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(Abstract)

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Unconscious Gender or Sexuality-Based Bias Within Anesthesiology: A Cross-Sectional National Survey

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Introduction: While the evidence is clear that women and lesbian, gay, bisexual, transgender, queer, and two-spirited (LGBTQ2S+) anesthesiologists are disproportionately under-represented, under-paid, and under-promoted, the reasons behind these disparities remain unclear.¹⁻⁴ The workplace culture in anesthesiology may contribute to this imbalance.⁵ The purpose of this study was to characterize experiences of discrimination attributed to gender and/or sexuality among Canadian anesthesiologists.

Methods: Ethics approval was obtained from the local REB. We conducted an internet-based, open, cross-sectional survey. The survey was distributed to resident, fellow, and staff-level anesthesiologists. Survey questions were developed to characterize the intersection between respondent gender and/or sexuality with experiences of discrimination in the workplace. Binary outcomes were assessed using Fisher's exact test and logistic regression; responses on a 5-point Likert scale were analyzed using Kruskal-Wallis and Dunn's tests.

Results: We received 162 survey responses (response rate 7%). Respondents perceived anesthesiology to be significantly more welcoming to men than women ($p=0.005$) or LGBTQ2S+ people ($p<0.001$). Respondents similarly indicated that men were significantly better represented in their department than women ($p<0.001$) or LGBTQ2S+ people ($p<0.001$). Being a woman (vs man) was associated with higher likelihood of experiencing discrimination (OR 3.7 [95% confidence interval (CI) 1.7 – 8.1]; $p=0.004$), harassment (OR 2.4 [95%CI 1.2 – 4.9]; $p=0.02$), or barriers to career advancement (OR 3.70 [95%CI 2.1 – 6.5]; $p<0.001$). In contrast, a non-heterosexual (vs heterosexual) orientation was only associated with higher likelihood of experiencing discrimination (OR 3.6 [95%CI 1.3 – 9.5]; $p=0.01$), with no effect on harassment of career trajectory. The majority of respondents expressed that the work environment would be unaffected (102 [63%]) if a colleague were to disclose their LGBTQ2S+ identity, and only a minority of LGBTQ2S+ respondents expressed that they were unlikely (5 [17%]) or very unlikely (1 [3%]) to disclose their identity with the department. Heterosexual and non-heterosexual anesthesiologists reported similar comfort with caring for LGBTQ2S+ patients ($p=0.102$).

Conclusions: Women and LGBTQ2S+ people are disproportionately affected by discrimination. Women in particular additionally reported experiencing harassment and limited career advancement. However, disclosure of one's sexuality or gender identity in anesthesiology was perceived to neither affect workplace dynamics, nor have respondents been discouraged from "coming out". This discrepancy between perceived comfort with LGBTQ2S+ patients and colleagues but persistent gender and sexuality-related mistreatment may reflect unconscious, rather than deliberate, bias. Further work is required to qualitatively characterize sources and

experiences of bias.

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