

## **Module three: Experiences of bias**

### **Anton Blank**

*Bias expert*

Tēnā koutou. Welcome to the third module in this series of understanding bias in health care. This module looks at consumers' and clinicians' real-life experiences of bias, both implicit and explicit.

### **Dr John Bonning**

*Emergency physician, Waikato Hospital*

*President-elect Australasian College for Emergency Medicine*

The journey to providing culturally safe care for Māori is a rewarding journey that takes very little effort. To start using a small amount of te reo, understanding other people's world views, understanding the difference between equity and equality.

To those that say 'I treat everyone equally', there are people that aren't on equal footing. Understanding your privilege that you have and that other people don't necessarily have that privilege. And just the connection that you can make with patients across all different areas. Being aware of your biases realising that there are many other people there that have a different world view to you will actually improve the care you provide to all patients, not just Māori.

### **Bernadette Pereira**

Yes, I believe I am treated differently because I am not Pākehā. And for this particular incident that happened to me, is still very raw when I reflect on it. The experience was horrendous. It's a situation that is very critical and it impacts on your life. And yet I believe that I did not receive the comprehensive advice from the clinician in terms of my care and in terms of the course of action that was prescribed for me to take.

I only go to Pacific doctors or clinicians now. That has been a conscious decision on my part and that of my family and whānau, primarily because I feel the confidence that they are able to sit and take the time to hear me out, to talk about my condition. There's the cultural aspect, because they know who I am and where I've come from. They've taken the time to listen. And there's... it's like a family... a family atmosphere that is created in this clinic.

Some of the things that Pākehā doctors could do is as basic as giving a little bit more time, ensuring that the person before them is not just any person. That they must show some compassion, particularly when dealing with people of Pacifica cultures.

For Pacific people, when we engage, your initial contact is very important. If you come and meet and greet the patient and you're smiling and you look like you're wanting to engage, immediately we respond. We know that you care.

### **Doana Fatuleai**

*Fanau Ola service manager and nurse lead*

## *Pacific health development*

Being Samoan, and I was born in Invercargill. I was raised up Samoan but you go out being, educated and socialising in a very white environment. My name, my maiden name, is Tonumaip'e'a. There is a legend behind this name and for a lot of people it was very hard for them to pronounce. And so they shortened it to 'Pe'a'. So what I recognised is that unconsciously, they were shortening a name to suit them. I know that wasn't intentional, but when you shorten someone's name, and that they shortened it to 'Pe'a' and 'Pe'a' means bat in Samoan.

And it totally gives a different meaning to a name that has a lot of legacy to it, a lot of sacredness to it. And it can sort of take someone's identity away.

The health system is structured in a way which is sometimes not so friendly towards our Pacific community. I think a lot of clinicians are very busy, and taking time out to engage with our Pacific people can take a big toll on them. But making this a priority in their practice can make a big difference in the long term of engaging well with Pacific people and gaining better health outcomes.

So, one of the simple things that I recommend for our clinicians is to pronounce names properly. Make an effort to learn the specific vowels. Make an effort to pronounce names well. This really helps, it lifts a person to know that someone has made an effort to get to know their name or even pronounce their name. And one of the other tips I'd also suggest is to ask questions. And gain clarity on what's important to them – what are their values?

### **Anton Blank**

*Bias expert*

So, when you're working, focus on your breathing, slow down your breathing, exhale bias brain and inhale mindful brain.

Now you have watched this module, we invite you make this just the start of your learning about bias in health care. To find out more, make sure you watch the other two modules in this series of three, and see the [Health Quality & Safety Commission's website](#) for further information.

Kia ora tātou.

### **Denis Grennell**

*Kaumātua, Health Quality and Safety Commission*

Unuhia, unuhia, unuhia te uru tapu nui.

Kia māmā, kia wātea te ngākau, te hinengaro, te wairua i te ara takatū.

Koia rā e Rongo, whakairia ki runga.

Āe rā, kua wātea.

Haumi e, hui e, tāiki e.