An apple a day; The communicative strategies of women attempting to circumnavigate bias in medical spaces

Maija Sikora

Faculty Mentor: Wendi Bellar, Communication Studies

ABSTRACT

This research investigated the ways in which women and people who were assigned female at birth (AFAB) conduct their communication with medical professionals, after they had been discriminated against as a result of their identity. The study utilized semi-structured interviews to gather rich data from 12 participants. Results indicated that women and AFAB people consistently change their communicative behavior in response to discrimination. Results also indicated that personal and social contexts are integral to the ways in which women and people who were AFAB format their communication strategies. Data was analyzed using the constant comparative method. This study utilized an interpretivist framework to determine how people who have had adverse experiences in a provider's office construct their realities.

INTRODUCTION

Because gender is one of the most significant determinants of health (Dielissen et al., 2009), people assigned female at birth face health care insecurities. This insecurity often manifests as mistreatment from medical professionals. The research acknowledges that members of minority groups often structure their communication differently when interacting with members of dominant groups (Orbe, 1996). The research also acknowledges the cognitive decision making process that surrounds privacy disclosure. As private information is heavily integrated into medical conversations, disclosure plays a significant role in healthcare quality.

The medical field has been heavily researched for its role as a life sustaining institution, however, its role as a communication vessel has been less than prioritized. The role that privacy disclosure plays in obtaining an accurate diagnosis and receiving productive care is a critical one. Studying the role of communication in healthcare can help academia to better understand the significance of provider empathy and patient agency.

Operating with this knowledge, as well as the knowledge that the healthcare system is disproportionately dominated by ingroup medical professionals, this research aimed to investigate the ways in which marginalized people alter their communication to accomplish a goal, and to what extent these strategies are successful in obtaining the desired outcome. Wherein the desired outcome is quality healthcare and an equitable quality of life.

METHODS

Data for this study was collected through semi-structured interviews with twelve participants, and subsequently analyzed using Corbin and Strauss' Constant Comparative Method (CCM) (Corbin & Strauss, 1990). Participants were interviewed via zoom and face-to-face interviews, and were encouraged to provide anecdotal data as it pertained to their history of medical treatment, and asked questions related to their experiences henceforth. Participants for this study were self-selecting, so that they were aware of the study parameters and able to consent to having conversations about adverse experiences, and were recruited using snowball sampling. After data was obtained, interviews were stored in a secure device and deleted after transcription, at which point the researcher began analyzing the data for constructs and trends. Using this method, utterances were analyzed thematically and continuously organized and reorganized into themes and subthemes to find parallels within the data.

RESULTS

For research question one, *In what ways do women feel their identity has affected their medical care?,* the researcher identified three themes. The first was Felt Bias from Medical Professionals, the second was Experienced Dismissal, and the third was Reported Medical Mistrust. For the second research question, *in what ways does having experienced bias affect women's willingness to disclose to medical professionals?* the researcher identified three themes. The first was A Complete Change of Approach, the second, Abstinence From All Doctor Communication, and the third, Internal vs External Locus of Control. For the last research question, *How does a woman's disclosure or nondisclosure affect the given care?* the researcher identified two themes. The first was, Doctors Actively Provide Counterproductive Care, and the second was Bias Directly Affects Medical Care.

DISCUSSION

Results indicated that women largely feel that their assigned female identity has played a role in their ability to obtain adequate medical care, and conclusively affects their willingness to disclose. Research question one asked participants how they felt their identity had played a role in their medical care. Women reported being both explicitly and implicitly shamed by medical professionals, and identified sexism and fatphobia as the major roots for this bias. Women then reported feeling fearful of addressing problems that related to these areas in front of medical professionals. Participants also reported anecdotal reasons for these occurrences. Through thematic analysis, the researcher found that women identified two major constructs; Women feel they are dismissed as a result of gender bias, and women feel medical professionals do not have enough knowledge of female health-care and are therefore unable to provide it.

The themes found in research question two concluded that women fall into one of three defensive strategy categories when conversing with medical professionals: abstaining from medical spaces altogether, lying or withholding from medical professionals, or increasing their self advocacy. Of the women who chose self advocacy, *all* had some level of healthcare literacy, in which their parents were medical professionals, or their educational emphasis was in the healthcare field. For those participants in this study who had average levels of healthcare literacy, all fell into the former two categories. The participants who did choose to advocate for themselves reported higher satisfaction with their care and the participants who did not reported feeling disappointed with their medical care. The results therefore indicate that there is a heavy correlation between medical knowledge and agency, and a heavy correlation between agency and quality healthcare.

Research question three found that bias directly affects medical care, as a result of gender bias, homophobia, and fat phobia. As well as that as a result of non-disclosure, medical professionals often provide counter productive care. This indicates that there is a direct correlation between communication, or lack thereof, and healthcare insecurity, and an indirect correlation between having experienced bias and healthcare insecurity.

LIMITATIONS

The major limitation that presented itself during this study was time constraint. Because this was an undergraduate academic project, the timeline followed the outline of a semester, giving the researcher less than three weeks to complete interviews. This only allowed the researcher to obtain twelve interviews, all of which were successful and important, but still amounted to a relatively small sample size.

The second limitation was the lack of consistency between the intersectionalities of the participants. While the researcher does for some reasons consider this a strength of the study for its insight into multilayered bias, it also prevented the research from conclusively identifying a root type of bias. In addition, the only intersectionalities that were represented in the study include racial, sexual-orientational, and various socioeconomic identities. While not a debilitating limitation, it does limit the breadth of the data.

ACKNOWLEDGEMENTS

The researcher would like to thank Dr. Wendi Bellar for her continuous guidance, and for her enthusiastic support as the researcher navigated a qualitative research project for the first time. The researcher would also like to thank Dr. Katherine Lavelle for her assistance in molding the outline and impetus for this study into a researchable study. The researcher could not have accomplished this work without them. And finally the researcher would like to thank her host and sponsor, the University of Wisconsin-La Crosse, for being a patron to all students who would like to increase their involvement in academia.

REFERENCES

Aldridge-Sanford, A. A., Rudick, C.K., Nainby, K., Goslan, K.B., Rodriguez, S.R., Claus, C.J., (2019). "'I was gonna go off, but my best friend is white.": Hispanic students' co-cultural reasoning in a Hispanic serving institution. *Communication Quarterly*, *67*(2), 158–177. https://doi.org/10.1080/01463373.2018.155772

Bazargan, M., Cobb, S., & Assari, S. (2021). Discrimination and Medical Mistrust in a Racially and Ethnically Diverse Sample of California Adults. *The Annals of Family Medicine*, *19*(1), 4–15. https://doi.org/10.1370/afm.2632

Burgess, D. J., Hardeman, R. R., Burke, S. E., Cunningham, B. A., Dovidio, J. F., Nelson, D. B., Perry, S. P., Phelan, S. M., Yeazel, M. W., Herrin, J., & van Ryn, M. (2018). Incoming Medical Students' Political Orientation Affects Outcomes Related to Care of Marginalized Groups: Results from the Medical Student CHANGES Study. *Journal of Health Politics, Policy and Law*, *44*(1), 113–146. https://doi.org/10.1215/03616878-7206755

Cohen, M., & Avanzino, S. (2010). We Are People First: Framing Organizational Assimilation Experiences of the Physically Disabled Using Co-Cultural Theory. *Communication Studies*, (61)3 272–303. https://doi.org/10.1080/10510971003791203

Cooper-Stoll, L. C. (2019). Fat Is a Social Justice Issue, Too. *Humanity & Society*, *43*(4), 421–441. https://doi.org/10.1177/0160597619832051

Corbin, J. & Strauss, A. (1990). Grounded Theory Research: Procedures, Canons, and Evaluative Criteria. *Qualitative Sociology,* 13(1) 3-19. 10.1007/BF00988593

Cusen, G. (2018). Interruptions in medical consultations: Issues of power and gender. *Journal of Linguistic and Intercultural Education*, *11*(1), 49–66. https://doi.org/10.29302/jolie.2018.11.1.4

Dielissen, P. W., Verdonk, P., Bottema, B.J., Lagro-Janssen, T.L. (2009). Evaluating the teaching of gender-specific medicine in postgraduate training for general practitioners. *Journal of Evaluation in Clinical Practice.* (15)6, 1226-1229. 10.1111/j.1365-2753.2009.01183.x

Griffin, E., Ledbetter, A., & Sparks, G. (2019). *A First Look at Communication Theory* (10th ed.). La Crosse, WI: McGraw-Hill.

Hall, A., Joseph, O., Devlin, S., Kerman, J., Schmitt, J., Ridgway, J. P., & McNulty, M. C. (2021). "That same stigma. . .that same hatred and negativity:" a qualitative study to understand stigma and medical mistrust experienced by people living with HIV diagnosed with COVID-19. *BMC Infectious Diseases*, *21*(1). https://doi.org/10.1186/s12879-021-06693-5

Hall, J., & LaFrance, B. (2012). ''That's Gay'': Sexual Prejudice, Gender Identity, Norms, and Homophobic Communication. *Communication Quarterly, 60*(1), 35-58. doi:10.1080/01463373.2012.641833

Hilts, P. J. (1993, March 25). F.D.A. ends ban on women in Drug Testing. *The New York Times.* https://www.nytimes.com/1993/03/25/us/fda-ends-ban-on-women-in-drug-testing.html

ŁąTkowski, M. (2021). Remote qualitative interviews. *Journal of Education Culture and Society*, *12*(1), 202–211. https://doi.org/10.15503/jecs2021.1.202.211

Mankaka, C. O., Waeber, G., & Gachoud, D. (2014, July 10). Female residents experiencing medical errors in general internal medicine: A qualitative study. *BMC medical education*. (10)1 140. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4098690/

Mendez, D. D., Scott, J., Adodoadji, L., Toval, C., McNeil, M., & Sindhu, M. (2021). Racism as a public health crisis: Assessment and review of Municipal Declarations and resolutions across the United States. *Frontiers.* (9)1 686807. https://www.frontiersin.org/articles/10.3389/fpubh.2021.686807/full

Olson, J., McAllister, C., Grinnell, Lynn D., Gehrke Walters, K., & Appunn, F. (2016). Applying Constant Comparative Method with Multiple Investigators and Inter-Coder Reliability. *Qualitative Report*, 21(1), 26-42. 112700357
Otani, Takashi (2020, July 14). Functions of qualitative research and significance of the interpretivist paradigm in medical and medical education research. *Fujita medical journal,* (6)4 91-92. 10.20407/fmj.2020-018

Petronio, S. (2012). Navigating Ethics of Physician-Patient Confidentiality: A Communication Privacy Management Analysis. *The Permanente Journal*, (16)4 41–45. https://doi.org/10.7812/tpp/12-042

Pew Research Center. (2020, May 30). *Americans' views on Medical Research Scientists.* Pew Research Center Science & Society. https://www.pewresearch.org/science/2019/08/02/findings-at-a-glance-medical-research-scientists/

Rubinski, V. (2018). Revealing or Concealing Polyamory in the Family: Cultural Rules for Communicating Polyamory to Family Members. *Women & Language*, *41*(1). 132687648

Seegert, L. (2018, November 16). *Women are more often misdiagnosed because of gaps in trust and knowledge.* Association of Health Care Journalists. https://healthjournalism.org/blog/2018/11/women-more-often-misdiagnosed-because-of-gaps-in-trust-and-knowledge/

Shai, A., Koffler, S., & Hashiloni-Dolev, Y. (2021). Feminism, gender medicine and beyond: a feminist analysis of “gender medicine.” *International Journal for Equity in Health*, *20*(1). https://doi.org/10.1186/s12939-021-01511-5

Sikka, T. (2019). Barriers to Access: A Feminist Analysis of Medically Assisted Dying and the Experience of Marginalized Groups. *OMEGA - Journal of Death and Dying*, (84)1 4-27. https://doi.org/10.1177/0030222819873770

Smith, R. A., & Bishop, R. E. (2019). Insights into stigma management communication theory: Considering stigmatization as interpersonal influence. *Journal of Applied Communication Research*, *47*(5), 571–590. https://doi.org/10.1080/00909882.2019.1675894

Sullivan, L. S. (2020). Trust, Risk, and Race in American Medicine. *Hastings Center Report*, *50*(1), 18–26. https://doi.org/10.1002/hast.1080
Vigsø, O., & Odén, T. (2016). The Dynamics of Sensemaking and Information Seeking in a Crisis Situation. *Nordicom Review*, *37*(1), 71–84. https://doi.org/10.1515/nor-2016-0003

White, R. O., Chakkalakal, R.J., Presley, C.A., Bian, A., Schildcrout, J.S., Wallston, K.A., Barto, S., Kripalani, S., Rothman, R. (2016). Perceptions of Provider Communication Among Vulnerable Patients With Diabetes: Influences of Medical Mistrust and Health Literacy. *Journal of Health Communication*, (2)*21*, 127–134. https://doi.org/10.1080/10810730.2016.1207116

Williamson, L. D., Smith, M. A., & Bigman, C. A. (2019). Does Discrimination Breed Mistrust? Examining the Role of Mediated and Non-Mediated Discrimination Experiences in Medical Mistrust. *Journal of Health Communication*, *24*(10), 791–799. https://doi.org/10.1080/10810730.2019.1669742

Zander-Bratland, S. Z., Baste, V., Steen, K., Diaz, E., & Bondevik, G. T. (2021). Physician factors associated with medical errors in Norwegian Primary Care Emergency Services. *Scandinavian journal of primary health care*, (39)4 429-437. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8725954/

Zirulnik, M. & Orbe, M. (2019, March). Black Female Pilot Communicative Experiences: Applications and Extensions of Co-Cultural Theory. *Howard Journal of Communications,* (30)1, 76-91. 10.1080/10646175.2018.1439422