
HYPERVIGILANCE – BEING PLUGGED IN: A CONSTRUCTIVIST GROUNDED THEORY OF THE IMPACT OF RACISM ON RACIALIZED MIDWIVES IN ONTARIO.

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Feb 26, 2024

Excellence in IBPOC Research Symposium

BACKGROUND

- In 2023, we conducted a mixed-methods study investigating midwives' experiences of mental health within the context of Ontario midwifery.¹
 - Our analysis underscored the mental burdens surrounding the 'culture of midwifery' and 'external factors', in addition to the nature of birth work and how midwifery is organized and funded in Ontario.
 - Interestingly, a subset of data emerged detailing racialized midwives' experiences of racism within the profession and consequential mental harm.

These findings emphasized the need to further explore how racism impacts the mental health of racialized midwives.

RESEARCH QUESTION

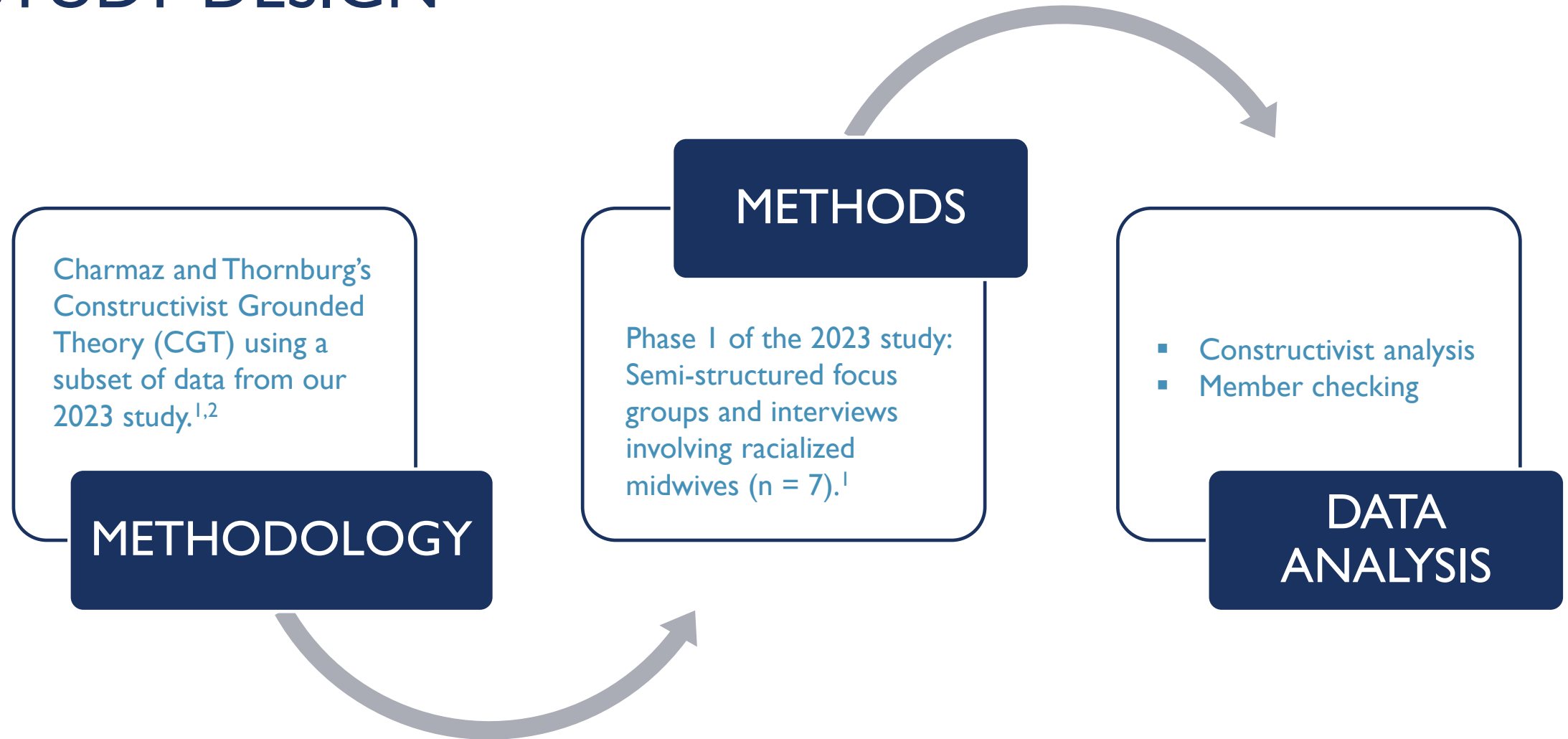
How does racism impact the mental health of racialized midwives in Ontario?

POSITIONALITY

Our Research Team



STUDY DESIGN



RESULTS

WHAT IS HYPERVIGILANCE?

- Hypervigilance refers to a constant state of alertness that involves assessing one's surroundings that may potentially threaten one's wellbeing.
- In racialized midwives, hypervigilance refers to the exhaustive mental work involved with the anticipation and adaptation to racist stressors in clinical settings
 - Self-checking behaviours

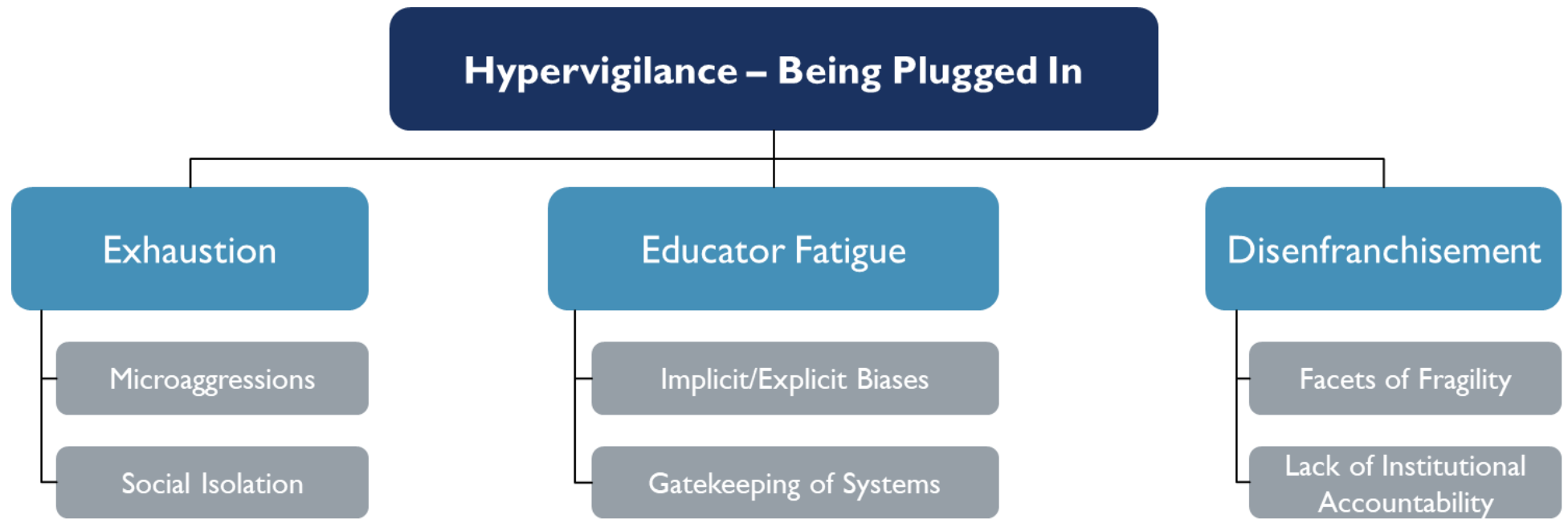


Figure 1. Visual Coding Tree

CO-THEME I – EXHAUSTION

MICROAGGRESSIONS

- Mental burden tied to constantly navigating exposure to microaggressions against racialized clients and midwives
- ‘Insidious’ nature of microaggressions
 - Self-checking; i.e., questioning their encounters, reactions, and whether their own actions were provoking insult
 - Sense of obligation to protect racialized clients bleeding into off-call hours

SOCIAL ISOLATION

- Mental work associated with navigating racially-motivated bullying within practice and hospital settings
 - Lack of support from non-racialized colleagues often pushed racialized midwives to the margins of the practice group
 - Various coping mechanisms employed to evade stress

CO-THEME I – EXHAUSTION

MICROAGGRESSIONS

She [the client] didn't want to even shake my hand... It's like, am I practicing the way that I'm supposed to? Am I saying the wrong things? Am I giving the informed choice discussions incorrectly?...[D]id my face make a wrong facial movement? Did I spit on someone [by accident]? Did my body language seem wrong? Did I not shake someone's hand strong enough or lightly enough? Did I smell bad? These are all the things that I don't need to really think about...I don't feel respected as a human being. (Interview 3, Participant 5)

SOCIAL ISOLATION

[T]he other midwives suggested that the other non-White midwife take a leave because she was dealing with difficult things in her life. What I saw was if it was any of the White midwives [who were struggling], they would have come around and supported that midwife, like extra time off call, [or] help with [her] visits...But [with] this [racialized] midwife, it was “take a leave, you are not working, you don't have loyalty to the practice”. (Focus Group 6, Participant 3)

CO-THEME 2 – EDUCATOR FATIGUE

IMPLICIT/EXPLICIT BIASES

- Mental fatigue of continuously bearing the responsibility to educate colleagues of their racial biases and blind spots to racism
 - In some cases, confronting colleagues led to insensitive reactions and the continuation or escalation of racist interactions.

GATEKEEPING OF SYSTEMS

- Frustration of working in a profession that gatekeeps policies and protocols to tackle racism
 - Racialized midwives are obligated to spearhead system-level changes to dismantle racism due to inaction
 - Mental work associated with navigating workplace racism on one's own due to a lack of institutional and interpersonal support systems

CO-THEME 2 – EDUCATOR FATIGUE

IMPLICIT/EXPLICIT BIASES

[I]n the last few months I would say that the harassment has been more stressful than COVID...What has been really difficult is that this [harasser] think[s] she's very anti-racist...[W]hen I told her you can't make these comments with me...it just escalated her white fragility...and then she would say these racist slogans ... She is unable to face what she just did and makes it worse. (Focus Group 6, Participant 7)

GATEKEEPING OF SYSTEMS

What adds [another] challenge for folks who are racialized in spaces or institutions [that] we are trying to navigate is the lack of an inclusive culture that welcomes us and supports us to succeed. That feeling that you are being an “imposter”, that’s not on you as the racialized person. That’s on the organization and its hidden curriculum and culture that makes it hard to understand the unspoken ways in which you are expected to navigate to be successful. Yes, in part it’s micro-aggressions but it goes beyond that because it’s not at the individual level it’s systemic.” (Member check: Participant 4)

CO-THEME 3 – DISENFRANCHISEMENT

FACETS OF FRAGILITY

- Fear of retaliation weighs over racialized midwives when choosing whether to speak out against racism due to facets of fragility observed in professional settings
 - Threats to reputation, job security, and emotional well-being disenfranchised participants from confronting workplace racism

LACK OF INSTITUTIONAL ACCOUNTABILITY

- Despite evidence supporting racist harassment and discrimination in practice and hospital settings, racialized midwives were often blamed or coerced to be culpable
 - Failure to hold perpetrators accountable left racialized midwives with the burden of coping with racial trauma on their own
 - Participants expressed the need for standardized disciplinary measures and procedures for responding to racial conflicts

CO-THEME 3 – DISENFRANCHISEMENT

FACETS OF FRAGILITY

*There is a lot of stress at work because we are midwives, but then you add on top of that, the fact that we are racialized midwives who are constantly being disrespected at the hospital or being bullied in our own clinics or seeing evidence of our clients who are racialized being bullied and disrespected and discriminated against and...we can't say anything because we are the only one in the room and the consequences of saying something are going to come back to you.
(Focus Group 6, Participant 1)*

LACK OF INSTITUTIONAL ACCOUNTABILITY


For me, what I would need other than all the self-help stuff is just potentially from the AOM would be more structured protocols for midwives in how to deal with the harassment, whether it's racism or not.... just a consequence where people are really held accountable...(Focus Group 6, Participant 7)

PARTICIPANT RECOMMENDATIONS

- Profession-specific institutions should provide access to racially/ethnically concordant mental health practitioners and support groups for midwives
- Mandatory anti-racism workshops/educational training that is linked to professional renewal.



IMPLICATIONS

- First study to investigate how racism impacts the mental health of racialized midwives in Ontario
 - This conceptualization can help inform and pave the way for profession- and institution-specific initiatives to dismantle racism that persists in Ontario midwifery
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REFERENCES

1. Darling EK, Grenier LN, MacKenzie RK, et al. A mixed-method study exploring barriers and facilitators to midwives' mental health in Ontario. *BMC Womens Health*. 2023;23(1):155. doi:10.1186/s12905-023-02309-z
2. Charmaz K, Thornberg R. The pursuit of quality in grounded theory. *Qual Res Psychol*. 2021;18(3):305-327. doi:10.1080/14780887.2020.1780357