Racial Climate Survey Report

Land Acknowledgement

We are gathered on the ancestral and current day lands and waters of the Anishinaabeg, Cree, Ojibway-Cree, Dakota and Denesuline peoples, and on the National Homeland of the Red River Métis. In northern Manitoba, we acknowledge the ancestral lands of the Inuit and gratefully acknowledge that our water is sourced from Shoal Lake 40 First Nation.

We respect the Treaties that were made on these lands, we acknowledge the harms and mistakes of the past and present, and we dedicate ourselves to move forward in partnership with Indigenous communities in a spirit of reconciliation and collaboration.

GEORGE & FAY YEE
Centre for
Healthcare
Innovation

Acknowledgements

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Emotional Trigger Warning

- This report explores how racism is experienced by Service Delivery Organization (SDO) staff. As such, this report may trigger memories of unsafe personal experiences or the experiences of racism of colleagues, friends, family, or other community members.

- Racism has a negative impact on mental health. There are several resources available for emotional support:
    - The Employee Assistance Program (EAP) is available 24 hours a day at 204-786-8880 or toll-free at 1-800-590-5553 or online here. EAP offers culturally sensitive support in over 200 languages, including an Indigenous Resource Consultant whose role is to assist clients interested in being connected to an Elder or seeking other culturally appropriate healing services.
    - For Mental Health Resources for Black, Indigenous, or other Racialized groups, click here.
    - Hope for Wellness Helpline is available 24/7 to all Indigenous people across Canada, click here or call 1-855-242-3310.
    - Shared Health has a mental health and wellness resource finder, click here.

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Key Points

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Key Points

- The purpose of this survey was to learn about how racism is experienced by Manitoba SDO staff.

- 6,677 staff across Manitoba SDOs did the survey (response rate=13%).

- 28% of survey respondents self-identified as members of an Indigenous, Black, or Racialized community (22% of Manitobans self-identified as a visible minority, 18% self-identified as Indigenous in the 2021 Census).

- Survey respondents described a lack of diversity in leadership positions across the province, and this was reflected in survey respondents. For example, while 18% of White respondents had leadership roles, only 9% of Indigenous, Black, or Racialized respondents were in similar roles.

- 44% of survey respondents had not participated in any Indigenous awareness training programs, either through their work or a post-secondary institution, in the past 5 years.

- 58% of respondents thought their workplace had policies and procedures in place to address racism, but of these, only 45% thought these policies were effective.

- 49% of survey respondents did not know how to report an incident of racism and 65% said in the past year they had never reported an incident of racism they experienced or witnessed.

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Key Points

- 56% (952/1,706) of Indigenous, Black, and Racialized survey respondents indicated they had **<u>directly experienced</u>** one or more forms of racism within the past year. In the past year:

    - Almost 40% of Indigenous, Black, and Racialized respondents had experienced microaggressions at work.

    - Over 30% of Indigenous, Black, and Racialized respondents had been embarrassed, patronized, or treated negatively because of their race.

    - Over 20% of Indigenous, Black, and Racialized respondents had been ignored after sharing their ideas; called names, verbally assaulted or put down intellectually; been under greater scrutiny than their colleagues; had their authority bypassed or dismissed; and/or had their accomplishments/contributions/skills not recognized because of their race.

    - They were also more likely than White respondents to report having been the target of physical violence; been passed over for promotion; or that a patient had refused to receive care from them because of their race.

- Staff reported experiencing or observing racism from co-workers (43%), leaders (15%), and patients (52%).

- 43% of Indigenous, Black, and Racialized respondents agreed that racism was a problem in their workplace and 30% agreed they are constantly on guard because of how often they observe or experience racism.

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Key Points

- There was one open-ended question in the survey: *"What do you think are the most important actions or next steps needed to disrupt racism within your workplace and/or the health-care system?"* The response rate to this question was very high; just over 50% of respondents provided a response.

    - Eight themes emerged from this question; the two biggest themes were:

        - *Policies, Reporting and Accountability*: Respondents thought clear anti-racism policies needed to be developed and communicated across organizations, in addition to a clear, simple, and safe process for reporting and investigating instances of racism.

        - *Education*: Many respondents thought education should be easily accessible to everyone, and mandatory. They identified a range of topics for education, as well as ideas about education format.

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Key Points

- Other themes identified by respondents included:

  - *Human Resources*: Increase diversity of staff, including those in leadership roles; develop positions related to advocacy and support for patients to ensure equitable access to health care; and ensure support for staff who experience racism.

  - *Engagement*: Engage with Indigenous, Black, and Racialized staff and communities to better understand their experiences and barriers and to co-create solutions.

  - *Systemic Racism and System Design*: Re-design the health-care system to address systemic racism including acknowledging the historical harms, trauma and ongoing impacts of colonization; implementing the TRC Calls to Action related to health; integrating reconciliation into daily practices; and removing barriers to accessing care and social services.

  - *Continuous Learning and Improvement*: Collect and use data appropriately to support anti-racism work.

  - *Awareness*: Build awareness of what racism is and how it is experienced by staff.

  - *Personal Experiences and Beliefs:* Many survey respondents also described experiences of racism at work or negative experiences when reporting racism. Although most comments suggested survey respondents were supportive of measures to disrupt racism, some were more hesitant or even unsupportive of taking steps to address racism.

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Background & Methods

Disrupting Racism

- Senior leaders in health care have committed to disrupting racism.

- In 2021, the Disrupting Racism Steering Committee was formed. It is a collaboration of health system partners including:

  - All Service Delivery Organizations; Manitoba Health; Mental Health and Community Wellness; Rady Faculty of Health Sciences; First Nations and Inuit Health, Manitoba Branch; Manitoba Association of Newcomer Serving Organizations (MANSO) and representatives from other community and health partner organizations.

- The overarching goals of the Disrupting Racism initiative are:

  - To create safer health-care environments for patients, families, staff, physicians, volunteers, and learners; and,

  - To improve health outcomes for patients who are Indigenous, Black, and Racialized.

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Racial Climate Survey Working Group

- This survey is one part of the provincial Disrupting Racism initiative in Manitoba.

- The work is guided by the Racial Climate Survey Working Group which reports to the Disrupting Racism Steering Committee.

- The George & Fay Yee Centre for Healthcare Innovation (CHI) was engaged to support the survey.

- CHI worked collaboratively with the Working Group to develop and pilot test the survey, and to conduct the survey and report the findings.

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Purpose of the survey

- To learn about how racism is experienced by Manitoba SDO staff.

- Information will be used to inform policies and strategies to create safer health-care environments for Indigenous, Black, and Racialized patients, families, staff, physicians, volunteers, and learners and ultimately improve health outcomes.

- Will be done approximately every 2 years to monitor change and improvements in:

  - Staff perceptions, experiences of racism, and safety of work environments; and

  - Staff experiences, levels of awareness, and perceptions/outcomes when reporting incidents of racism.

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Methods – Developing the survey

- In March 2020, the University of Manitoba's Rady Faculty of Health Sciences conducted a racial climate survey.

- This survey, along with other racial climate surveys found in the literature, were used to develop a draft racial climate survey for Manitoba's health-care system.

- The Racial Climate Survey Working Group and others with expertise in the area provided feedback on the survey.

- The survey was revised based on this feedback and then pilot tested by members of the working group and approximately 30 staff from across the SDOs.

- The survey was revised based on pilot testing and the final version was shared with the Racial Climate Survey Working Group and approved by HSLC.

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Methods – Recruitment

- ➢ The survey was anonymous & available online
- ➢ Staff at all SDOs were invited to participate via e-mail & posters with QR code (1 SDO also used text messages)
- ➢ The survey was open from February 13 – March 3, 2023

Internal instructions to all SDO communications
re: survey announcement
01/24/23

Survey opened (invitation sent to all staff)
02/13/23

Final survey reminder to all staff
03/1/23

CEO pre-launch messages to staff
02/9/23

Survey reminder to all staff
02/22/23

Survey closed
03/03/23

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Definitions

Racism - The belief that a group of people are inferior based on the colour of their skin or cultural background. This belief drives discriminatory behaviours and practices, such as negative racial profiling, and policies that oppress, ignore, or treat racialized groups as 'less than' non-racialized groups.

The result is substantive inequity – where members of racialized and culturally distinct peoples, such as Indigenous peoples, do not receive the services they require or enjoy equitable opportunities or outcomes with citizens from non-racialized groups.

Systemic Racism - The acceptance of these discriminatory and prejudicial practices and how they are normalized across our society, in public services and institutions.

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Terminology

- The Provincial Disrupting Racism Steering Committee uses "Indigenous, Black, and Racialized Groups" to describe populations that experience and are harmed by racism.

- The term "racialized" is a sociological concept closely related to racism which stresses the fact that race is neither biological nor objective but is a concept which is societal in origin. Categorizations other than "racialized" include "people of colour" or BIPOC (Black, Indigenous, People of Colour).

- There are concerns about using the term "racialized" to describe people of colour as it can be viewed as continuing to normalize the White population as the default race – as they are not racialized.

- The Steering Committee will continue to reflect and discuss terminology used in anti-racism work, acknowledging that terminology is fluid and that there are a range of views that people hold; especially regarding terms used to describe populations experiencing and harmed by racism.

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Limitations

- Although the response rate to this survey is similar to the response rate for other large-scale surveys of the health-care system, caution must be used in interpreting the findings.

- It is not possible to determine the representativeness of the sample population (participation in the survey was voluntary and staff demographics are not known).

- There were barriers to doing the survey:
  - For Indigenous, Black, and Racialized people, sharing experiences of racism can be upsetting and difficult.
  - Many staff have limited access to computers during work hours.

- Nevertheless, this survey captures the thoughts and experiences of over 6,600 SDO employees who participated.

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Survey Findings

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Demographics

Response Rates

Service Delivery Organization	Number of staff who did survey	Total number of staff	Participation rate
CancerCare Manitoba	289	1,100	26%
Interlake Eastern Regional Health Authority	717	3,243	22%
Northern Health Region	411	1,950	21%
Prairie Mountain Health	716	6,876	10%
Shared Health Manitoba	1,889	17,518	11%
Southern Health-Santé Sud	663	5,756	12%
Winnipeg Regional Health Authority	2,274	15,646	15%
Total Respondents	**6,677**	**52,089**	**13%**

This participation rate indicates that **12%** of Southern Health-Santé Sud employees did the survey

6,677 or **13%** of all SDO staff responded to the survey

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SDO Representation of Survey Respondents
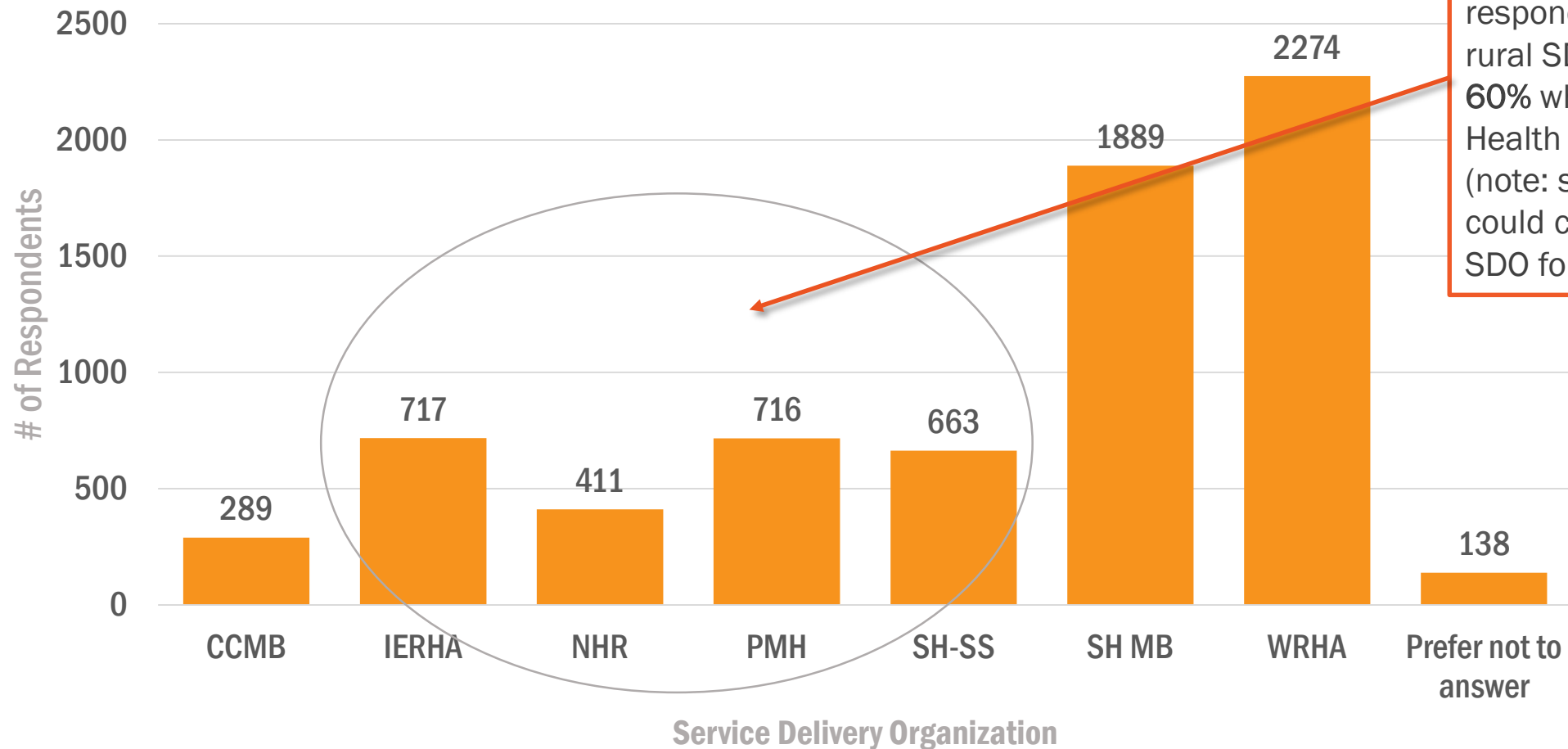
2,464 or **37%** of survey respondents worked for a rural SDO; compared with **60%** who worked for Shared Health or WRHA (note: survey respondents could choose more than one SDO for place of work)

# of Respondents

2500
2000
1500
1000
500
0

289 — CCMB
717 — IERHA
411 — NHR
716 — PMH
663 — SH-SS
1889 — SH MB
2274 — WRHA
138 — Prefer not to answer

Service Delivery Organization

(n=6,677)

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Employee Categories

The table below describes the employee types found on the next slide:

Administration/Clerical Support	Administrative Assistant, Clerical Partner, Clerk, Executive Assistant, Human Resource Assistant, Payroll Coordinator
Team member	Health Care Aide, Non-certified trades (e.g., Gardener, Groundskeeper), Housekeeping, Food
Clinical Professional	Physician, Nurse, Allied Health Professional, Emergency Response Services
Non-clinical Professional	Accountant, Engineer, Analyst, Consultant, Supply Chain, IT, Health Information, Digital Health, Communications, Certified Trades (e.g., Electrician)
Manager/Supervisor	Positions with supervisory responsibilities across clinical and non-clinical sectors
Management/Leadership	CEO, Provincial/Regional Lead, Site Lead, Executive Director and Director

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Employee Type

(Indigenous, Black, or Racialized n=1,883) (White n=4,461)

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Racial or Ethnic Community

28% or 1,883 respondents self-identified as belonging to an Indigenous, Black, or Racialized community
(Note: respondents could choose more than one racial or ethnic community)

Racial or Ethnic Community

Racial or Ethnic Community	# of Respondents
African	190
Black	197
Chinese	109
Filipino	533
Latin American	100
Middle Eastern	56
North American Indigenous	508
South Asian	282
Southeast Asian	52
White	4461
Unknown	36
Prefer not to answer	356
Other	174

# of Respondents
(n=6,677)

For context: 22% of people in Manitoba self-identify as a visible minority. 18% of people in Manitoba self-identify as Indigenous. [1] *(note: 'Visible minority' categories and Indigenous categories are separate in the Canadian Census)*

[1] Statistics Canada (2021). Census Profile, 2021 Census of Population. Website link here.

Gender

Gender
(n=6,677)

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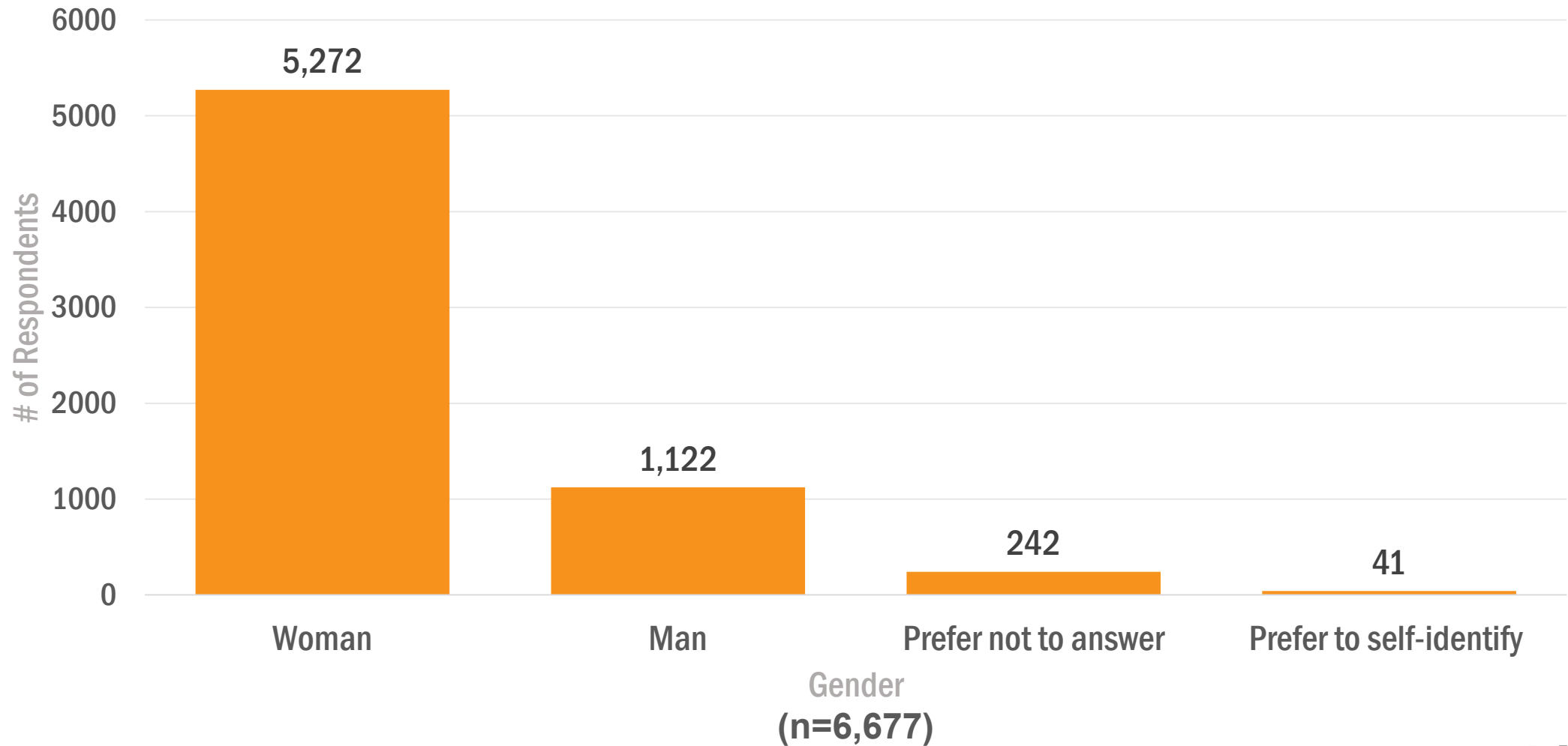
Participation in Education

In the last 5 years, have you participated in any of the following Indigenous awareness training programs?

44% or 2,897 respondents indicated they had not participated in MISCT or other Indigenous awareness training programs through their employer or post-secondary institution in the past 5 years

# of Respondents

Type of Training

(n=6,594)

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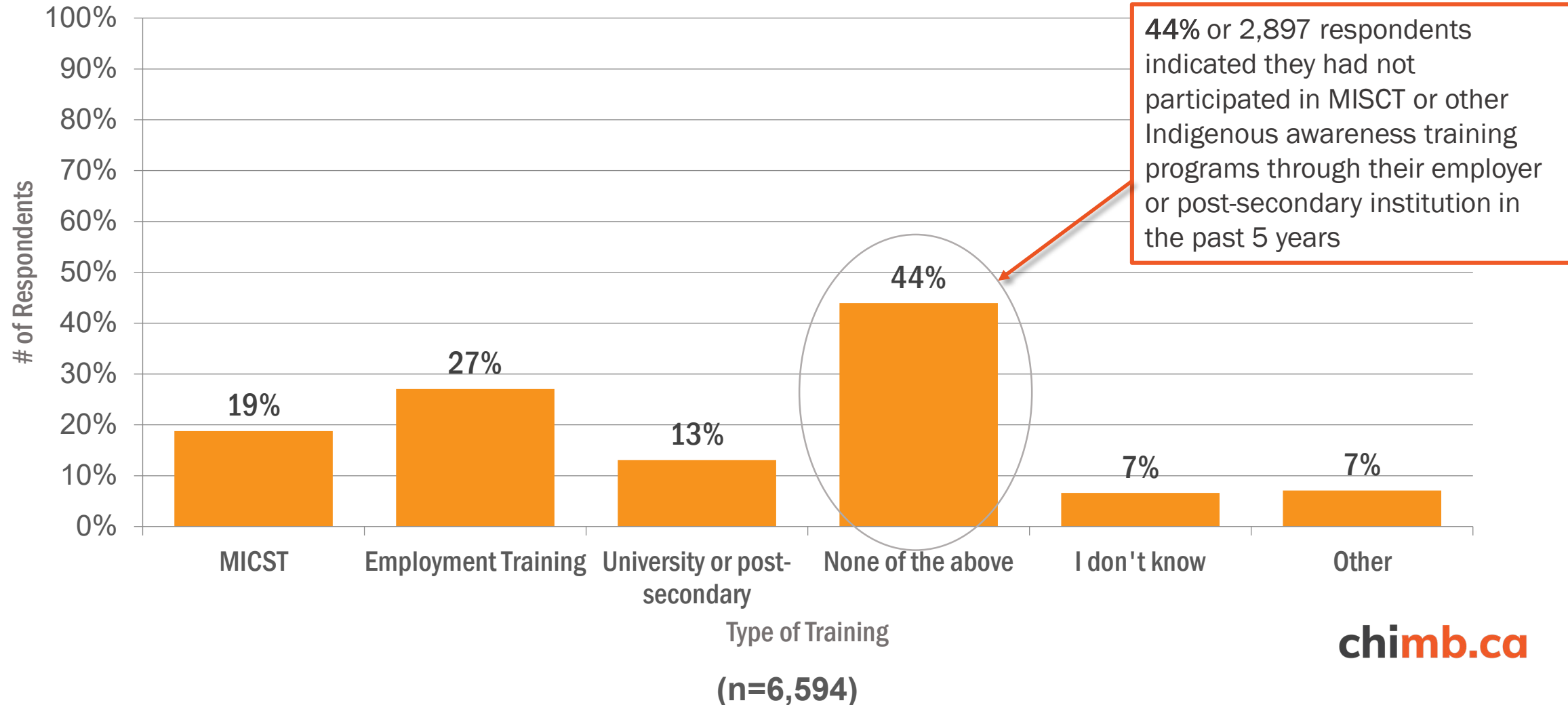
Direct Experiences of Racism

The following slides compare the experiences of Indigenous, Black, and Racialized respondents to White Respondents

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Explanation of Bar Graphs

White refers to respondents who self-identified as White

Statement from the survey question "In the last year, approximately how often have you directly experienced the following forms of racism at work: I have been passed over for promotion"

This green bar on the graph represents the percentage of respondents who indicated that they directly experienced being passed over for promotion at work a few times per year.

I have been passed over for promotion because of my race

White

Indigenous, Black, or Racialized

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

■ Daily ■ Weekly ■ Monthly ■ Yearly ■ Year + Never Prefer not to answer N/A Unsure
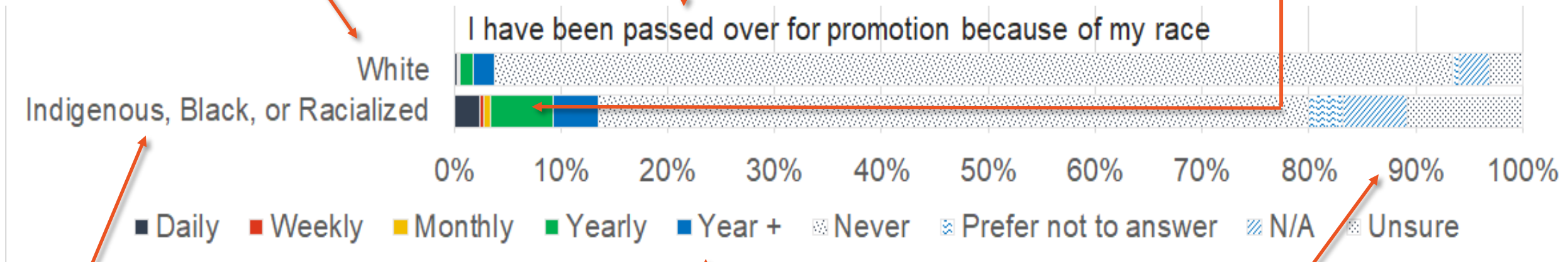
Indigenous, Black, or Racialized refers to respondents who self-identified as Indigenous, Black or other Racialized groups.

Frequency of occurrence (Note: Year + means "I have observed this, but not in the past year")

Percentage of respondents

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In the last year, approximately how often have you **directly experienced** the following at work?

I have experienced microaggressions because of my race
White
Indigenous, Black, or Racialized

I have been embarrassed/patronized/treated negatively because of my race
White
Indigenous, Black, or Racialized

I have been ignored after expressing my ideas/sharing comments because of my race
White
Indigenous, Black, or Racialized

I have been called names/insulted/or verbally assaulted because of my race
White
Indigenous, Black, or Racialized

I have been put down intellectually because of my race
White
Indigenous, Black, or Racialized

I have been a target of physical violence because of my race
White
Indigenous, Black, or Racialized

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

■ Daily ■ Weekly ■ Monthly ■ Yearly ■ Year + Never Prefer not to answer Unsure

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(Indigenous, Black, or Racialized n=1,706) (White n=4,144)

In the last year, approximately how often have you **directly experienced** the following at work?

I am under greater scrutiny than my colleagues because of my race

My authority in the workplace was dismissed/bypassed because of my race

My accomplishments/contributions/skills were not recognized because of my race

A patient has refused to receive care from me because of my race

I have been passed over for promotion because of my race

White
Indigenous, Black, or Racialized

■ Daily ■ Weekly ■ Monthly ■ Yearly ■ Year + Never Prefer not to answer N/A Unsure

(Indigenous, Black, or Racialized n=1,706) (White n=4,144)

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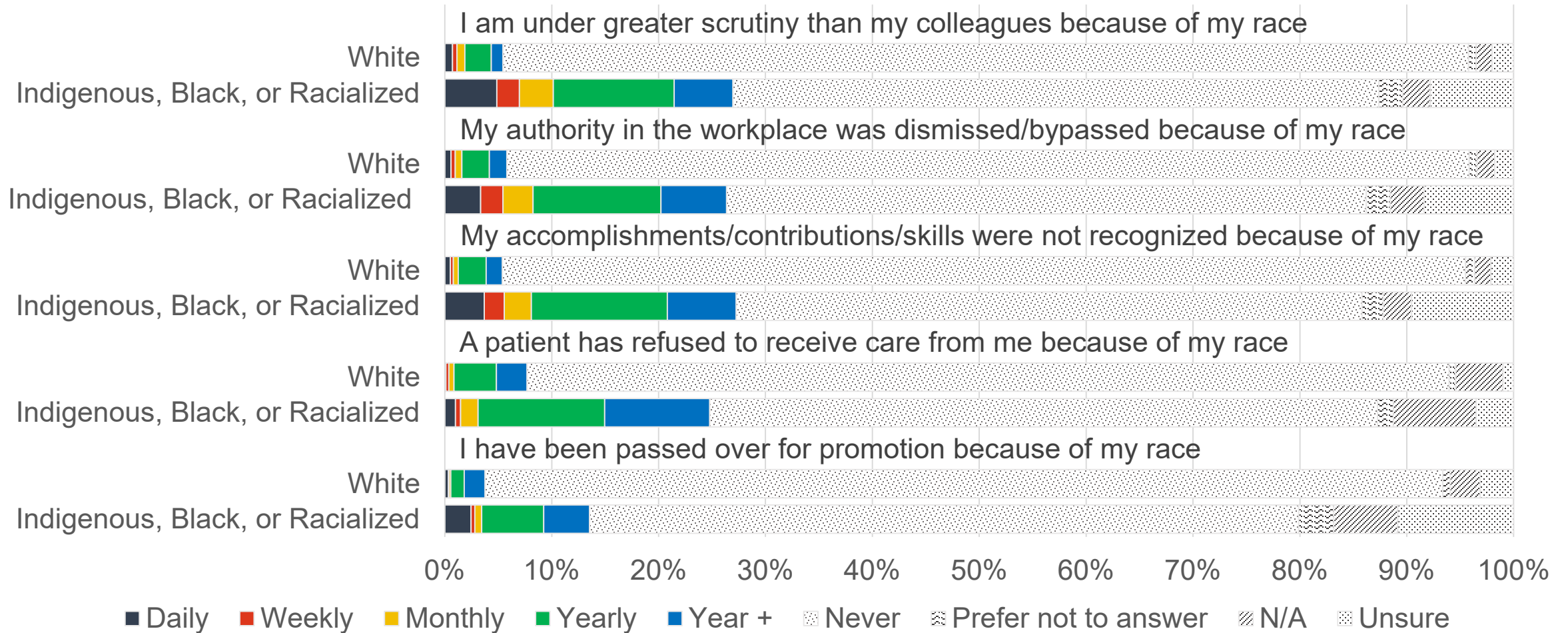
The data from the previous slides was pooled and overall:

56% (952/1,706) of Indigenous, Black, and Racialized survey respondents indicated they had **directly experienced** one or more forms of racism within the past year.

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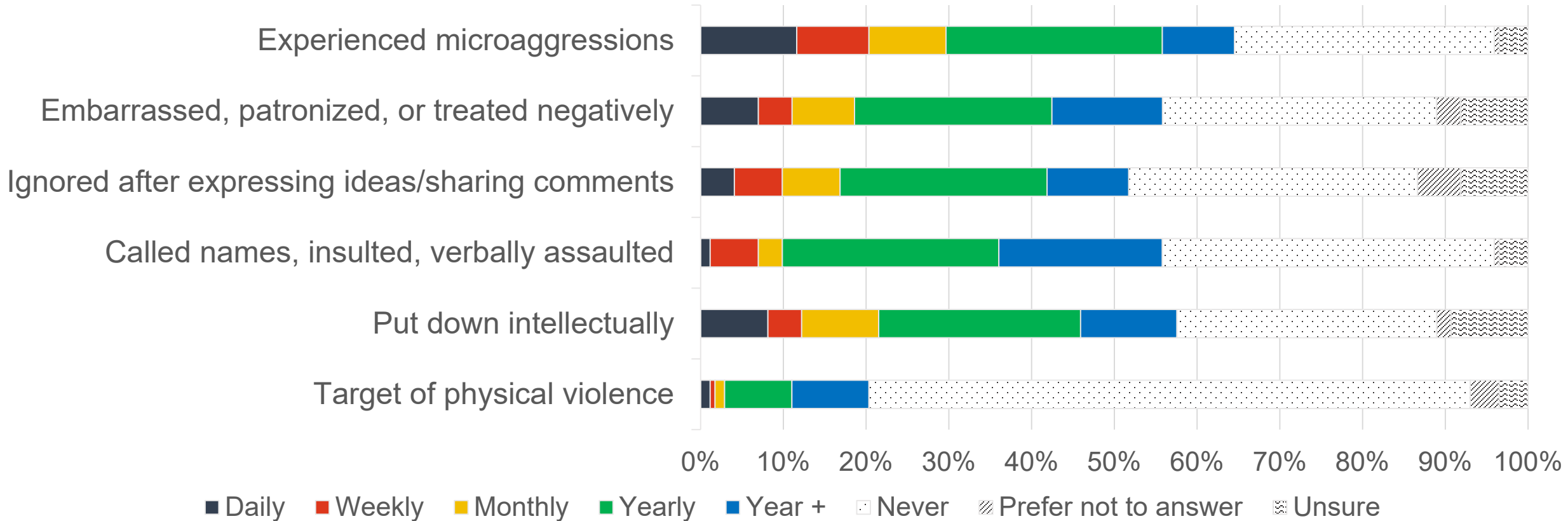# Direct Experiences of Racism for each Racial and Ethnic Community

African Respondents

In the last year, approximately how often have you directly experienced the following at work because of your race?

Experienced microaggressions
Embarrassed, patronized, or treated negatively
Ignored after expressing ideas/sharing comments
Called names, insulted, verbally assaulted
Put down intellectually
Target of physical violence

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

■ Daily ■ Weekly ■ Monthly ■ Yearly ■ Year + ⬚ Never ⬚ Prefer not to answer ⬚ Unsure
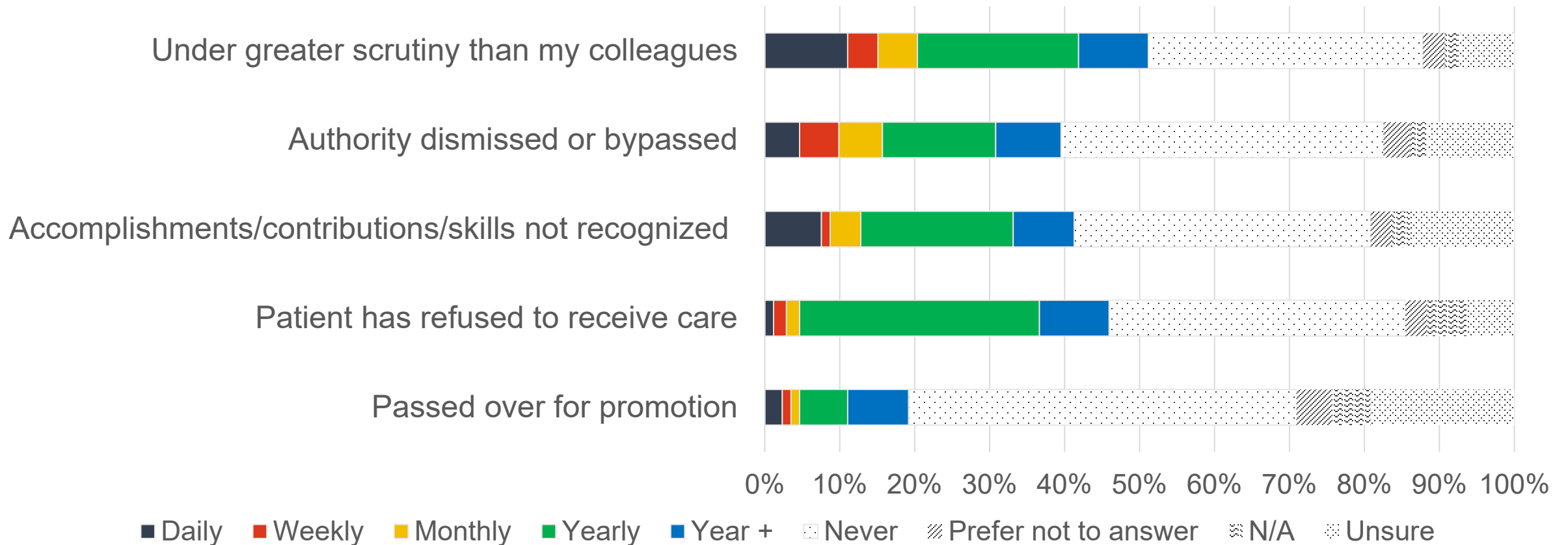
(n=172)

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African Respondents

In the last year, approximately how often have you directly experienced the following at work because of your race?

Under greater scrutiny than my colleagues

Authority dismissed or bypassed

Accomplishments/contributions/skills not recognized

Patient has refused to receive care

Passed over for promotion

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

■ Daily ■ Weekly ■ Monthly ■ Yearly ■ Year + ⬚ Never ▨ Prefer not to answer ▨ N/A ⬚ Unsure

(n=172)

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Chinese Respondents

In the last year, approximately how often have you directly experienced the following at work because of your race?
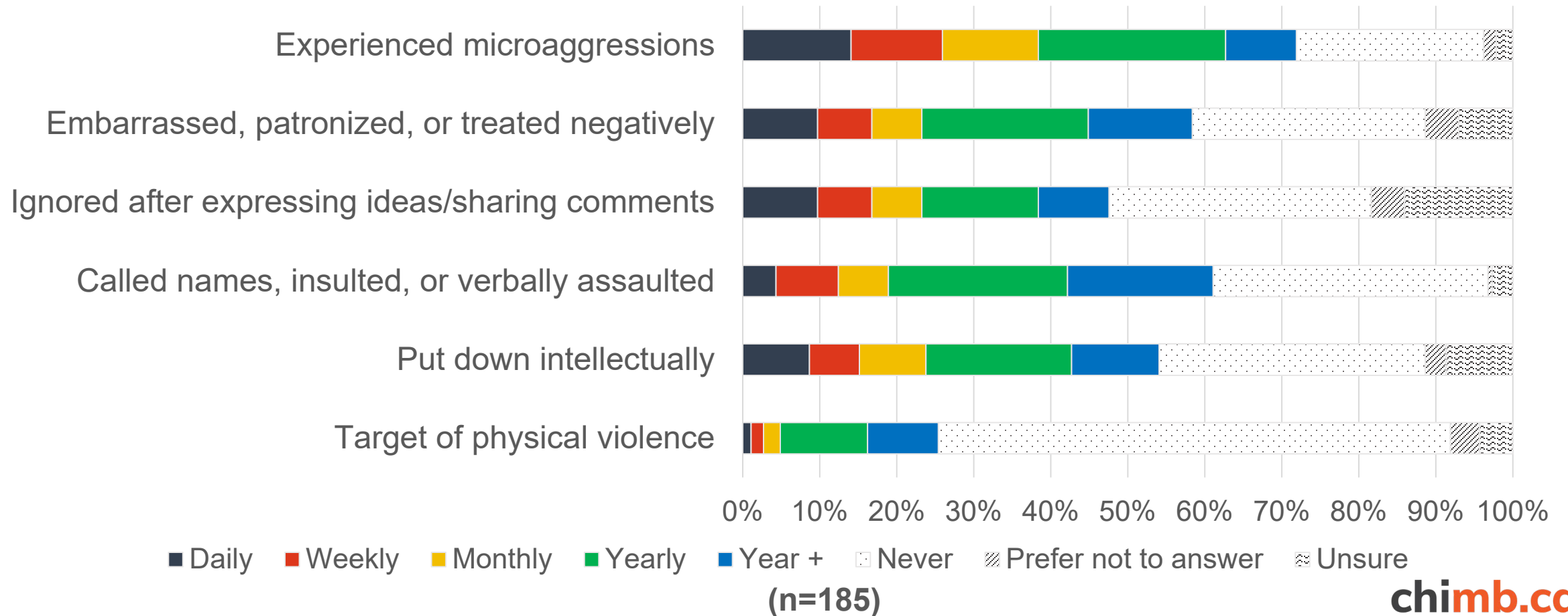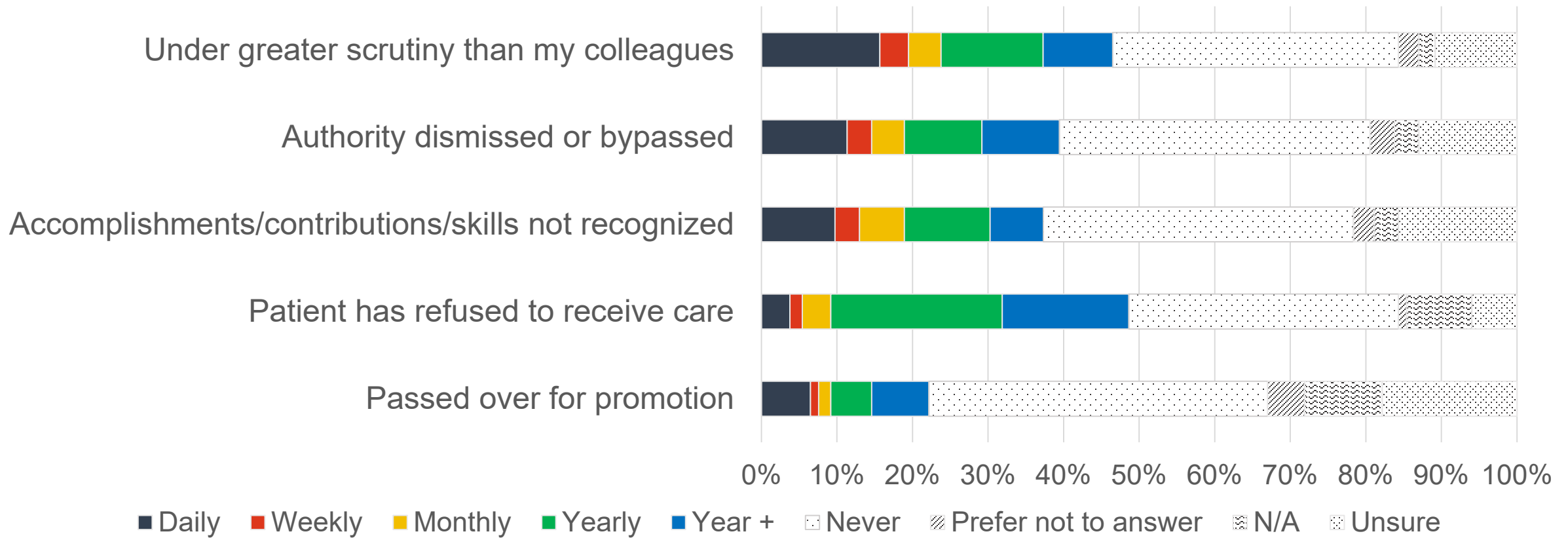

Experienced microaggressions
Embarrassed, patronized, or treated negatively
Ignored after expressing ideas/sharing comments
Called names, insulted, or verbally assaulted
Put down intellectually
Target of physical violence

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

■ Daily ■ Weekly ■ Monthly ■ Yearly ■ Year + Never Prefer not to answer Unsure
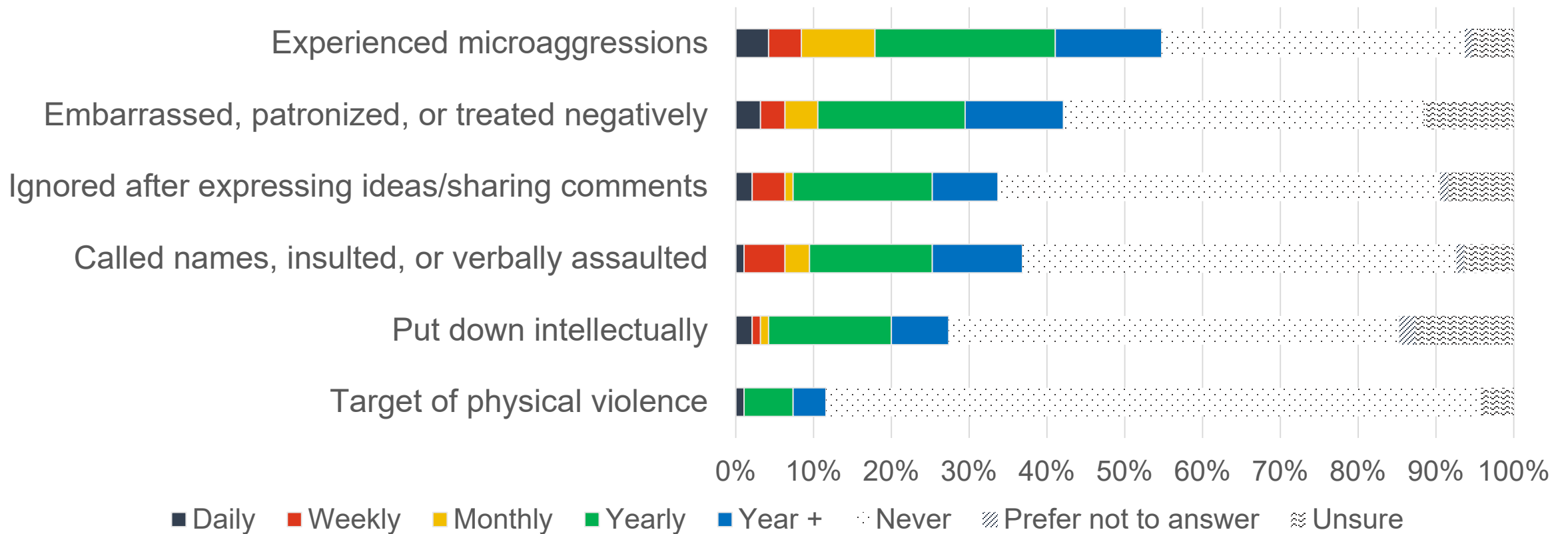
(n=95)

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Chinese Respondents

In the last year, approximately how often have you directly experienced the following at work because of your race?

(n=95)

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Latin American Respondents

In the last year, approximately how often have you directly experienced the following at work because of your race?

Daily ■ Weekly ■ Monthly ■ Yearly ■ Year + ■ Never ▦ Prefer not to answer ▦ Unsure

(n=94)

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Latin American Respondents

In the last year, approximately how often have you directly experienced the following at work because of your race?
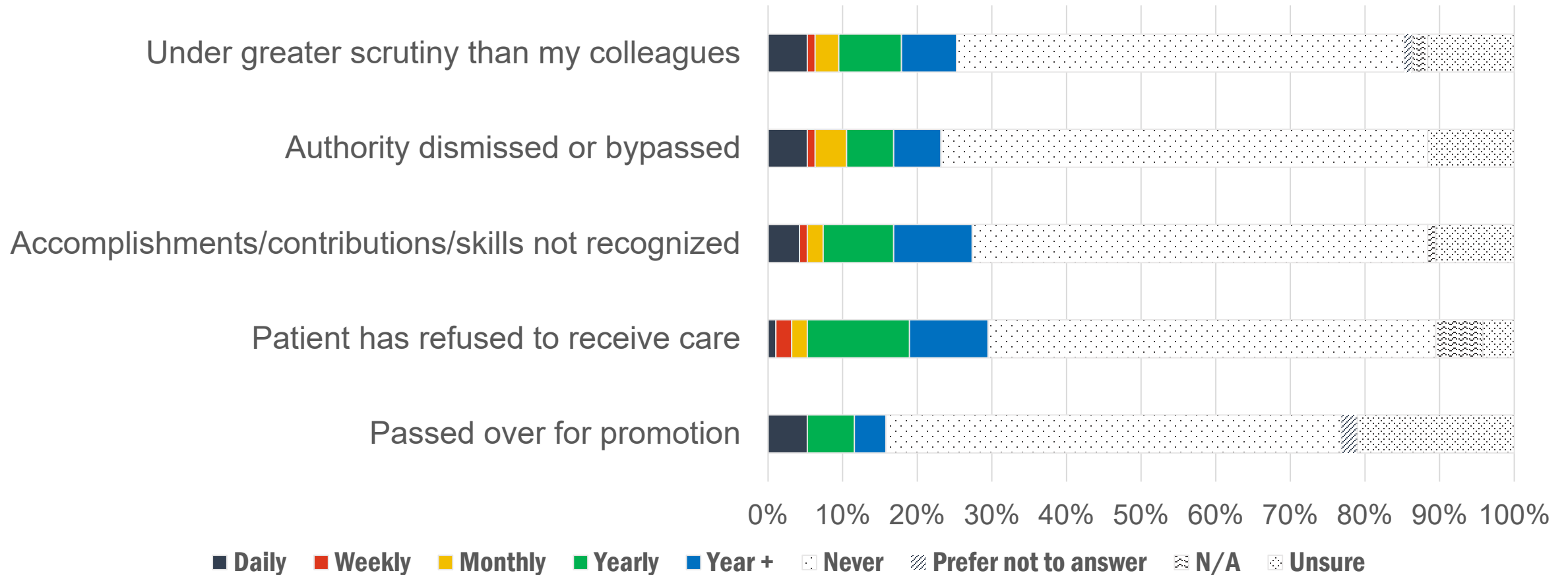

Categories (bar chart, horizontal):
- Under greater scrutiny than my colleagues
- Authority dismissed or bypassed
- Accomplishments/contributions/skills not recognized
- Patient has refused to receive care
- Passed over for promotion

X-axis: 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Legend: Daily | Weekly | Monthly | Yearly | Year + | Never | Prefer not to answer | N/A | Unsure

(n=94)

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Middle Eastern Respondents

In the last year, approximately how often have you directly experienced the following at work because of your race?
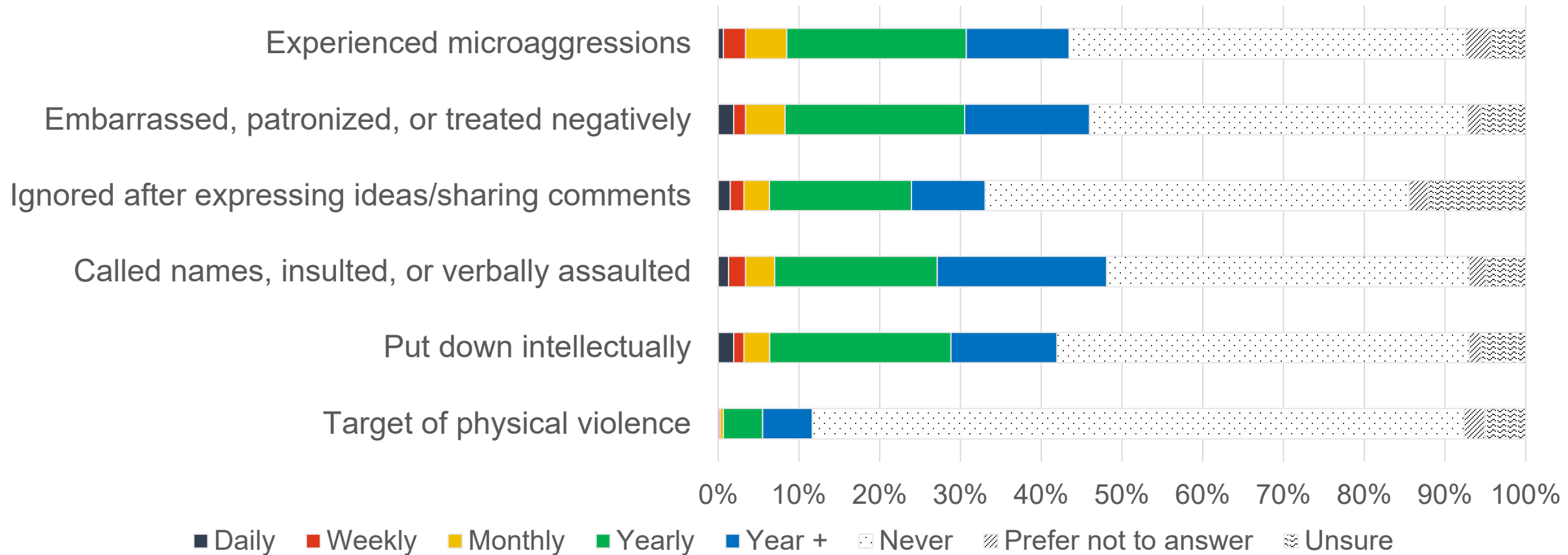
Experienced microaggressions
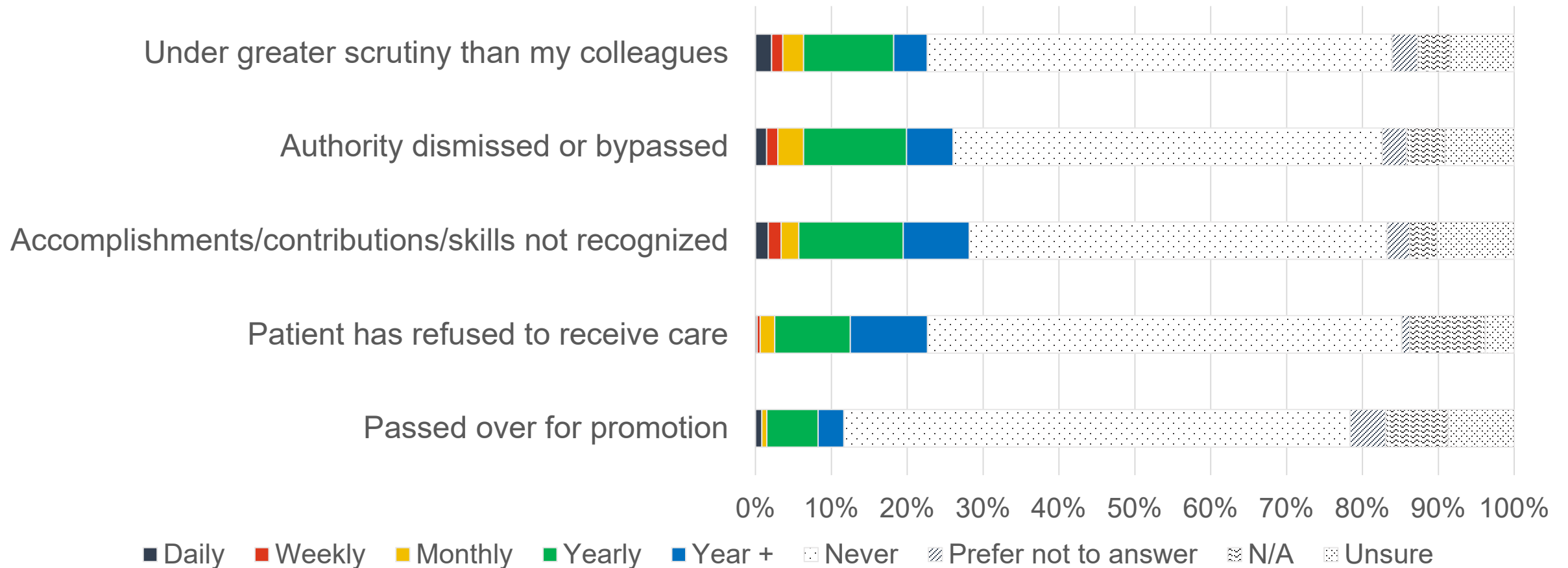
Embarrassed, patronized, or treated negatively

Ignored after expressing ideas/sharing comments

Called names, insulted, or verbally assaulted

Put down intellectually

Target of physical violence

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

■ Daily ■ Weekly ■ Monthly ■ Yearly ■ Year + □ Never ▨ Prefer not to answer ▨ Unsure

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(n=49)

North American Indigenous – First Nations, Inuit, Métis Respondents

In the last year, approximately how often have you directly experienced the following at work because of your race?
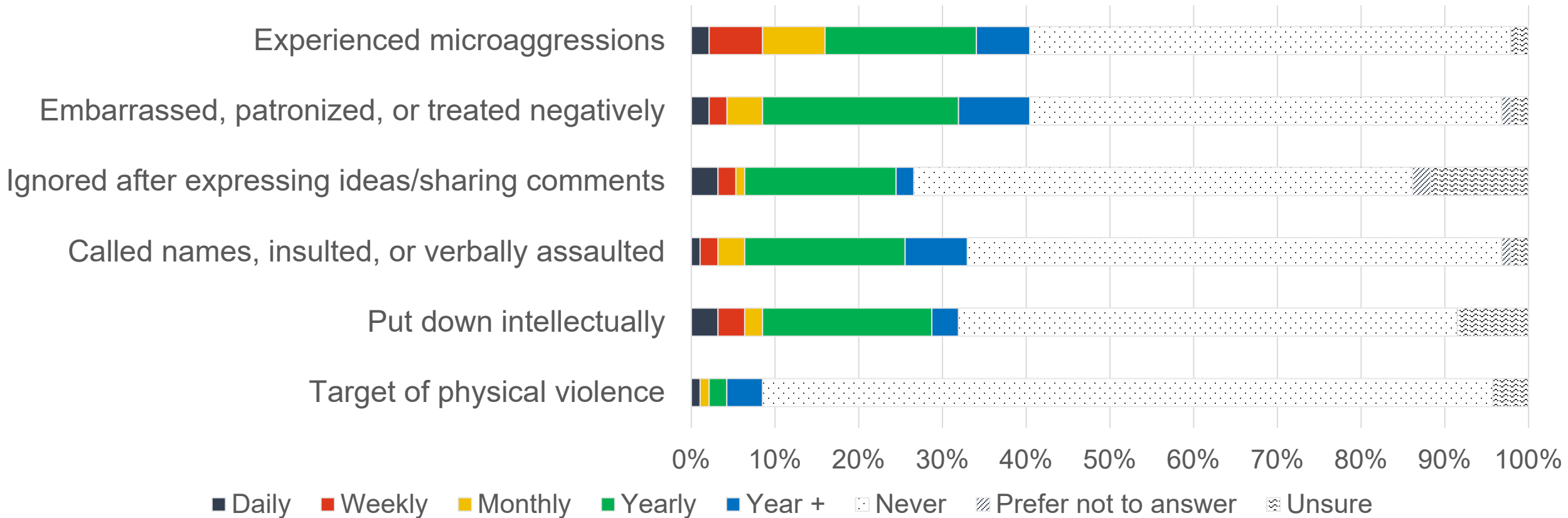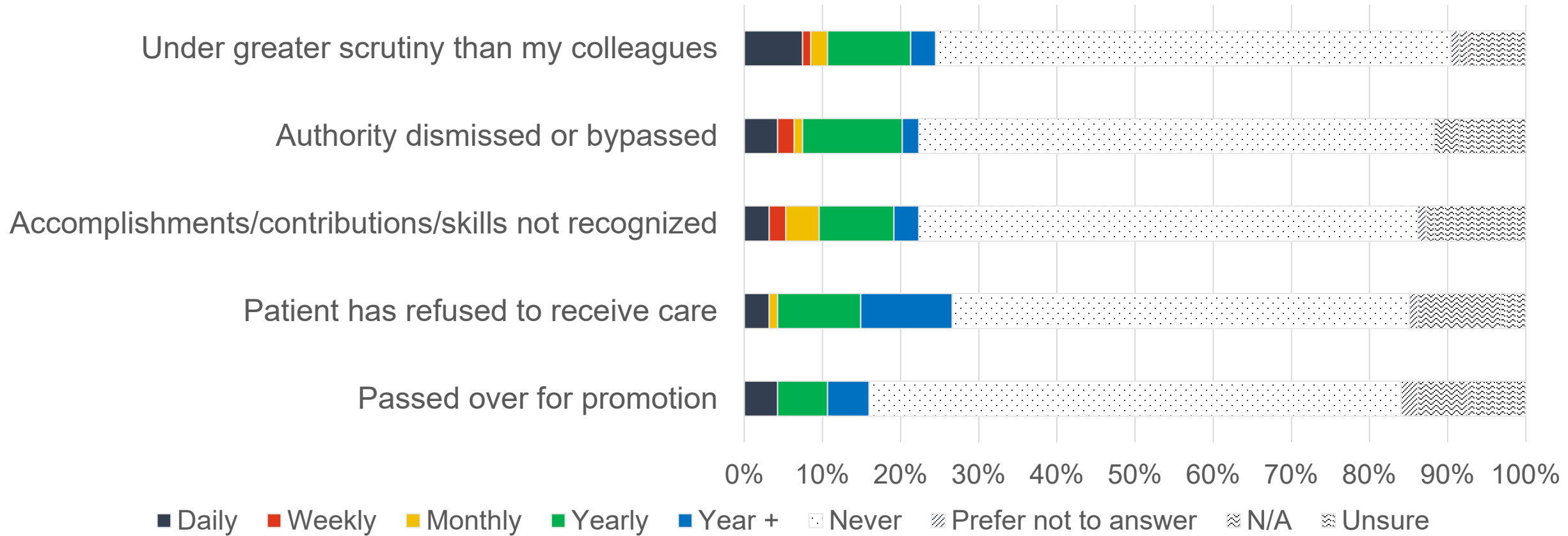

Experienced microaggressions
Embarrassed, patronized, or treated negatively
Ignored after expressing ideas/sharing comments
Called names, insulted, or verbally assaulted
Put down intellectually
Target of physical violence

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

■ Daily ■ Weekly ■ Monthly ■ Yearly ■ Year + ▫ Never ▨ Prefer not to answer ▧ Unsure
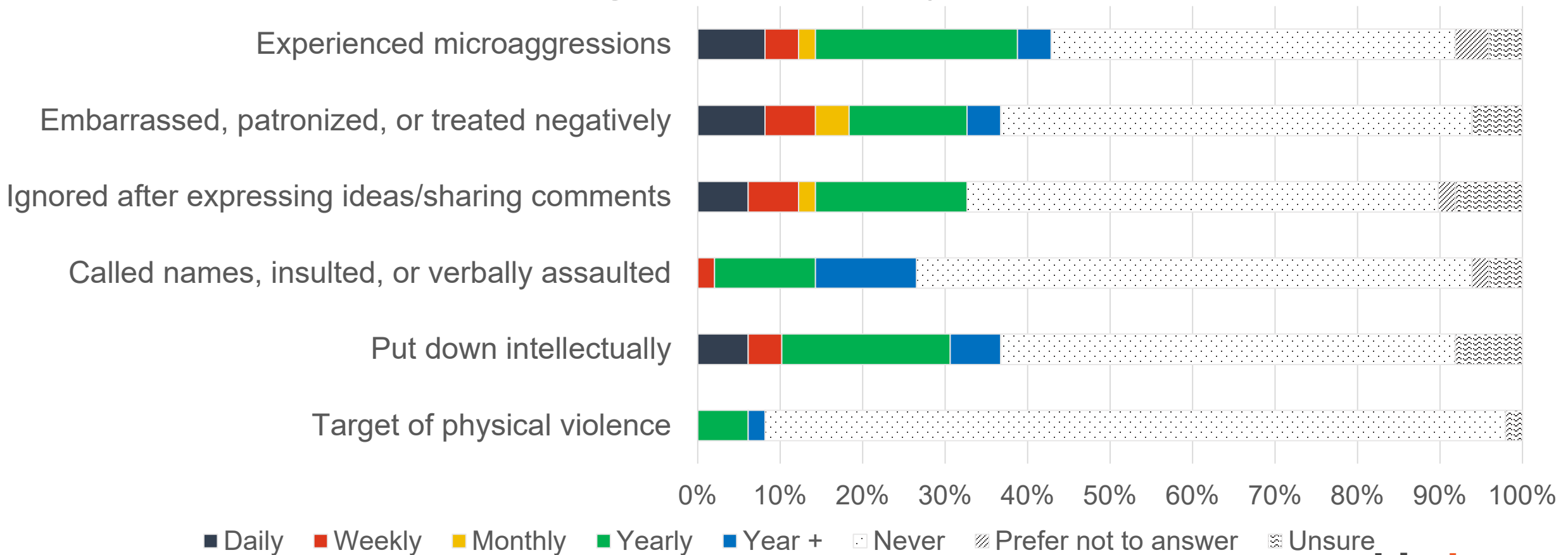
(n=476)

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South Asian

In the last year, approximately how often have you directly experienced the following at work because of your race?

Experienced microaggressions

Embarrassed, patronized, or treated negatively

Ignored after expressing ideas/sharing comments

Called names, insulted, or verbally assaulted

Put down intellectually

Target of physical violence

0%   10%   20%   30%   40%   50%   60%   70%   80%   90%   100%

■ Daily   ■ Weekly   ■ Monthly   ■ Yearly   ■ Year +   Never   Prefer not to answer   Unsure

(n=247)

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South Asian

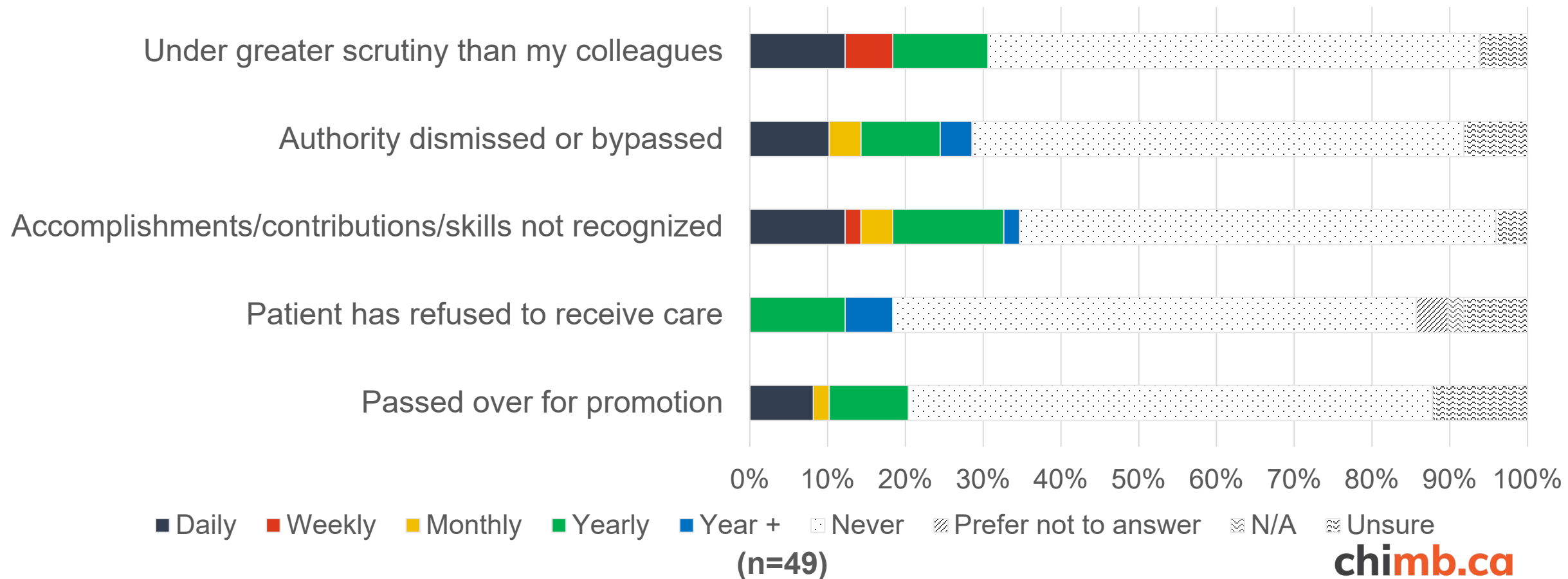## In the last year, approximately how often have you directly experienced the following at work because of your race?

Under greater scrutiny than my colleagues
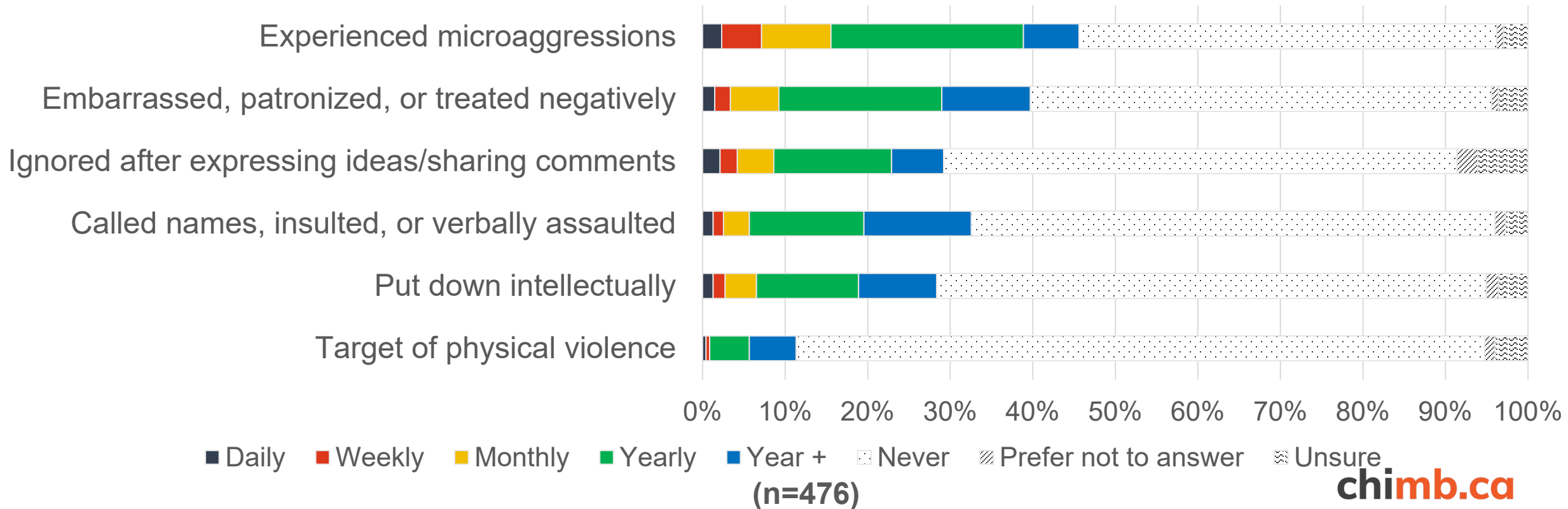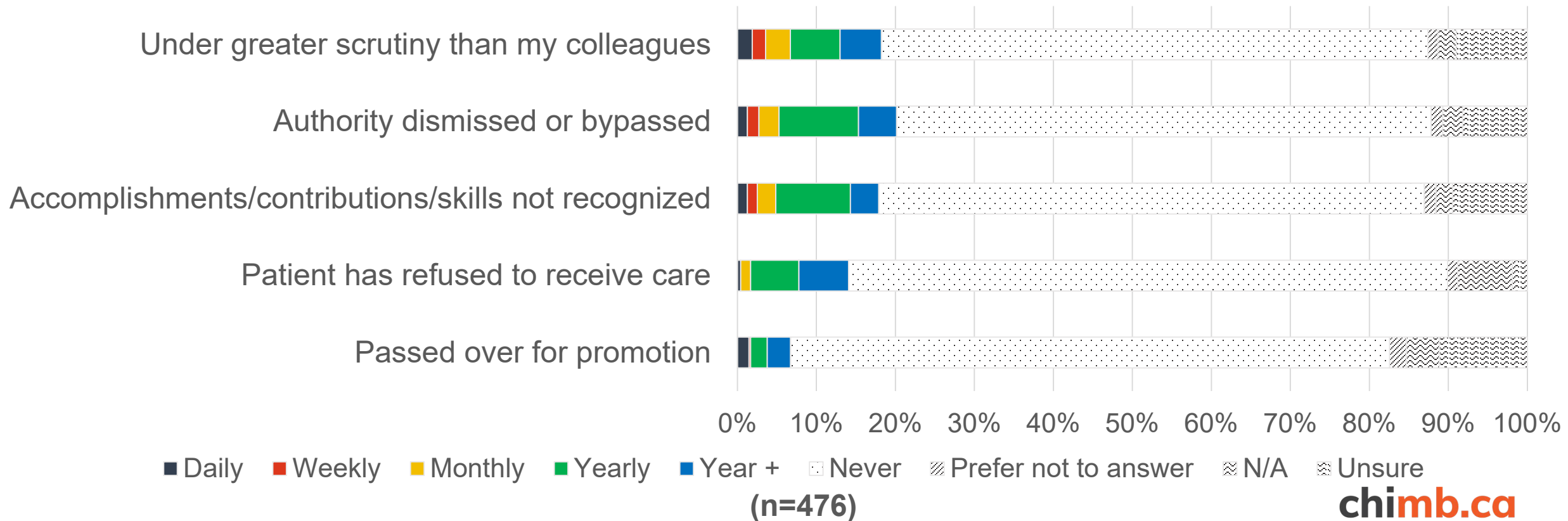
Authority dismissed or bypassed

Accomplishments/contributions/skills not recognized

Patient has refused to receive care

Passed over for promotion

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

■ Daily ■ Weekly ■ Monthly ■ Yearly ■ Year + ▫ Never ▨ Prefer not to answer ≈ N/A ▨ Unsure

(n=247)

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Southeast Asian

In the last year, approximately how often have you directly experienced the following forms of racism at work because of your race?
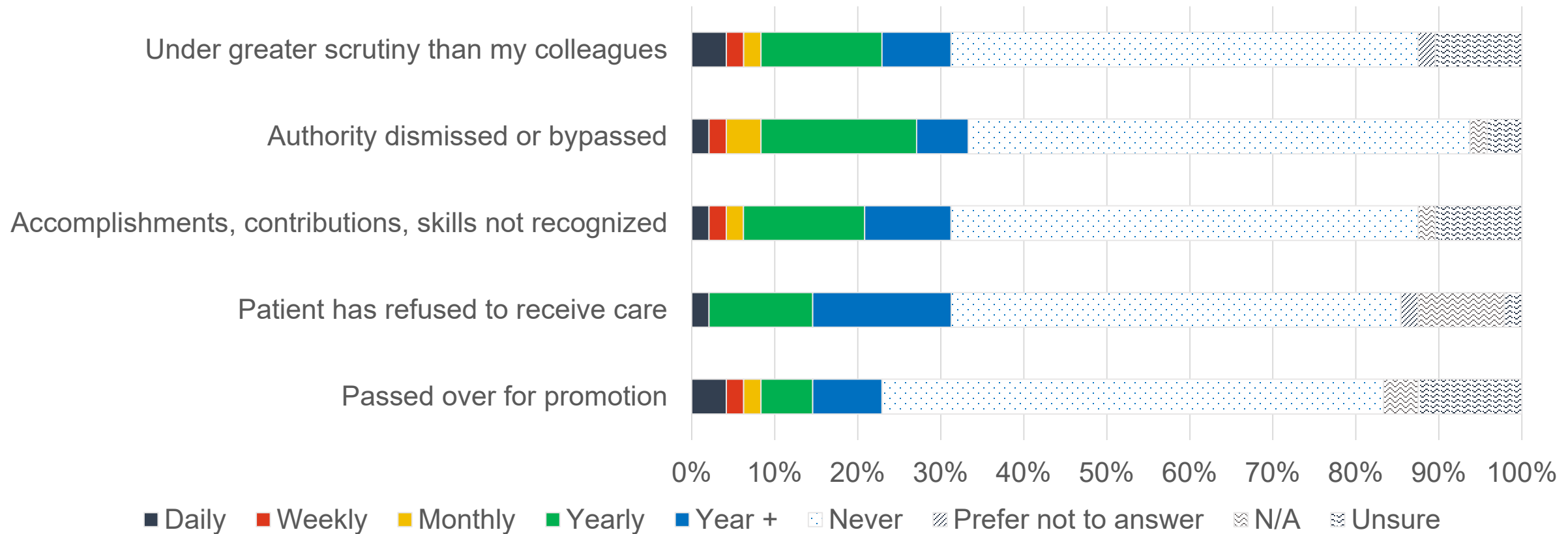
Under greater scrutiny than my colleagues
Authority dismissed or bypassed
Accomplishments, contributions, skills not recognized
Patient has refused to receive care
Passed over for promotion

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

■ Daily ■ Weekly ■ Monthly ■ Yearly ■ Year + ▨ Never ▨ Prefer not to answer ▨ N/A ▨ Unsure

(n=48)

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White Respondents

In the last year, approximately how often have you directly experienced the following at work because of your race?

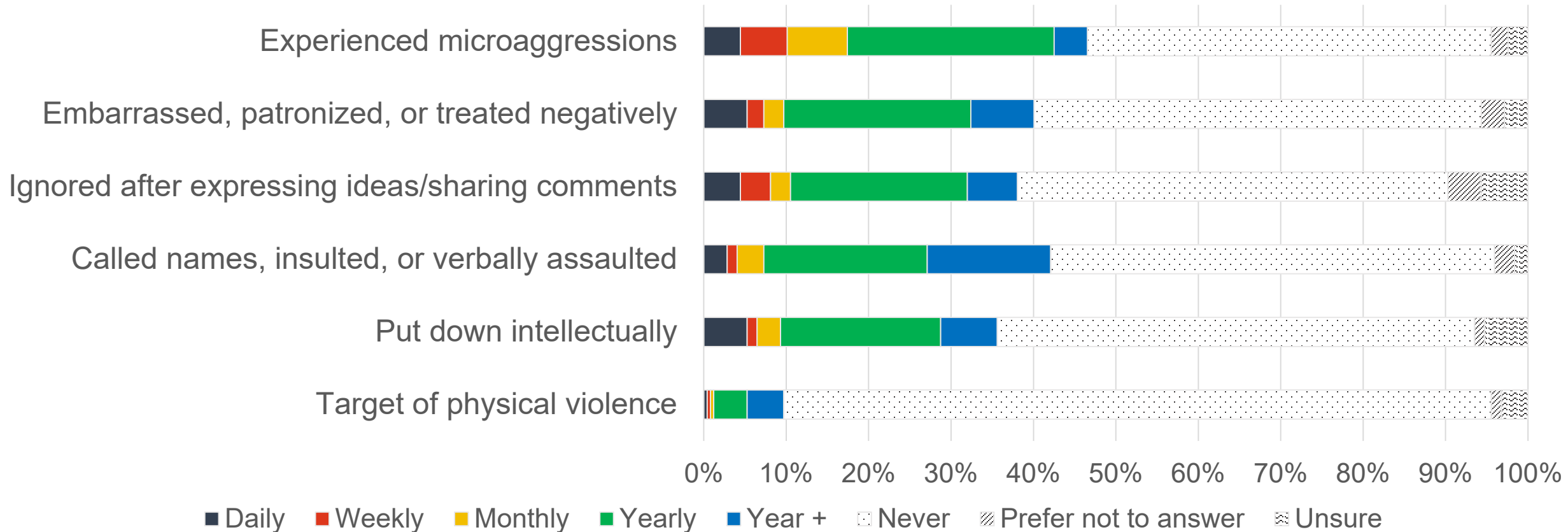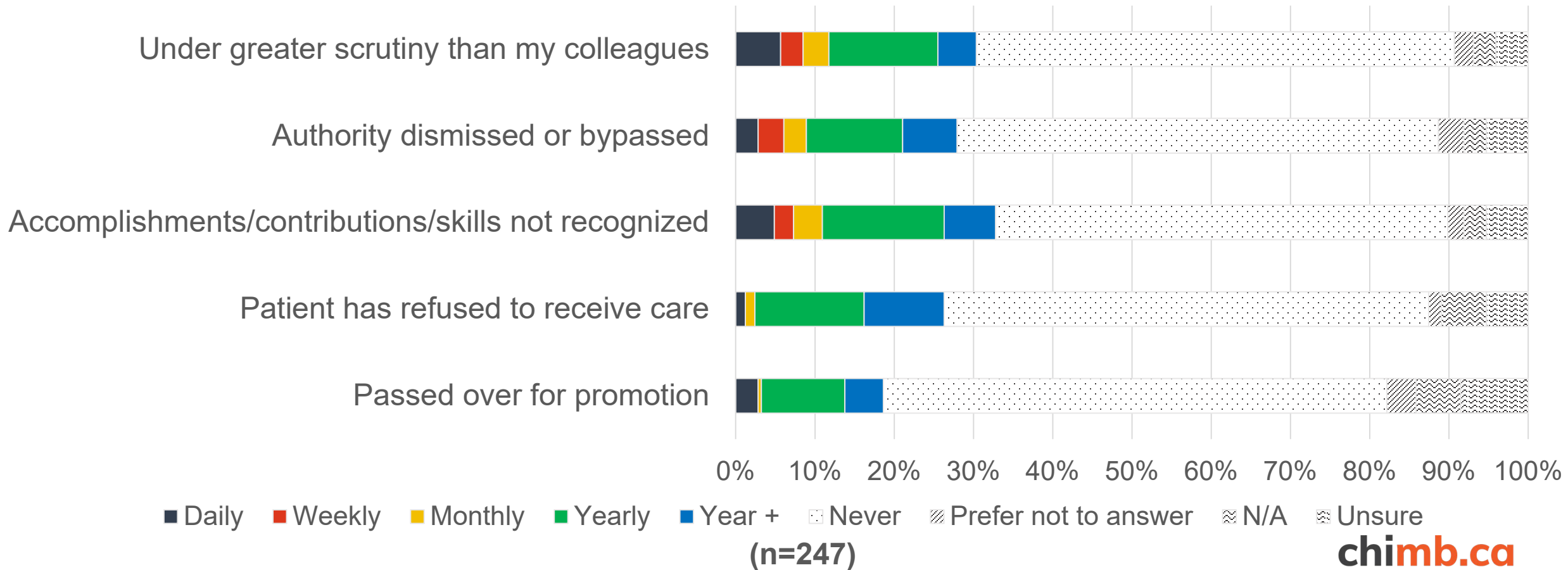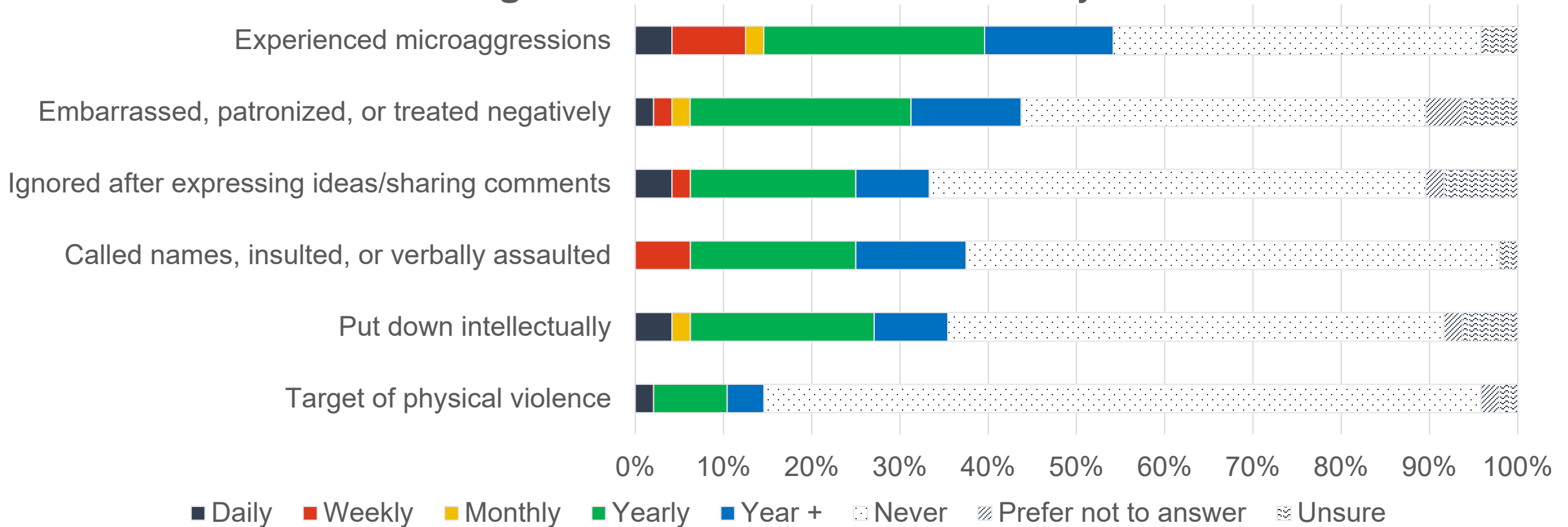Under greater scrutiny than my colleagues

Authority dismissed or bypassed

Accomplishments/contributions/skills not recognized

Patient has refused to receive care

Passed over for promotion

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

■ Daily ■ Weekly ■ Monthly ■ Yearly ■ Year + ▫ Never ▨ Prefer not to answer ▨ N/A ▨ Unsure

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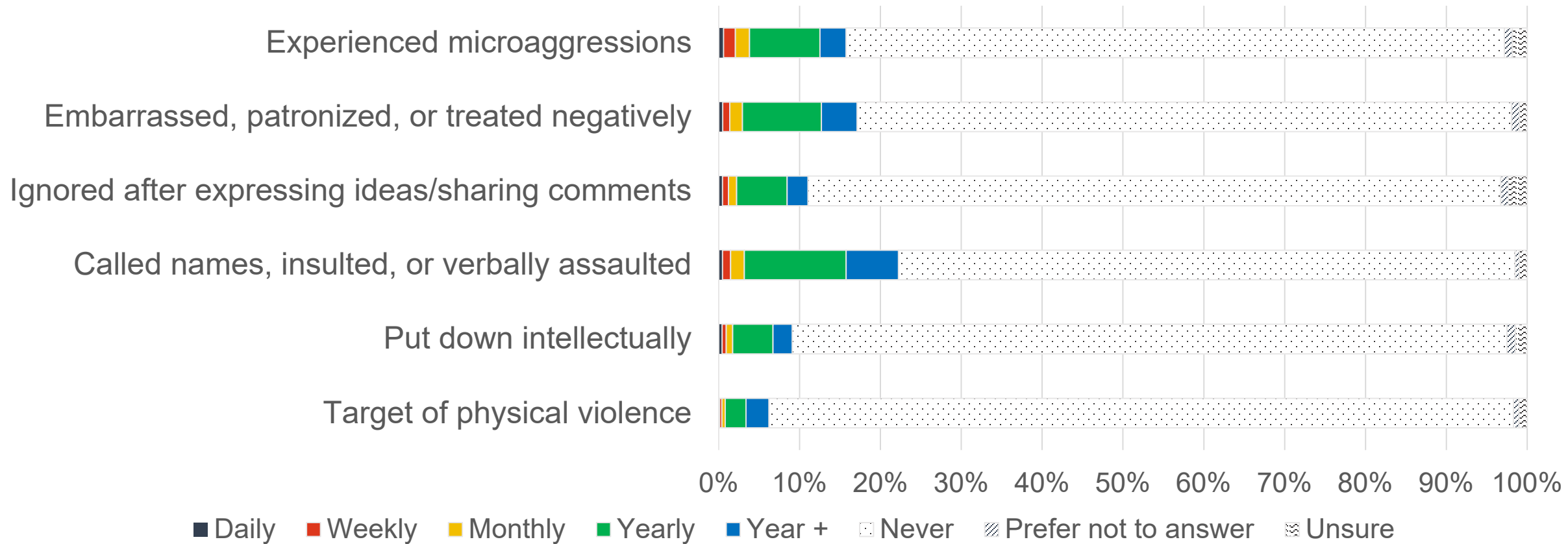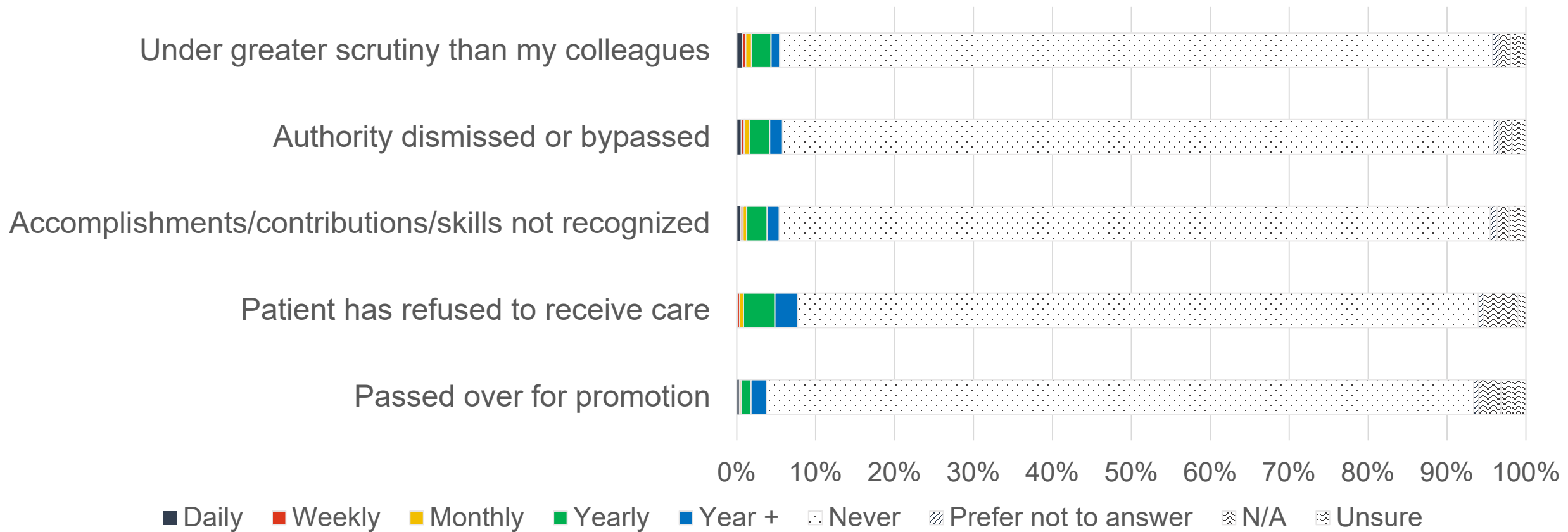
(n=4,144)

Observation of Racism

The following slides compare how frequently Indigenous, Black, or Racialized respondents observed racism compared to White Respondents

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In the last year, approximately how often have you **observed** the following at work?

A person experienced microaggressions because of their race
- White
- Indigenous, Black, or Racialized

A person making racist remarks about someone else
- White
- Indigenous, Black, or Racialized

A person being embarrassed/patronized/treated negatively because of their race
- White
- Indigenous, Black, or Racialized

A person being called names/insulted/verbally assaulted because of their race
- White
- Indigenous, Black, or Racialized

Putting a person down intellectually because of their race
- White
- Indigenous, Black, or Racialized

Sharing of racist jokes, cartoons, graffiti, or flyers in the workplace
- White
- Indigenous, Black, or Racialized

A person who was the target of physical violence because of their race
- White
- Indigenous, Black, or Racialized

Legend: ■ Daily ■ Weekly ■ Monthly ■ Yearly ■ Year + ▫ Never ▨ Prefer not to answer ▨ Unsure

(Indigenous, Black or Racialized n=1,591)(White n=4,006)

In the last year, approximately how often have you **observed** the following at work?

A person being under greater scrutiny than their colleagues because of their race

A patient has refused to receive care from a provider because of their race

A person's authority in the workplace was dismissed/bypassed because of their race

A person's contributions/skills/successes were not recognized because of their race

A person being passed over for promotion because of their race

Legend: Daily | Weekly | Monthly | Yearly | Year + | Never | Prefer not to answer | N/A | Unsure

(Indigenous, Black or Racialized n=1,591)(White n=4,006)

From whom do staff experience or observe racism?

From whom have you experienced or observed racism at work?

Respondents experienced or observed racism from co-workers, leaders, patients and families
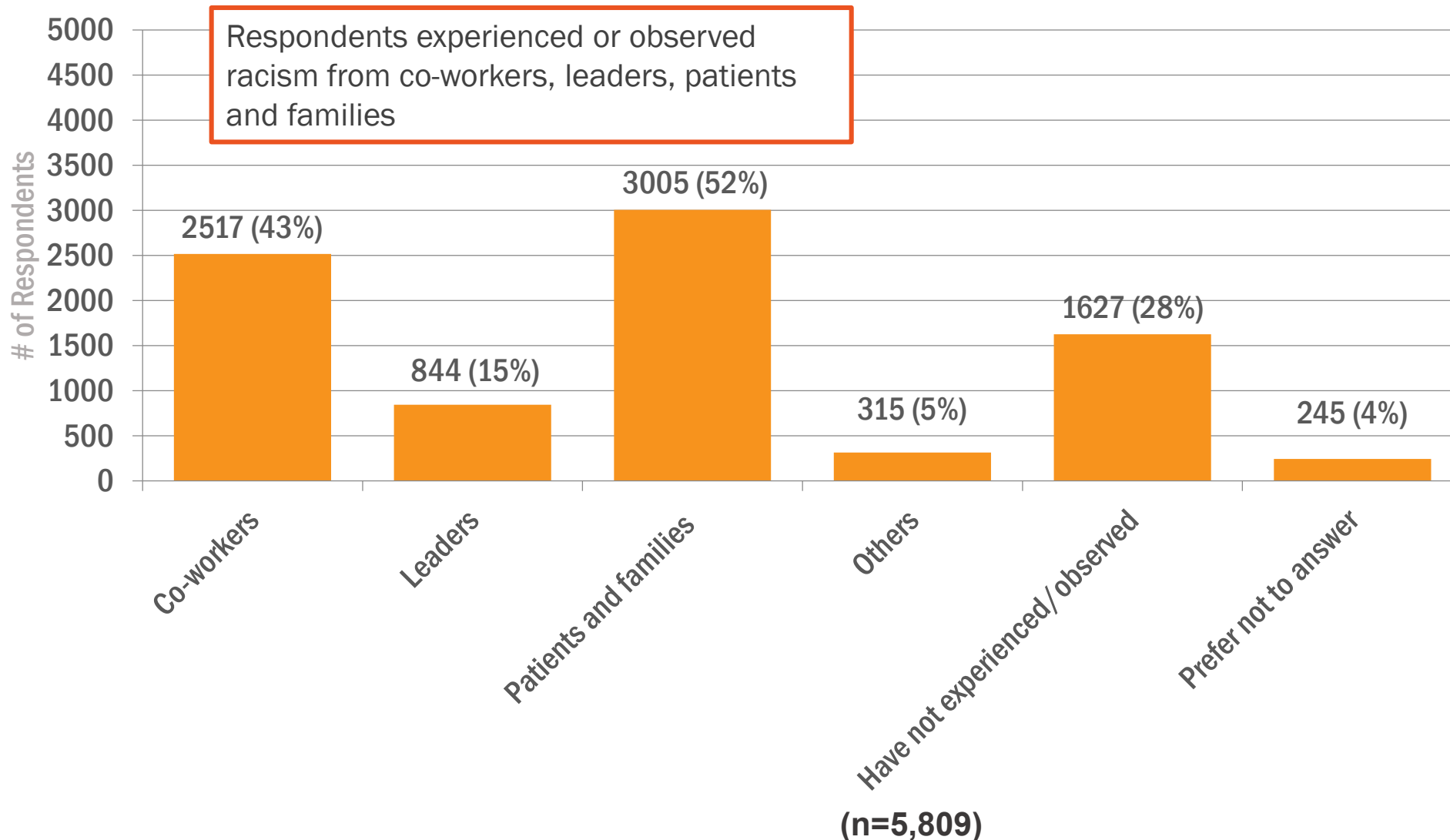
These results show respondents' <u>direct experience</u> and <u>observation</u> of racism.

# of Respondents

- Co-workers: 2517 (43%)
- Leaders: 844 (15%)
- Patients and families: 3005 (52%)
- Others: 315 (5%)
- Have not experienced/observed: 1627 (28%)
- Prefer not to answer: 245 (4%)

(n=5,809)

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Policies and Reporting

My workplace has policies and/or procedures in place to respond to racism.

Unsure
38%

Yes
58%

No
4%

This information is based on what respondents think, and does not indicate if workplaces have policies and/or procedures in place.

(n= 5,791)

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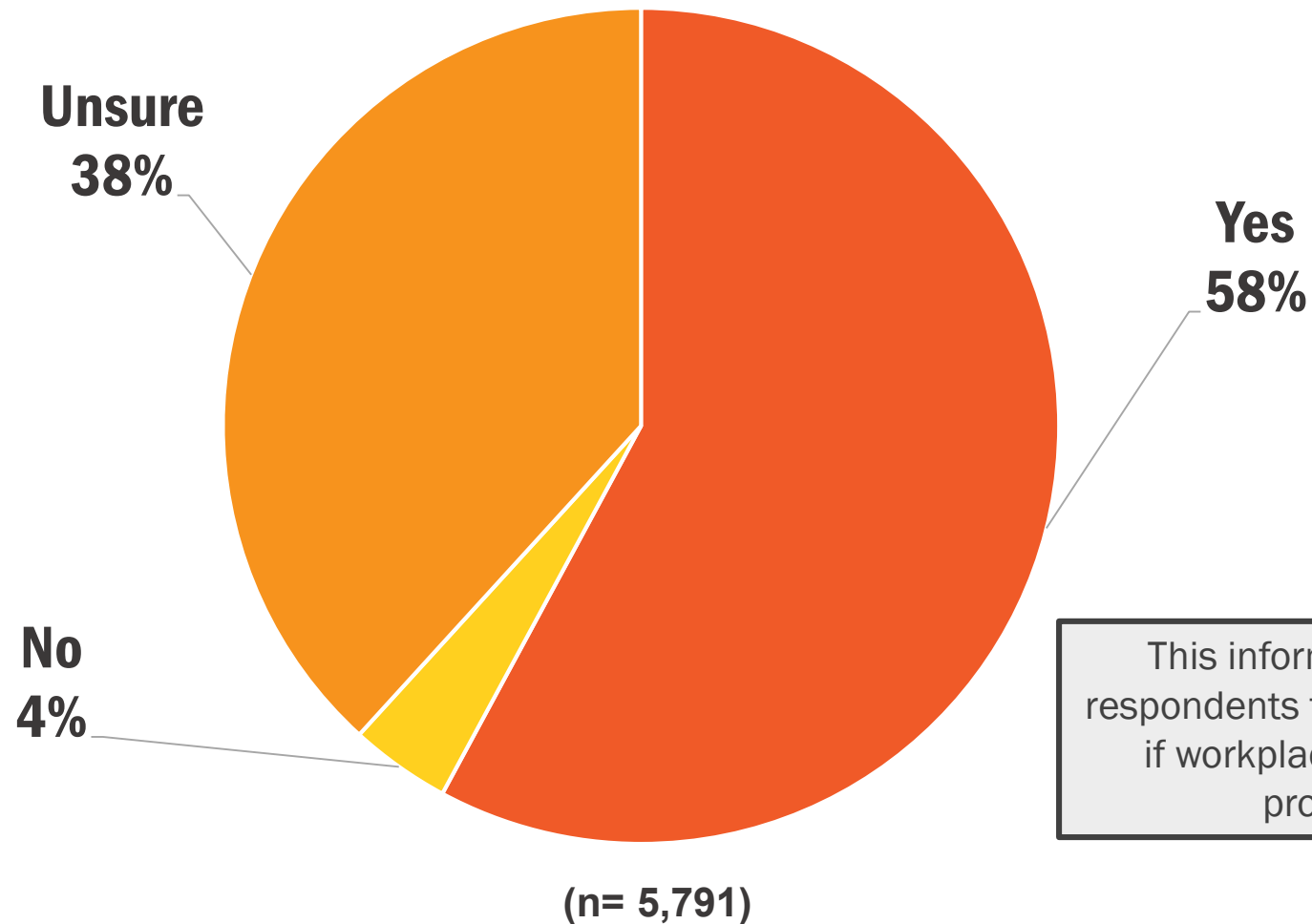
In my workplace, existing policies and procedures for responding to racism are effective.

55% of respondents disagreed, strongly disagreed or were unsure if existing policies/procedures are effective.

Respondents were only asked this question if they indicated "yes, my workplace has policies/procedures in place to respond to racism."

100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%

% of Respondents

11%   34%   13%   5%   37%

Strongly agree   Agree   Disagree   Strongly disagree   Unsure/I don't know

(n=3,353)

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Do you know how to report an incident of racism?

No
49%

Yes
51%

Approximately half of respondents indicated they **do not** know how to report an incident of racism.

(n=5,760)

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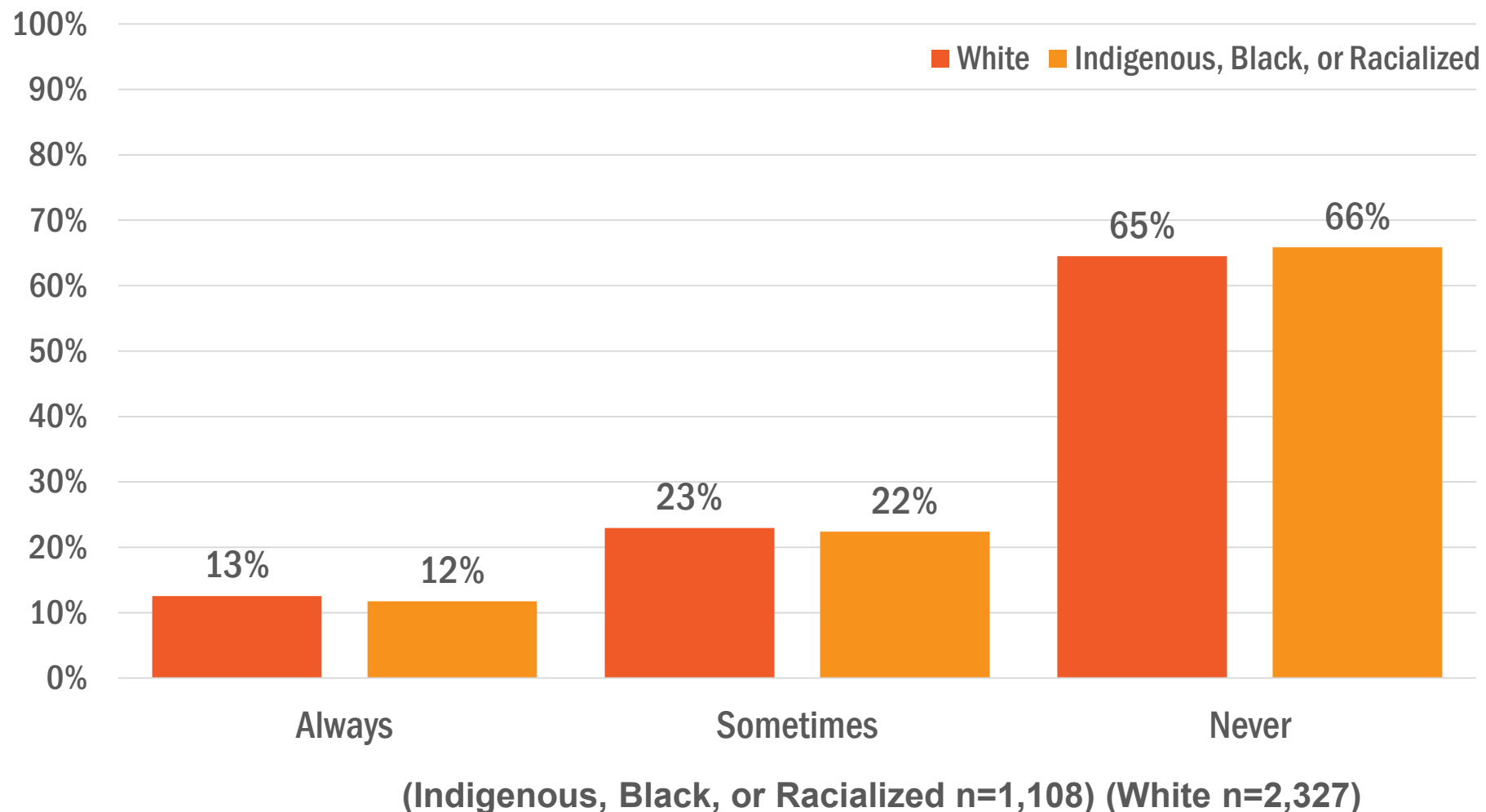# Knowledge of how to report an incident of racism (by employee group)

Leaders were more likely to know how to report an incident of racism.
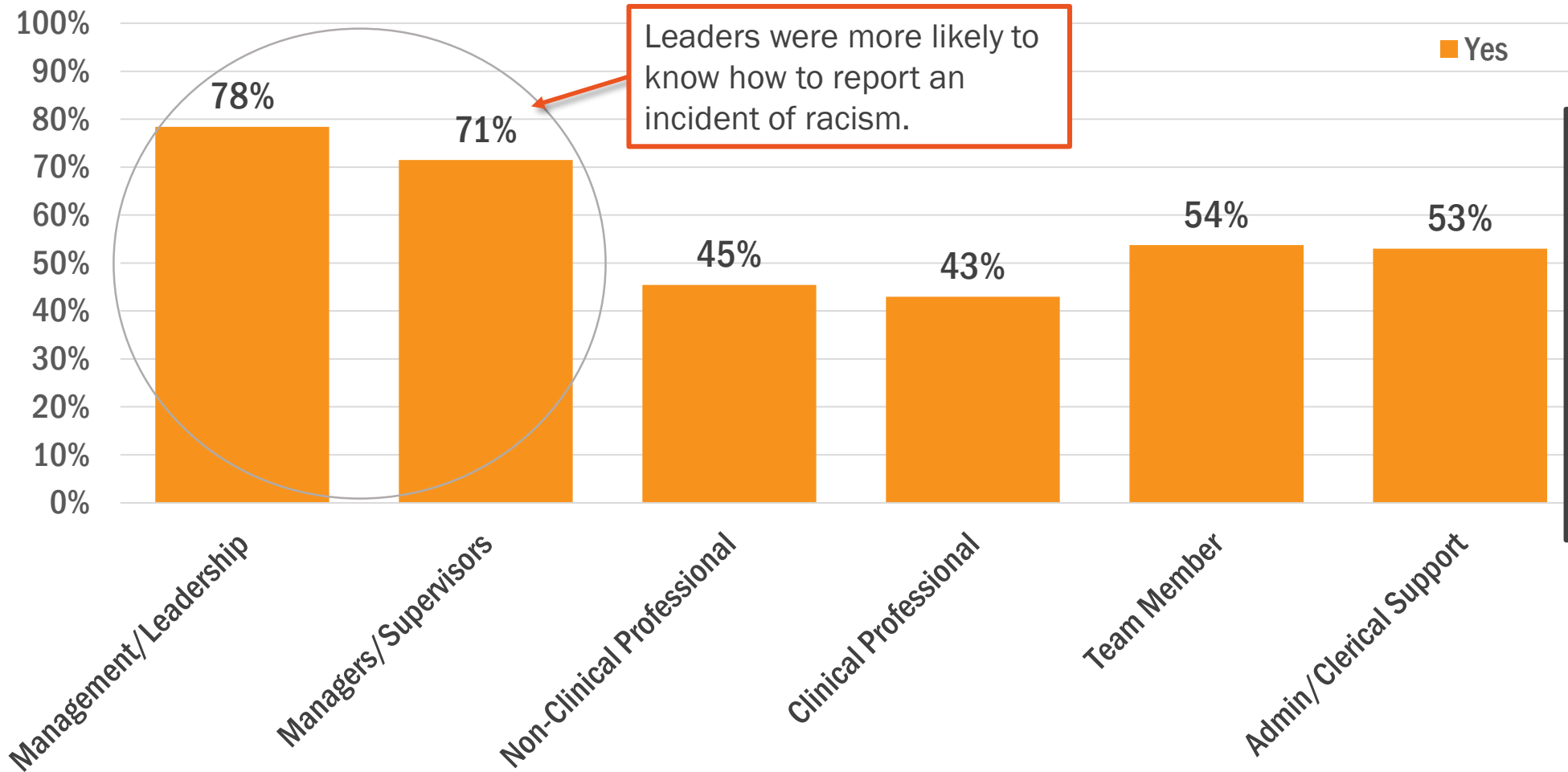
While leaders were the most likely to indicate that they know how to report an incident of racism, many respondents indicated that they do not know how to report an incident of racism.

- Management/Leadership: 78%
- Managers/Supervisors: 71%
- Non-Clinical Professional: 45%
- Clinical Professional: 43%
- Team Member: 54%
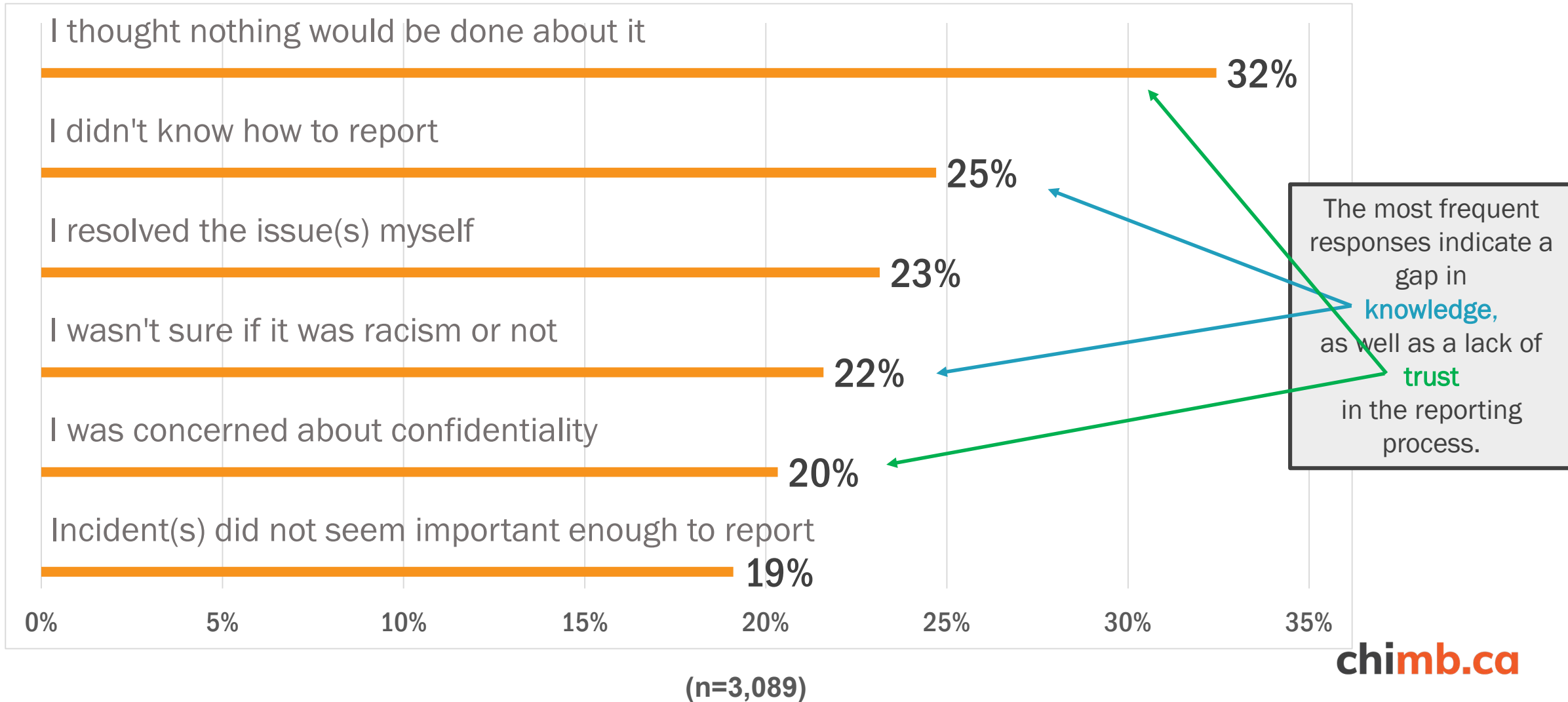- Admin/Clerical Support: 53%

Yes

(n=5,173)

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In the past year, how often did you tell someone in authority or report the incident(s) of racism you experienced or observed at work?

Legend: ■ White ■ Indigenous, Black, or Racialized

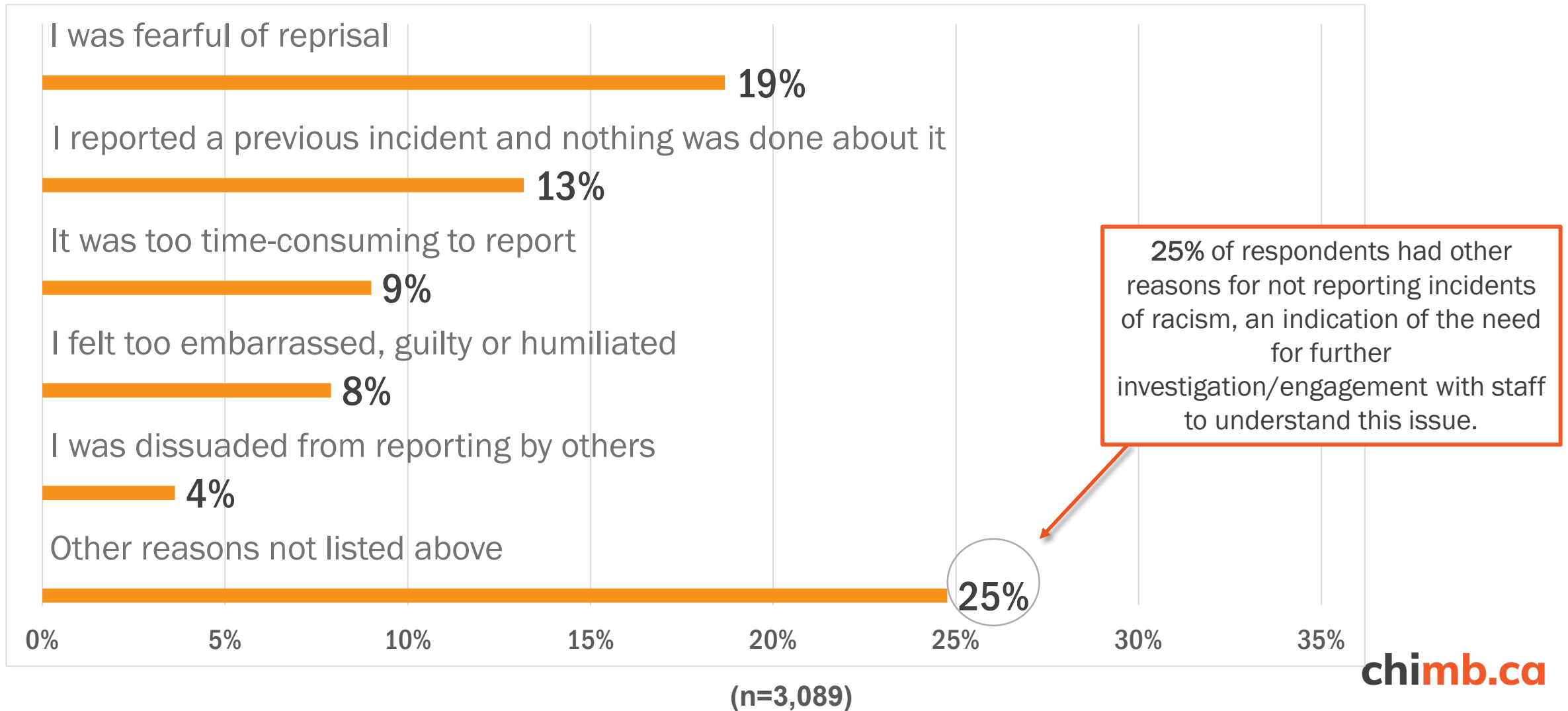| Always		Sometimes		Never	
13%	12%	23%	22%	65%	66%

These findings illustrate the experiences of people who <u>did</u> experience or observe racism at work (38% of respondents had not experienced or observed any form of racism in the past year).

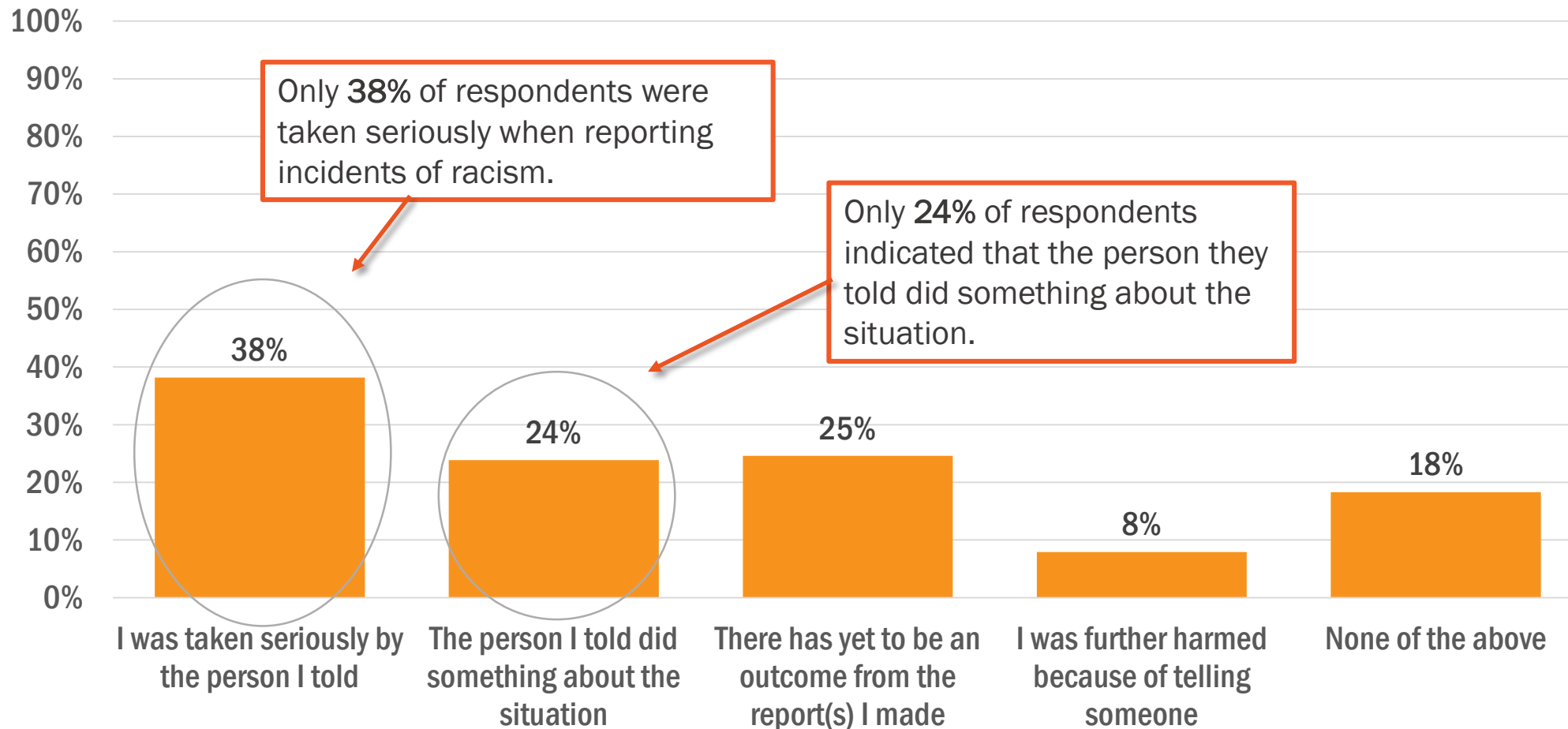Respondents were asked additional questions about their experience reporting racism.

(Indigenous, Black, or Racialized n=1,108) (White n=2,327)

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How come you did not always report the incidents of racism you observed or experienced? (slide 1 of 2)

I thought nothing would be done about it
32%

I didn't know how to report
25%

I resolved the issue(s) myself
23%

I wasn't sure if it was racism or not
22%

I was concerned about confidentiality
20%

Incident(s) did not seem important enough to report
19%

0% 5% 10% 15% 20% 25% 30% 35%

The most frequent responses indicate a gap in **knowledge,** as well as a lack of **trust** in the reporting process.

(n=3,089)

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How come you did not always report the incidents of racism you observed or experienced? (slide 2 of 2)

I was fearful of reprisal

19%

I reported a previous incident and nothing was done about it

13%

It was too time-consuming to report

9%

I felt too embarrassed, guilty or humiliated

8%

I was dissuaded from reporting by others

4%

Other reasons not listed above

25%

0%   5%   10%   15%   20%   25%   30%   35%

25% of respondents had other reasons for not reporting incidents of racism, an indication of the need for further investigation/engagement with staff to understand this issue.

(n=3,089)

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Work Environment

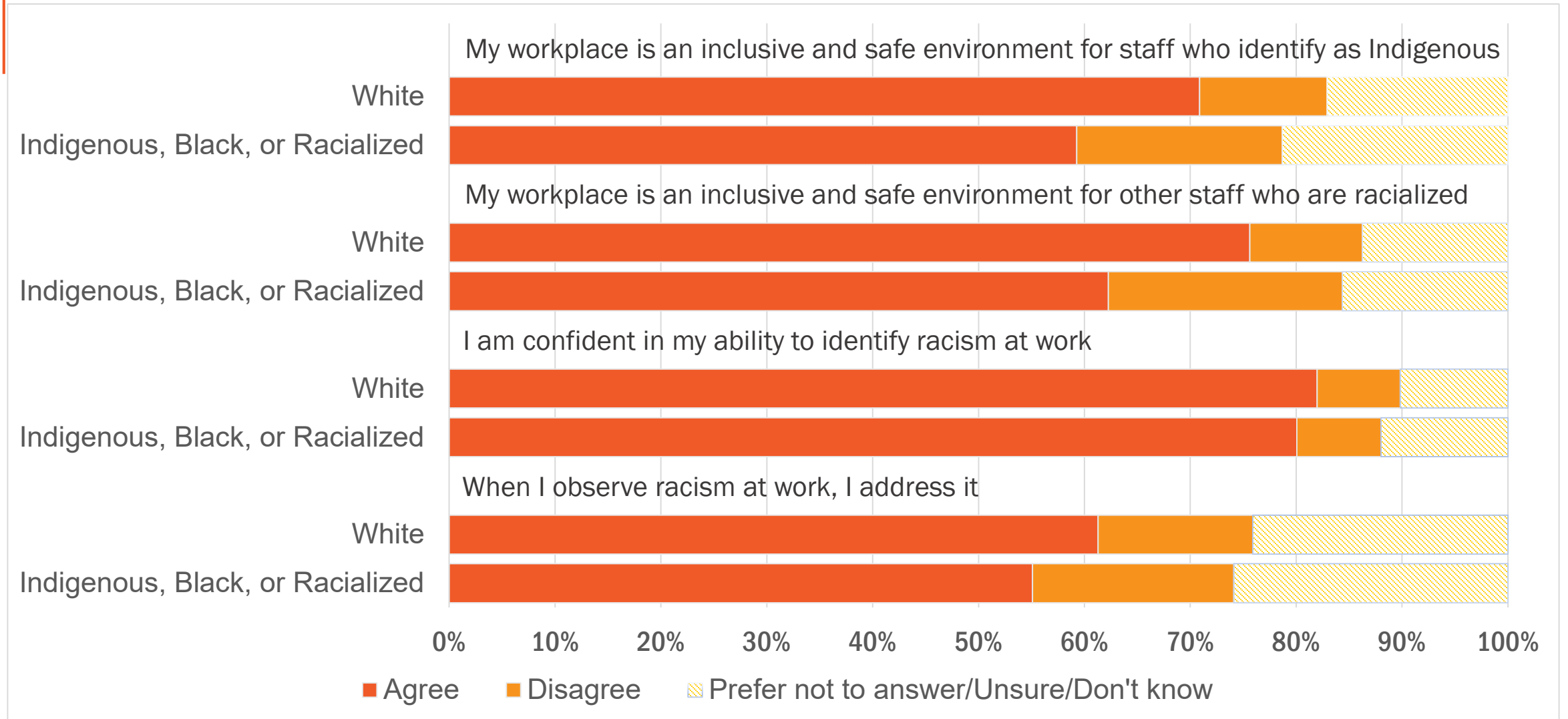chimb.ca

Racism in the workplace

43% of Indigenous, Black, or Racialized respondents agreed that racism is a problem in their workplace.

30% of Indigenous, Black, or Racialized respondents agreed that they are constantly on guard because of how often they experience or observe racism.

Racism is a problem in my workplace

White

Indigenous, Black, or Racialized

I am constantly on guard because of how often I experience or observe racism

White

Indigenous, Black, or Racialized

I have been tasked to take on duties at work because of my racial identity

White

Indigenous, Black, or Racialized

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

■ Agree ■ Disagree ▨ Prefer not to answer/Unsure/Don't know

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(Indigenous, Black, or Racialized n=1,510) (White n=3,872)

Racism in the workplace

My workplace is an inclusive and safe environment for staff who identify as Indigenous

My workplace is an inclusive and safe environment for other staff who are racialized

I am confident in my ability to identify racism at work

When I observe racism at work, I address it

Legend: Agree, Disagree, Prefer not to answer/Unsure/Don't know

Groups: White, Indigenous, Black, or Racialized

X-axis: 0% to 100%

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(Indigenous, Black, or Racialized n=1,510) (White n=3,872)

Qualitative Data

Open-ended Responses

- The survey had one open ended question:

  "What do you think are the most important actions or next steps needed to disrupt racism within your workplace and/or the health-care system?"

- 52% of survey respondents answered the open-ended question (n=3,475).

- Many survey respondents provided lengthy and detailed responses.

- The suggestions made by survey respondents to disrupt racism in the health-care system address **both racism directed at staff by staff,** as well as **racism directed at staff by patients, clients, and residents**. Suggestions were also provided to address racism directed at patients, clients, and residents by staff.

- Open-ended responses were analyzed qualitatively, and 8 main themes emerged (see next slide for summary of themes, and the following slides for further description of each theme).

Note: Direct quotes from survey respondents are *italicized* and presented in *orange* font.

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Themes & Comment Counts

Theme	# of Comments
Building Awareness of Racism	384
Awareness & Acknowledgement of Racism	
Education	1,021
Audience	
Topics	
Format	
Policies, Reporting and Accountability	1,632
Policies	
Reporting	
Accountability	
Human Resources	414
Diversifying the Workforce	
HR as a Mechanism to Disrupt Racism	
Support for Staff & Patients	

Theme	# of Comments
Addressing Racism through Engagement	71
Addressing Racism through Cultural & Systemic Changes	299
Systemic racism & system design	
Continuous Learning & Improvement	53
Supporting Evidence: Personal beliefs & Experiences	811
Current Perspectives on Racism	
Intersectionality	
Language	
Personal Experiences of Survey Respondents	

More detail of each theme is provided on the slides that follow.

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Building Awareness of Racism

384 comments

❖ Awareness & Acknowledgment
of Racism

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Awareness & Acknowledgement of Racism

- Increase staff, patient, and public **awareness of racism**, including what is considered racism, the prevalence of racism in the health-care system, and the impacts of racism, including day-to-day challenges and experiences. To do this, develop **communication campaigns** and **materials** to address racism (e.g., posters, corporate messaging, messaging through SDO newsletters, photos to promote diversity within staff across sites, etc.).

"Just get the discussion going, awareness is the key."

"Increase awareness that everyone has the right to a respectful, safe and inclusive health-care system and workplace."

"An anti-racism campaign to make sure people are aware of what racism is and the different forms of racism."

- Encourage staff to reflect on and be mindful of their own perceptions, prejudices, and biases and how their words or actions could be construed as racist.

"I believe it's more of a commitment from each person to be mindful and aware of how actions and words can impact an individual."

"It is important to reflect on our own biases and pre-existing thoughts to challenge our own belief systems."

- Highlight cultural diversity and feature different cultures throughout the health-care system (e.g., advertisements, posters, cultural events, displaying cultural items, sharing stories, and having events to celebrate different cultures).

"Folk-a-rama style events. Introduce other cultures we don't know about."

- Encourage continuous awareness of racism by offering reminders, refreshers, etc. – the discussion of racism should be ongoing.

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Awareness & Acknowledgment of Racism

- Being aware of racism is not sufficient; individuals must also acknowledge that racism exists, is a problem (no matter how subtle it is) and is occurring within the health-care system.

- Acknowledge the harms associated with racism.

"Acknowledging the issue is the first step."

"Sometimes, you don't even notice the racism happening around you until you take a step back and see the overall attitude towards a person(s)."

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Education

1,021 comments

❖ Audience

❖ Topics

❖ Format

Education - Audience

- Education should be available to (or mandatory for) all staff, including paid time to participate.

"Continue to support/ promote/ pay for education sessions related to cultural safety."

"Do not make staff take this training in the middle of their day while they are "on the floor" still being expected to see patients...acute care clinical staff never get time for education and patient care suffers."

- Education should be targeted for specific groups of staff based on their roles and needs.

- Leadership, specifically, needs to be educated on how to address racism.

"Leaders should be trained about how to work in a diverse work environment, and how to address issues of racism in their team including appropriate levels of interventions."

"Management needs to take mandatory courses on microaggression."

- Education is also necessary for patients (or the wider community).

"Most of the racism that I see is directed at staff (Filipino, Black staff especially) by our patients. I think that is because we work in mental health, we feel that we need to tolerate verbal and physical abuse/racism from our patients. Perhaps patients and families need to be educated on these issues. Perhaps a review for staff regarding what can be done if we see racism in the workplace."

"Education for staff, visitors, and clients."

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Education - Topics

- Education related to **<u>identifying</u>** (e.g., what is racism, how to identify racism, different kinds of racism, context specific examples of racism) and **<u>addressing</u>** racism (e.g., how to speak up/respond when racism is observed, how to be allies, how to report racism).

"A lot of people are not aware that the comments they make come from a place of prejudice. Examples of what racism looks like might be helpful."

"Greater emphasis on mandatory training and education. I think a lot of us don't necessarily see racism in our jobs on a regular basis, and if we do, we're unsure if the incident is because of racism or something else."

"Teach me how to call it out and what to do when I see it. Show me ways to be supportive to my racialized coworkers."

"Broader educational campaigns and workshops, mandatory training including teaching non-racialized/white staff on how to address racism and be anti-racist. More learning on how to address patients when they are making racist comments, jokes, etc. even in private offices of staff that are non-racialized/white."

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Education – Topics (continued)

- Existing policies

- Cultural awareness, cultural sensitivity, cultural competence, cultural safety, and cultural humility to learn about Indigenous cultural (e.g., MISCT training) as well as other cultures.

- Microaggressions and bullying

- Biases, unconscious bias, stereotypes

- Impact of racism on the workplace and Indigenous, Black, or Racialized peoples

- Systemic racism

- Anti-racism and anti-oppression

- Historical and ongoing impacts of Residential schools, impact of colonization, truth and reconciliation

"Staff education on workplace policies, and consequences of violation of policies."

"More education on all ethnic cultures not just Indigenous people or Black people."

"Much more extensive education about the impacts of 200+ years of oppression and systemic racism on Indigenous people is needed so that their health needs can be met in a more compassionate way."

"Ongoing education to improve insight into cultures other than one's own."

"We need to give examples of microaggressions that are racism. I think white people don't always realize they are being racist. People can mean well and still end up being racist."

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Education – Topics (continued)

- Diversity, inclusion, and how to be an ally

- White fragility

- How to respond to patients who exhibit racist behaviors

- How to respond to language barriers (staff and patients)

Other closely related topics to consider included:

- Trauma-informed care

- Social determinants of health

"Provide opportunities for staff and management to hear from individuals that have been previously marginalized due to their race, to understand the short and long-term negative impact from both a micro (individual) and macro (organizational) level."

"Information about how our written and spoken language (how we speak to & about others, questions in case history forms, etc.) as well as our actions may unintentionally harm a marginalized individual."

"How to deal with it when patients show racism would be helpful."

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Education - Format

- Some thought in-person training would be necessary to truly disrupt racism, but others thought there was value in different formats including online (LMS), formal and/or informal education, lunch and learns, events, etc.

  "Education with possible LMS course to identify issues and to assist staff in determining next steps in addressing racism."

  "Interactive education. Many seem not aware their words or actions could be seen as racism. LMS modules are good but in-person learning sessions would have more impact."

- Education about racism should happen during orientation and at ongoing periods throughout employment (e.g., yearly)

  "Anti-racism training should be included in all new hire orientations and repeated throughout an individual's career."

  "CONTINUOUS (not once and done) learning and encouraging of learning about racism and what needs to be done."

- Safe environments need to be created for staff to speak up about their lack of understanding and to openly discuss racism within teams (e.g., asking about experiences of racism during team huddles or meetings, participating in sharing circles, etc.).

  "Perhaps an opportunity to ask questions regarding race/racism without judgment."

  "There is need for the topic to be often discussed at staff meetings/rounds/huddles. It is important to acknowledge that racism exists, either direct or subtle."

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Policies, Reporting & Accountability

1,632 comments

- ❖ Policies

- ❖ Reporting

- ❖ Accountability

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Policies

- Develop clear policies focused on anti-racism, equity, diversity and inclusion for staff and patients, clients, and visitors. Many survey respondents advocated for zero-tolerance policies for racism.

  "A zero-tolerance policy should actually mean what it says and not just be a piece of paper on the wall."

- Policies should clearly define racism (and what constitutes racist acts), provide codes of conduct for staff and patients to ensure respectful health-care environments, and outline how to report and address racism (e.g., consequences, disciplinary actions).

- Policies cannot just be developed and implemented; they need to be enforced.

  "Policies should be implemented, not just idealistic PDF copies."

- Clearly communicate anti-racism policies to all staff, patients, clients, and visitors (e.g., pamphlets, posters, newsletters, emails, etc.).

  "Patients/clients need to be aware of the zero-tolerance policy."

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Reporting

- Report racism (some thought all instances of racism should be reported).

"Everyone needs to report racism when seen or heard."

- Ensure a clear, simple process to report racism is in place and that it is communicated to staff and patients regularly (e.g., emails, newsletters, posters, advertisements, etc.).

Investigating reports of racism

- Clear processes to track and investigate reports of racism in an objective, timely manner.

- The investigation process should be transparent (e.g., sharing the outcome of the investigation).

"Action needs to be taken. People stop reporting racism when nothing is done."

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Culture of Support & Openness to Facilitate Reporting

- Supervisors, managers, senior leadership, and individuals within HR need to support those experiencing or witnessing racism by openly receiving reports of racism and ensuring all complaints are taken seriously and addressed.

    "Within the health-care system, it is imperative to ensure a safe space so that when racism is reported it is addressed and not simply acknowledged with no consequence."

    "Deal with the complaints put forward. A lot of the time complaints go through to management and there is no communication thereafter."

- Ensure a safe-reporting environment (e.g., confidential and impartial, such as an online reporting system or hotline rather than reporting to direct supervisor or manager) so individuals who report incidents of racism feel safe to report and do not face repercussions, judgement, or discrimination as a result.

    "When you report these things and then further get blocked from job opportunities you feel like it would have been better to not say anything at all."

    "No one should feel scared, embarrassed, etc. to report any type of racism."

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Accountability

- Identify racism and act (e.g., standing up to racism, calling it out, stop ignoring it, act on it).

   "Everyone standing up to it. Really doing something about it, not just talk. Send a strong message that this behaviour will not be tolerated anymore."

   "Holding people accountable, letting them know that what they are doing/saying is not appropriate and will not be tolerated."

- Take immediate action reporting and addressing incidents and/or complaints of racism. Racist incidents should be reported right away and responses from leadership should be prompt.

   "Make reporting easier and meaningful, action should be taken immediately."

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Accountability

- Hold people accountable for their racist actions. There needs to be consequences or disciplinary action for people who engage in racist behaviour, including leadership (e.g., suspensions, zero tolerance, rule enforcement, involving HR, dismissals/being fired) and patients/clients/residents.

"Discipline for managers that treat staff like garbage. Too many managers get away with abusing their own staff and the staff are too scared to say anything."

"There should be serious consequences to the racist individual(s), and dismissal if their racist actions and comments continues."

"Patients and families need to be held accountable for times they cause racism. We have signs throughout the building noting disrespectful behaviour will not be tolerated but when it happens, little to nothing is done regarding accountability."

- Everyone in the health-care system needs to be accountable for disrupting racism. It is not the responsibility of the person being victimized to acknowledge/educate/be accountable for racism.

"Disrupting racism is an active action that needs to encompass every person in the workplace."

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Human Resources

414 comments

❖ Diversifying the Workforce

❖ HR as a Mechanism to Disrupt
Racism

❖ Support for Staff & Patients

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Diversifying the Workforce

- Strategic recruitment and hiring practices to ensure a diverse, equitable, inclusive, and representative workforce in all areas of the health-care system (from support staff to senior leadership).

- Create representative and inclusive recruitment and retention strategies.

- Set specific targets, conducting outreach to underrepresented communities, and implement mentoring and sponsorship programs.

"Staff should be representative of the population they are serving."

"Clinical staff of all levels should reflect the overall population."

- Ensure diverse representation in supervisory, management and senior leadership positions to promote inclusivity and system change.

"I think the biggest challenge is the structural/systemic racism evident in the organizational hierarchy. The support staff, housekeeping, etc. are predominantly racialized individuals and most professional staff (nurses, doctors, allied health, etc.) and senior leadership are White. This sends an implicit message about race that really needs to be addressed."

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Diversifying the Workforce

- Provide opportunities for Indigenous, Black, and Racialized peoples to be mentored for leadership roles within the health-care system.

"Leadership doesn't reflect the frontline staff and that needs to change if we really want system changes to 'disrupt' racism."

"I also note that all but one of our board of directors and executive are White. It is concerning that our board and executive aren't reflective of the population we serve."

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HR as a Mechanism to Disrupt Racism

*"HR needs to take reports of
racism seriously."*

- Increase transparency by collecting, maintaining (and sharing) race and ethnicity statistics to ensure a diverse, representative workforce is achieved.

- Include discussions on racism during interviews (both hiring and exit) and annual performance conversations (e.g., have you been impacted by racism in your role? What have you done to address racism?).

- Ensure all allegations of racism are documented in personnel files.

- Ensure there are consequences for individuals who have committed acts of racism (e.g., unpaid suspension, termination, etc.).

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Support for Staff & Patients

Supports are needed to help **staff** who have experienced and/or witnessed racism within their workplace. These supports may include:

- Mental health support, support groups, and counselling services (beyond what is currently available through EAP).

- Providing staff with opportunities to debrief following instances of racism.

- Supervisors and managers frequently checking in with staff regarding racism and their experiences.

- Supports to help those in leadership positions discuss and address racism within their teams (e.g., tools, resources, strategies).

"Leadership/managers need the tools to address racism and other forms of discrimination in the workplace. They may listen to you, but they don't know how to address it and so the victim is often left feeling frustrated because no action was taken."

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Support for Staff & Patients

"We all need to support each other to do the job designated to us."

- Share information with staff in advance about patients, clients, or residents that have a history of racism and allow for appropriate care planning to take place to address racism before it becomes an issue.

  "Sometimes it's difficult to address racism if the person you are taking care of is the one being racist. You don't have time to cope with it as you are required to provide care for patient. If you refused to provide care, then that might be neglect on your part. Health care providers are humans too, we have feelings, we get hurt too but this feeling is being ignored because we are obliged to provide care."

- Strategies to protect staff from verbal and physical racial attacks from patients, families, visitors.

- Create a culture of support where colleagues support each other and openly discuss racism.

- Networking and team building opportunities to strengthen relationships between team members, including opportunities to learn about team members' cultures and backgrounds.

- Supports designed for Indigenous, Black, and Racialized staff.

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Support for Staff & Patients

- Advocacy and support for **patients** impacted by racism is also necessary to ensure patients have equitable access to the health-care system.

- Increase funding to support the creation of specific positions to address racism in the health-care system, including client and staff advocates (and specifically, Indigenous advocates); Indigenous cultural advisors, Elders and Knowledge Keepers to ensure culturally safe programming and environments; Indigenous translators; and EDI ambassadors to facilitate discussions and implement practical strategies to disrupt racism in the workplace.

"Having an Indigenous Advocate in the ED at all times… not just someone that can be paged."

"If people feel safe in our facilities, they will work and seek out services, and complaints will decrease."

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Addressing Racism through Engagement

71 comments

Engagement

- Form committees to address racism in the workplace.

- Continue to build relationships and partnerships with Indigenous communities and collaborate with First Nations, Métis, and Inuit peoples to provide access to culturally safe health care.

- Partner with Indigenous, Black, and Racialized community organizations to develop services and programs that will specifically address identified inequities. Collaborating with these community organizations will help the health-care system learn from their experiences and ensure health-care services are provided in an inclusive and meaningful way.

"Potentially creating an end racism committee, similar to our ethical committee, might be helpful."

"Need committees for equity, diversity, and inclusion for all parts of the organization with staff and patient engagement from multiple areas."

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Engagement

- Engage with Indigenous, Black, and Racialized staff to better understand the issues and inform and lead anti-racism work (e.g., in development of policies, strategies, processes).

"If strategic planning, further training needs, and policy development will be occurring ensure that people with lived experience are leaders of the work."

"Ensuring representation of racialized communities at tables where decisions are made (nothing about us without us)."

"Consult racial minorities for suggestions on how to best improve systems and promote inclusivity."

- Engagement with individuals from diverse cultures and backgrounds needs to go beyond work related directly to racism and apply across all planning and decision-making. However, the health-care system should not rely on or pressure Indigenous, Black, and Racialized peoples to lead the work.

"More policies that allow for Indigenous self-determination over health service delivery. Indigenous stakeholders to be included and consulted at every decision-making table with clear policies in place to support their leadership. Indigenous ways of knowing and being to guide anti-Indigenous racism work."

"Stop putting the onus on the racialized group to educate/solve it. Or shaming them for not reporting. It is exhausting."

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Addressing Racism through Cultural & Systemic Changes

299 comments

❖ Systemic Racism &
System Design

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Systemic Racism & System Design

*"The system must be torn down and rebuilt
from the ground up."*

Re-design the health-care system to address systemic racism and promote equity, diversity, and inclusion:

- Create a culture where racism is not acceptable and normalize the act of "disrupting" racism (e.g., reporting acts of racism).

"It is not enough to 'disrupt' racism in the workplace, we need to 'dismantle' it."

"Change and challenge the systems that may support racist behaviors or practices."

- Increase the number of Indigenous-led health-care programs.

- Acknowledge historical harms and trauma and the ongoing impacts of colonization.

*"Remove 'Chief' from job titles...hilarious to be getting invited to participate in dismantling
racism...from the Chief Executive Officer of Shared Health. Instead of Chief, consider lead in charge,
most senior manager, or presiding director."*

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Systemic Racism & System Design

"Acknowledge within yourself, your work, and in public settings that health-care systems are colonial and must be transformed to meet the needs of all people."

Re-design the health-care system to address systemic racism and promote equity, diversity, and inclusion (continued):

- Implement the TRC Calls to Action related to health, including facilitated discussions to ensure health-care providers and leadership have a clear understanding of the Calls to Action and how to integrate reconciliation into daily practices.

- Enhanced focus on how to incorporate traditional medicines and healing practices into the health system, including creating safe spaces and opportunities for spiritual care practices (e.g., sharing circles, smudging).

- Remove barriers to accessing care (e.g., policies such as requiring patients to present identification).

- Create additional community outreach opportunities and facilitate connections to social services.

- Ensure health-care providers lead by example and treat each other as well as patients and clients with respect, empathy, kindness, patience, and a willingness to listen and learn (e.g., do not make assumptions about people based on their race, ethnicity, gender, primary language spoken, etc.).

"Every care provider needs to put themselves in the position of those to whom they provide care."

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Continuous Learning & Improvement

53 comments

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Continuous Learning & Improvement

- The Racial Climate Survey was a good first step, but additional feedback should be sought from Indigenous, Black, or Racialized peoples (e.g., focus groups, townhalls).

- The impact of existing and new policies addressing racism, including disciplinary actions should be evaluated.

- Demographic data for each health-care site (staff and patients) should be collected and educational and awareness campaigns should include a component focused on site demographics.

- Anti-racism indicators should be developed, monitored, and reported on to measure improvements. Successes and learnings should be shared broadly.

- Reports of racism to HR should be reviewed to identify common themes and situations to tailor awareness and educational campaigns.

- Patient safety incidents should be reviewed through a racial bias lens.

- Work with equity and anti-racism organizational/culture change experts to develop recommendations based on the research and assessment of each organization and commit to implementing those recommended changes.

- Research findings should be shared with staff (e.g., when racism is addressed, health outcomes improve and work force participation and satisfaction improve, etc.).

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Supporting Evidence: Personal Beliefs & Experiences

811 comments

❖ Current Perspectives on Racism

❖ Intersectionality

❖ Language

❖ Personal Experiences of Survey Respondents

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Current Perspectives on Racism

- Although most comments indicated support for measures to address racism, some survey respondents expressed dissenting views on racism, such as stating it does not exist (either within the health-care system or within broader society) or that discussing racism worsens, rather than improves, the situation (e.g., talking about it makes it worse or takes away from the good work people are doing, the fear of racism is worse than it is in reality).

"We need to stop categorizing people, racism continues because we look for differences and problems between people and make different categories."

"We need to stop talking dividing people by the race by always talking about racism. The more it's talked about, the more it is there."

- Others felt that everyone should be treated the same, regardless of race and ethnicity.

"We are all human; we are all the same."

"Don't treat people differently or give different opportunities based on race."

- Some survey respondents felt that racism is experienced by all races, including White people, and can be perpetrated by all races.

"There are other ethnic groups that are also racist and that do have racist attitudes towards other groups other than their own."

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Intersectionality

"Those in positions of power (board members, corporate office, etc.) need to understand how intersectionality plays into patients' and employees' experience of racism."

- Although survey respondents acknowledged the importance of addressing racism, they also identified other social categorizations that staff experience, and that intersect with racism:

Class

Age

"They grew up in a different generation and are very "old school" as to how they think things should be."

Sex

Gender

"Another survey needs to be completed – Staff Gender Climate Survey."

Sexual orientation

Family and marital status

Religion

Ability

"To be honest, 95% of the racism I witness is from clients/patients/residents and most of the time there is cognitive impairment."

Newcomer status

Language (see next slide for more details)

"Sometimes people have a hard time understanding people who use English as a second language, so they become frustrated and don't want care from someone who can't speak English well."

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Language

- Many comments regarding language were negative and related to concerns about staff not following current policies/guidance about speaking only English in the workplace. Some survey respondents labeled this behavior as disrespectful, but others thought that these policies were problematic or outdated.

- Individuals whose primary language is not English shared examples of being discriminated against (or at minimum, being made to feel uncomfortable) based on their level of ability to communicate in English and not knowing how to address these situations.

- Some examples included patients refusing care (or indicating a preference to not receive care) from a provider for whom English is an additional language or staff and patients struggling to understand each other. Some EAL staff also felt their contributions were overlooked.

"Stop shaming staff for speaking their native language to co-workers or patients in the hospital. Note the cultural demographic of the community that patients and staff reside. Celebrating diversity and inclusion, avoid shaming and discipling staff for occasionally speaking their language, if they also speak English to patients & staff who speak English as their primary language."

"A policy at my work is that all staff are to speak the English language when around other staff and residents and that is not followed."

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Language

- People who speak English as an additional language require support and education is required to learn how to work together effectively.

"I have current staff who would benefit from further practice [with English] and have tried to find resources without luck. These are wonderful and intelligent people that deserve these career enhancing tools. We offer those who struggle with conflict an LMS course and so many chances with performance management. Why can't the region offer this as well?"

- Consider the language used in communication materials and provide materials in multiple languages, including Indigenous languages.

"More access to Indigenous Language speakers/translators and written materials in Indigenous languages (like welcome posters/cover your cough posters/isolation information/requirements)"

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Personal Experiences of Survey Respondents

- In addition to answering the survey question posed (i.e., next steps to address racism in the workplace), some survey respondents (from across racial and ethnic groups) described their personal experiences of racism against staff, including microaggressions and racial slurs, patients demanding to be cared for by care providers of a specific race, and management and senior leadership not supporting Indigenous, Black, or Racialized staff who report racism.

"I do not want to bring my concerns forward because concerns are dismissed by management, and I don't want to become a target."

- Indigenous, Black, and Racialized respondents also reported preferential treatment of White staff and not being shown the same appreciation or being given the same opportunities for advancements as their White colleagues.

- Racism against patients was also reported, such as Indigenous peoples being denied care.

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Personal Experiences of Survey Respondents

- Survey respondents described the impacts of racism within the health-care system including increased staff turnover, negative impacts on staff mental health (e.g., anxiety, stress) and negative experiences for those that reported racism.

- Some survey respondents indicated they feared reprimand or other repercussions if they reported racist incidents while others experienced repercussions of reporting (e.g., stigmatization, lack of confidentiality, inability to advance in their field).

- They also shared that oftentimes, there were no consequences for the individual who committed the reported act of racism.

"The person who verbally assaulted me is proud to say nothing came about even with [several] people complaining about her."

"We know that anyone reported to HR just gets a meeting and then they continue doing the same behaviours. Why waste the time and energy reporting and pursuing?

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