

“When you feel you don’t belong, you withdraw”: an in-depth analysis of data exploring barriers to physician non-participation in continued professional development programs.

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Abstract

- Continued medical education (CME) and faculty development (FD) are part of continued professional development (CPD) and life-long learning processes that physicians engage in to provide education and support as they advance knowledge and skills relevant to their institutional positions.
- Sadly, physicians in Saskatchewan have identified racism, hostile work environments, microaggressions, and overt workplace discrimination as barriers to participating in university-organized CPD programs.

Research Objective

- To report physicians’ experiences with racism, and workplace discrimination with mitigating strategies to address them.

Methodology/Methods

- We invited physicians across rural and urban Saskatchewan to focus-group and interview sessions with aim to explore reasons why physicians fail to participate in university organized CME/FD events.
- This is a supplemental analysis of data collected from individual interview sessions.
- Audio-recorded data were transcribed and analyzed inductively for themes using the social ecologic model (SEM) framework.

Results

- Of 32 participating physicians, 18 (56.3%) reported experiencing or witnessing the racial discrimination and harassment in the workplace/community by colleagues, community members and patients.
- Some physicians, especially International medical graduate (IMG) physicians spoke about how they were harassed by colleagues, had their medical competencies questioned, passed over job opportunities, subjected to derogatory remarks and insults by colleagues, and most often patients.



“...there is a hint of discrimination or racism that might be a factor...I feel people look at me like, what are you doing here ...there is this weird distinction between people who are International medical graduates and Canadian medical graduates...I have been told to go back to where I came from because I don’t look like them?”

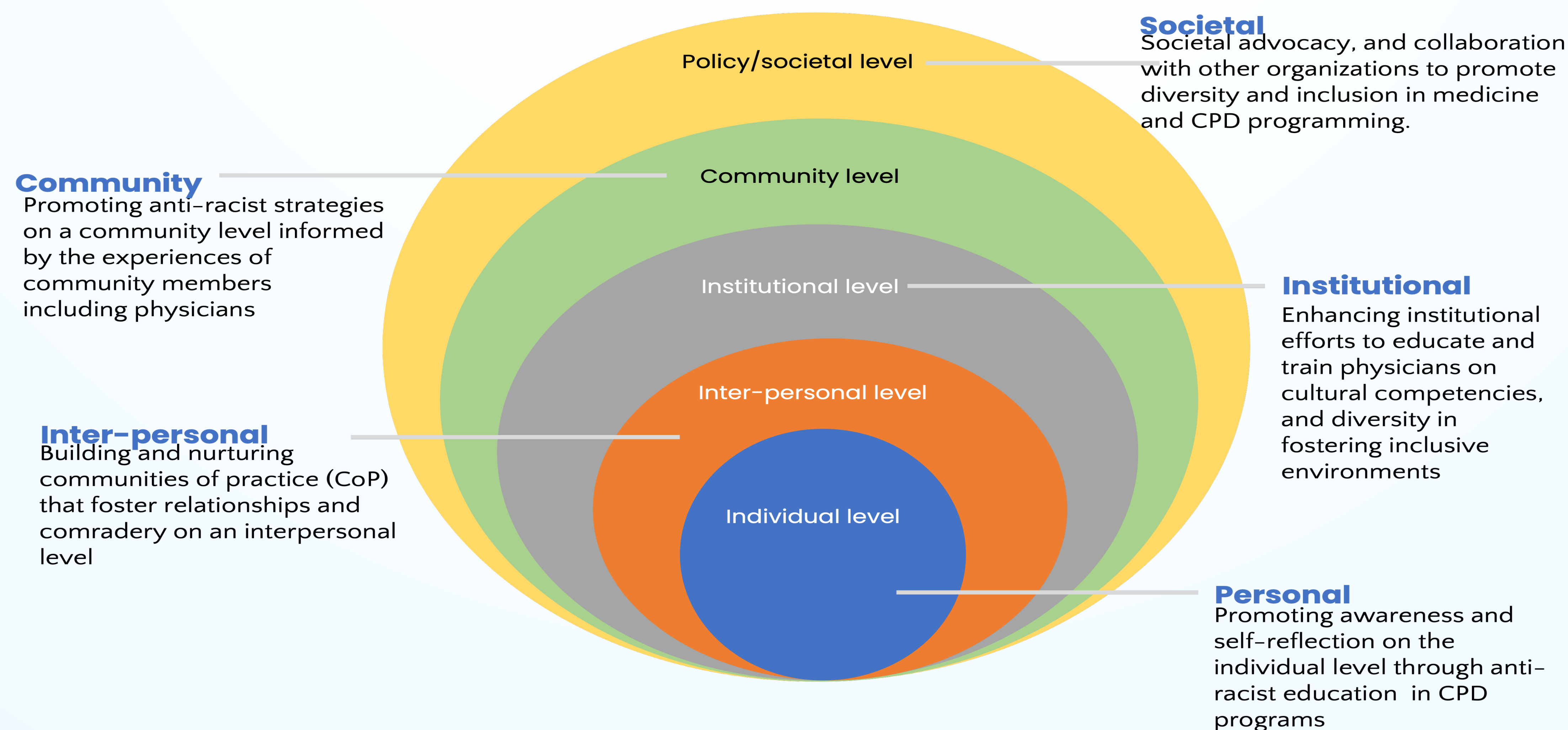
“I have had calls from colleagues question my training because I made a referral to them...I found that insulting because they won’t do that to someone who doesn’t look like me.”

- Instances of non-inclusivity and diversity in CPD program presenters/facilitators were also expressed by physicians which made it difficult to enjoy working and participating in CPD programs.



“to add to what we face, we don’t feel included in making decisions that affect us directly. We just hear what they have decided.”

Strategies to promote inclusivity thematized using a multilevel SEM approach



Discussion

- The experiences with workplace discrimination and racism among physicians is not new, but its surfacing in our study warranted further exploration with a need to address them.
- The social ecological model provided a multi-level framework for understanding and addressing the complex interplay of factors that influence human behavior with reference to these issues.
- Systemic barriers, lack of representation or mentorship, cultural and language barriers emerged also in our analyses.
- The Saskatchewan Medical Association (SMA) is currently strengthening efforts, building new partnerships and leveraging existing ones with IMG physicians to promote equity, diversity and inclusion among physicians in its commitment to building a healthier medical profession in the province.

Conclusion

- Our study showed that addressing racism and workplace discrimination among medical professionals requires a multifaceted approach that includes systemic changes, supportive environments, increased representation and adaptable CPD programming, which will enhance physician engagement.

Acknowledgements

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