

The Potential of Patient Stories to Advance Birth Equity

To the Editor:

We read with great interest the recently published Grob *et al* article “‘Nothing Is More Powerful than Words:’ How Patient Experience Narratives Enable Improvement,” which highlighted the potential of patient narratives to enable improvement in health care organizations.¹ Along a similar vein, our group has been studying the role of patient narratives in improving health-care quality in the perinatal care setting, through the lens of health equity. Healthcare and policy leaders have increasingly proposed clinician implicit bias training (IBT) as a way to reduce health inequities.² However, scientists have yet to identify IBT approaches capable of changing clinician practice or patient outcomes. Here, we present perinatal clinicians’ perspectives on potential benefits of integrating real patient stories into IBT, a stakeholder-supported³ but understudied approach to advancing birth equity.

We conducted a community-engaged study exploring stakeholder views on how to optimize IBT to improve care and outcomes for Black women and birthing people.³ This included in-depth interviews with interdisciplinary perinatal clinicians from two hospitals in Northern California (community, safety-net). We employed iterative rounds of inductive and deductive thematic analysis, and computer-based coding, to identify and characterize respondents’ IBT recommendations. Additional steps to promote rigor in data collection and interpretation are detailed in Supplementary Digital Content 1-2 (available at: <http://links.lww.com/QMH/A153>).

The 20 perinatal clinician interviewees were diverse in self-identified race and clinical role (Supplementary Digital Content 3, available at: <http://links.lww.com/QMH/A153>). Responding to open-ended questions, 15 participants

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Table 1. Example Quotations^a

Calls for inclusion of real patient stories in clinician implicit bias training (IBT)

I think what would be impactful for my colleagues would be patient experiences...Examples of **what good patient experiences were** and how they were allowed dignity in their pregnancy and their childbirth and then **what bad experiences look like.** (Black MD)

We remember those things, you know, **first person accounts.** (white RN)

Theme 1: Real stories could foster clinician empathy with patient experiences of racist/biased care & acknowledgement that racism/bias affects patient outcomes

I think specific examples of how Black women have died...is actually really powerful...perhaps the most powerful would be finding the providers who were actually involved and getting them to talk about it...**It’s really helpful for people to have a real situation to kind of identify with...and then think about, like, how racism may have played a part.** (white MD)

[In a past training] they got...an African American woman who delivered here to talk about her experience and how she was treated, and **I think [IBT should have] something like that...** Instead of just throwing stats at people...**You have to... connect with someone** to make them think and inspire change. (white clinical social worker)

I think when people hear...a story, I think that changes it more than just statistical facts that you’re hearing...If you heard actual situations and stories, or people have come and talk to you about their experiences firsthand, it’s always more moving and always more memorable...I think that definitely would make a difference. (white RN)

Theme 2: Real stories could help clinicians accept that racism/bias is a problem at their own facilities

I think that would be really interesting if, like, **specific to our hospital**, giving specifics, so that it was real, like, that [care inequities] are happening...That’s a real, actual thing. (white clinical social worker)

I think it would be **so valuable for staff to hear from patients they’ve actually seen** who are saying, “This was my experience.”... I think sometimes people take [IBT] and they think, “Oh, that doesn’t happen here.” **But if you heard from patients who gave birth here 6 months ago and told you that this is what their experience was...you have to believe them.** (white CNM)

Theme 3: Real stories could increase clinician self-reflection about their role in racist/biased care

In this specific scenario, **was there something differently that I could have done or that I might have done if it was a different person?**... [IBT should be] **tied to patient examples or real-life experiences so that it would help put this theoretical thing in context...** I don’t think anyone... would say, “I actively made this decision or said this thing about a patient because of their race,” but **if confronted with that reality or shown that scenario and said, “How do you think that race would play into this?” It might be a little bit more realistic.** (multiracial MD)

(continues)

Table 1. Example Quotations^a (Continued)

I really feel like hearing the narrative or the person that is impacted by implicit bias, bias, and racism, I think those stories are sometimes more impactful and can create change than any, you know, one hour little training...Because sometimes you can, like, not associate that you're causing harm to real people...If we identified, you know, five people who had been affected by implicit bias. And then those five people told their stories, [providers] would know, "Oh, that was my client...That was my patient"...It'd be more impactful that way, to know like, "Yes, doctor, you are causing harm to people, even though you might not have thought that you were doing so." <i>(Black board-certified lactation consultant)</i>
I wonder if we were to look at cases of people we took care of rather than have it be hypothetical. I think it would... provide a mirror where we can really see how we in real-time are potentially causing harm. <i>(white CNM)</i>

^aCNM, certified nurse midwife; MD, medical doctor; RN, registered nurse. Authors applied bolding to quotation sections of particular relevance to the associated theme.

recommended the inclusion of “real” or true-to-life patient stories in IBT, including 6 who recommended stories drawn from incidents at their own facility (“site-specific” content).

We identified three themes regarding how real patient stories could make IBT more impactful (Table 1). First, clinicians felt stories could help them empathize with patient experiences of biased care and acknowledge that racism affects patient outcomes. A “real situation” could help them “think about, like, how racism may have played a part” (white physician).

Second, respondents described that real patient stories could foster clinician recognition of biased or racist care as a problem in their own institution. “Sometimes people...think, ‘Oh, that doesn’t happen here.’ But if you heard from patients who gave birth here...you have to believe them” (white certified nurse-midwife).

Third, respondents expressed that real patient stories could inspire clinician self-reflection about the harm they may personally perpetuate, potentially illuminating their role in delivering biased care. Being “confronted with that reality” could allow clinicians to reflect on their actions and decisions from a specific clinical situation (multiracial physician).

In conclusion, hospital-based perinatal clinicians in Northern California identified real, site-specific patient stories as key to impactful IBT. Stories may foster clinician understanding and acknowledgment of biased care in their own facilities and/or practices. Social-psychological frameworks have suggested the promise of narrative-based antiracism interventions.⁴ Our study reveals clinician appreciation for this approach and identifies plausible mechanisms for its impact. Site-specific stories may be particularly powerful content.

These findings are drawn from a modest study in one California region. However, the widespread

unprompted nomination of real patient stories within the sample—across diverse clinical roles and dissimilar hospitals—suggests the potential of this approach. Additionally, it aligns with minoritized patients’ desire for clinicians to better understand them and their experiences.⁵

Future efforts should explore the acceptability and ethical use of real patient stories in different communities and study the effects of real patient stories on clinician practice. Engaging stakeholder guidance is crucial as interventionists and healthcare leaders seek to maximize IBT effectiveness.

—Anjali Walia, BS
University of California San Francisco, School of Medicine, San Francisco, CA

—Fiona Miller, MD
The Warren Alpert Medical School, Brown University, Providence, RI

—Linda Jones
California Preterm Birth Initiative, University of California San Francisco, San Francisco, CA

—Julie Harris-Taylor
California Preterm Birth Initiative, University of California San Francisco, San Francisco, CA

—Breezy Powell
California Preterm Birth Initiative, University of California San Francisco, San Francisco, CA

—Sarah B. Garrett, PhD
Philip R. Lee Institute for Health Policy Studies, University of California San Francisco, San Francisco, CA

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