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## 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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