

Ableism within health care professions: A systematic review of the experiences and impact of discrimination against health care providers with disabilities

Sally Lindsay^{1,2}, Kristina Fuentes¹, Sharmigaa Ragunathan¹, Luiza Lamaj^{1,3}, and Jaclyn Dyson^{1,4}
¹Bloorview Research Institute, ²University of Toronto, ³Ryerson University, ⁴Queen's University

Background

- 15-20% of people with disabilities represent the working-age population; however less than 5% of health providers report having a disability, making health care one of the sectors with the lowest representation of workers with disabilities.
- Underrepresentation of people with disabilities also exists in post-secondary education within the health care sector.
- The above mentioned trends are often a result of discriminatory attitudes and behaviors that can leave people with disabilities feeling marginalized.

Objective

To explore the experiences and impact of workplace ableism among health care providers and trainees.



Methods

Systematic review of 9787 articles from 7 databases using Covidence (with 5 reviewers)

1 reviewer extracted data from 48 articles

4 reviewers double checked data abstraction and assessed study quality using PRISMA statement

Data was analyzed and findings were reported using the narrative synthesis approach

Results: Study and participant characteristics

Study characteristics

- 48 studies met our inclusion criteria
- 13,815 participants across six countries over a 21-year period were involved in the studies

Sample size range

- 2 to 11,859 participants

Types of disabilities focused on the studies

- Most of the studies included various types of disabilities
- Some studies focused specifically on non-visible disabilities, dyslexia, learning disability, physical disabilities, mental health conditions and physical or sensory conditions

Overview of themes

Key Trends

- Rates of reported workplace ableism ranged from 7% to 84%

Institutional ableism

- Types of institutional ableism included: (1) Inaccessible environments and physical barriers environment (e.g., standing for long periods, limited access to public buildings); and
- (2) lack of supports and an unsupportive work (difficulties with accessing disability services and with requesting or receiving workplace accommodations)

"It's made me think about [occupational therapy] as a profession and how it doesn't seem to be embracing people with disabilities... We're a profession that's supposed to be empowering people and yet it can't empower its own 'flock'." (Occupational Therapist, Bevan 2014, p. 590)

Individual ableism

- Indicators included: hostile environment, negative attitudes, stereotypes, purposeful exclusion, oppressive interactions, bullying, stigma, harassment, and overt and indirect discrimination

Impact of ableism

- The most commonly reported impact of ableism in the health care profession involved the difficulty of disclosing a condition due to stigma or a fear of stigma.
- The impact of ableism within health care professions focused on health and well-being (i.e., poorer psychological health, learned helplessness, feeling vulnerable and feeling devalued).
- The impact of ableism on job/careers in health care included lower job satisfaction, limited career choices and/or altered career pathways, impact on clinical practice and ability to perform a role, challenges with colleagues and managers, and retention and turnover.

"I've been told a number of times, find a new profession... this isn't the right program for you..." (Health care student, Neal-Boylan et al. 2012, p.626)

Implications

- There is a critical need for a more in-depth understanding of the lived experiences and impact of workplace ableism within health care professions.
- Addressing ableism within health care professions is crucial for enhancing the equity, diversity and inclusion of the workforce while representing the population they serve and reducing health inequities.
- More efforts are needed to recruit, retain and support people with disabilities in the health care sector.



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