











Scientific production on institutional racism and health dialogues: exploratory review protocol

Produção científica sobre o racismo institucional e interlocuções na saúde: protocolo de revisão de escopo

Producción científica sobre racismo institucional e interrelaciones en salud: protocolo de revisión exploratoria

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ABSTRACT

Objective: To map the scientific production on institutional racism and its interrelations within healthcare over the past ten years. **Methodology:** The study will follow the JBI method, using the PCC strategy (Population: Black; Conception: Institutional Racism; Context: Health Services). The guiding question is: what is the scientific production on institutional racism in health services over the last decade? The protocol is registered in the Open Science Framework (DOI: 10.17605/OSF.IO/YKHR3). Study selection will be carried out in three stages: reading titles and abstracts to identify works aligned with the objective, full-text reading to verify inclusion criteria and, finally, summarization of relevant information. **Final considerations:** The aim is to compile and analyze the literature to elucidate the dynamics of institutional racism in health services, promoting reflections to address it and ensure equity in care for the black population, in line with SUS.

DESCRIPTORS:

Institutional Racism; Health; Black Population; Health Services.

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RESUMO

Objetivo: Mapear a produção científica sobre o racismo institucional e suas interlocuções no âmbito da saúde, referentes aos últimos dez anos. **Metodologia:** O estudo seguirá o método JBI, utilizando a estratégia PCC (População: Negra; Concepção: Racismo Institucional; Contexto: Serviços de Saúde). A pergunta norteadora é: “Qual a produção científica sobre racismo institucional nos serviços de saúde na última década?” O protocolo está registrado no *Open Science Framework* (DOI: 10.17605/OSF.IO/YKHR3). A seleção dos estudos será realizada em três etapas: leitura de títulos e resumos para identificar trabalhos alinhados ao objetivo, leitura completa para verificar critérios de inclusão e, por fim, sumarização das informações relevantes. **Considerações finais:** Espera-se compilar e analisar a literatura para elucidar as dinâmicas do racismo institucional nos serviços de saúde, promovendo reflexões para enfrentá-lo e garantir a equidade no cuidado à população negra, em consonância com os princípios do SUS.

DESCRIPTORES:

Racismo Institucional; Saúde; População Negra; Serviços de Saúde.

RESUMEN

Objetivo: Mapear la producción científica sobre el racismo institucional y sus interrelaciones en el campo de la salud, referente a los últimos diez años. **Metodología:** El estudio seguirá el método JBI, utilizando la estrategia PCC (Población: Negra; Concepción: Racismo Institucional; Contexto: Servicios de Salud). La pregunta guía es: “¿Cuál es la producción científica sobre racismo institucional en los servicios de salud de la última década?” El protocolo está registrado en *Open Science Framework* (DOI: 10.17605/OSF.IO/YKHR3). La selección de estudios se realizará en tres etapas: lectura de títulos y resúmenes para identificar trabajos alineados con el objetivo, lectura completa para verificar los criterios de inclusión y, finalmente, síntesis de la información relevante. **Consideraciones finales:** El objetivo es compilar y analizar la literatura para dilucidar la dinámica del racismo institucional en los servicios de salud, promover reflexiones para abordarlo y garantizar la equidad en la atención a la población negra, en línea con los principios del SUS.

DESCRIPTORES:

Racismo Institucional; Salud; Población Negra; Servicios de Salud.

INTRODUCTION

According to the Brazilian Institute of Geography and Statistics (*Instituto Brasileiro de Geografia e Estatística*, IBGE), 56.1% of the Brazilian population identifies as Black. Black individuals include people who self-declare as Black and Brown. However, this population faces numerous limitations regarding living conditions, work, and fundamental rights guarantees⁽¹⁾.

Racism stems from the social structure, formed by various conflicts such as class, racial, and gender struggles, among others, manifesting as a normal aspect of political, economic, legal, and even family relations. In Brazil, racism origins link deeply to the slave production system, which generated material life through exploitation of enslaved labor force⁽²⁾.

When addressing racism, highlighting the concept of “race” and its etymological origin proves essential. The term derives from the Italian *razza*, referring to a category or species, initially associated with subgroups defined by common physical characteristics. However, understanding remains crucial that, despite this origin and historical usage, the expression “race” lacks biological basis, constituting

instead a social construction. Such construction emerged and persisted over time to justify hierarchies, inequalities, and domination practices, particularly within social and political relations that shaped modern societies⁽³⁾.

In this sense, racism experienced by the Black population, produced and reproduced in society, also appears directly and indirectly in the institutional context, including health services within the Unified Health System (*Sistema Único de Saúde*, SUS), manifested through health work development and processes involving health professionals training⁽⁴⁾.

Institutional racism stands out as a shift from the individual dimension, manifesting in institutional and organizational structures, producing subject subordination through race/skin color⁽⁵⁾. These aspects interrelate with power relations established through behaviors that reinforce violence and inequalities tied to individual social life⁽³⁾.

From this dialogue, to discuss such issues, the National Comprehensive Health Policy for the Black Population (*Política Nacional de Saúde Integral da População Negra*, PNSIPN) emerged, instituted in 2009 as a result of organized Black social movements struggle. It addresses fundamental milestones for recognizing racism, ethnic-racial inequalities, and institutional racism as social determinants of health conditions, aiming to promote equity as well as training and continuing education processes for health workers⁽⁶⁾.

Despite PNSIPN institution in 2009, the continuity and, in many cases, increase of health inequalities for the Black population during the 2020 pandemic reveal considerable flaws in its implementation and proposed efficacy. This disparity between PNSIPN creation and inequality persistence prompts reflection on public policies effectiveness and true capacity to convert these guidelines into practical actions⁽⁶⁾.

Thus, generating knowledge on racism in health services proves fundamental, promoting information on Black population health, reflecting institutional racism transversally, as well as aligning health professionals pedagogical process to racial segregation reduction, with fair and equitable appropriation of the theme, ensuring necessary rights to fulfill SUS principles in Black population care⁽⁷⁾.

OBJECTIVE

To map the scientific production addressing institutional racism and its dialogues within healthcare over the past ten years.

METHODOLOGY

This study constitutes a scoping review following the JBI method. This method enables mapping key concepts, clarifying research areas, and identifying knowledge gaps through methodological stages⁽⁸⁾. The study will follow the protocol registered in the Open Science Framework under identifier

A scoping review can map key concepts underlying a research field, clarify working definitions and/or boundary concepts of a topic, summarize evidence, and inform future research⁽⁹⁻¹⁰⁾.

In this scoping review project, adapted to study purposes, the review structure consists of six main consecutive stages: (1) Elaboration of the research question; (2) Identification of studies; (3) Selection of relevant studies; (4) Data extraction; (5) Mapping and analysis of information; and (6) Presentation of research results⁽¹¹⁾.

Thus, the proposed scoping review will provide subsidies for building arguments and information on institutional racism within health services.

Stage 1 - Identification of the research question

As a starting point, identification of the research question to answer will occur to guide the script for subsequent stages. Relevant aspects of the question must receive clear definition, since they carry ramifications for research strategies. Research questions remain broad in nature, seeking greater coverage breadth⁽¹¹⁾.

For research question construction, the Population, Concept and Context (PCC) strategy received application for a scoping review⁽⁸⁾. Definitions established P - Black population; C - Racism; C - Health Services. From these definitions, the guiding question emerged: What scientific production addresses institutional racism within health services and its impact on the Black population over the past ten years?

The restriction to studies published in the past ten years justifies through the need to encompass updated evidence aligned with the contemporary Black population health scenario. During this period, important advances occurred in discussions on structural and institutional racism as well as public policies for racial equity.

Stage 2 - Identification of relevant studies

This stage involves study identification and development of a decision plan on where to search (database choice), which terms to use (descriptor choice), which sources to search, period, and language. Thus, comprehensiveness and breadth prove important in research development. Sources will include electronic databases, parallel reference lists, key journal manuals search, protocols, organizations, and references⁽¹¹⁾.

In this sense, the bibliographic survey extended from June to August 2025. For adaptation to other databases and platforms, Health Sciences Descriptors (DeCs) will apply for Portuguese-language databases: Institutional Racism, Health, Black population, and Health Services. For databases using English, descriptors will include, as follows: Institutional Racism, Health, Black people, and Health

Services. Additionally, terms to capture theme specificities will include: Racial Inequities in Health, Structural Racism, Health Disparities, and Afro-descendant.

Thus, the following databases will receive utilization: Biblioteca Virtual em Saúde (BVS), Embase, CINAHL, Medical Literature Analysis and Retrieval System Online (MEDLINE) via PUBMED; Web of Science; Literatura Latino-Americana e do Caribe em Ciências da Saúde (LILACS) and Scopus.

In addition to these, gray literature search will occur using the CAPES Portal Theses and Dissertations Catalog, Google Scholar and ProQuest Dissertations, focusing on theses, dissertations, reports, as well as institutional repositories such as those of the *Universidade de São Paulo (USP)*, *Universidade Federal do Rio de Janeiro (UFRJ)* and proceedings of scientific events such as *Associação Brasileira de Saúde Coletiva (ABRASCO)* congresses.

Initially, words contained in titles, abstracts, and descriptors will undergo analysis. Selected studies must answer this review guiding question and will receive full reading, with references analyzed for additional studies.

Alongside descriptors, Boolean terms will employ: AND, OR, and NOT, as JBI guidance indicates⁽⁸⁾. The data search strategy will elaborate through descriptor combination and Boolean use (Chart 1). Studies will include in English, Spanish, and Portuguese; with quantitative, qualitative, and mixed-methods approaches; primary studies; systematic reviews, meta-analyses, and/or metasyntheses.

Chart 1. Search strategy, 2025, Sobral-CE, Brazil

Base de dados	Search Strategy
Pubmed/Medline	("Black People" OR "Afro-descendant") AND ("Institutional Racism" OR "Structural Racism" OR "Racial Inequities in Health") AND ("Health Services" OR "Patient Care Services").
Scopus	("Institutional Racism" OR "Structural Racism") AND "Health" AND ("Health Services" OR "Patient Care Services") AND ("Black People" OR "Afro-descendant").
Web of Science	("Black People" OR "Afro-descendant") AND ("Institutional Racism" OR "Racial Inequities") AND ("Health Services" OR "Patient Care Services").
LILACS	("População Negra" OR "Afrodescendentes") AND ("Racismo Institucional" OR "Desigualdades Raciais") AND ("Serviços de Saúde" OR "Atenção à Saúde"); ("População Negra" OR "Afrodescendentes") AND ("Racismo Institucional" OR "Desigualdades Raciais" OR "Racismo Estrutural") AND ("Serviços de Saúde" OR "Atenção à Saúde"); ("Black People" OR "Afro-descendant") AND ("Institutional Racism" OR "Structural Racism") AND ("Health Services" OR "Healthcare")
Embase	("Black People" OR "Afro-descendant") AND ("Institutional Racism" OR "Structural Racism") AND ("Health Services" OR "Healthcare Disparities").

CINAHL	("Black People" OR "Populations of African Descent") AND ("Institutional Racism" OR "Racial Inequities") AND ("Health Services" OR "Nursing Care").
Google Scholar	("Racismo Institucional" OR "Desigualdades Raciais" OR "Racismo Estrutural") AND "Saúde" AND "População Negra"; ("Institutional Racism" OR "Structural Racism" OR "Racial Inequities") AND "Health" AND ("Black People" OR "Afro-descendant").
ProQuest Dissertations	("Institutional Racism" OR "Structural Racism") AND ("Health Services" OR "Healthcare") AND ("Black People" OR "Afro-descendant").

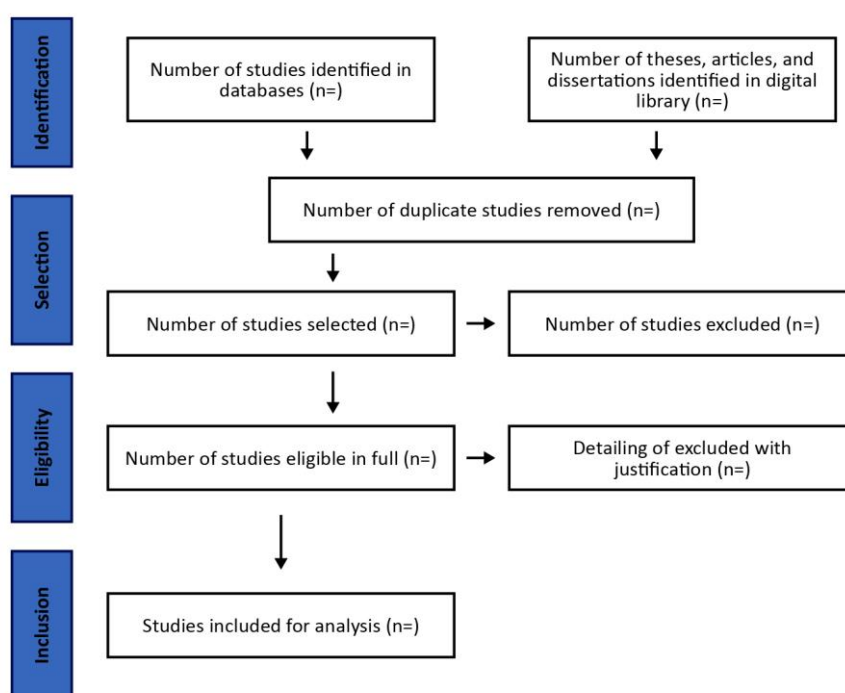
Stage 3 – Study selection

Article selection will occur in three stages. In the first, titles and abstracts will read, including studies meeting research objective. In the second, selected studies will read in full, and their references will evaluate to identify articles not captured in databases. In the third stage, full reading of included articles will occur, summarizing information relevant to review objective⁽¹¹⁾.

Inclusion criteria in the first stage encompass health studies answering the guiding question, published in the past ten years, in Portuguese, Spanish, or English. Exclusions will cover non-scientific materials, articles not freely available in full, studies outside the objective, and pilot research.

Two reviewers will perform full reading independently. In the second stage, they will verify eligibility and seek useful studies in references. Exclusions will justify and document in the PRISMA diagram⁽⁸⁾ (Figure 1).

Figure 1. PRISMA Flowchart Model to use in the study, 2025, Sobral-CE, Brazil.



Source: Aromataris e Munn⁽⁸⁾.

In the third and final review phase, included studies will divide between reviewers, who must fill the data extraction synthesis matrix. After these study selection stages, data mapping will occur, along with confronting, summarizing, and reporting results, as subsequent stages in the proposed review elaboration⁽¹¹⁾.

RESULTS

The next stage constitutes data extraction, which will prove fundamentally relevant for systematizing the information found.

Data extraction

For article analysis and synthesis, a data extraction form will receive utilization containing bibliographic information, study characteristics, and aspects related to institutional racism in health services. Reviewers will fill the form independently, resolving discrepancies through consensus or, if necessary, with mediation from a third reviewer (supervisor), as per⁽¹¹⁾.

The form will undergo prior testing and validation by two researchers in a pilot stage, using 10% of selected articles. Adjustments to extraction categories will occur, if necessary, after team discussion, aiming to ensure consistency of extracted information⁽⁹⁾.

Data will store in an electronic database using Microsoft Excel 2019. Searches will conduct by two pairs, composed of scholarship holders and the author, blindly and comparatively, with results confronted at the end to guarantee precision.

Data mapping

The extraction and mapping stage of information consists of organization, analysis, and interpretation to elaborate result description, according to study objective and guiding questions of the review.

In line with JBI recommendations to ensure greater methodological rigor, the mapping stage will include prior definition of analytical categories that organize extracted data. These categories may encompass, for example: (a) types of institutional racism manifestations in health services; (b) impacts on Black population health; (c) strategies, interventions, or confrontation policies; (d) PNSIPN implementation gaps; and (e) recommendations indicated by studies. If necessary, inductive thematic analysis will conduct to identify emerging patterns in findings, allowing adjustment or expansion of initial categories. The categorization and thematic synthesis will follow JBI methodological guidance, ensuring consistency and transparency in the analytical process.

Presentation of results

Results will present in synthetic table form and descriptive format, according to PRISMA protocol guidance⁽⁹⁾. The synthetic table will contain a summary of reviewed studies, according to information contained/retrieved in the data extraction form, characterizing studies and presenting on the institutional racism context in various health services.

Additionally, narrative synthesis of findings related to study recommendations and limitations will produce, considering generation of useful information for future research on the theme. Final data will present descriptively and through tables and charts that facilitate result visualization.

FINAL CONSIDERATIONS

From study of materials found, expectation exists to present effectively the information panorama, extent, and nature of literature on the reviewed theme. Thus, compilation and analysis of present literature encompasses aspects interrelated to institutional racism in the health services context, bringing elements on how it establishes in various care points; main challenges experienced by the Black population, as well as confrontation possibilities for this issue.

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