THE JOURNAL OF CONCURRENT DISORDERS

CDS PRESS

Open Access Original Research

"The Higher You Go the Whiter It Gets": Experiences of Black Healthcare Providers and Users in Canadian Healthcare System

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Citation: Demi, S. M., Sicchia, S. R., Dei, G. J. S., Gebremikael, L., Shaw, T., Gebreyesus, A. (2024). "The Higher You Go the Whiter It Gets": Experiences of Black Healthcare Providers and Users in Canadian Healthcare System. Journal of Concurrent Disorders.

Founding Editor-in-Chief: Masood Zangeneh, Ph.D.

Editor: Fayez Mahamid, Ph.D.

Received: 09/24/2024
Accepted: 10/12/2024
Published: 11/03/2024

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Abstract. Black people encounter enormous challenges in their communities and human service institutions. Consequently, this study examines the experience of Black Healthcare Providers (BHPs) and Black Healthcare Users (BHUs) in the Canadian healthcare system. The study addresses two questions: a) what are the experiences of BHPs and BHUs in the Greater Toronto Area (GTA); b) How do BHPs and BHUs navigate issues of diversity and racism within the Canadian healthcare system? Using purposive and snowball sampling techniques, the study recruited 20 BHUs and 10 BHPs within GTA to assess their experiences within the healthcare system. The information obtained through in-depth interviews was analyzed using coding, thematization and inferences drawn from the literature. The study findings suggest that BHUs feel a lack of connection with the mainstream healthcare system due to poor communication and cultural incompetence. Resultantly, BHUs gravitate toward BHPs because of mistrust of the Canadian healthcare system, feeling undervalued and extra care received from BHPs etc. The study further noted the presence of anti-Black racism in the healthcare system and, therefore, recommends mandatory anti-Black racism training for healthcare practitioners and administrators and a comprehensive policy to tackle anti-Black racism in the healthcare system. Hospital administrators should strive to improve inequity in the system by hiring more racialized people to improve equity, diversity and inclusion in the healthcare system.

Keywords: Black Healthcare Providers, Medical Violence, Equity, Diversity, Inclusion.

Introduction

The Black population encounter various challenges in their communities and various institutions in the Western world. The COVID-19 pandemic amplified some of the challenges concerning health inequity and lack of diversity in healthcare institutions in Canada and the United States (McMorrow, 2023). Although these issues are known, research into equity and diversity is uncommon in health research in Canada (Datta et al., 2021; McCarthy, 1994). Furthermore, issues regarding health equity, diversity and inclusion are muffled by the discussion of cultural competence. Over-concentration on cultural competence obfuscates structural racism embedded in the health care system. According to Pon, "cultural competency promotes an obsolete view of culture and is a form of new racism. Cultural competency resembles new racism by otherizing non-whites by deploying modernist and absolutist views of culture, while not using racialist language" (2009, p.60).

The COVID-19 pandemic opened up these issues for broader discussion. For instance, statistics show that racialized populations were disproportionately affected by the coronavirus in Canada (Lopez et al., 2021; Tai et al., 2021). Among those who contracted COVID-19, Black people were more likely to be admitted to the hospital (Asch et al., 2021; Khanijahan et al., 2021) and more likely to die from complications (Golestaneha et al., 2020; Price-Haywood et al., 2020). One of the contributory factors assigned to the high infection and death rate among Black population is the underlying condition of chronic non-communicable diseases (Bhaskarana et al., 2021; Gupta et al., 2021). The phenomenon of underlying chronic conditions among Black people is often misrepresented in media and thus easily misconstrued as Black people having some genetic defect predisposing them to chronic illness.

On the contrary, there is ample evidence that links the prevalence of chronic illness among racialized populations to the social determinants of health such as low income, food insecurity, and poor housing conditions, racism, among others (Cockerham et al., 2017; Hill-Briggs et al., 2021; Tan et al., 2019). Some scholars attribute health inequity among Blacks to anti-Black racism that undermines the healthcare experience of Black people (Churchwell et al., 2020; Dryden & Nnorom, 2021). Furthermore, evidence shows that a lack of diversity among the leadership of healthcare providers is correlated with poor health outcomes for racialized populations (Marcelin et al., 2019; Sergeant et al., 2022). Apart from helping to boost the confidence of the racialized population in the healthcare system, diversity breeds innovation, improves performance and encourages consensus building, which enhances the healthcare experience of racialized patients (Gomez & Bernet, 2019). Despite inadequate race-based data in Canada (Thompson et al., 2021), a survey showed that racialized people in the Greater Toronto Area (GTA) were six to seven times more likely to be infected with COVID-19 (McKenzie, 2020). Although some scholars are

taking the bold initiative to tackle anti-Black and anti-Indigenous racism in the healthcare system (Dryden & Nnorom, 2021; Gebremikael et al., 2022), a conscious and concerted effort is required to improve diversity in the leadership of healthcare providers to tackle anti-Black racism in the healthcare system and improve the health care experiences of racial minorities (Gomez & Bernet, 2019; Sergeant et al., 2022).

Studies show disproportionate cases of chronic non-communicable disease among racialized populations in Canada and the United States (Manderson & Jewett, 2023; Government of British Columbia, 2024). Furthermore, many studies were conducted to find the cases of COVID-19 among Blacks and other racialized people (Asch et al., 2021; Churchwell et al., 2020; Ezezika et al., 2023), assess the impact of COVID-19 on food security status and food consumption decision of low-income household (Bene et al., 2021; Gebeyehu et al., 2022; Polsky & Garriguet, 2022; Spyreli et al., 2024), examine the effects of COVD-19 pandemic on mental health (Dawel et al., 2020; Vaillancourt et al., 2021); explore health inequalities among racialized population during COVID-19 pandemic (Cash-Gibson et al., 2021; Paremoer et al., 2020) among others. However, scanty information exists to highlight the experiences of BHPs and BHUs during the COVID period and the implications for broader healthcare systems in Canada. Consequently, this study seeks to examine the experiences of BHPs and BHUs within the Canadian health system specifically in the GTA. The research questions guiding this study are twofold: 1) What are the experiences of BHPs and BHUs during the COVID-19 pandemic? 2) How do BHPs and BHUs navigate issues of diversity and racism in healthcare settings?

Methods

Data collection: As part of a broader study to critically explore the effects of the COVID-19 pandemic on food security and wellbeing of the Black population in GTA, this qualitative study recruited 20 BHUs and 10 BHPs in GTA to examine their experiences in the healthcare system and the implications of their access to healthcare. The study used purposive and snowball sampling techniques to recruit research participants (Ilker et al., 2016; Kirchherr & Charles, 2018). The inclusion criteria for healthcare professionals were individuals 18+ years of age, who self identified as Black, worked as a nurse or physician during the COVID-19 pandemic and resided in GTA. The inclusion criteria for BHUs included people who identified as Black, had experience with the healthcare system in GTA, were a member or past member of TAIBU Community Health Centre (CHC), and resided in Scarborough during the COVID-19 pandemic. The TAIBU CHC's listserv and Twitter account distributed a poster calling for research participants.

TAIBU CHC is ideal for recruiting participants because of its large poll of BHUs who have experienced both mainstream healthcare services and TAIBU's healthcare services. These BHUs, having experienced

services at the mainstream healthcare facilities and TAIBU CHC, founded on the Afrocentric principle, can provide a better perspective on health systems in GTA.

Due to COVID restrictions, two participants were interviewed via Zoom and the remaining participants were interviewed via phone. The researchers assigned pseudonyms to each participant to conceal their identities. The BHUs were asked about their experience with the Canadian healthcare system, their decision to join TAIBU, and their experience since joining TAIBU. Healthcare professionals were also asked questions about their experiences in providing patient care, how their Black patients reacted to them being a Black healthcare provider, how they would describe the diversity in their workplace, and how COVID-19 impacted their work and well-being.

Data Analysis: The qualitative narrative collection started in April 2021 and ended in March 2022. The information collection and transcriptions were done concurrently to enable the researchers to review the participants' understanding of the research questions and for a possible follow-up interview. The transcribed information was coded and analyzed manually, and Nvivo software was used for comparison. The gathered information was divided into different sub-themes, and individual sub-themes were regrouped into main themes based on the research questions and objectives of the study. The information was further triangulated by comparing the responses from individual health professionals based on their areas of expertise. Information from BHPs was subsequently triangulated with information from BHUs, and literature and inferences were drawn in the discussion presented in the findings.

Ethical Consideration: Before the interviews, the researcher emailed the consent form to those participants with email addresses. Additionally, the researcher read a copy of the consent form to each participant and sought their affirmation before the commencement of the interview. Participants were informed about the right to withdraw from the study at any time without consequences, their right to anonymity, and their right to refuse to answer uncomfortable, emotional or intruding questions. The University of Toronto Ethics Board approved the broader study.

Findings

The data analyzed generated the following key themes: lack of connection with the Canadian healthcare system, diversity challenges in the Canadian healthcare system, and Black patients gravitating towards BHPs because of their mistrust of the healthcare system, the extra care they received, and feelings of being undervalued and discredited. These themes are discussed below.

Lack of Connection with the Canadian Healthcare System

"Keep your feet comfortable going to places where you can express yourself"

The study found BHUs came to TAIBU CHC for various reasons: closeness to their residence, aging, and the need to have specialized care, to be part of a broader Black community, and a lack of connection with the mainstream healthcare system. The participants shared that BHPs at TAIBU relate to them better and demonstrate similarities with their lived experiences. Participants expressed that they have to spend less time explaining themselves and their lived experiences and how those experiences impact their health and well-being. Participants shared that the Black physicians at TAIBU know their challenges, making things a lot easier for them. Participants' narratives implied their lack of connection to the mainstream healthcare system, which they recognized as being less diverse in terms of healthcare providers in GTA confirming the findings of Sergeant et al. (2022).

According to some of the participants, their first time seeing Black specialists, including a psychiatrist or hematologist, was at TAIBU. For instance, Lisa, who worked as a probation parole officer for three decades until her retirement, had never met a Black Psychiatrist until she came to TAIBU, even though she referred people to psychiatrists regularly in her work. She noted "I didn't know we had a Black psychiatrist in Ontario because in my line of work, we refer clients to psychiatrists and psychologists, but I never signed a Black person, so he came and things about hearing just different things (Lisa)". Lisa described being elated to see a Black psychiatrist at TAIBU because she heard different perspectives from her 30 years of encounters. Many study participants emphasized the importance of diversity in healthcare providers and facilities. Indeed, Hope, a former payroll administrator at a hospital in the GTA, noted:

> Yeah, it is relevant… from a cultural point of view, they can relate to you. Right. So, for example, Dr. [X] is there, and he's very effective in communicating with us and our friends over here. They give them high praise or high recommendation. And he's one of us. So of course you feel, you feel better that they understand you better, they understand your culture better, you know. (Hope)

The quote from Hope has multiple interpretations and confirms the findings of previous researchers who emphasized the importance of diversity in the healthcare system (Sergeant et al., 2022). Culture is a way of life; every region or ethnicity has a unique culture, and conceptualization of healthcare. For this reason, cultural safety is a key essential to providing inclusive healthcare delivery (Adcock et al., 2023; Curtis et al., 2019; Webb et al., 2023). Physicians with cultural knowledge of a patient are better able to extrapolate to provide tailored care to their patients. In this context, the patient is also able to discuss their situation more freely with the physician without feeling the sense of being misunderstood or judged. Jada agreed with Hope that cultural differences influence people's perceptions about

health and the care they receive. Highlighting the importance of diversity, she asserted:

> I kind of feel that they know where we come from. The principles of one society is not the same as the principle of people from another country, is not the same, everything is different. Sometimes we can assimilate with them a little bit more, occasionally you get somebody that comes from the area that you come from, but it doesn't have to be, [but] sometimes you just feel that maybe they're in your corner. (Jada)

Jada, a retired registered nurse and a nurse practitioner who had worked in several hospitals in Canada recognized the differences in principles underpinning different societies. According to her, such principles may influence people's understanding and perceptions of issues. Her quote emphasizes that people can assimilate, but that assimilation does not necessarily erode one's own identity and culture. She further argued that it is not always the case, but having somebody who understands your culture can make patients feel that the healthcare provider cares. Research has shown, that this feeling of getting better attention and being understood helps to build patients' confidence and trust in the hospital, which may make them more likely to seek care (Ontario Health Quality Council, 2009; Molina-Mula & Gallo-Estrada, 2020). Molina-Mula and Gallo-Estrada (2020) found that a good nurse-patient relationship reduces the number of days patients stay in hospital and improves the quality and satisfaction of care. However, study participants observed that a good nurse-patient relationship is dependent upon the submissiveness of the patients. Lina was particular about going to the hospital, where she could freely express herself and be understood for who she is. She noted:

> Yes, it is relevant, keep your feet comfortable going to places where you can express yourself, with them understanding where you are coming from… Taibu community is here to help in that, say there are more Black people in there, it makes it more comfortable for people to go in, for the community and you, it helps." (Lina)

According to Lina, representation matters. She described feeling comfortable visiting the hospital and seeing herself represented in the health care workforce. This motivated her to seek treatment at TAIBU because she always feels comfortable when she enters the building. Other participants agreed with the need for more facilities such as TAIBU because it does not only take care of their health needs but also builds their social network and capital. For instance, some participants said they visit TAIBU to meet people to engage and share their past experiences and reminiscence about their home countries. Ezra, who had been treated by a Black eye specialist introduced to him by his brother, an optometrist, believes having a

diversified healthcare provider is sufficient, but not a necessary condition of healthcare.

Responding to the importance of diversity in healthcare, he argued: "[y]ou probably could talk openly, and depending on if he's from your country, he will better understand the person. You know, but to me, it really doesn't matter, once, once I see that is fully professional, me, I'm fine" (Ezra). Ezra agreed with earlier participants that having someone with lived experience can ensure better healthcare delivery but also contends that it is difficult to achieve that with the current lack of diversity in our healthcare system. For Ezra, the paramount consideration is the qualification of the healthcare provider—if the healthcare provider is qualified to handle his medical condition, he feels satisfied to work with the physician. Noor agreed with Ezra and argued if a healthcare provider treats her with respect and care, that is all she needs to develop trust.

> So, it is not a colour or ethnicity… my GP is Chinese, [it] is over 40 years I have been with him, and you would not believe that… he is from China, a wonderful gentleman. I met him when he was young, a young doctor but now his hair is all gray. Basically, this is it. I am not hanging up on stuff like that, he would treat me with respect. You get it back in return. I really don't know, for any person but for me, I'm good. (Noor)

Noor who has been treated by a racialized doctor for over four decades may have different experiences compared to other participants. She noted her doctor is a gentleman who treats her with respect and care. Her experience informs her conviction that race does not matter in accessing care. In contrast, Aria, who has a unique experience due to her sickle cell condition, recalled the enormous support she received mainly from racialized healthcare providers, which has shaped her experience and preference for racialized nurses or physicians:

> So, to tell you the honest truth… since being an adult anyway. Having to deal with my sickle cell, and mine that I get no help, and I should really say that, but some helps. However, that's not related directly to sickle cell but because I have sickle cell, I have a disability. You have challenges. And I found that a lot of people of colour have been the ones to help me with my challenges. (Aria)

Aria explained that her sickle cell condition hindered her ability to work; therefore, she encountered financial difficulties and related food insecurity. Aria also noted that she experienced excruciating pain during her sickle cell crisis, and when visiting the hospital, she gets the needed support from mostly racialized healthcare providers whom she better relates with. Aria's pain during a crisis is consistent with the literature, as studies have found that pain is the leading cause of emergency visits to hospitals by

people with sickle cell conditions (Duroseau et al., 2021; Glassberg, 2017; Jang et al., 2021). Hence, people with sickle cell conditions need extra care and pain management during an acute crisis, and the person who provides this can be greatly valued by these patients. She further noted that apart from assistance she gets from hospitals, she gets referrals to food banks and other places for help by social workers. Cloe, a registered nurse and nurse educator with over a decade of experience working in hospitals in the GTA, confirmed Aria's experience and recounted some of the challenges Black patients with sickle cell anemia experience at the hospitals. She stated:

> …there's one group of patients that come in, especially those who come in with sickle cell anemia…They have a very, very high, you know, a lot of pain, a lot of pain and it's very painful, especially when you have the sickle cell crisis. Most of these patients are Black, and a lot of them, frequent the hospital. And when you talk to them if you ever have wanted to talk to somebody, especially when it comes to pain. They get so ignored. They are termed as drug seekers. It's a group of patients that really suffer because of the kinds of issues they have. And, and, and they are predisposed because of their, you know, their heritage, being Black. It's one area that really deserves to be looked into… To be honest, people don't seek drugs. Very rarely do you see people coming in, and you know, I've seen a lot of these White people coming in and just you can tell that they're just, they tell you that's not enough. I like this one, virtually they even know the drugs. (Cloe)

Cloe notes that sickle cell patients visit the hospital frequently because they experience numerous crises annually. Consequently, non-racialized nurses quickly get tired of them and consider them drug seekers. These patients are mostly ignored, and their requests are not taken seriously. This finding confirms earlier studies that suggest that sickle cell patients are generally treated poorly (Berghs et al., 2022; Lee et al., 2019). Berghs et al. (2022) discovered that the sickle cell condition has disproportionate psychological distress for racialized populations compounded by racism and research has shown that poor patient care is linked to providers' inadequate knowledge of how to deal with the condition (Lee et al., 2019).

Cloe's experience with the Black sickle patients contrasts sharply with the portrayal of these patients as drug seekers. She argued that Black sickle cell patients she encountered were content with the medications they were prescribed. She also reported on the different treatment Black patients received compared to their White counterparts, treatment that reinforced anti-Black racism experiences of Black patients. She explained how White patients come to the hospital to request specific drugs and challenge nurses when the quantity given does not meet their expectations. In her experience, when unsatisfied, they tend to ask the nurse or physician to increase the dose of medication given. She felt that Black patients lack this kind of entitlement

and are still harmfully labelled drug seekers and given less attention. Notably, all the participants who emphasized the need for diversity in the healthcare system talked about member relationships between BHPs and BHUs.

Diversity Challenges in the Canadian Healthcare System

"The higher you go, the whiter it gets" experience of Black healthcare providers

The majority of study participants who were healthcare users emphasized the need for diversity, prompting the researchers to seek insights from healthcare professionals to better understand diversity within the healthcare system. All the BHPs interviewed emphasized the lack of diversity in the health system resulting in Black patients gravitating towards them. The BHPs also complained about the lack of diversity among the healthcare leadership. Their shared insights confirm earlier studies that revealed a lack of diversity at the managerial level of the Canadian healthcare system (Saddler et al., 2021; Sergeant et al., 2022; University of Calgary, 2022). When asked about diversity in the healthcare system, the BHPs characterized the current state as "not great," "Blacks are rare in the specialty," "not at numbers,"; and "very poor". None of the participants was satisfied with the diversity in hospital staffing and leadership. The participants noted that diversity exists at the lower levels (e.g., among cleaners, record keepers, and the lower ranked nurses). All shared that the higher you go, the whiter it gets. This was eloquently noted by one of the participants:

> So, for me, they said there's some diversity, but when you come with us, the diversity is at a lower level… If you get into the ward, you have a lot of nurses from India… from the Philippines, from Africa, from the Caribbean, but the higher you go within the healthcare system the whiter it becomes, less diversified.

Cara argued that although some authorities have tried to ensure diversity among hospital staff in the GTA, the diversity only applies to the lower-level staff; but when it gets to the managerial level, diversity is limited. Participants also argued that management is willing to hire White nurses with relatively lower qualifications than more qualified Black nurses. Furthermore, they explained that when female White nurses are promoted to higher positions, they tend to bring their White female colleagues or friends along into more senior and management roles. One of the participants noted this in her interaction:

> And also, there's, there's a culture where the White females that are in positions of power are more likely to bring their White counterparts up with them when it comes to job postings and

> interviews in the hiring board. It's definitely a disproportionate number of White women especially those that are being promoted or hired for these positions (Rosa).

The observations shared by the study participants concerning the lack of representation of Black people at the top levels of hospital and health care administration and leadership is consistent with a growing body of scholarship finding a lack of diversity in the Canadian healthcare system (Fante-Coleman et al., 2021; Jefferies et al., 2022; Sergeant et al., 2022). Such inequity can be demoralizing to Black healthcare professionals whose efforts are not duly recognized. Indeed, Fante-Coleman et al. 's (2021) study patients expressed dissatisfaction with physicians' approaches to providing care, and their experiences were exacerbated by anti-Black racism and discrimination, confirming participants' sentiments. The motivation behind White nurses in management bringing their long-time friends along with them could be attributed to their desire to solidify their positions and ensure their decisions garner support. For instance, Rosa affirms Cara's assertion that there is less diversity at the management level. She states:

> So, at the main level, main staff nurses there's some diversity you know, different ethnicities [are] represented there, but the higher you climb, whether it's a charge nurse, team leader, manager, there're very few and far between. There are increasing numbers of White males, and now there's the diversity that you're seeing more White females than anything else that is being represented. (Rosa)

Rosa's quote corroborates Cara's and others observations about the lack of diversity in managerial positions with top managerial positions filled primarily with White female nurses and occasionally white male nurses. Gender diversity in nursing remains minimal, with the Canadian Nursing Association (2022) reporting about 91% of regulated nurses in Canada being female. Although male nurses are few, some occupy significant and strategic positions which speaks to how anti-Black racism is exacerbated by intersectional factors, including gender, a finding supported in the research (Jefferies et al, 2022). Participants attributed gender imbalance in the nursing professions to the old notion of nursing being the job of females because women are generally perceived as caregivers potentially contributing to many males' lack of interest in the nursing profession.

Interestingly, the male nurse interviewed claimed that more male nurses are required because of the physical demands of the job such as lifting patients or restraining patients when needed. For these reasons, the male participants believed there is a need to increase the gender diversity of the nursing profession. Participants further argued that lack of diversity at the managerial level impedes the upward mobility of Black nurses. Miah, who was recently promoted to the senior level nurse educator after working

for over two decades in various hospitals, contended that she would have been in a way higher position if she was White*:*

> There's no way to go around it, skin [colour] does make a difference. I am not going to sugar-coat it, that is reality. If I were a White person, I think I will probably be way higher than I am today that is the gospel truth.

According to Miah, it took her several attempts and extraordinary preparation to earn the position that she felt she should have gotten long ago. Miah noted that she advises young Black nurses to strive to upgrade their education and skills because upgrading is the surest way to get them noticed and promoted. Many of the participants echoed this sentiment, noting that working hard is good, but that hard work alone does not guarantee a promotion for a Black nurse. In fact, many explained that Black nurses are expected to work twice as hard just to maintain their status, as demonstrated in this quote by Vera*:*

> …I feel like the measuring stick is very different. Or Black versus if you're White. And so, like you have to do that much more to even be recognized for doing, you know, the status quo. Like you might be going over and above and you're just fulfilling the status quo.

Importantly, participants also recognized that while Black nurses with all the qualifications and the requirements may improve her chances of moving up, their hiring may well be linked to the hiring committee's consciousness of the possibility of qualified applicants filing a grievance if not awarded the position. That notwithstanding, participants felt that there is always some false justification for denying Black nurses and doctors promotion and access to higher positions.

Black Patients Gravitate Towards Black Health Care Providers

The BHPs interviewed adduced several reasons why Black patients gravitate towards them. Some of the reasons they spoke of include mistrust of the healthcare system based on past experiences of violence in the medical field, the extra care provided by BHPs, and Black patients feeling unvalued. These are discussed in subsequent paragraphs using participants' quotes as subheadings.

Mistrust in the Canadian Healthcare system

"*They don't trust the police, they don't trust the healthcare system, they don't trust everyone"*

Participants argued that many Black patients harbour historical injustices and generational trauma suffered through the colonization of forebears. The long history of violence against Black people in medical

encounters and settings is fresh in the minds of many Black people who remain conscious of being Black and their connection to their ancestors. This was evident in the quote of one of the participants:

> I also just think that like there has been, violence and anti-Blackness in the medical community and within the profession of medicine for years and hundreds of years…so I mean there's a lot of mistrust and because there's been a lot of abuse by the medical community on Black female. I do think that not always do they think that we are in this, like Black physicians are our allies, but I think they trust us more. (Leah)

Leah, a specialist physician and surgeon, contended that past abuse and anti-Black racism that existed and continues to manifest itself in many ways in health care is engraved in the minds of Black people, making some deeply and legitimately skeptical of the medical profession. These shared experiences and observations are consistent with the literature documenting medical racism against Black people in the Americas (Dryden & Nnorom, 2021; Joneja et al., 2022; Nuriddin et al., 2020). Nuriddin et al. (2020) persuasively argues that we can draw parallels between the history of police brutality and killings of Black men in America and medical atrocities committed against Black people, making any claim that medical racism does not exist naïve at best. He notes:

> Black self-determination and resistance lay to waste the assumption that White supremacy in our medical past was simply "of its time". Nor were Black, Indigenous, and people of colour passive victims of oppression… In sum, racism has not just been incidental to the history of American medicine, and much medical practice around the world, but entrenched in it. (Nuriddin, Mooney, & White, 2020:951)

Nuriddin et al (2020) make clear that Black people's skepticism of the medical profession is justified based on past and present experiences. Hence, if Black people ignore medical racism, it can be detrimental to them. To support their position, participants referenced the Tuskegee experiment in the United States, where Blacks were experimented on and deliberately infected with syphilis without their knowledge and subsequently refused treatment even after the discovery of penicillin (Alsan & Wanamaker, 2016; Gamble, 1997). Others cited recent unethical prescribing practices targeting Black women for certain birth control pills known to cause or otherwise contribute to sterility (Senate Committee on Human Rights, 2022). Recognizing the far-reaching consequences of this violence, Leah observed that it is not always the case that BHUs consider BHPs as allies, but they have some level of trust in them not to deliberately cause harm. Other participants noted the impact of the government's role in these atrocities

against Black and Indigenous people in Canada, alongside police brutality and institutional racism, is a deep distrust of these institutions and the potential for them to be triggering for Black and Indigenous people complicated further by inter-generational trauma. One participant noted:

> "So, they are in this sort of constant, will I say there is this sort of constant reminder of the pain their ancestors went through. So, well, they are still doing the same things how sure am I that they won't repeat what they did to these people because they don't trust the police, they don't trust the healthcare system, they don't trust everyone". (Vera)

The pervasiveness of anti-Blackness in our society and its insidious modus operandi make it even more dangerous with profoundly negative impacts on the health and well-being of Black people. As participants assert, it is easy for them to handle overt racism by avoiding going to certain places or associating with certain people. It is much more difficult to navigate and protect oneself from this harm when the racism is disguised as health 'care' which may well be why some Black people remain skeptical about the healthcare system and avoid accessing care. Furthermore, recent police killings of unarmed Black men in Canada deepen the mistrust (Greene et al., 2022; Wortley et al., 2020).

Vera argued that mistrust in the healthcare system is not only about past violence but also recent violence. She argues that sometimes Black people are treated differently when they visit hospitals, and that raises their suspicion about the care they receive. She said:

> A lot of people, there's like an underlying mistrust people feel that you know, and statistics have shown if you're Black and present… the same complaint as somebody White, what you get in terms of treatment differs, right. (Vera)

According to Vera, the differences in treatment and care received by Black patients further deepen their suspicion of the healthcare system. Vera, a labour and delivery nurse, recounted her experience of taking her sick daughter to the hospital for treatment, where she met a White woman seeking treatment. The woman complained of a stomachache, and the doctor was seen to order all kinds of tests for her. When it got to Vera, the same physician simply prescribed her daughter Tylenol. Relying on her own medical expertise, Vera refused the Tylenol and requested a throat swab test for her daughter instead. The doctor resisted initially with the excuse that the result of the test would take a long time to come, so she would be better off taking the medication and going home. Vera resisted and had the test done believing the medication was insufficient. The doctor finally agreed and the result of the swab revealed an infection requiring antibiotics. Vera was able to advocate for herself because of her medical knowledge, but

many Black patients are unable to do the same and fear speaking up and being victimized. Anti-racism scholars used the phrase "disposable bodies" to demonstrate how Black lives are undervalued and consequently subjected to less care or inhuman treatment by healthcare providers or law enforcement (Rogers, 2014). Using the killing of 18-year-old Michael Brown in Ferguson, Missouri, Rogers demonstrated how Michael Brown's body was left in the sun for onlookers for four hours after the police had taped the whole area as a testament to the disposability of Black life (Rogers, 2014). Anti-Black racism, therefore, contributes to mistrust of the healthcare system by Black people.

Extra care by Black healthcare Provides

"I go out of my way to make sure they have everything that they need"

For the most part, Black nurses interviewed have observed with keen interest the mistreatment or lack of care some Black patients suffer at the hands of White colleagues—a situation they are determined to change. Consequently, many spoke about taking it upon themselves to ensure Black patients feel comfortable whenever they visit the hospital, irrespective of whether they are under their direct care. This finding is supported by past research that found Black nurses regularly advocate and push back against racism to improve Black maternal and infant health in hospital care (Hunte et al., 2022). According to the nurses interviewed, some of them have themselves been victims of racial discrimination and so make conscious efforts to prevent it from happening to their Black patients. The nurses reported doing something as simple as greeting Black patients whenever they see them to make them feel comfortable and advocating for them to get better treatment or care. One such healthcare provider, Yara, goes the extra mile to help Black patients:

> When I see Black people… I go out of my way to make sure they have everything that they need. Like everything that needs to be done for them, I do that. I do it subconsciously… I think that this is something that we just do because we know what we go through.

Yara shared that as a Black person, she experiences all forms of marginalization, so she knows how it feels and, therefore, works to protect Black patients from experiencing similar discrimination in their vulnerable state. The kind of discrimination Yara describes having experienced in her own work is captured in the literature on anti-Black racism against Black nurses in Canada (Beagan et al., 2023; Brathwaite et al., 2023; Gupta, 1996; Jefferies et al., 2022). Indeed, study participants recounted instances where White patients declined their service and requested somebody who "speaks better English" or overtly stated, "I don't want a Black person to touch me." In this way, Black nurses themselves are not immune to racism; some push back while others ignore it to avoid victimization. In these cases, some

hospital administrators insist on treating the patients, though sometimes, this discriminatory treatment occurs without the knowledge of the hospital management This informed the resolve of the Black nurses and physicians to advocate for vulnerable Black patients.

While Yara provides adequate care for all her patients, she is mindful of the experiences of Black patients; consequently, she factors those experiences into care delivery. The finding speaks to Eggertson's (2022) research that found Black nurses are the heartbeat of care in their communities, particularly since there are so few Black physicians practicing in Canada. Studies show that the support nurses provide contributes immensely to faster recovery and the healthcare experience of patients (Fante-Coleman et al., 2022; Isangula et al., 2022; Molina-Mula & Gallo-Estrada, 2020). Apart from the support Black nurses provide to their patients, Black nurses mediate between Black patients and non-racialized nurses when misunderstandings occur. Miah explains how she frequently addresses conflicts between Black patients and White nurses:

> So, to speak about my experience now, where I work, I have to step in with some conflicts, nurse-client conflicts. It was a Black patient, and the nurse and the moment they saw me, even [though] I was just passing by, the moment they saw me they wanted to talk to me. Why because they know that I probably can relate better… I would tell you probably nine out of ten, they [Black patients] were right. They were right because for me, for my background, you know being, you know, raised in a home where we have to respect our elders.

Miah explains that conflict often occurs due to a lack of understanding of patients' cultural backgrounds and ways of communicating. She explains that many elderly Black patients have had bad experiences and, therefore, abhor disrespect and will speak out when disrespected. Secondly, some elderly Black patients have high tones, which some nurses misconstrue as being aggressive. In contrast, somebody with a similar cultural background would understand this trait and respond accordingly. According to Miah, these are some of the bones of contention between elderly Black patients and non-racialized nurses. Besides helping Black patients feel at home, Black nurses sometimes volunteer as interpreters for other nurses when the patient is not an English speaker or when the patient's English is not fluent. Black nurses also seek the help of other racialized nurses to help them understand patients who speak, for example, Asian or Spanish languages to assist in care provision.

Feeling undervalued and discredited by Black healthcare Users

"Stories they present about the illness narrative rendered incredible"

Hospitals and clinics are places nobody wants to frequent because of the pain and strain on financial resources. However, for some Black

patients, clinics and hospitals are sometimes places where they feel not valued and lose their self-worth. In this way, hospitals are often places where they are reminded of their Blackness. These were evident in the participants' accounts, particularly those who argued that Black patients are not understood due to their accents, are asked to repeat themselves several times, and their illness narrative is not believed. These actions cast aspersion on Black patients and their self-worth, as explained by one of the participants, Cara:

> ... stories they present about their illness narrative rendered incredible. So, what if you get to a place and you start talking and then somebody starts throwing questions here and there and oh, are you sure? Is that what you're experiencing? What you're saying, me I've never heard this before. (Cara**)**

As evident in Cara's quote, when a Black patient's illness narrative is doubted, the patient can completely lose their self-esteem, and what they do in this vulnerable state is avoid divulging critical information. Furthermore, Black patients may answer questions in ways they think will satisfy the healthcare provider rather than telling the truth. Not surprisingly, healthcare providers can be entirely unaware of these patients' actual illness narratives due to cultural differences. In these encounters, the healthcare provider's reaction and posturing can either unsettle the patient or make the patient comfortable. At the same time, patients can misinterpret the reaction of the healthcare provider. Such misinterpretation of cultural differences requires vigorous efforts to improve equity, diversity, inclusion and cultural competence training alongside efforts to address anti-Black racism.

Some study participants believed that covert racism within the healthcare system alienates Black patients, an argument supported in the literature (Boatright et al., 2023; Khuntia et al., 2022). Cloe, a senior nurse stated "…you know, the racism that we see on a daily basis. We know from our fellow workers or patients. We work also advocating for the patients that we have seen that you know, that are not the normal [i.e., vulnerable] patients". Cloe explained that the way some of her colleagues treat patients leaves much to be desired, which in her hospital resulted in complaints about racism, which the hospital tasked an in-hospital EDI specialist to investigate. In response, the hospital received significant backlash from White community members who questioned the rationale for researching racism. According to Cloe, the hospital investigation revealed a high incidence of racism, so the hospital's management watered down the results for fear of increased backlash. She said nurses who are committed to social justice could not act for fear of repercussions leaving them sobbing in washrooms, before washing their faces and coming out as if nothing happened. These actions and inaction encapsulate the experience of BHPs and BHUs and how they navigate issues of diversity and racism in the GTA.

Discussion

The study's findings highlight the experiences of BHPs and BHUs and the issues that come from a lack of diversity and inclusion, anti-Black racism, mistrust in the healthcare system, and cultural incompetence. The participants' accounts of their experience reveal a significant lack of diversity in hospital leadership and related senior positions. For instance, participants pointed to the scarcity of Black specialists in the GTA. Their accounts are supported by studies highlighting a lack of diversity in the Canadian healthcare system (Marcelin et al., 2019; Sergeant et al., 2022). As noted by Coronado et al. (2020), the lack of diversity in the specialties negatively impacts healthcare delivery, particularly for Black and racialized populations. It also deprives the healthcare system of the innovation that comes with varied ideas, perspectives and cultural values.

The study demonstrates the lack of diversity in the GTA's healthcare system across managerial positions in nursing and medicine; with racialized people over-represented in lower-level entry jobs in nursing, administrative staff positions, and among cleaners, record keepers, cooks, etcetera. This lack of diversity has profoundly negative consequences. Study participants described how diversity in the healthcare system is vital and efforts to support this must be taken seriously by healthcare administrators to improve confidence in the care patients receive, and better facilitate recovery and a return to good health (Coronado et al., 2020; Williams et al., 2015). Studies have also shown that diversity in the workforce increases access to care for racialized and marginalized groups, increases their access to and use of healthcare services, improves adherence in treatment regimens by the racialized group, and ultimately improves health outcomes (Coronado et al., 2020; Williams et al., 2015). Conversely, a lack of diversity can cause racialized patients to be performative, responding to questions in a manner that may appease healthcare providers but is detrimental to their health and well-being. A diverse workforce in healthcare encourages a sense of belonging and ownership of the healthcare facility among racialized groups (International Labour Organization, ILO, 2022; Verbree et al., 2023).

The study supported other work that reports a lack of gender diversity in nursing in Canada, with stereotypes about women as natural caregivers contributing to the disproportionate number of female nurses participants explained that male nurses are not always accepted by patients compared to female nurses. Some noted male nurses also face more allegations of inappropriate touching, requiring them to work in pairs when caring for their female patients. Despite these challenges, male nurses are needed to complement the work of their female counterparts, and so work must be done to dispel the notion that nursing is a female job.

The study also exposed BHUs' experience of racism and discrimination in the healthcare system. Participants shared many stories of experiences of racism they encountered in the course of their work. This finding is supported in recent research that reports an increasing incidence

of racism in the Canadian health system (Husbands et al., 2022; Mahabir et al., 2021). Studies indicate that racialized healthcare users face racism in many forms, including dehumanizing conditions, negligent communication, professional misconduct, and unequal access to healthcare (Husbands et al., 2022; Mahabir et al., 2021). In their study, Husband et al. (2022) observed that the majority of participants (60%) had experienced racism in the twelve months preceding the study. This affirms the prevalence of racism in the Canadian healthcare system. The racism experienced by BHPs and BHUs in this study also negatively impacts their healthcare experience and shapes their overall perception of the healthcare system. Furthermore, racism entrenches Black people's mistrust and skepticism of the healthcare system which is deeply rooted in the abuse Black people have suffered through colonization and ongoing medical racism and oppression they endure today. The experience of anti-Black racism in this study took several forms, including (1) unequal and sub-standard treatment compared to their white counterparts, (2) the ignoring and systematic erasure of their illness narratives, and (3) lack of promotion and recognition of their hard work and tremendous contributions to the healthcare system.

In keeping with the literature (Iheduru-Anderson, 2020), Black healthcare professionals interviewed described facing impediments in getting promotions compared to their White counters including enormous challenges in entering into leadership or related faculty positions. Black nurses face racial discrimination and lack access to mentorship and support, and are actively discouraged from applying for leadership positions. This was reflected in the stories shared by the participants who reported having to work harder to maintain the status quo and who, in response, sought to upgrade their education and skills to make it more difficult for hiring committees to reject their promotion applications.

Due to the racism and discrimination BHUs face in accessing healthcare, they rely on the presence of BHPs to advocate for them. The BHPs, particularly nurses, work hard to ensure that BHUs receive the necessary care. The actions of Black nurses in supporting and advocating for Black patients demonstrates the importance of diversity. This makes them better at connecting with BHUs. The skepticism of Black people toward the medical profession is justified, according to Nuriddin, Mooney, and White (2020). Participants cited past medical violence, such as the Tuskegee experiment in the United States and the Birth control pills used in Canada, which were later found to have sterilizing effects on Black women, to buttress their skepticism.

Conclusion

This qualitative study explored the experiences of BHPs and BHUs and how they navigate issues of anti-Black racism in Canadian Healthcare institutions in the GTA. Through in-depth interviews, the study found that BHUs feel a lack of connection with the mainstream healthcare system due to poor communication and cultural incompetence. Consequently, BHUs

gravitate toward BHPs due to mistrust in the healthcare system resulting from past violence in the medical field, differences in shared lived experiences, and Black patients feeling unvalued. The BHPs confirmed the experiences of the BHUs and their preference for Black nurses and physicians. The BHPs noted that lack of equity, diversity, and inclusion shaped the experiences of BHUs. They further noted the presence of anti-Black racism in the healthcare system. Based on the findings above, the study recommends mandatory anti-Black racism training for healthcare practitioners and administrators and a comprehensive policy to tackle anti-Black racism in the healthcare system. Hospital administrators should strive to address inequity in the system by hiring more racialized people to improve equity, diversity and inclusion in the healthcare system.

Funding

No funding was obtained for this study except the postdoctoral fellowship offered to the Corresponding author and principal investigator.

Conflict of Interest

The authors declare no conflict of interest.

Author Contribution Statements

The first author conceptualized the study and drafted a proposal which was reviewed and augmented by the second and third authors The first, second and third authors reviewed and developed the methodology. All authors reviewed and modified the final proposal and approved it. First, fourth, fifth and sixth worked together to collect the data. All authors analyzed the data and drafted the paper. All authors read and approved the final paper.

Ethics Approval

The University of Toronto ethics board approved the study (#: 00039871). Ethical concerns were received from all participants.

Acknowledgements

The authors express their heartfelt thanks to the University of Toronto Scarborough for offering the principal investigator and corresponding author a postdoctoral fellowship to conduct this study. The authors further thank the research participants for their time and knowledge shared with us. We also thank Nahir Anashara and Helen Komen who helped us to identify potential research participants.

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