

Exploring Experiences of Race and/or Sexual Orientation Discrimination Against Student Health Professionals Perpetuated by Patients During a Clinical Placement in Nova Scotia

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Introduction

- Documentation of racial and or sexual orientation discrimination (RSOD) against patients by health care professionals (HCP) is commonly seen (Chapman, Kaatz, & Carnes, 2013) There is evidence of patients discriminating against HCPs, however it is not heavily researched (Clark-Hitt et al., 2010; Lee et al., 2008). Section 5 of the Nova Scotia Human Rights Act R.S., c. 214, s. 1., outlines that no person shall be discriminated against based on race, sexual orientation and other provisions. It is also known that health care professionals have a duty to treat patients (Downie, Caulfield, & Floodand, 2011). Therefore, this can also be expected of health care professional students in a clinical placement. These pieces of legislation seem to favor the patient while ignoring the health care professional.
- Various forms of student mistreatment (e.g. abuse, harassment, bullying) either physical or verbal in health care settings are documented (Fried & Uijtdehaage, 2014). Mistreatment from patients is noted, but there is a lack of research compared to faculty, staff, or peer caused mistreatment. Sixty five percent of cases of verbal abuse against clinical students involved patients. Students report that racial and sexual orientation abuse are common from patients. (Ferns & Meerabeau, 2008). RSOD affects the mental, emotional and physical health (e.g. depression, stress, fear) of the HCPs and students. (Wheeler, Foster, & Hepburn, 2014). The impacts of RSOD are shown to potentially create negative experience with future patients. (Wheeler et al., 2014). No study has been conducted in Nova Scotia to examine this issue. This proposed study aims to explore and understand health professional students' experiences with RSOD perpetuated by patients during clinical placements in Nova Scotia.

Research Questions

- How do health professional students interpret and understand experiences of racial and/or sexual orientation discrimination, perpetuated by patients, during their clinical placements in Nova Scotia?
- How do the health professional students attempt to navigate and/or address racial and/or sexual orientation discrimination during their clinical placements in Nova Scotia?
- What policies and programs are needed to help health professional students to effectively address racial and/or sexual orientation discrimination during their clinical placements in Nova Scotia?

Methods

Cross sectional qualitative methodology with narrative inquiry as the theoretical perspective

Recruitment: Clinical coordinators, community partners, social media, snowballing

Inclusion Criteria:

- 18 years or older
- Self-identifying racially visible and/or LGBTQ+
- Completed or completing a clinical placement in Nova Scotia within the last 5 years
- Past or present health professional student
- Patient caused discrimination during clinical placement

Data Collection: Four 30-60 minute semi-structured interviews were conducted. That was accompanied by a social demographic form.

Data Analysis: Transcribed verbatim and thematic coding (open, axial, and selective) through narrative inquiry by the primary researcher.

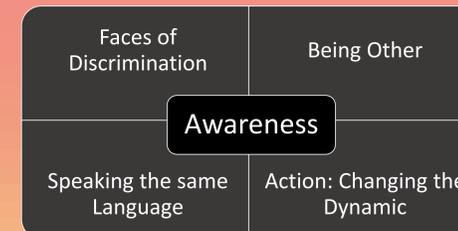
Results



Age Range: 23-51

Health Professional Programs:

- Medicine
- Nursing
- Social Work
- Therapeutic Recreation



Discussion

Faces of Discrimination

- The nature, assumptions and justifications are all factors of discrimination and impact the individual's perceptions of discrimination.

Being other

- Understanding what it means to be other and the importance of knowing how that may affect interactions in the future and means of seeking support. These expectations and preparedness have allowed individuals to develop their own coping methods.

Speaking the same Language

- The majority of the population lack the knowledge to better understand the experiences of the marginalized populations by not having had shared a similar experience. Experiences of discrimination were mentioned to be expected in Nova Scotia.

Action: Changing the Dynamic

- More conversations centered around discrimination education and policy need to emerge and develop across the health care system.
- How do we educate both the health professional students dealing with discrimination and the public who are discriminating? Whose role is it to educate and enforce change?
- Policy awareness needs to be increased and implemented more effectively in order for health professional students to better understand how to navigate them.
- Increasing education, representation, leadership roles and diverse hires are all suggested ways to move forward and decrease discrimination.

Conclusion

Implications:

- There was hesitance noted during recruitment around participation and forms of hesitance was identified in the research. Encompass more stories by increasing sample size and more RSOD variation.

Future Research:

- There is more to this issue besides understanding what role education and policies play in decreasing discrimination. More research should be conducted to continue the conversation of how discrimination is internalized and viewed by both the health care professionals and patients and applied in this environment.

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