Equity Diversity Inclusion & Accessibility

REPORT

June 2023

Annual report on Equity, Diversity, Inclusion and Accessibility in the Department of Emergency Medicine at Dalhousie University.

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DALHOUSIE DEPARTMENT OF EMERGENCY MEDICINE

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"In the end, we will remember not the words of our enemies, but the silence of our friends". Martin Luther King Jr.

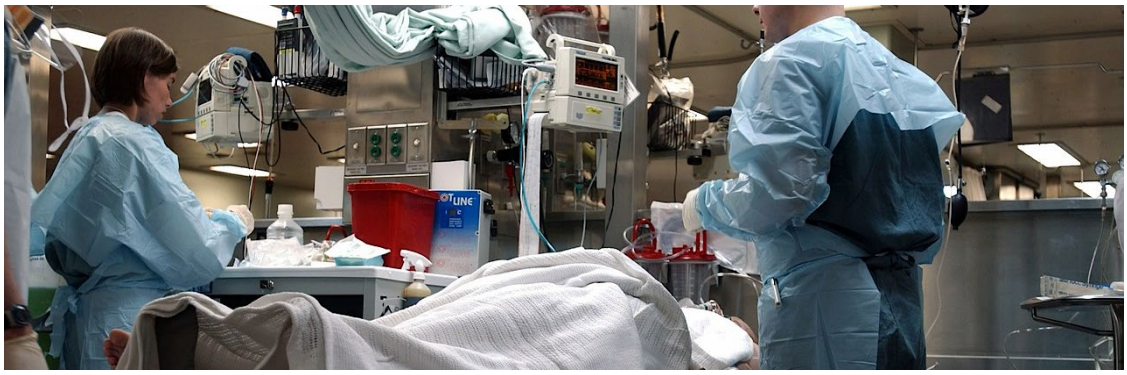
Why Bother?

Now more than ever in society, workplaces, and healthcare the importance of Equity, Diversity, Inclusion and Accessibility (EDIA) is critical [1].

In Emergency Medicine, we recall with angst the reports of abuse endured by Joyce Echaquan and her death in a Canadian emergency department, documentation of the reprehensible conditions in which our senior citizens existed during the COVID-19 pandemic and the case of Brian Sinclair who died while waiting for care in a system designed to serve those of privilege [2,3,4].

These events are not random. The invisible and often neglected forces of implicit bias present throughout all societies permeate the wall of our organizations and the walls of our EDs in the form of workplace incivility. This has been demonstrated to cause impaired productivity, using important cognitive bandwidth, impacting our teamwork, and reducing the quality of care we provide to our community [5,6,7,8,9].

These problems can be addressed so we decided to get started.



"Without big data, you are blind and deaf and in the middle of a freeway." Geoffrey Moore

Who Are We?

To get started on this work a survey was designed and then aligned with one developed by Dr. Christine Short of the Department of Medicine with permission. The questions were processed through the ARECCI scoring tool at the University of Alberta [10] with a final score of three indicating the quality improvement nature of this work. All members of the survey team reviewed and edited the questions.

Methods

Surveys were distributed by email to 200 members of the Department of Emergency Medicine (DEM) including administrators, physicians, and researchers from all three Maritime provinces. This survey does not intend to provide individual data and was sent twice at two-week intervals to the same list of recipients as there was no way to see who had responded in the survey tool used. The closing date was set at one week after the second reminder. Duplicates were prevented using IP addresses. Respondents were allowed skip any questions they felt could identify them or that made them uncomfortable. All responses provided were included in the data that follow.

Results

Surveys were distributed by email to 200 members of the DEM including administrators, physicians, and researchers from all three Maritime provinces.

Demographics

The number of physician recipients of this survey was 72, for a physician response rate of 39%. More than 80% percent of respondents are physicians. Most respondents hold other roles and half are in leadership roles within in the DEM. Although most respondents are White, there is racial diversity approximately reflecting the community we serve. There is, however, an absence of representation of the Black community, especially the Nova Scotia Black community, among respondents. Six percent of responding members identify as Indigenous. Seventy percent of respondents are from Nova Scotia, 16% from New Brunswick and 6% from Prince Edward Island.

Personal Characteristics

Most respondents reported no disability at 80%. Persons with disabilities in the DEM include a range of facets of disability including neurodiversity, mental health conditions, sensory disabilities, and chronic illnesses.
From gender and sexual identity perspectives, the group describe themselves as heterosexual for 80%, queer for 3%, and bisexual for 3%. More than 80% or respondents are cis-gendered. (Identify with their sex at birth).

Spirituality

Thirty-two percent of respondents describe their spirituality as atheist for 32%. Christianity follows closely at 29% and agnosticism follows this at 20%. There is a variety of other faiths including Judaism, Confucianism, Islam, and Hinduism.

Patient Care

This section used a different structure with respondents reporting their level of comfort or lack thereof, in providing care to diverse groups in the Emergency Department setting. There are no groups of those listed for whom providing care is actively avoided or that makes physicians extremely uncomfortable.

Eighteen percent of respondents are uncomfortable caring for patients where generational trauma was a feature (Indigenous, Black, domestic violence, etc.). Respondents report some discomfort in caring for patients who live in poverty at 25%. Fifteen percent report discomfort in caring for patients living with domestic violence in the ED. Sixty-three percent of respondents feel equipped to care for the LGBTQ2S+ population well, while 20% report they could manage adequately.

Overall, about 20% of respondents enjoy seeing patient from any of the listed marginalized groups. We did not include a question about caring for English-speaking patients in the ED setting.

EDIA Training

Sixty-five percent of respondents report never having had EDIA bias training and 20% indicate ever having undertaken formal EDIA curriculum.

Training formats for those who have engaged in training include Implicit Bias Testing (IAT) for 43%, part of onboarding for 10%, or as part of a Dalhousie University survey or search committee for 14% of respondents. Twenty-four percent of respondents report having voluntarily engaged in training. Nine percent hold a formal certification in EDIA.

Lived Discrimination Experiences at Work

Lived Discrimination at Work

Thirty-four percent of respondents report not having perceived discrimination at work. For the group who did perceive discrimination, this was perpetrated by DEM physician colleagues 22%, non-DEM colleagues 13%, and non-physicians for 22% of respondents. Nine percent of the discrimination was perpetrated by a person to whom respondents report.

Discrimination by patients was the highest level at 34% and equaled the rate of no perceived discrimination.

Witnessed Discrimination at Work

Only 19% of respondents report never having born witness to ED workplace discrimination. Of these, 50% of discrimination originated from patients, 35% from non-physicians, 28% from non-DEM physicians and 40% from DEM physician members. Ten percent report having witnessed discrimination from someone to whom they report. We failed to ask specifically about racism directed toward patients in the DEM.

Reporting DEM Discrimination

Sixty-eight percent did not report discrimination while 7% reported the incident(s). The explanation for this was lack of knowledge of the process for 23%, belief that there would be no change among 62% and 47% feared reprisal.

DEM Opportunities

Six percent feel that their diversity impacts their opportunities in the DEM while 84% report no sense of this as a factor for success. Fifty percent of respondents have elected not to apply for leadership positions or for academic funding within the DEM due to perceived bias. Reticence to apply for academic promotion, for a grant or for a teaching award within the DEM is present among 20% of respondents. Fifty percent of respondents hold a leadership role in the DEM at the time of this survey.

Limitations

Survey tools are limited in their ability to gather information on perceptions and lived experiences. The response rate was adequate, however, those most involved may have responded at a higher rate. Some may have provided duplicate responses on electronics with different IP addresses. We have not included the non-physician data as the numbers are too small to be of value in this year's EDIA survey. Fear of identification may have limited the response rate for some questions.

Discussion and Conclusions

This first attempt to collect and store information of this nature has provided important data and identified some areas of strength and some where opportunities persist. A presentation on this report for data, question and discussion was held at the DEM annual retreat and strategic planning session in June 2023. This inclusion demonstrates leadership support and engagement in this area.

Reflection and critical consciousness are first steps in recognizing and addressing privilege [11]. Strong evidence exists that leadership training to understand these issues more fully, and repeated exposure of the impact of our biases is key to impacting the changes required for justice [12]

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