SYSTEMATIC REVIEW
Volume 3 (2022), No. 1, pp. 28-33
DOI: 10.15367/ch.v3i1.498

Anti-Racism Training for Healthcare Professionals: A Critically Appraised Topic

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Context *There is documented presence of racism in healthcare, resulting in negative health outcomes for minoritized people. While there is a focus on anti-racism and anti-bias training for providers, it is unknown whether these programs are successful. Therefore, the clinical question is "Does anti-racism training among healthcare professionals increase knowledge of racism in healthcare?"* ***Methods*** *PubMed was searched in July of 2021 using a specific Boolean phrase of (racism*[tiab] OR "anti racism"[tiab] OR "racism"[MeSH Terms]) AND (train*[tiab] OR educat*[tiab]) AND (("health personnel"[MeSH Terms] OR ("health*"[All Fields] AND "personnel"[All Fields]) OR "health personnel"[All Fields] OR ("healthcare"[All Fields] AND "professional"[All Fields]) OR "healthcare professional*"[tiab] OR "healthcare provider*"[tiab] OR physician*[tiab] OR "athletic trainer*"[tiab] OR "physical therapist*" OR dentist*[tiab] OR "dental hygienist*"[tiab] OR doctor*[tiab] OR "medical professional*"[tiab] OR "medical provider*"[tiab] OR nurs*[tiab] OR "physician assistant*"[tiab])). For inclusion, a study had healthcare professionals who completed anti-racism training and self-assessment surveys providing measurable outcomes. Only articles from the previous 5 years were considered. Titles were reviewed for relevance, followed by abstract and full text, when needed. The STROBE checklist for cross-sectional studies and the PEDro scale were used for appraisal.* ***Results*** *The search yielded 274 articles. Of those, 259 were eliminated based on title and 12 were eliminated based on reading the full text. Three were selected for inclusion. The first study utilized a clinical workshop developed to decrease the likelihood of clinicians expressing bias and stereotypes in interactions with patients of color. The participants used Likert scales to rate the effectiveness of the training, with 5 being most effective. The average scores for survey items included 4.8/5 for "information relevance and delivery", 4.8/5 for "introduction to culture", and 4.7/5 for "introduction to communication". In the second study, cultural awareness training was aimed at increasing clinicians' ability to provide culturally safe care using authentic personal stories. The average percentage of improvement was 27% for "attitude toward minorities", 23.8% for "inclusion of other in self", and 23.8% for "interaction closeness." The third study deployed an 8-hour training adapted to an online setting. Results demonstrated scores of 4.5/5 for "found training valuable", 4.3/5 for "training will improve clinical care", and 3.9/5 for "ability to create inclusive environment post-training". The STROBE scores for these articles were 18/22, and 20/22, respectively, while the PEDro score of Kanter et.al was 9/11* ***Conclusion*** *There is consistent self-reported evidence that anti-racism training may be beneficial to clinicians. It is important to note that these studies were only conducted on the provider side, there is a need for information collected from the patient's experience post-training. Due to the consistent, limited quality of evidence, a SORT score of B is recommended.*

Keywords: *Cultural competence, professionalism, bias*

Introduction/Clinical Scenario

Racism is the phenomena that maintains or exacerbates avoidable and unfair inequalities in power, resources, or opportunities across racial, ethnic, cultural, or religious beliefs.[1] There are several ways that racism can be expressed, including emotions, beliefs, and actions. It can be internalized into one's beliefs, into their interpersonal interactions, or instilled in institutions and systems. [2] Some forms of racism are subtle and unintentional, while others may be more overt. These different forms of racism can affect people of color personally, professionally and systemically. Racism exists in healthcare and subsequently has impacted generations of people of color's health through many facets such as mistrust, provider bias, and decreased access[1]

Racism is well documented within many healthcare systems.[1,2,3,4] For example, unconscious bias and perceived racism can affect patient-provider communication, and also may affect future engagement between people of color and their providers.[4] Structural implications can manifest in many ways such as allocation of resources, promotion practices, or referral procedures.[3] The effects of racism(e.g., medical mistrust) on the health status of people of color has been explored and documented.[3,4] Mitigating these effects is the next hurdle for healthcare providers, having a basic understanding of racism at all its levels may help. [3] Anti-racism training may need to start with addressing understanding.

Anti-racism training can come in many forms, such as decreasing provider microaggressions, improving provider responsiveness and emotional rapport, and empathy.[5] Examining specific programs and their efficacy in dismantling racism may be key to building a more equitable and fair health system.[5,6] Therefore, the purpose of this Critically Appraised Topic (CAT) was to determine if anti-racism training can improve the general understanding of racism among healthcare providers.

Focused Clinical Question

Does anti-racism training among healthcare professionals increase knowledge of racism in healthcare?

Search Strategy

Using a Population, Intervention, Control, and Outcomes (PICO) strategy, the PubMed electronic database was searched in July 2021. The search was limited to publication dates between 2016- 2021. The Boolean phrase used for the search was : (racism*[tiab] OR "anti racism"[tiab] OR "racism"[MeSH Terms]) AND (train*[tiab] OR educat*[tiab]) AND (("health personnel"[MeSH Terms] OR ("health*"[All Fields] AND "personnel"[All Fields]) OR "health personnel"[All Fields] OR ("healthcare"[All Fields] AND "professional"[All Fields]) OR "healthcare professional*"[tiab] OR "healthcare provider*"[tiab] OR physician*[tiab] OR "athletic trainer*"[tiab] OR "physical therapist*" OR dentist*[tiab] OR "dental hygienist*"[tiab] OR doctor*[tiab] OR "medical professional*"[tiab] OR "medical provider*"[tiab] OR nurs*[tiab] OR "physician assistant*"[tiab])). Articles were included if the subjects were healthcare providers who completed an anti-racism training with measurable self-reported outcomes, such as surveys. Articles were excluded if the subjects were not healthcare providers (i.e. technicians). Articles were excluded if the training was not primarily focused on racism or if it was not interactive with others.

Evidence Quality Assessment

The STROBE (Strengthening the Reporting of Observational Studies in Epidemiology) checklist was used to assess the quality of the studies included. The STROBE was selected for use because it can assess cohort, case-control, and cross-sectional studies that utilizes descriptions of 22 specific items that should be included in observational studies.[7] The PEDro scale was used to assess one study due to it being a randomized control trial.[8]

Results of Search: Summary of Search, Best Evidence Appraised, and Key Findings

In total, the search yielded 274 articles, with 259 ruled out by title. The full text was used to rule out 12 more, based on outcome measures and participants. A summary of the search results can be seen in Figure 1. Each of the three articles included used some form of post-training assessment to determine the effectiveness of an anti-racism training for healthcare professionals. The articles included in Table 1 met the inclusion criteria and were selected to be included in the CAT. All studies included showed improvement in understanding of racism in healthcare by healthcare providers who participated in anti-racism training.

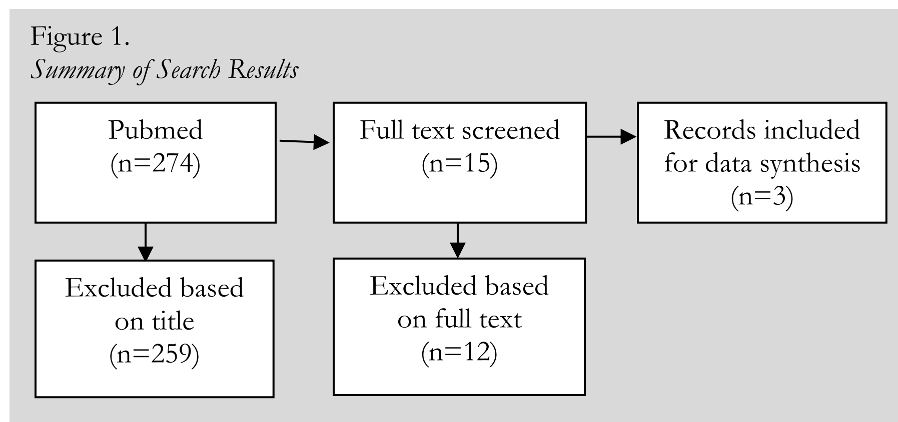

Figure 1.
Summary of Search Results

Results of Evidence Quality Assessment

Two studies included in the CAT were appraised with a STROBE checklist.[5,6,9] The Knox et al.[6] study received a score of 18/22 (82%). The Kerrigan et al.[9] study received a score of 20/22 (91%). The Kanter et al.[5] study was assessed using the PEDro scale and was given a score of 9/11.This study utilizes a control group, while the others do not.[5] One study was not forthcoming about their attempts to address potential bias or the study design.[6] While Kanter et al. offer detailed information of participant demographics, the remaining studies did not.[6,9]

Clinical Bottom Line: Strength of Recommendation

There is consistent evidence supporting that anti-racism training gives healthcare providers an improved understanding and awareness of racism in healthcare. The post-training assessments repeatedly illustrated improved awareness of the existing racism in

our healthcare system, as well as individual roles that healthcare provider play in that racism. One study compared post training responses with a control group and found significant improvements when compared to the control.[5] The remaining 2 studies found self-reported improvement among all subjects, after the training.[6,9] This awareness is beneficial to clinical practice and patient interaction. All three studies included in this appraisal met 82% or more of the items on the STROBE checklist. The included studies, consisting of high quality quantitative and qualitative data, were assigned a Level 2 study quality by the Strength of Recommendation Taxonomy (SORT) standards.[10] With outcome consistency across studies, this allows a SORT rating of B.[10]

Implications for Practice, Education, and Future Work

There is a documented presence of racism in healthcare, and the ongoing discovery of many negative effects that it has on people of color's health status. Theories such as a decreased perception of pain among people of color, have been used to justify inhumane and immoral treatment.[11] This running history of inhumane treatment has led to cultural acceptance of hardship and medical mistrust.[12] Microaggressions and unconscious bias in cross-race patient/provider interactions can affect compliance, understanding and trust, and adversely affect future care.[13] A medical duty exists to correct these inequities.

Integrating anti-racism training into healthcare has shown promise as the first step toward an equitable system with less health disparities.[3] Healthcare providers have expressed an improvement in their understanding after participating in anti-racism training sessions. They have also expressed, through narrative response, a desire for cultural education and encouraging or mandating active attendance at anti-racism training sessions.[6,9] While more than 90% completed their trainings when it was made mandatory, only 50-75% completed the same trainings when it was optional.[6] Kerrigan et al. note the importance of providing protected time for healthcare providers to complete the mandatory training. The study notes that they may improve clinical care as well as the ability to create inclusive environments with improved attitudes toward minorities.[5,6]

Knox et al. implemented an 8-hour online workshop for medical providers and students, with a post-training survey to assess self-improvement.[5] Kerrigan et al. had a similar study design with a 7-hour in-person workshop for a large number of providers, with a self-assessment survey post-training.[9] While the outcomes are beneficial to determining how to best carry out these trainings, as well as perception and self-noted improvement, it must be noted that these do not illustrate measured differences in racist behavior or changes to practice. Kanter et al. attempted to address this in their study by comparing the post-training survey results after a 5.5 hour in-person workshop, to a control group. They were successful in showing improvement in several topic areas when compared to the control, solidifying that anti-racism training is helpful in the fight to educate and mitigate racism in healthcare.[6]

The importance of utilizing an outside program that is established and specialized in anti-racism training should be noted. Having trained professionals carry out the anti-racism training sessions in the included studies, whether in person or virtually, was well-received by the healthcare providers.[6,9] The effectiveness of the trained professionals may play a role in the receptiveness of the training and should be taken into account when choosing an anti-racism training program.[6.9] Participants have expressed the importance of creating a safe learning environment that integrates interpersonal sessions that encourage vulnerable and intimate interaction.[5,6,9] When these sessions effectively deliver personally applicable information to healthcare providers, it may encourage further inquiry into anti-racism education and mitigation.[9]

Future research needs to examine effective implementation strategies for anti-racism training in healthcare systems, as well as how to create ongoing and evolving trainings that encourage continuing education. Additionally, future research should examine whether improved understanding translates to behavioral change in healthcare workers. Healthcare systems should utilize patient centered outcomes to assess the efficacy of these trainings. Future studies should be conducted over a longer period and should examine the long-term retention of knowledge among healthcare providers and the impact of ongoing anti-racism training among healthcare providers.

CAT Kill Date: July 2016

CATs have a limited life and should be revisited approximately 5 years after publication.[14]

Conflicts of Interest

The authors have no conflicts of interest to disclose.

Statement of Contributions

This project was completed as a doctoral capstone project, with Kaitlyn as the main author. Her committee members (Tierney,Russ) and chair (Mansell) contributed to the idea and editorial process.

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