

“I don’t think I would’ve had the same experiences if I had been white”: Exploring Staff Experiences of Racism at a Canadian Children’s Hospital



UNIVERSITY OF
CALGARY

CUMMING SCHOOL OF MEDICINE

Benedicta Antepim, BA, BSc, MA¹; Jennifer Graham Wedel, BA, MSc, MD, FRCPC²; Amonpreet Sandhu, BSc, MD, FRCPC³; Oluwatomilayo Daodu, BSc, MD, FRCSC³; Benjamin Fong, MES, MSW, RSW⁴; Laurie Lee, BScN, MN, NP^{1,3}, and Aliya Kassam, BSc(Hons), MSc, PhD^{1,5}.

¹Department of Community Health Sciences, ²Department of Family Medicine, ³Department of Pediatrics, ⁴IWK Health Centre, Halifax, ⁵Office of Post-Graduate Medical Education

Background

- Recent publications have highlighted the ubiquity of medical racism in Canada with studies demonstrating how racialized patients face discrimination when seeking care,¹ and experience disparate health outcomes,² and the strong biases held by healthcare providers.³
- Little exploration in the Canadian context of the experiences of racialized health professionals within their employed settings.
- Objective:** to explore the health care staff experiences of racism at a Canadian children’s hospital.

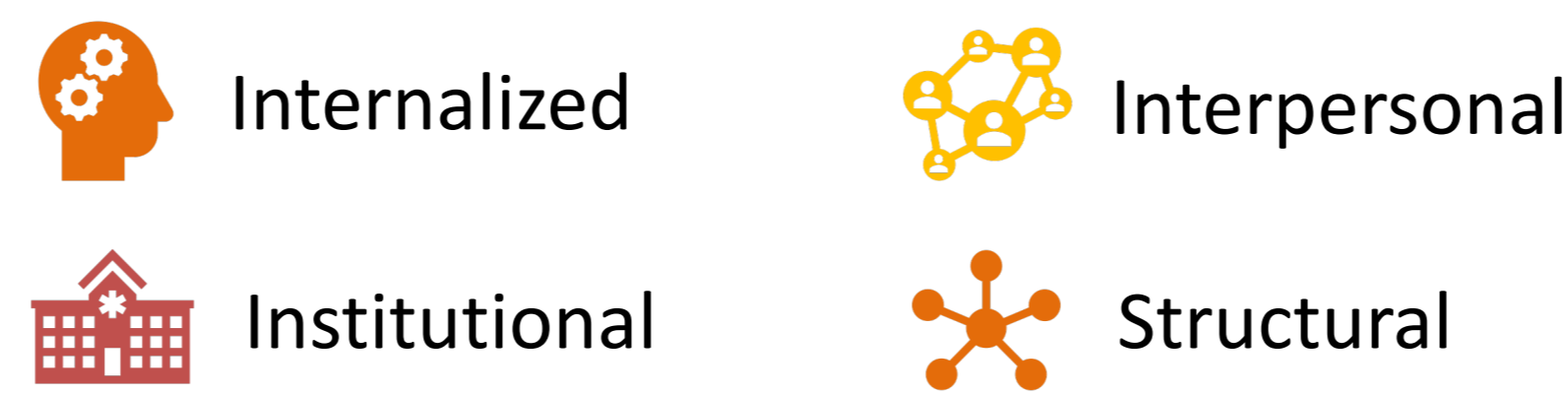
Defining Terms

- Race:** socially constructed system of categorizing people based on skin colour.⁴
- Racism:** discriminatory practices and policies that oppress and marginalize racialized groups.⁴

Methods

- Hermeneutic phenomenological approach:** describe the common meaning and process of experiencing a phenomena.⁵

Guiding Framework: Levels of Racism^{4,6}



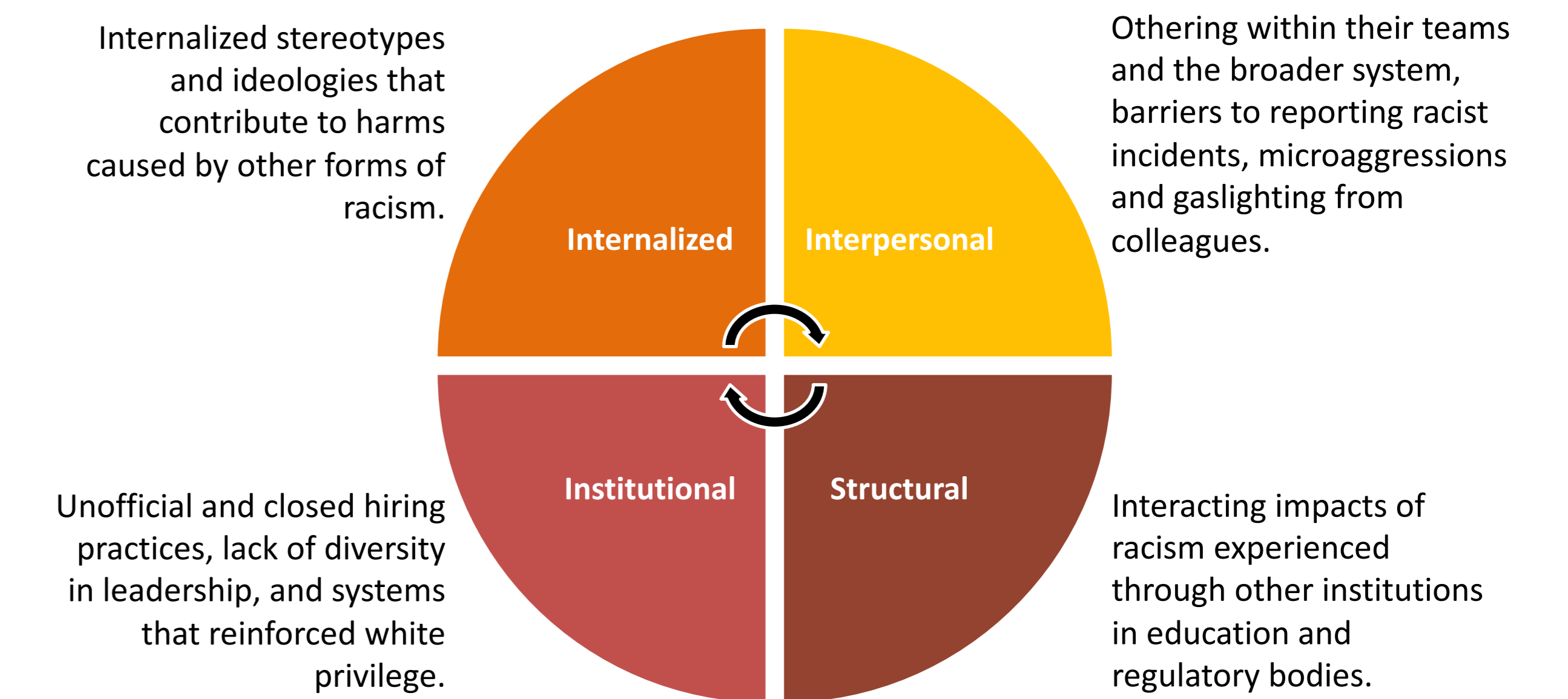
- Data Collection:** recruitment through posters in shared spaces and hospital listservs; semi-structured interviews conducted from May – November 2022.

“During your current employment at [hospital name] have you experienced racism or discrimination?”

- Data analysis:** abductive coding; transcripts coded independently and in duplicate; thematic analysis⁷ finalized within research group.

Discussion

Participants described racism that was pervasive within the hospital. These experiences can be described and interpreted through the levels of racism:



The racism that staff experience can lead to increased stress and job exodus, which may impact patient care.^{8,9} There is a need for safe avenues for reporting racism within the healthcare system that can be accessed across professions. It is necessary that safe reporting take place within a robust policy that supports staff and includes tangible repercussions and restorative processes for those involved.

Results

Participant Characteristics (n=9)

- Age range: 19-49
- Gender: 7 women, 2 men
- Positions: allied health, administrative, physicians, nurses
- Racial Identity: Black, East Asian, South-East Asian, West Asian



Institutional racism was a common theme across participants.

White privilege and white fragility reinforced harm both to staff and to families/patients.

“I have a few other colleagues that have brought up concerns [of racism] to management. And I can’t say that I’ve known anything to ever happen from those conversations. Typically it’s probably the most frustrating part...nothing will happen. So then we wait until people retire.”

“Her boss was white. The boss above her was white.”



Interpersonal racism was experienced from co-workers and from families/patients.

“I think that most things that are more qualified as micro aggressions, they’re fine individually, but over time they build up to make you feel othered, unwelcome, and not respected...It’s an insight into what their biases and beliefs might be.”

“I never really felt safe at the children’s.”



Participants also witnessed racism towards racialized patients/families.

“I know when we get a lot of Indigenous patients, there’s a whole different feeling about ... You can kind of see the nurses treat the family a little bit differently, like they don’t care as much, kind of, or they’re not worth caring for as much.”



Internalized racism and subtlety of racism in this context made recognition and reporting more challenging.

Conclusions and Limitations

Staff experienced racism at all levels and from multiple sources within the healthcare environment. Health systems can begin to mitigate this through diversifying workforce and leadership, promoting training and reflexivity for leadership, and engaging in transparent methods of recruitment and promotion. Improving equity and diversity within the workforce can lead to improved health equity for patients and their families.

Limitations

- No Indigenous, medical student or resident representation.

Future Directions

- Examine experiences of staff in auxiliary positions within the healthcare system (ex. environmental services, porters); further exploration on the impact and interacting effects of levels of racism on career advancement.

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Principal Investigator: Aliya Kassam, PhD
kassama@ucalgary.ca