

# Stark paucity of racialized leaders in Canada's health care leadership

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Racialized leaders are considerably under-represented in high-level health care leadership in Canada, although there is gender parity, according to a national study of 3056 leaders published in *CMAJ*

*(Canadian Medical Association Journal).*

The study included 135 of Canada's largest hospitals and all provincial and territorial health ministries.

A diverse team of authors of South Asian, Indigenous, Middle Eastern, Latinx and Southeast Asian backgrounds conducted a national study to analyze the effect of race and gender on hospital and health care leadership in Canada. The authors reviewed health leaders' names and photos from institutional and professional websites and documented the race and gender that they perceived for each leader.

"First impressions, or assumptions made rapidly and often unconsciously on the basis of external appearance, strongly affect valuation of a person," writes Dr. Fahad Razak, an internal medicine specialist and researcher, Li Ka Shing Knowledge Institute, St. Michael's Hospital, Unity Health Toronto, with coauthors. In describing their methodology, the authors note that they "used perceived race and gender measures to understand how individuals applying for health leadership roles would be initially viewed by a selection committee."

Some key findings:

- At the health ministry level, fewer than 5 (
- At the provincial level, the gap between hospital executives perceived as racialized compared with the self-identified racialized population of the provinces was 14.5% for BC, 27.5% for Manitoba, 20.7% for Ontario, 12.4% for Quebec, 7.6% for New Brunswick, 7.3% for PEI, and 11.6% for Newfoundland and Labrador.
- Fewer than 5% of [hospital](#) leaders in all provinces were

perceived as racialized women, except for British Columbia, where 14.7% (15/102) racialized women held leadership positions. There were no racialized women in health ministry leadership roles across the country.

- Men and women were equally represented in leadership across the country, including the highest-ranking CEO and deputy minister positions.

Racial diversity in leadership offers benefits, such as promoting culturally sensitive care by addressing discriminatory policies, increasing inclusivity for patients and staff, and providing a broader perspective on racial inequity that can affect health and access to care.

"Evidence suggests that when patients see their race represented in their [health care providers](#), they are more likely to have positive care experiences and agree to essential preventive care," write the authors.

Increasing racial diversity in health care leadership can help address systemic racism.

"Given calls to address systemic racism in Canada's [health](#) care systems, increasing [racial diversity](#) and inclusion in leadership teams and improving data collection to support this aim are clear ways for institutions to take action," the authors conclude.

**More information:** Anjali Sergeant et al, Diversity among health care leaders in Canada: a cross-sectional study of perceived gender and race, *Canadian Medical Association Journal* (2022). [DOI: 10.1503/cmaj.211340](#)

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