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Instilling Hikmah in Healthcare

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Tanenbaum
Combating Religious Prejudice
Building a world that respects religious difference

American Muslim Health Professionals

Advancing Equity for Muslim Physicians in the Healthcare Workforce

ABOUT THE INITIATIVE ON ISLAM AND MEDICINE

The Initiative on Islam and Medicine (II&M) is a leading research center at the intersection of Islam and Biomedicine. Using an innovative approach that draws insights from a diverse set of disciplinary experts, we produce groundbreaking scholarship that impacts the lives of Muslim patients, healthcare providers and religious leaders.

The Initiative on Islam and Medicine's publications do not necessarily reflect the opinions of its donors or funders.

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EXECUTIVE SUMMARY

Over the past decade, the incidence of racial and religious prejudice within the United States has risen significantly in both the public and professional spheres. In response, many industries, including healthcare, have invested billions of dollars into diversity, equity, and inclusion (DEI) programs to understand and combat discrimination, stereotyping, and otherwise negative experiences in the workplace.[1] The following report reveals the impact of religious discrimination on the professional and psychological outcomes for Muslim physicians in the healthcare workplace.

The report draws upon two national studies conducted by Dr. Aasim I. Padela and colleagues in 2013 and 2021. The 2013 study consisted of a quantitative survey, while the 2021 study involved both a survey and qualitative interviews. Across the two studies, there were a total of 519 participants (**255** participants in **2013** and **264** participants in **2021**). The main findings are as follows:

Muslims Physicians Increasingly Experience Religious Discrimination in the Healthcare Workplace

In the 2013 survey, 24% of participants reported frequently encountering religious discrimination in their career while 14% were experiencing religious discrimination at their current workplace. These numbers increased significantly in 2021, with 53% of participants reporting religious discrimination frequently in their career and 36% currently experiencing discrimination at work directed at their religious identity or otherwise. Additionally, 9% of participants reported patients refusing their care in 2013, while 33% of participants in 2021 reported patients refusing their care on account of the treating clinician, e.g., the survey participant, being Muslim. In 2013, 24% of participants believed they had been passed over for professional advancement due to their religious identity. These numbers also increased with 57% of participants reporting the same in 2021. Furthermore, interviews with 18 physicians conducted in 2021 revealed that this physician group experienced discrimination from all corners, including colleagues, administration, and patients, and that these experiences included being subject to additional scrutiny and Islamophobic comments.

Muslim Physicians' Religious Identity is Inadequately Accommodated at Work

According to the Equal Employment Opportunity Commission, a reasonable religious accommodation is "any adjustment to the work environment that will allow the employee to practice his or her religion."[2] Recent surveys of Muslim Americans demonstrate that religion is core to Muslim identity; for example, a nationally representative poll of Muslim Americans found that 67% of Muslims say that religion is very important to them in their daily lives.[3] Given religious practices being central to Muslim identity, Muslim professionals may require institutional support to maintain observances and practices during work hours. Yet, it appears that accommodations are few and far between.

For example, 50% of participants in 2013 and 56% of participants in 2021 said they struggle to find time to pray at work. Physician interviews revealed that not having a designated neutral prayer space at hospitals was a barrier and that the burden fell on them to secure time and space to pray. For example, participants noted being fearful of negative outcomes should they ask supervisors or administrators to accommodate their need to pray, fast, or observe holidays and religious dress codes. This fear of judgment was most pronounced during training, when medical students and residents were evaluated, in part, on how well they meshed within workplace hierarchies. Interview participants also identified being unable to routinely secure scheduling accommodations for Ramadan fasting and the holidays of Eid, and challenges in maintaining Islamic dress codes, for example the *ḥijāb*.

Muslim Physicians are Experiencing Depression, Anxiety, and Burnout

Over the past few years, and especially during the COVID-19 pandemic, healthcare professionals have suffered from increased levels of burnout and mental health symptoms. Muslim physicians have not been spared from this toll, and experiences of discrimination and their religiosity is connected to these outcomes. Participants in the 2021 survey reported experiencing symptoms of depression, anxiety, and burnout. Forty-eight percent of participants noted having little to no interest in doing things over the past two weeks. Participants who felt religion was greatly important to their lives had higher rates of depression. Moreover, experiencing greater levels of religious discrimination over one's career correlated with depressive symptoms. Twenty-nine percent of participants acknowledged one or more symptoms of burnout, such as physical or emotional exhaustion. Interview data revealed that negative workplace experiences contributed to these psychological outcomes, as some participants feared revealing their religious identity, noted high levels of stress due to microaggressions, and felt less motivated at work because of their negative experiences.

Recommendations

Discrimination at the healthcare workplace has broad negative consequences. From a professional standpoint, individuals suffering from discrimination are less satisfied with their jobs and are more likely to leave the workplace or change careers. From a personal standpoint, such individuals experience greater burnout, are more likely to be depressed and have poorer social relationships with colleagues. When physicians suffer in these ways, patient care also suffers due to dissatisfaction and possible negative effects on work performance.[4, 5, 6, 7] Thus, the "costs" of workplace discrimination on physicians, patients, and the overall healthcare system are high. This report documents the adverse impacts of religious discrimination on Muslim American physicians and draws attention to the need for healthcare organizations to adopt policies and practices to combat discrimination against this group, and to accommodate the religious identity of physicians more broadly.

Interview participants from the 2021 study offered several recommendations for religious accommodations covering their practices, observances, and needs. With respect to **religious practices** such as the **daily prayer**, healthcare systems should designate locations that are free of religious iconography and are easily accessible to staff where Muslims (and others) can perform ritual daily prayers. In addition, given that the ***Jumuʿa*** (obligatory Muslim congregational services) fall on Friday afternoons during the workweek, healthcare systems can support such

services by providing adequate space and instituting policies that allow physicians to modify the workday to attend this importance service. The establishment of Friday prayers on campus would also facilitate the observance for patients, staff, and trainees. Alternatively, policies that allow individuals to take longer 'lunch' breaks on Fridays so they could attend services at nearby mosques are also a viable strategy. Such religious accommodations would broadly signal recognition for the Muslim identity of healthcare workers. Other religious worship practices such as the dawn-to-dusk fasting in **Ramadan** may deserve accommodations as well. Participants noted struggles in maintaining fasts due to grueling schedules that preclude breaking their fast at the appropriate time, or due to heavy clinical loads that sap their energy. Healthcare system leaders should recognize that some Muslims may need to adapt their workload so they can attend to this religious practice and collaborate to schedule religious accommodations.

With respect to **observances** such as the **Eid holidays**, **dietary preferences**, or **dress code**, policy action is needed. Muslims should be able to take off from work during the religious holidays without prejudice; equity demands it. Beyond noting the two **Eid holidays** on the institution's calendar, facilitating time off is paramount. For **dietary preferences**, participants mentioned that offering *ḥalāl* food options at the workplace or at work events and removing alcohol from work-related meetings and events would make them feel more comfortable and create a more inclusive workplace. For **dress code**, wearing a beard or donning a *ḥijāb* requires thoughtful accommodation as well. Policies that detail how individuals can safely maintain these while working in sterile environments such as the operating room requires specific guidelines and resources.

Finally, at a broader level, **a faith-based liaison** focused on understanding the religious needs of all healthcare workers, addressing the challenges they face in maintaining their identity at work, and promoting programs and policies that create a work environment that is more accommodating and inclusive of healthcare workers' religious identity is a critical step toward achieving **workplace equity.** Institutions should collect data on religious identity and create an organizational strategy that engages with religious identity so that equity is advanced (see infographic for additional details).

Healthcare systems must mitigate religious discrimination and promote accommodation through a multi-tiered and systematic approach. This report offers several data-driven strategies for addressing the needs of Muslim physicians in the healthcare workforce.

RECOMMENDATIONS

RELIGIOUS ACCOMMODATIONS
FOR MUSLIM PHYSICIANS

DAILY PRAYERS

Allocate designated space(s) for daily prayer such as reflection or meditation rooms. These spaces should not have overt religious iconography so that employees of any or no faith may use the space for their needs.

FRIDAY PRAYER - JUMUʿA

Muslim physicians, regardless of gender and level of training, need institutional support to attend Friday congregational prayers. Jumuʿa is a hallmark of Islamic life and physicians should be accommodated by allowing them the ability to adjust schedules to attend prayer services weekly, at a nearby mosque or at the workplace itself.

RAMADAN

During the 29/30 days of Ramadan, many Muslim physicians abstain from food and drink from dawn until dusk. They may also attend special prayer services each night. Supervisors and colleagues should recognize the physical demands of fasting, and consider work schedule adjustments, especially in the last 10 holiest days. If schedules must overlap with the pre-dawn or post-dusk meal, facilitation of work breaks to attend to the meals is necessary.

EID HOLIDAYS

The two major holidays of the Islamic calendar, Eid, must be publicly recognized. Muslim physicians should feel free to take these days off from work and workplace policies must enable doing so without hardship.

DIETARY PREFERENCES

Muslim dietary preferences and restrictions should be accounted for during work-related events. This includes serving *halāl* or vegetarian options at all events. Additionally, many Muslims are uncomfortable at meetings where alcohol is served. Leaders should consider alternative bonding activities and refreshments in the spirit of inclusion.

DRESS CODES AND APPEARANCE

Official policies must protect Muslim physicians from discrimination based on appearance such as wearing a *ḥijāb* or a beard. Practice guidelines, along with supply chains of alternative clothing that aligns with Muslim religious requirements, need to be developed so that Muslim healthcare workers can effectively work in sterile environments, e.g. the operation room, without having to compromise on their religious values.

FAITH COMMUNITY LIAISON POSITIONS

Healthcare systems should consider creating a formal role for an individual that evaluates and addresses the religion-related concerns and needs of patients, staff, faculty, and trainees.

WORKPLACE EQUITY PROGRAMS

Specific professional development training and educational programs need to be developed that acknowledge for the religious identities of patients and providers. Such programs can foster awareness of religious values and sensibilities, teach communication skills that counter religious bias and discrimination, and instill a culture of inclusion by discussing best practices and policies to further religious accommodations at the healthcare workplace.

ACKNOWLEDGEMENTS

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INTRODUCTION

This report presents findings from a series of studies focused on the workplace experiences of Muslim American physicians. The overall goal of this body of research was to describe the religious identity-directed workplace discrimination they experience, specifically its prevalence, nature, relationship to physician religiosity, and professional and psychological impacts. This detailed examination allows for designing strategic interventions to combat workplace discrimination and foster accommodation of religious practices, observances, and values in the healthcare workplace. Toward this end, both surveys and interviews of Muslim physicians were used to collect data on physician experiences. Following a review of the findings, this report provides specific recommendations for improving the workplace climate and thereby advancing diversity, equity, and inclusion in healthcare.

Diversity within the physician workforce conveys many benefits to patient care, particularly for patients from minority backgrounds. These **benefits include improved access to healthcare, enhanced communication and trust between patients and providers, and better patient outcomes in general**.[8] Yet, this diversity is challenged by negative experiences at the workplace. For example, many physicians confront discrimination from their patients, colleagues, and supervisors. Studies of physicians' experiences with discrimination have primarily focused on discrimination directed at characteristics such as race and ethnicity[9] or gender;[10] only a handful of studies have examined the intersection of religious identity and discrimination. Nonetheless, the available research provides critical insights into the difficulties physicians face. For example, a national survey of 529 physicians in the United States recruited from the American Medical Association found that large percentages of **minority physicians experience discrimination during their medical career, ranging from 27% of Hispanic/Latino physicians to 71% of Black physicians.**[11] These experiences persist, as a 2017 survey of 822 physicians reported that 59% of participants had been harassed by patients based on characteristics such as race, ethnicity, and gender.[12]

Research studies consistently find that a significant percentage of physicians from minority backgrounds experience discrimination from patients, colleagues, and supervisors. Yet, religious identity-directed discrimination is understudied.

These and similar studies have spurred action to support physicians and promote inclusivity at the workplace. **The rise of diversity, equity, and inclusion (DEI) initiatives** can be traced to studies like these increasing the awareness of healthcare system leaders to the benefits and challenges of physician workforce diversity. Moreover, long-standing statutes provide a foundation for addressing discrimination in the workplace. **Title VII of the Civil Rights Act of 1964 prohibits employment discrimination on the basis of race, color, religion, sex, or national origin**.[13] This act places onus on the employer to protect their employees from discrimination, yet it does not address what constitutes discrimination nor what sorts of religious accommodations employees can reasonably demand from employers. Relatedly, the general population is more attuned to the inequalities and discrimination entrenched in American society, especially in healthcare, due to the Black Lives Matter movement and the COVID-19 pandemic.[14] This has further motivated healthcare organizations to

build out DEI initiatives to ensure employee well-being and satisfaction. **While progress in launching DEI initiatives within healthcare systems has been uneven, some efforts have gained widespread traction such as ensuring equity in recruitment and advancement, creating policies to mitigate bias, and establishing DEI leadership positions**.[15]

While prior research details the effects of discrimination on physicians from racial, ethnic, and sexual minority groups, little is known about discrimination directed at physicians on account of their religious background, for example Muslim American physicians. **Muslim Americans are a critical part of American healthcare as they comprise over 5% of the physician workforce**.[16] They are also highly engaged civically and are racially and ethnically diverse.[17] Outside of healthcare, Muslims are more likely to face discrimination in the workplace than any other faith group.[3] Indeed, media and news outlets commonly portray Muslims as the enemy, and these sentiments fuel **rampant discrimination and anti-Muslim bias and contribute to an increase in hate crimes**.[18, 19, 20] Hence, examining Muslim physician experiences with discrimination shows both the extent to which this social climate permeates into the healthcare workplace as well as how well DEI programming buffers against anti-Muslim discrimination at work.

The findings discussed herein draw upon a decade-plus of systematic research conducted by Padela and colleagues. **In 2008, they interviewed a sample of immigrant Muslim physicians** (n=10) to explore how their faith identity intersected with their professional practice.[21] That pilot study revealed several important themes. For example, religion was an incredibly important part of Muslim physicians' professional identity, as it motivated their choice of vocation and attention to virtues in practice. Participants discussed their discomfort with social functions at work that involved alcohol, for being around alcohol contravened their religious ideals. They also noted facing **stereotyping and discrimination from patients who assumed they were less qualified or not well-trained** and having additional 'burden' placed upon them by employers to be a liaison for Muslim patients and Islamic bioethical concerns.

The findings discussed in this report reflect a decade-plus of research into the experience of Muslim physicians in the workplace.

This exploratory work was followed by **a national survey conducted in 2013** that assessed the prevalence and types of discrimination experienced by Muslim physicians.[22] That survey also examined perceptions of being religiously accommodated at work, as well as how physician religiosity was associated with experiences of discrimination. **In 2021, another national survey** compared time trends and further assessed the impact of discrimination on physician health and well-being. **At the same time, interviews were conducted** to better describe experiences of discrimination and accommodation and to glean insights into how to better address religious discrimination and promote equity. More details on research methodologies and findings follow in the next sections.

To uphold Title VII protections and promote DEI in the workplace, the religious identity of physicians cannot be overlooked. **Healthcare leaders must mitigate discrimination directed at Muslim physicians through tailored and targeted policies and programs**.

METHODOLOGY

Since national databases of physicians, e.g., the American Medical Association Masterfile, do not collect religious affiliation, we obtained national samples of Muslim physicians by drawing upon membership rosters of national clinician organizations that explicitly integrate religious and professional identities in their organizational title and mission statements. In 2013, we drew a random sample from the **Islamic Medical Association of North America** (IMANA), the largest Muslim physician organization in the country. In 2021, our sample was recruited from **American Muslim Health Professionals, the US Muslim Physician Network, as well as IMANA**. Inclusion criteria for both surveys included being a practicing physician in the US, Muslim, and English literate. The 2021 study also required participants to presently work at a university-affiliated or academic medical center in the US or have worked at one within the past 20 years. Participants in the 2021 survey were also invited to participate in a semi-structured interview. The studies were approved by the Institutional Review Boards at the University of Chicago (2013) and the Medical College of Wisconsin (2021). All participants provided informed consent before enrollment in the respective studies.

Quantitative Data: The survey questionnaires comprised of items that were either readily available in the health literature, modified versions of existing measures, or items designed by the research team. Survey domains covered the following: religious discrimination at work, job turnover, religious accommodations at work, mental health, burnout, and sociodemographic characteristics.

Religious discrimination at work was assessed by adapting four items previously used to study physician experiences with discrimination.[11] We adapted each of these by adding the word "religious" or replacing the word "race" with "religion." One item asked, "Since completing medical school, how often have you personally experienced discrimination at work because of your religion?", with responses ranging from "never" to "always." The second item asked, "Have you personally experienced religious discrimination in your current workplace?", where participants answered "yes" or "no" (used in 2013), or "I personally experience discrimination in my current workplace", with responses ranging from "completely agree" to "completely disagree" (used in 2021). The other two items asked participants to indicate their level of agreement with the statements, "Patients have refused my care because of my religious identity" and "My religion places me under greater scrutiny than non-Muslim colleagues"; in 2013, participants answered on a scale ranging from "strongly disagree" to "strongly agree," and in 2021, participants answered on a scale ranging from "completely agree" to "completely disagree."

Job turnover was assessed with two questions, "In your career, do you think that you have ever been passed over for professional advancement because of your religion?", where possible responses included "no," "not to my knowledge," "possibly," "probably," and "yes," and "Have you ever left a job (as a physician) due to encountering discrimination in your workplace?", where participants answered "yes" or "no".[23] The items and response options were the same in both 2013 and 2021.

Religious accommodations at work were assessed with two statements**:** "I struggle to find time for prayer at work", and "My workplace accommodates my religious identity", with possible responses ranging from "strongly disagree" to "strongly agree" (2013) or "completely agree" to "completely disagree" (2021).[22]

Mental health was assessed in the 2021 survey using a two-item measure of depression.[24] Participants were asked "Over the past 2 weeks, how often have you been bothered by any of the following problems?" The two statements to which they responded were (1) "Little interest or pleasure in doing things" and (2) "Feeling down, depressed, or hopeless", with responses ranging from "not at all" to "nearly every day". These items appeared only in the 2021 survey.

Burnout was assessed in the 2021 survey with the question, "Overall, based on your definition of burnout, how would you rate your level of burnout?" Possible responses ranged from "I enjoy my work. I have no symptoms of burnout" to "I feel completely burned out and often wonder if I can go on. I am at the point where I may need some changes or may needs to seek some sort of help".[25] This item appeared only in the 2021 survey.

Sociodemographic characteristics: The surveys captured conventional sociodemographic characteristics and practice-level data.

Qualitative Data: Interview questions spanned three general areas of interest [See Table 1]: religious identity and practices at work, experiences with religious discrimination, and perceptions of accommodation for religious identity.

Table 1: Interview Guide	
Theme	**Questions**
Introduction	Can you share a short career trajectory?
	How important is Islam to your identity? What does it mean to be Muslim?
Religious Identity & Practices at Work	How does religion inform your identity?
	Given all you shared about religious practices and observances, how do they intersect with your work life?
	Do you have to actively manage these religious practices or observances at work? How do you go about doing so?
Religious Discrimination	Have you experienced religious discrimination in your profession?
	Reflect about your experience in training and residency.
Religious Accommodation	How is, or has been, your religious identity accommodated at work?
	How have your experiences impacted your work life, career trajectory and personal life?
Polices & Best Practices	What accommodations on an individual level do you think are important to secure?
	What policies or actions could hospitals take that are essential to make Muslim physicians as a group more accommodated at work?

Quantitative Analyses: Researchers analyzed the survey results using conventional biostatistical tests such as Pearson's chi-square test and Fisher's exact tests and regression models. The analytic tests assessed whether age, race/ethnicity, residency status, and religiosity associated with experiences of religious discrimination in the workplace and psychological and professional outcomes.

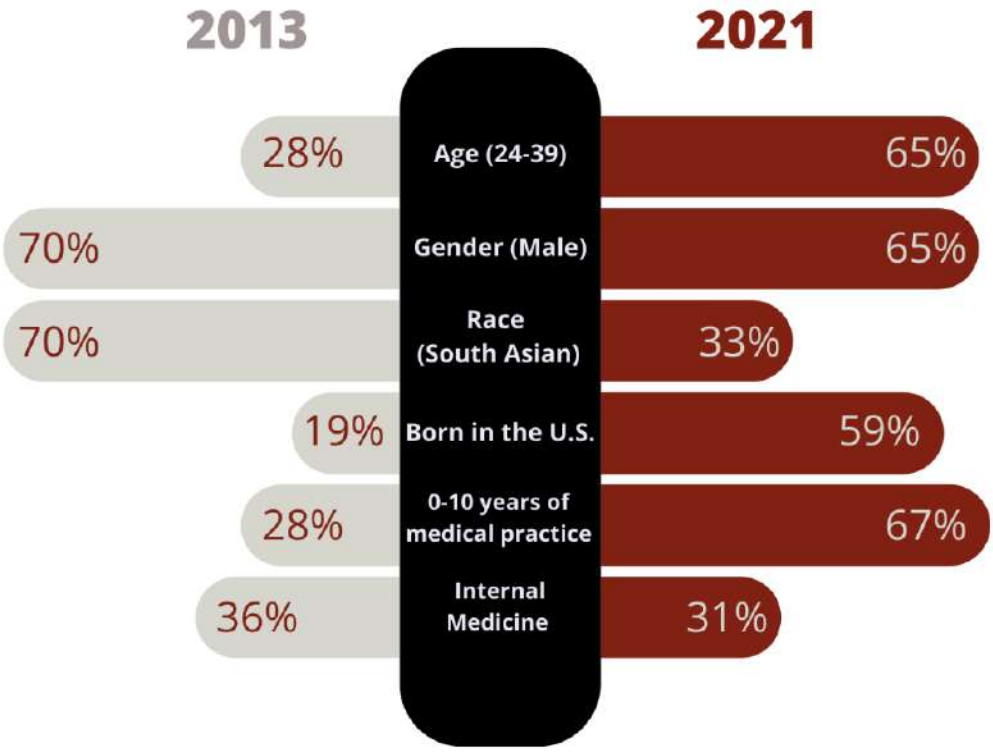
Qualitative Analyses: To analyze the contents of the interviews, the research team used a team-based framework approach to analysis.[26] Conventional techniques such as developing a codebook and refining it based on interview content, using team meetings to organize themes and concepts, and member checking was used. To add rigor a crystallization-immersion technique was used to verify themes based on interview content.[27]

FINDINGS & STUDY PARTICIPANTS

Survey Participants: Table 2 describes the 2013 and 2021 survey and interview participants. Notably, the 2013 study sample included **255** participants with a mean age of 52 years. The 2021 study sample comprised **264** participants and was significantly younger with a mean age of 39.5 years. In the 2013 study, 70% identified as South Asian, whereas in 2021, 33% identified as South Asian. Another statistically significant difference between the two include that the 2021 cohort had less years of medical practice. However, the gender composition of the two samples was similar (70% male in 2013, 65% male in 2021).

Interview Participants: When completing the 2021 survey, 186 participants met the eligibility criteria and indicated an interest in an interview. Of those participants, **18** were interviewed. The average age of participants was 41.5 years, and over half of the group (11/18) were female. Most of the participants interviewed were South Asian (13/18), and half (9/18) were born in the United States. To better situate their experiences in the context of the participants, a couple of survey items were used to categorize participants as experiencing either high religious discrimination or low religious discrimination; nine participants fell into each group. Similarly, they were categorized as experiencing either high religious accommodation or low religious accommodation; there were 12 participants in the first category and 6 participants in the second.

Survey Participant Characteristics



Compared to the 2013 cohort, the 2021 participants were younger, earlier in their career, and most were born in the U.S.

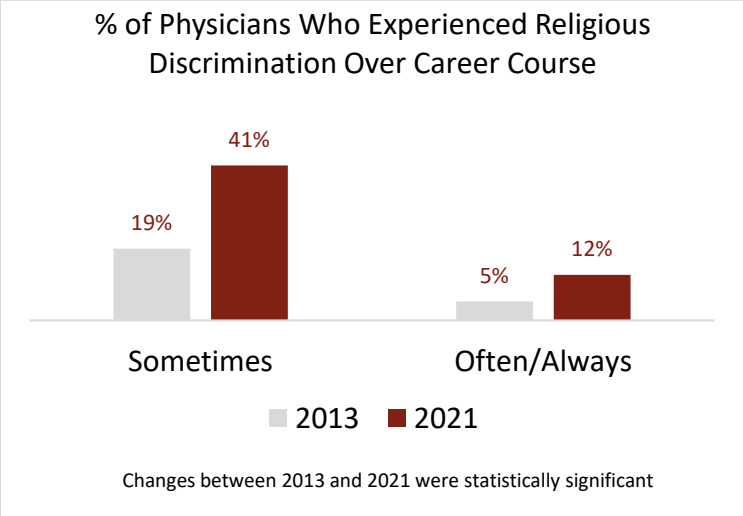
Table 2: Participant Characteristics from Two National Studies

	2013 Survey (n = 255)	2021 Survey (n = 264)	2021 Interviews (n = 18)
Participant Characteristics	%	%	%
Age (years)	**Mean = 52**	**Mean = 39.5**	**Mean = 41.5**
24-39	28	**65**	**61**
40-55	24	27	22
56-69	**32**	5	11
70-84	16	3	5.5
Gender			
Male	**70**	**65**	39
Female	30	35	**61**
Race/Ethnicity			
South Asian	**70**	**33**	**72**
Arab or Middle Eastern	22	22	28
White/Caucasian	4	28	N/A
Black/African American	1	16	N/A
Residency Status			
Born In U.S.	19	**59**	**50**
Immigrated To U.S as a Child	16	23	17
Immigrated To U.S as an Adult	**65**	17	33
Years of Medical Practice Since Completion of Medical School			
0-10	**28**	**67**	**61**
11-20	15	21	22
21-30	20	5	5.5
31-41	24	3	5.5
42-57	13	4	5.5
Primary Medical Specialty			
Internal Medicine Subspecialties	**36**	**31**	**39**
Surgical Subspecialties	34	27	5.5
Psychiatry	11	9	17
Obstetrics/Gynecology	11	18	5.5
Pediatric Subspecialties	8	15	5.5
Other	NA	NA	27
Practice Type			
Teaching Hospital	**32**	30	**55**
Private Physician Office/Solo Practice	28	20	17
Single/Multispecialty Group Practice or Clinic	20	**38**	22
Non-Teaching Hospital	14	10	5.5
Perceived Religious Discrimination			
High Religious Discrimination	NA	36	50
Low Religious Discrimination	NA	**64**	50
Perceived Religious Accommodation			
High Religious Accommodation	NA	**76**	**67**
Low Religious Accommodation	NA	24	33

Bolded numbers indicate the largest values in each category

Workplace Discrimination

▷ A greater proportion of Muslim physicians confront discrimination at work.



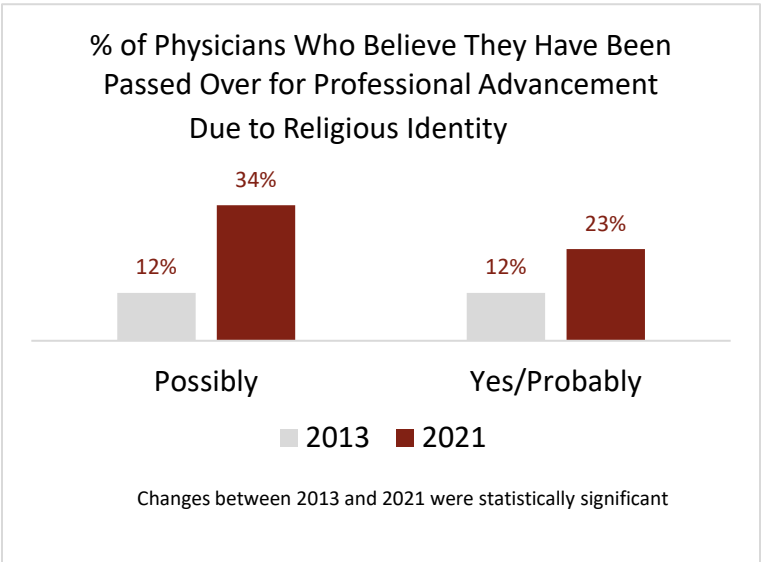
- In 2013, **19%** of participants reported **sometimes** experiencing religious discrimination in the workplace, while **5%** reported **often** or **always** encountering discrimination during their careers.

- In 2021, **41%** of participants reported **sometimes** experiencing religious discrimination in the workplace, while **12%** reported **often** or **always** experiencing discrimination.

A similar increase was seen in a question about participants' current workplace:

- In 2013, **14%** of participants reported currently experiencing **religious** discrimination at work.
- In 2021, **36%** of participants reported currently experiencing discrimination at work.

▷ Muslim physicians increasingly perceive that they have been passed over for professional advancement because of their religious identity.



- In 2013, **24%** of participants reported they have been **passed over for professional advancement** because of their religion.

- In 2021, **57%** of participants reported that they have been **passed over for professional advancement** because of their religion.

Participants echoed this phenomenon and shared specific instances. For example, a South Asian female participant stated:

> *"I[t] did come to a point when my juniors were being given those administrative positions... These [positions] were not advertised or anything. No other faculty were consulted. These positions were just announced."*

Another Arabic female participant expressed how, in general, it's uncommon to see Muslims in leadership positions at healthcare organizations:

> *"There are a lot of qualified people…but you don't see us on the ladder at all, in the leadership positions, it's very rare. Most of the time people who step up that ladder are far-distanced from the Muslim community [and non-religious]."*

Religious discrimination took place at varying levels of the organization and could originate with leaders and supervisors or come from colleagues and patients.

When discussing experiences of discrimination from **organizational leaders**, one South Asian female participant noted a lack of support from leadership:

> *"I went to our university's dean of faculty affairs, and I complained to them about it and then I actually went to HR and I was like, "I feel like I'm being discriminated [against]," but no one did anything about it."*

Leaders not being aware of Muslim social values or accommodating dietary restrictions was also viewed as discriminatory. Illustratively, one Arabic female participant notes:

> *"I'm always marginalized because most of the events on campus, even if they are at noon, contain alcohol. They don't really cater for my dietary choices and options."*

Discrimination encountered from **colleagues** included derisive comments or off-color jokes. For example, one South Asian male participant mentioned that his co-workers would often:

> *"mak[e] Muslim terrorist jokes to me saying that someone could mistake me as the Taliban or al-Qaida."*

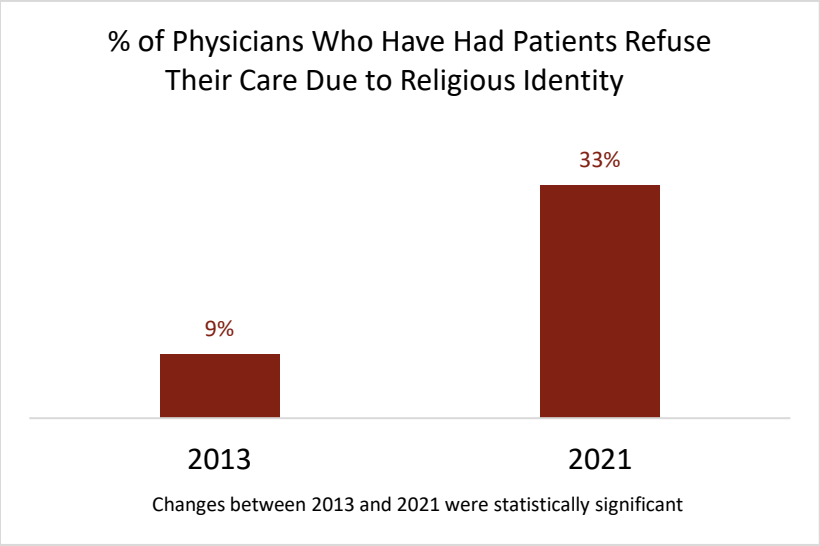
Participants also noted how their dress was negatively viewed by co-workers and led to work challenges. One Arabic female participant shared:

> *"When I was scrubbing into the OR, there were some nurses who would really give me a hard time about wearing a long-sleeved shirt under my scrubs or gave me a hard time about wearing a ḥijāb into the OR."*

Similarly, a South Asian male participant reported how his beard was viewed by colleagues as abnormal:

> *"They comment over my beard and stuff. I brushed it aside… Maybe that might be a little of a discriminatory thing."*

Religious discrimination was also experienced from **patients.**



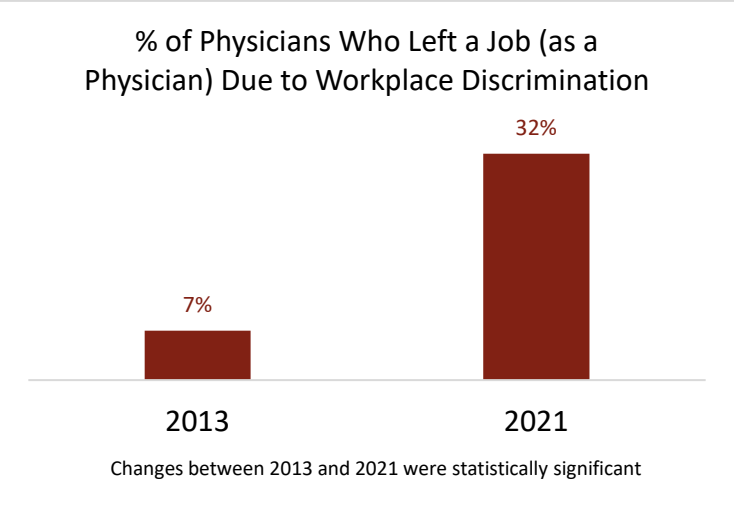
- In 2013, **9%** of participants reported experiencing **patient(s) refusing to be cared for by the participant** due to the participant's religious identity.

- In 2021, **33%** reported experiencing patient(s) **refusing to be cared for by the participant** due to the participant's religious identity.

Aside from being rejected by patients, participants also encountered discriminatory comments from patients; for example, a South Asian female participant reported that patients made comments such as:

> *"How do I know you're not ISIS" or "How do I know being a Muslim, you are really treating me and giving me the right meds and not actually trying to harm me?"*

▷ Muslim physicians are increasingly leaving their jobs due to workplace discrimination.



- In 2013, **7%** of participants **reported leaving a job** due to discrimination.
- In the 2021 survey, **32%** of participants reported the same.

Interview participants noted cumulative stress compelled them to leave. As one South Asian male participant shared:

> *"It [the discrimination] got escalated to the point where it was making me feel nervous…things accumulated to the point where I had to change my job."*

Accommodations for Religious Identity

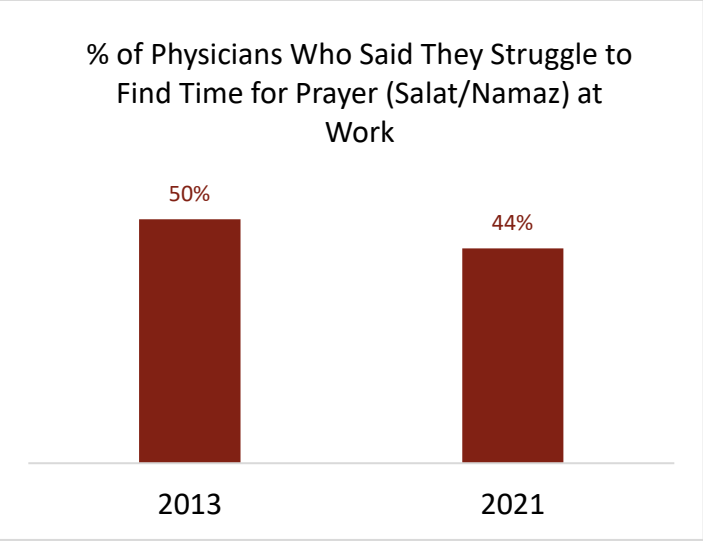
▷ Participants felt 'accommodated' through their own efforts at managing prayer or getting holidays covered by colleagues.

Almost three-fourths of respondents in both surveys (72% in 2013 and 76% in 2021 respectively) agreed with the statement that their workplace accommodates their religious identity. While this statistic appears encouraging, participants revealed that notions of accommodation focused on their own initiatives rather than the institutional outreach. In other words, many **participants felt 'accommodated' through their own efforts at managing prayer or getting holidays covered by colleagues. By and large, participants did not find a proactive and welcoming environment where they were being granted religious accommodations by their employers**. This 'self-accommodation' may have started at the beginning of their careers with their choice of specialty. As one Arabic female participant mentioned:

> *"I guess it was a component in my choices…of specialty and the likelihood of discriminatory issues. Like, in which specialty is it hard to get to take a day off or to take 10 minutes for yourself to pray…."*

Notably, in the **2013 study**, the **strongest predictor** of career satisfaction was workplace accommodation of their religious identity.

▷ Nearly half of respondents struggled to find time for prayer at work.



Prayer Accommodations

Muslims are obligated to pray five times a day during certain time slots. Each prayer takes about five minutes, and several prayer times fall within a standard workday. **About half of respondents on each survey said they struggled to find time to pray at work.**

One South Asian male participant explained how he managed prayer time into his workday:

> *"So it kind of depends on whether the prayer times line up with when I get breaks. So, if I get a break from 12:00 to 1:00 for lunch…I go pray (the midday prayer). Otherwise, I'll (have to) try to find time in the middle of a busy clinic."*

The fear of being judged by supervisors and administrators when asking for accommodation to pray was shared between almost half of the interview participants. This unease **was more pronounced during training due to the 'power differential' between trainees and those supervising them.** During training, physicians had little control over their schedules and perceived relative inflexibility from others. They also were uncomfortable drawing attention to themselves. As noted by a South Asian interview participant:

> *"When I was a resident or when I was a medical student…I would not be vocal enough to… say… I have to go pray."*

While supervisors were not viewed as being proactive, several participants noted that colleagues were accommodating as they help cover patient care responsibilities so participants could attend to prayer. As a South Asian male participant voiced:

> *"So, everybody has, in all these years…. they would just say, 'Hey, go ahead. We'll manage it, and when you come back [from prayer], we'll be ready for you again.'"*

A particularly sore point with respect to prayer accommodation related to Friday (*Jumuʿa*) services, as securing a break to attend these congregational services during the middle of the day was a significant obstacle. Importantly, *Jumuʿa* prayers are a communal obligation, and Muslim males are deemed sinful should they miss these services without justification. These services are not only held at mosques; in many locales, college campuses and hospitals may host services. One Arabic male participant described his sadness at having to miss these services routinely:

> *"When I'm, you know, missing Jumuʿa after Jumuʿa and then finally going to one after eight weeks or something, it hurts."*

Accommodations for Islamic Dress and Appearance

Islamic identity is also connected to dress and appearance. Aside from modest dress, Muslim men may wear a beard as it is a highly recommended religious practice, while Muslim women may wear a *ḥijāb* (a headscarf) or *niqāb* (face covering) as part of their commitment to religious mores. Wearing the *ḥijāb* in sterile environments was particularly difficult in the **absence of institutional guidelines.** A South Asian female participant shared her practice:

"I wear a turban headscarf before going into the OR and then I'd wear a bonnet, a hair covering on top of that… For sanitary reasons I would wear long sleeves and sometimes I'd get away with it… I would wear—a button-down scrub that was also sanitary and hygienic, and I would wear that to keep my arms covered, and then I would sometimes wear a beard covering for my neck."

On the other hand, one South Asian male participant decided to avoid all criticism from colleagues who perceived beards to be unprofessional by deciding not to have a beard altogether as it *"will draw more attention."*

Accommodations for Religious Holidays and Ramadan Fasting

Interview participants identified several challenges related to work schedules and Ramadan fasting, as well as the Eid holidays. Ramadan occurs during the ninth month of the Islamic calendar, and is marked by obligatory ritual fasting, e.g., abstaining from food, drink and sexual intimacy, from dawn to dusk. It also includes special nightly prayer vigils held at mosques. Fasting can be physically demanding, and some physicians might require less demanding clinical schedules especially when Ramadan falls in summer months. Two principal holidays mark the Islamic calendar. *Eid al-Fitr* is the celebration directly following Ramadan and consists of special congregational prayers in the morning. *Eid al-Adha,* on the other hand, is contemporaneous to the obligatory religious pilgrimage to Mecca, the *Hajj*. That holiday is also marked by special congregational prayers in the morning as well as ritual sacrifice. As with any holiday, these days are celebrated with friends and family. Participants shared that adjusting clinical schedules and securing time off posed some challenges.

Illustrating the issue, one South Asian female participant reflected that she could never be sure to get her work schedule adjusted despite asking for accommodation:

"I usually ask them (supervisors)… 'This is going to be Ramadan from this time to this time, can you put me on an easier rotation?'...Some years it will happen, some years it doesn't."

Another South Asian male participant discussed difficulties with taking Eid off despite the fact he covered others during their religious holiday:

> *"I also worked Christmas for seven years, but I never had coverage for Eid or had that considered by anybody."*

Greater difficulty was experienced during training. One South Asian male participant described difficulties in Ramadan:

> *"I was on call in the middle of the night and would be fasting, I would miss suhur (the pre-dawn meal)... I would fast basically [a] 48-hour period. That used to happen quite a lot."*

Similarly, another South Asian female participant mentioned not being able to have Eid off. She quoted her program director saying:

> *"No, I'm really sorry, you're on an inpatient rotation. You have no choice; you have to show up."*

Nonetheless, as with prayer, colleagues may be more understanding and accommodating than administrators and supervisors. As one South Asian male participant shared:

> *"People understand that I'm fasting, and they appreciate that it's a tough task that I'm doing besides my professional practice. ...[T]hey're willing to help out."*

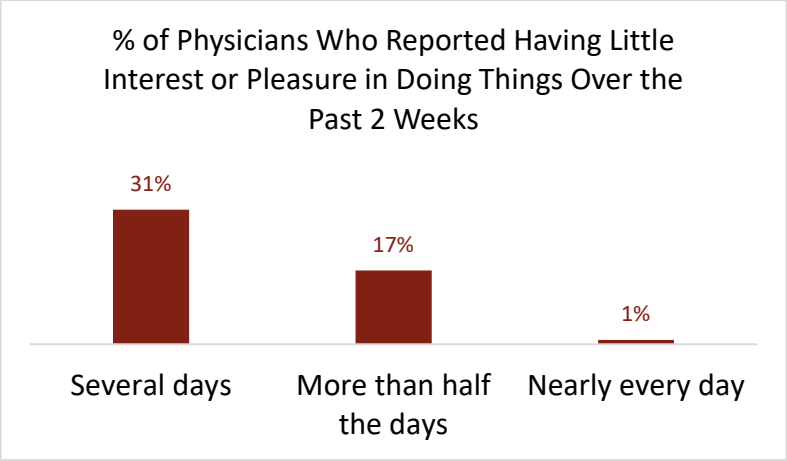
Others had colleagues who helped them take time off for Eid:

> *"As far as Eid holidays are concerned, my colleagues are very ready to step in, and work for me, and I would do for them; like, Christmas…. It was equal."*

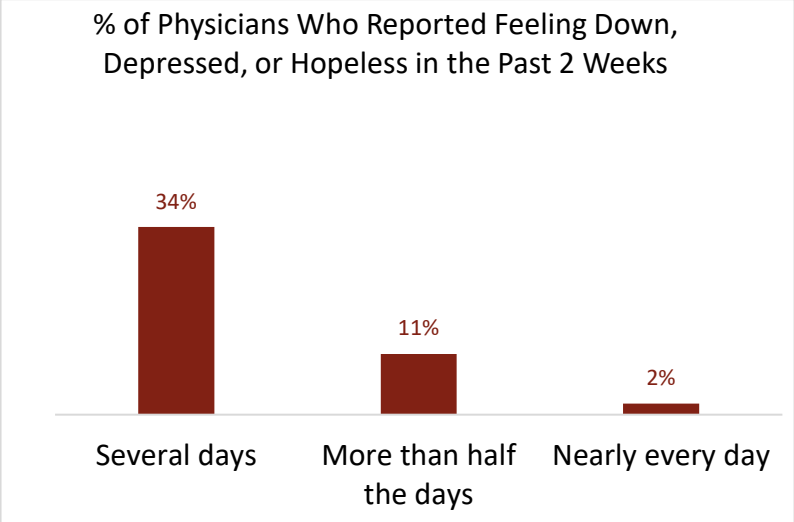
Personal and Professional Impacts of Workplace Discrimination

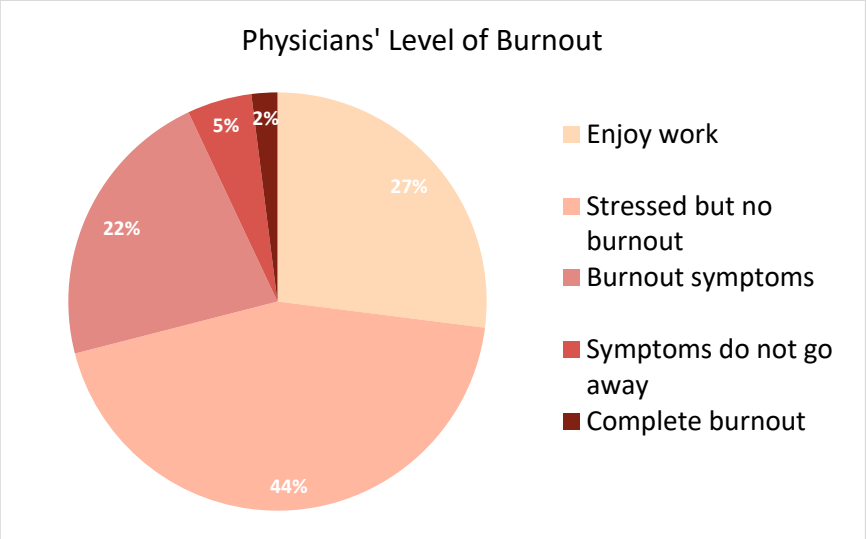
▷ In the 2021 study, participants reported symptoms of depression and burnout.

In the **2021** survey, **49%** of participants reported having **little interest or pleasure** in doing things over the past two weeks.



In the **2021** survey, **47%** of participants reported feeling down, depressed, or hopeless in the past two weeks. **Twenty-one percent** of participants screened positive for depression.





On the **2021** survey, **29%** of participants stated they were **feeling some degree of burnout** and had one or more symptoms of burnout, such as physical or emotional exhaustion.

Interview participants further clarified the psychological health toll of workplace discrimination. Out of the 18 participants, **12 feared revealing their religious identity**; **10 harbored stress due to microaggressions**; and **10 experienced depression/anxiety.** As one South Asian female participant noted, their religious identity put them at risk:

> *"Being Muslim, or visibly Muslim, or a practicing Muslim, is going to impact [us] in some way."*

Participants also shared concerns about not being considered a team player if they were to take time off for prayer or holidays. They also feared that administration would push back against Muslim physicians who ask for religious accommodations. Some participants tied their psychological state to the **presence of a toxic environment** where microaggressions were commonplace. Microaggressions included remarks or actions implying negative associations and insults that demean a person's identity.[28] One South Asian female participant directly addressed this link saying:

> *"How many of us end up sustaining these microaggressions, and not talking about them, and not, therefore, doing anything about them?... It's an emotionally difficult thing to do."*

Another female South Asian participant agreed with the emotional trauma and reported:

> *"They created a hostile work environment for me. I was close to having a nervous breakdown with everything that they were doing to me… I'm so anxious."*

An **unfriendly culture** pushed some physicians to leave their job. As previously discussed, there was an increase from 7% in 2013 to 33% in 2021 of surveyed Muslim physicians leaving their jobs because of discrimination. One South Asian male participant noted:

> *"It got escalated to the point where it was making me feel nervous… I had to change my job."*

SUMMATIVE RECOMMENDATIONS

Discrimination and bias directed at Muslims in American society emerges from a complex array of factors including the rise in racial and religious prejudice, overwhelming negative portrayals of Muslims in political discourse and popular media, a general lack of awareness of Muslim beliefs and values among the populace.[20] This societal climate spills over into religious discrimination and lack of accommodation in healthcare for both patients and providers. This report reveals that **Muslim physicians in the US suffer from workplace discrimination directed at their religious identity, and that these negative experiences may be increasing**. Comparisons between the two surveys reveal several statistically significant changes in that a higher proportion of physicians in 2021 than in 2013 report experiencing religious discrimination over their career course (24% to 53%), having left a job due to such discrimination (7% to 32%), and having patients refuse their care (9% to 33%) due to their religious identity. Additionally, almost half of respondents in each survey struggled to perform obligatory ritual prayer at work. In the 2021 survey, nearly half reported having little to no interest in doing things (48%) or feeling depressed (47%) during several or more days within the past 2 weeks, and 29**%** of participants stated they were experiencing burnout. Finally, the interviews from the 2021 study revealed additional barriers to the inclusion of Muslim physicians in medicine. In the absence of policies and a culture of proactive accommodation, **clinicians used self-management strategies to maintain religious practices and observances.** This report highlights the significant psychological and career impacts of working in an environment perceived to be non-accommodating of Muslim identity.

Our findings are comparable to other community surveys done in the United States such as a study conducted by the Institute for Social Policy and Understanding along with the

Stanford Muslim Mental Health & Islamic Psychology Lab that surveyed Muslim American healthcare workers during the COVID-19 pandemic. This survey discovered that **workplace discrimination was associated with a higher risk of psychological distress**.[29] Moreover, a systematic review reported that discrimination of Muslims was associated with poor mental health, suboptimal health behaviors, and unfavorable health care seeking behavior.[30]

Religious discrimination is not only distinct to the US; the UK survey found 69% of participants hear or see people make unfriendly remarks about Islam in the workplace.

To place these findings in perspective, it is important to recognize that they are also consistent compared to studies of Muslim physicians abroad. In the UK, a large study highlighted that **Muslims in the National Health Service experience discrimination more than any other religious group**.[31] Similar to the findings shared above, **discrimination** against Muslim healthcare workers in the UK **manifests as prejudice, exclusion, stigma, limited career opportunities, and a lack of belonging and workplace support**. The UK survey found 69% of participants hear or see people make unfriendly remarks about Islam in the workplace, 60% of participants experience bias from patients, and almost half of healthcare workers in the UK study reported wanting to leave health care.[31] Another corroborating study conducted by the British Islamic Medical Association revealed that 81% of their participants reported Islamophobia in the workplace, and that 57% felt Islamophobia was holding them back in their careers.[32]

Each study generated a few notable policy recommendations for health care workplaces. For example, bystander and unconscious bias training should be incorporated into existing programming; equity standards for religious accommodations should be developed, and there should be **zero tolerance of anti-Muslim bias and religious discrimination**. Healthcare workers had also mentioned wanting to **see more Muslims in leadership**.[29, 31] Most importantly, as one of the main struggles is finding the time and space to pray, all workplaces should reserve **'quiet or meditation rooms'** to accommodate all employees' needs for worship and reflection throughout the day.[33]

Celebrate diversity in the workplace to create a positive environment.

Interview participants from our 2021 study provided recommendations for how their religion could be better accommodated at work:

The most overarching need voiced by participants was for education and for policy intervention. They noted how diversity, inclusion, and equity programming largely overlooked the religious dimensions of physician identity, and as such Muslims did not have a platform through which to engage colleagues and leaders over their experiences. Healthcare systems need to include religious identity within the scope of diversity, equity and inclusion initiatives and the accompanying data dashboards. Educational programs directed at all levels of the workforce that center Muslim identity would create awareness of the challenges and needs of this group. At the same time, policy interventions are required. Many healthcare systems do not directly address religious accommodations; there are no policies to facilitate time off to pray nor

guidelines covering accommodations for religious garb. Participants shared that those written policies could reduce the burden they face in trying to obtain accommodations. Beyond these overarching recommendations, the following were suggested:

CALL TO ACTION

Providing support and designated spaces for daily and Friday prayer.

A most pressing religious accommodation is the need for a neutral prayer space in physicians' workplaces. A designated space without overt religious iconography would serve multiple groups while addressing Muslim needs. Furthermore, colleagues and supervisors should be aware of Islamic worship obligations, both daily and the Friday congregational prayer (*Jumuʿa*). This awareness should be accompanied by tangible support through policies or other means by which physicians could secure time to attend to prayer. With respect to *Jumuʿa* attendance, support could be in the form of making resources available to locate neighboring mosques and having lunch breaks adjusted to facilitate attendance. Moreover, if prayer services are held in the hospital, equity in announcing these services like other religious services, on websites or through loudspeaker announcements, would be helpful.

Acknowledging the practice of Ramadan fasting and Islamic holidays.
Given the importance of Ramadan fasting and the physical toll that may accompany this practice, supervisors could provide fasting Muslims with the flexibility to adjust their working hours or clinical duties without fear of retribution. Beyond this, for those physicians whose workday overlaps with the pre-dawn or post-sundown meals, hospital leadership could provide meals or refreshments as a token of appreciation.

With respect to holidays, equity would be served by Muslim physicians being able to take off for their religious holidays without prejudice. Beyond placing the religious holidays on institutional calendars, policy directives that explicitly grant this permission are needed.

Creating policies to protect Muslim dress code in the workplace.
Given that Muslim physicians may don the *ḥijāb* or wear a beard, guidelines that allow for these practices in the clinical domain need to be penned. If there are specific clothing regulations for certain areas of work, e.g., the operating room, apparel that meets both workplace and religious requirements should be made readily available (e.g., scrubs with long sleeves, beard coverings, acceptable *ḥijāb* options).

Recognizing Muslim dietary preferences and restrictions.
A general awareness of Muslim dietary preferences and restrictions should be created among leaders and supervisors. Work-related gatherings should consider that Muslims may abstain from alcohol and be uncomfortable with events where alcohol is served. Hence, inclusion demands that alternative refreshments, e.g., tea or sparkling cider, be made when Muslim participation is

desired. Similarly, routine meetings should take into account the religion-related dietary regulations of Muslim coworkers.

Instituting a faith community liaison position.
It is not readily clear whether concerns over religious discrimination fall under the purview of hospital-based diversity officers, deans of diversity within medical schools, or human resource leads. Similarly, it is unclear whether employee-based resource groups or medical school-based diversity programs are the best means through which to secure religion-related accommodations. As such participants shared that designated faith community liaisons could be named within healthcare systems. These individuals could be the first port-of-call for the religion-related concerns and needs of patients, staff, faculty, and trainees. They could also lead data collection and policy efforts to include religious identity underneath the banner of diversity, equity, and inclusion. Furthermore, they could serve as a resource helping individuals navigating experiences of religious discrimination.

Including religious identity in medical education.
Professional development and cultural sensitivity and bias training programs should be established for both faculty and staff. All training and education should account for the religious identities of patients and providers, and such education should start early in healthcare workers professional journeys. Practices should be set in place to mitigate religious discrimination, macroaggressions, and microaggressions. Religious discrimination and lack of accommodation affects Muslim physicians very early in their careers and may influence their career paths. Thus, policies and programs that preemptively and proactively mitigate harmful rhetoric and actions by acknowledging the value of religious diversity, equity, and inclusion are urgently needed.

LINKS TO RESOURCES

Employee Resources:

- Know Your Rights – A fact sheet describing religious rights in the workplace and what steps to take if your rights have been disregarded*, Muslim Advocates*.
- Filing a Conscience and Religious Freedom Complaint – File a complaint online about religious discrimination. Federal Conscience and Religious Freedom Laws help to protect you from coercion, discrimination on the basis of conscience or religion, and burdens on the free exercise of religion, *Office of Civil Rights.*
- *Hijāb* in the OR – A guide to *ḥijāb* in the operating room, *written by Dr. Deena Kishawi.*

Employer Resources:

- An Employer's Guide to Islamic Religious Practices – A pamphlet designed to aid employers in formulating and implementing policies to create a culturally inclusive workplace, *Council on American-Islamic Relations.*
- Religious Diversity Manager Training – A session designed for managers to learn how to respond to accommodation requests and foster an inclusive work environment, *Tanenbaum Center for Interreligious Understanding.*
- TAHSN Standards for Religious Attire for Health Care Workers, Learners and Volunteers in Hospital Areas with Sterile Procedure – Standards and shared expectations related to clothing worn by religiously observant individuals working in hospital areas with sterile procedures, *The Toronto Academic Health Science Network (TAHSN)*
- Muslim Resident Cases – A chapter in the book, *Diversity and Inclusion in Quality Patient Care: A Case-Based Compendium (pgs. 305-314)*, that presents four cases of ethical challenges in healthcare provision for Muslim patients*, written by* ***A.I. Padela,*** *M. Padela, and A. Saadi.*

ADDITIONAL INFORMATION ABOUT THIS PROJECT, RESEARCH FINDINGS AND HELPFUL RESOURCES IS AVAILABLE AT THE INITIATIVE ON ISLAM AND MEDICINE

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