Religious Identity Discrimination and Accommodation Experienced by Muslim American Physicians in Academic Medicine

Building a diverse physician workforce is essential to advancing workforce equity and is critical for advancing health and healthcare equity within society. Yet these goals can be frustrated by experiences physicians have within the workplace. Indeed, research among physicians from racial, ethnic, and gender minorities demonstrates that they encounter high levels of workplace discrimination, and in turn experience diminished career opportunities, greater job turnover, higher levels of burnout, and worse health outcomes when compared to their counterparts.

Despite the importance of religion to both patients and providers, and the fact that incorporating religious identity at work improves patient care and physician well-being, religious discrimination faced by physicians is understudied. Muslim Americans offer an important lens through which to fill in this knowledge gap. They comprise more than 5% of the physician workforce, are racially and ethnically diverse, and a sociopolitical climate of anti-Muslim bias and discrimination presently affects this community. Stories of Muslim clinicians experiencing discrimination and bias are commonplace in public media, yet scant research examines their experiences in-depth. Thus, we examined Muslim physician experiences with discrimination and accommodation, and how these relate to psychological and professional outcomes.

This project was run out of the Medical College of Wisconsin (MCW), and involved partnership with the Initiative on Islam and Medicine, Islamic Medical Association of North America, American Muslim Health Professionals, and US Muslim Physician network. We fielded a survey questionnaire to members of national Muslim physician organizations and subsequently conducted semi-structured interviews to examine physician experiences. Inclusion criteria included being a practicing physician in the US, self-identifying as Muslim, being English-proficient, and having worked at a university-affiliated hospital, teaching hospital, or other academic healthcare institution within the last 20 years. With respect to the quantitative survey data, Aasim Padela, MD, MSc, Professor of Emergency Medicine, Bioethics and the Medical Humanities at MCW will present study findings in his session titled, “Religiosity Predicts Discrimination, Accommodation, and Career Outcomes for Muslim Physicians in Academic Medicine.” Here, we assessed associations between physician religiosity and experiences of discrimination and accommodation using validated measures of religiosity and job-related outcomes (e.g., workplace discrimination and burnout). Laila Azam, PhD, MBA, Research Scientist at the MCW will present interview findings in her session titled, “Advancing Institutional Workforce Equity: Insights from Muslim Physicians in Academic Medicine.” Interviewees were selected from survey respondents using maximum diversity purposive sampling.

With respect to our findings, two-hundred sixty-four participants completed the survey and 18 participated in interviews. Survey participants had a mean age of 39.5 years, and most were male (61%), born in the US (55%), completed medical school in the US (72%), had a visible marker of Muslim identity, i.e. beard or hijab (51%), and Sunni (70%). Fifteen percent identified as African American/Black, 21% as Arab/Arab American, 31% as South Asian, and 27% as European/White. With respect to discrimination, 53% reported facing religious discrimination frequently in their career, 36% were presently experiencing religious discrimination at work,

32% reported job turnover due to religious discrimination and 33% reported patients refusing their care due to their religious identity. Both quantitative and qualitative data indicated that greater religiosity associated with multiple negative outcomes including higher levels of workplace discrimination and burnout, and lower emotional well-being and religious identity accommodation. For example, greater religious involvement was positively associated with workplace discrimination ($b = 0.032$, $p = 0.034$, 95% CI [0.002, 0.061]) and negatively associated with identity accommodation (OR = 0.856, $p = 0.009$, 95% CI [0.761, 0.962]). Finally, multivariate models revealed that African Americans reported greater job turnover and less interest or pleasure in doing things compared to Arabs, South Asians, and Whites, and more burnout and less workplace motivation compared to South Asians and Whites.

Qualitative data revealed that religious practices such as daily prayer, Friday congregational prayers, and Ramadan fasting were a source of significant challenge for physicians, especially during medical training. Those who were more regular with these practices encountered greater workplace discrimination. The added work and stress of fitting in their religious practices increased their sense of vulnerability to religion-based discrimination. Subsequently, many reported feeling out of place, less apt to succeed, and targeted because of their religious identity. Several left their positions, while others coped by compromising or abandoning their religious practices and values. These struggles manifest differently relative to what occurs in each career stage. Physicians in training experienced significant scrutiny due to religious identity and felt subject to a vast power differential; thus, feeling unsupported or fearful to ask for accommodations.

Our findings describe how religious identity and religiosity negatively impact workplace experiences and well-being among Muslim physicians in academic medicine and highlight the deep psychological and career effects of working in a space perceived to be non-accommodating of religious practices. Our works calls attention to the urgent need for institutions to design policies and forums to support the religious identity of physicians.