Race-Based Discrimination in the Healthcare Setting:

Literature Review

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Race-Based Discrimination in the Healthcare Setting

Racism and racial discrimination can often go unnoticed, but it can be detrimental to a patient's health or even fatal when it happens in a healthcare setting. There is a racial disparity in chronic conditions and socioeconomic status in America (Ward et al., 2019). This suggests that non-white patients experience longer waiting times, more extended hospital stays, slower diagnoses, and overall lower quality of care than White patients. Non-white patients tend to have longer emergency department stays and report a lower quality of care than White patients (Mostajabi, 2018).

Race Based Discrimination in Emergency Department Utilization; A Quantitative Study.

A controlled quantitative study analyzed the link between perceived race and the emergency department length of stay for patients (Mostajabi, 2018). The extended length of stay is linked to decreased patient satisfaction, higher mortality rates and complications, and more crowding in hospitals (Mostajabi, 2018). Prolonged hospital stays are associated with increased mortality and complications (Marfil-Garza et al., 2018). If there is a racial disparity within hospitals, the solution will be to educate hospital staff and minimize their internal bias (Mostajabi, 2018). This study sought to determine if white patients had a shorter emergency department length of stay than non-whites (Mostajabi, 2018).

Key Points

The critical question that this author is addressing is, “Do non-white patients experience a longer emergency department length of stay than white patients?” The crucial point that the reader needs to understand is that non-white patients often report a lower quality of care at hospitals than white patients (Mostajabi, 2018). The reader must also understand the racial disparities within the United States.

Assumptions

The author assumes that non-white populations have worse health, lower quality of life, and shorter life expectancies than white communities (Mostajabi, 2018). Black Americans have shown to have an increased rate of chronic health conditions over time than White Americans (Ward et al., 2019). This can be explained by racial disparity in BMI which can be explained by racial disparity in socioeconomic status (Ward et al., 2019). Patients who live in more impoverished areas have a higher chance of prolonged emergency department stays than those who do not (Mostajabi, 2018).

Deficit/Conclusion

This study found that non-white patients have a significantly higher chance of a prolonged emergency department length of stay than white patients (Mostajabi, 2018). The study analyzed 6,932 subjects, of which 65% were white, and 54% were female (Mostajabi, 2018). Compared to white patients, non-white patients showed a higher probability of a prolonged emergency department length of stay by 7.3%, 1.3%, and 6.7% in 2009, 2010, and 2011 (Mostajabi, 2018). Patients that lived in ZIP code with more than 20% of people living below the poverty line had a higher chance of a prolonged emergency department length of stay of 13.6% and 9.2% in 2009 and 2010, respectively (Mostajabi, 2018).

Ethnic disparities in infectious disease hospitalisations in the first year of life in New Zealand

This study aimed to identify risk factors for infectious disease hospitalization in New Zealand children (Hobbs et al., 2016). They used 6,846 New Zealand children born in 2009-2010 and identified risk factors for infectious disease hospitalization for all children first, and then for Maori/Pacific children specifically (Hobbs et al., 2016). Overall, Maori/Pacific children shared some risk factors for infectious disease hospitalization with white children, such as maternal smoking, but other risk factors were ethnic-specific (Hobbs et al., 2016). In order to fully understand the impacts of racism and race-related risk factors in healthcare, more interventions are needed (Talamaivao et al., 2020).

Key Points

The critical questions that the authors are addressing are, “What risk factors increase the risk of children being hospitalized for infectious disease in the first year of life?” and “Are there racial disparities in these risk factors?” The reader needs to understand the racial disparities present within New Zealand between Whites and Maori/Pacific Islanders (Hobbs et al., 2016).

Assumptions

The authors assume that Maori/Pacific Islanders in New Zealand generally have worse health and are at a higher risk for negative health disparities (Hobbs et al., 2016).

Deficit/Conclusion

For the whole cohort, risk factors associated with infectious disease hospitalization were Maori/Pacific ethnicity versus White, male gender, low birthweight, less than four months of

exclusive breastfeeding, maternal experience of healthcare racism, household deprivation, daycare attendance, and maternal smoking (Hobbs et al., 2016). Risk factors that were statistically higher in Maori/Pacific Islander children were high household deprivation, maternal smoking, delayed immunization, and maternal experience of healthcare racism (Hobbs et al., 2016). This suggests that Maori/Pacific children have a higher risk for infectious disease hospitalization than White children (Hobbs et al., 2016). There is a need in New Zealand for maternal resources and education to help reduce the ethnic disparity in infectious disease hospitalizations in the first year of life.

Racial and cultural minority experiences and perceptions of health care provision in a mid-western region

This study surveyed 117 participants who were 18 years or older and self-identified as African American, Asian American, Native American, and Latino/Hispanic American (Shepherd et al., 2018). They randomly picked participants in a public mall and a cultural festival so they could find a higher number of minorities (Shepherd et al., 2018). In general, participants were proud of their cultural background and hardly reported any racism in their healthcare experiences (Shepherd et al., 2018).

Key Points

The critical question the authors are addressing is, “How do minority groups in the Midwest feel about the quality of their healthcare?” and “Does this impact how often they seek care?” The reader needs to understand the differences between minority groups and the type of discrimination each group may encounter.

Assumptions

The authors are assuming their method of randomly selecting participants is an inaccurate representation of the greater population (Shepherd et al., 2018). They are also assuming that the participants are being truthful about their responses (Shepherd et al., 2018). Because they were in public doing recreational activities, they may not be thinking about negative experiences they have with healthcare providers at the time of the survey. The authors also mentioned that they approached some minorities to encourage them to participate as well as let people come to their stalls (Shepherd et al., 2018). They are assuming they can identify minority groups based on appearance (Shepherd et al., 2018).

Deficit/Conclusion

In general, the majority of participants from all groups reported that they rarely, if ever, experienced racism from their healthcare provider (Shepherd et al., 2018). They reported that they rarely, if ever, experienced poor treatment from healthcare professional due to their (the participants') cultural background (Shepherd et al., 2018). The surveyors found that more frequent healthcare provider racism heavily correlated with increased fear of Western medicine, as did lower education levels (Shepherd et al., 2018). However, it appears that even though some members of minority groups may fear seeking healthcare services, they are no less likely to utilize it (Ben et al., 2017).

Conclusion

Experiences of racism and racial discrmination can be difficult to quantify. It is important that these issues are addressed and researched in order to get a better understanding and create

interventions to prevent them (Williams et al., 2019). Racial minorities tend to receive a lower quality of care and experience longer hospital stays that Whites (Williams et al., 2019). Interventions must be implemented to allow equal quality of care across all patients.

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