked where you are born and being complemented on how well I speak English has become such a common experience for me. […] I've learned to not take these comments seriously, but I feel like I shouldn't have had to do this."
Psychological burden	7		"Patients often ask, 'Where are you from?' by which they mean what race are you, or they try to guess incorrectly, for example, 'Are you Korean?' There are worse things that could be said, but it does get tiring to hear these questions over and over."
Invalidation	5	Distrust (*x3*); not listened to (*x2*)	"Patient acting differently to same advice when offered by colleague, while ignoring mine."
Differential treatment	3		"Sometimes I can see how they change their body language when they hear my name and see me. I have learned to pick up the non verbal signs."

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Table 1: Continued

Item 3: Describe an instance of racism from a patient that has affected you.			
Domain	**Frequency**	**Categories (Frequency)**	**Example**
Conversations centered on race	1		"I also had a patient complain about drunken/lazy natives who live off the government's dime, the intern (trying to support me and show him he was wrong) pointed out that I was native. This led to the patient feeling quite embarrassed and stating he wasn't racist. All conversations from then on with this patient revolved more around my heritage and American Indians in general than his medical condition."
Threatening	1		"Patient admitted to the hospital on family medicine teaching service. Refused care because he thought that I was 'incompetent' and that 'everyone in the hospital does not trust my judgement and they told him that.' He refused to acknowledge my presence and had white supremacy tattoo on his arm."

Table 2: Overview of Qualitative Responses Regarding How to Support Physicians of Color

Item 4: What do you think health care organizations could do that would be helpful in promoting an inclusive health care setting that promotes diversity?			
Domain	**Frequency**	**Categories (Frequency)**	**Example**
Provide opportunities	29	Training/education (*x15*); discussion about diversity issues (*x13*)	"Have open discussions/talks about this."
Supportive institutional policies	26	Promote inclusion and equality (*x9*); respond to concerns (*x9*); acknowledge problems (*x8*)	"Having diversity and inclusion task forces."
More diverse representation	24	Leadership (*x12*); staff (*x9*); recruitment (*x3*)	"Making sure people of diverse backgrounds are in positions of power."
Listen to people of color	3		"I think we need to focus more on actually providing support for the "diversity" that we already have rather than just trying to recruit more diversity. POC do not feel supported within the organization and their voices need to be heard."
Less focus on race	2		"I don't think the institutions really need to do anything more. Sometimes these pushes to be "diverse" and "more inclusive" just single out POCs even more. Especially in places where the majority of the people running the "diversity talks" are predominately white. Inclusive health care will develop if POCs have larger voice in the discussion, spearhead the outreach to involve a more diverse community and are given leadership positions that allow these changes to happen."

Abbreviation: POC, physicians of color.

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