

AcademyHealth Annual Research Meeting 2022 - Poster Abstract

“Get to know me”: The role of patient stories in reducing bias in perinatal care

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Research Objective: In 2019, California passed Senate Bill 464 (SB464), which mandated that perinatal providers undergo implicit bias training (IBT) with the goal of improving clinical outcomes for Black women and birthing people. In a study investigating ways to optimize IBT, stakeholders identified real patient stories as an important element. Real patient stories are understudied and underutilized in IBT. Here we characterize clinicians’ perspectives on the rationale for and potential effects of integrating real patient stories into IBT, and the alignment of those perspectives with patients’ desires about their perinatal care.

Study Design: We conducted a mixed-methods community-based participatory research study to understand the experiences and recommendations of two key stakeholder groups: Black birthing women and people, and perinatal clinicians. We employed focus groups; in-depth interviews; inductive and deductive thematic analysis; and multiple techniques to promote rigor and validity.

Population Studied: San Francisco Bay Area-based (a) individuals who identified as Black or African American and had a recent hospital birth and (b) perinatal clinicians who practice in a hospital setting.

Principal Findings: Most focus group participants (n = 20; “patients”) had Medicaid insurance coverage; found it “somewhat” or “very hard” to pay for basic needs; and delivered in a safety-net or managed care setting. All identified as Black women. Interviewees (“clinicians”; n = 20) were nurse midwives (6), physicians (6), registered nurses (5), or other staff (3). They self-identified as Black (4), multiracial (4), or white (12) women; two identified as Latinx or Hispanic.

When discussing enhancements to IBT content, many clinician respondents recommended that “real” patient stories from their hospital or community be included. These suggestions arose independently in 15 of 20 interviews, and were unprompted by study guides. Clinicians recommended that “there should be...real-life case studies...of providers that have caused harm” in IBT curriculum, and that it be “really tied to patient examples or real-life experiences...” and based on “an example from our hospital.”

Clinician respondents anticipated a range of potential benefits that real patient narratives could have on clinicians, including increasing **empathy** (“[when] people have come and talked to you about their experience firsthand, it’s always more moving and always more memorable”), **acceptance** of biased/racist care as a genuine problem in their own institutions (“I think that would be really interesting if [stories were] specific to our hospital...so that it was real, like, that those [incidents] are happening”), and **self-reflection** about the harm clinicians themselves may perpetuate (“patient experience is really helpful for me as a provider...like getting people to really reflect on their personal biases, which is uncomfortable”).

Clinician recommendations dovetailed with themes that arose in patient focus groups. Across all focus groups, patients expressed wishes for their providers to better understand them and to recognize their humanity. Patients desired to be treated “like a person, like I have feelings;” “as any other woman that

would come in and get any medical help;" "like we are people;" and "like a human being." They wished to be listened to, "like my voice matters."

Conclusions: Clinicians identified real, site-specific patient stories as a key element of effective IBT. The potential impact of these narratives complements the desire that Black women patients articulated for a greater level of understanding and humanization in their perinatal care.

Implications for Policy or Practice: In order to amplify IBT's impact on clinicians and improve perinatal outcomes for Black women and birthing people, health system leaders should investigate how to ethically integrate site-specific patient stories into IBT curricula.