Introduction

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?

Research Questions

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 coordinates, community partners, social media, snowballing

Inclusion Criteria: 18 years or older

Self-identifying racially visible and/or LGBTQ+

Complated 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

Faces of Discrimination

Age Range: 23-51

Health Professional Programs:

- Medicine
- Nursing
- Social Work
- Therapeutic Recreation

- Speaking the same Language
- Action: Changing the Dynamic

- It’s very fundamentally human, nothing like discrimination, not another feeling like it.”
- “Nature: Behind my back, they threw out the window…” "Do you have a boyfriend?" "I am really afraid of black people!" "Where are you from?"
- Assumptions/ignorance: "Straight until proven gay?" "You don’t look gay." "There’s a lot of people out there who don’t face discrimination and believe it doesn’t exist... That’s not real. It exists, it exists everywhere!"
- Justifications/dismissals: "I’m not sure if he is delusional, drunk or racist." "I just kind of, in a way, not that it’s right, I understood, like unfortunately she grew up in an era where people had negative views about black people; she still has that; sometimes with dementia it, it takes you back to that place.”
- "I feel every student feels they have been treated unfairly by patients or by staff; they don’t really have a voice because they are on the lowest rung of the totem pole.”
- "Realizations/preparing: "Do I think they’re going to treat me differently...Because I’m black?"
- Coping: "I isolated myself also but I know it was my way of keep myself same..."
- Feelings: "It’s strange!" "I was scared I was going to get in trouble somehow..." I felt shocked initially, then I just thought it was, sadly, I thought it was funny," "It makes me so mad that I want to be mad, but the mad black guy is already a threat!"
- Support: "Like didn’t you say something? Did I feel like I couldn’t say anything?" "I always had somewhere to turn"...
- Disclosing: "Do you want me to paint a rainbow flag on my mouth?"
- "I realized that being part of being different being a part of something means having similar experiences.”
- "Commonality/Shared experiences: "With anyone who has felt discrimination you can connect with that person, there is something powerful but so identifiable, regardless of whether it has been racism, sexism, homophobia, it has that shared tie.” "I did get to self-identify to that person. It was like a sigh of relief. We understand each other.”
- "Past experiences: "I’ve heard racial slurs since I was 5 years old.” "It never leaves you and it changes how you interact with the world once you’ve had that discrimination.” "I was outraged whenever it was. I was too black for the white kids and too white for the black kids.”

- "It’s both, it’s the people who are being discriminated against and also the people who are doing the discrimination.”
- "Education: "Why am I working so hard to articulate something when I feel like I am being discriminated against, why do I have to do this? Why is it my job when I didn’t do anything wrong?"
- "Policy: "We’re creating more policy less action”. "I feel it’s kind of the situation like the customer is always right, even in the healthcare setting.”
- "Ideas/solutions: "No one wants to have those conversations” “If you’re that serious make every HIRE a Diverse Hire.” “You have to convince the group that doesn’t exist.”
- "It’s going to be a problem for both the Heath 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.”

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 exist 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 hesitancy was identified in the research. Encourage 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.

References


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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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