

# Understanding <u>Stigmas</u> in Healthcare



### **Objectives**

- To define health stigmas and implicit bias.
- To understand the presence of stigma in the healthcare system and how it can be addressed.
- To be able to assess situations where stigmas are occurring and address the issue.



## DEFINITIONS





### Stigmas

#### **Definition:**

Society's negative attitudes, stereotypes, and evaluations of certain groups that often lead to discrimination (Nyblade).

- Health-condition related stigma exists where people are discriminated against for having certain health conditions.
  - Can anyone think of an example of a specific health-condition related stigma?



### **Implicit Bias**

#### **Definition:**

Disproportionate feelings towards a particular person, group or subject that a person is unaware that they have (Sulaiman).

- Implicit bias and stigmas are in a positive feedback loop. Implicit bias from stigmas will further perpetuate those stigmas.
  - Can anyone think of an example of implicit bias that influences patient outcomes?

# ACTIVITY: Kahoot!



# CASE STUDY & ACTIONABLES





### What is happening in these quotes? How might these interactions affect the patients' health?

"Why would they [physicians] give me something that I was gonna get addicted to and take it away cold turkey? Then they look at me funny and tell me horrible things [about myself]? I don't understand why people do that [patient crying].

Patient Interview #3"

"It [label in chart] made me not wanna be on pain medicine and made me feel like maybe I was addicted and I didn't know, that it wasn't just that my body was dependent, maybe that I was addicted and trying to get pain medicine. They [the doctors] made me just feel really awful about myself.

Patient Interview #15"



### What is happening in these quotes? How might these interactions affect the patients' health?

"I do feel like it's a thing in the hospital where [nurses] are judgmental. When they see methadone or Suboxone (in medication list), there are certain nurses who are just like, "I don't want to deal with that patient."

Nurse and Social Worker Focus Group #1"

"Immediate things I worry about, is this patient going to request their narcotic more often? Is this patient going to provide an unrealistic report of pain to us? Is this patient going to get something on the side from friend or family delivered here? Is this patient going to have a behavioral issue?

Nurse Interview #2"

Experiences of stigma in hospitals with addiction consultation services: A qualitative analysis of patients' and hospital-based providers' perspectives Hoover, Lockhart, et al.

ACS: Addiction consultation services

- "Addiction consultation services (ACS) are interdisciplinary, hospital-based consultation services that provide hospitalized patients with addiction treatment concurrent with other medical care and facilitate linkage to community-based addiction treatment following hospital discharge"
- Evidence-based treatment of hospitalized SUD (substance use disorder) patients
- Aids with facilitating interactions between hospital providers and patients, lowering barriers.
- Framing addiction as a chronic condition perceived similarly to other medical conditions

ACS helped with hospital provider understanding of SUD and improved their care for these patients





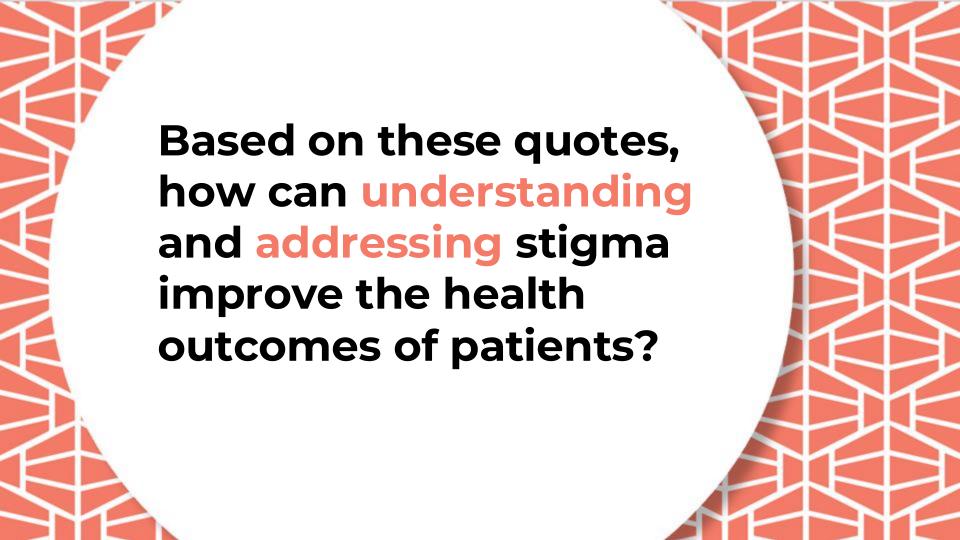
## What is the difference between these and previous quotes?

"I think they [ACS] makes things better...sometimes I feel manipulated, it can be confrontational, or I am walking on eggshells to avoid a confrontation [with a patient]. It was generally not a good rapport with many of these patients. Now [with the ACS], I feel like we're actively addressing [their SUD], it feels better.

Nurse Interview #1"

"They [the ACS] made me feel like I was worth more, like there was still hope, that there's still a window open that I can actually survive and get out the situation if I wanted to.

Patient Interview #10"







Stigmas and stereotyping creates a barrier for patients from getting proper care

- Past experiences with unpredictable patients led to healthcare practitioners feeling unsafe or judgmental towards new patients (Hoover).
- Documentation of patients' exhibiting addictive behaviors, where
  acquaintances would sneak in paraphernalia into the hospital, would led
  for certain teams in the hospital to avoid looking out for evidence
  (Hoover).
- Patients receiving little to none pain management.

#### **Works Cited**

Hoover K, Lockhart S, Callister C, Holtrop JS, Calcaterra SL. Experiences of stigma in hospitals with addiction consultation services: A qualitative analysis of patients' and hospital-based providers' perspectives. J Subst Abuse Treat. 2022 Jul;138:108708. doi: 10.1016/j.jsat.2021.108708. Epub 2021 Dec 27. PMID: 34991950; PMCID: PMC9167150.

• Nyblade, L., Stockton, M.A., Giger, K. et al. Stigma in health facilities: why it matters and how we can change it.BMC Med 17, 25 (2019). https://doi.org/10.1186/s12916-019-1256-2

• Sulaiman, A. (2020, August 17). Stigma & Bias in Healthcare: The Obstacles, Consequences and Changes Needed | WA Patient Safety. Foundation For Health Care Quality. Retrieved February 23, 2025, from https://www.qualityhealth.org/wpsc/2020/08/17/stigma-bias-in-healthcare-the-obstacles-consequences-and-changes-needed/