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# AARI 2024 SURVEY REPORT

Created for:

**Alberta College of Occupational  
Therapists**

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## GLOSSARY / ACRONYMS

AARI	Acting Against Racism and Intolerance
ABR	Anti-Black Racism
AEI	Anti-Racism, Equity, Inclusion
AR	Anti-Racism
ACOT	Alberta College of Occupational Therapists
ACOTRO	Association of Canadian Occupational Therapy Regulatory Organizations
COE	Code of Ethics
OT	Occupational Therapist
SOP	Standard of Practice
2SLGBTQ+	2SLGBTQ+ is an inclusive term that represents a diverse range of sexual orientations and gender identities. Each letter in the acronym stands for a different identity, and together they encompass a wide spectrum of experiences and communities.

**Anti-Black Racism:** Prejudice attitudes, beliefs, stereotyping, and discrimination that is directed at people of African descent and is rooted in their unique history and experience of enslavement. Anti-Black racism is deeply entrenched in Canadian institutions, policies, and practices, to the extent that anti-Black racism is either functionally normalized or rendered invisible to the larger white society. Anti-Black racism is manifested in the legacy of the current social, economic, and political marginalization of African Canadians in society, such as the lack of opportunities, lower socio-economic status, higher unemployment, higher health inequities, significant poverty rates, and overrepresentation in the criminal justice system.

**Anti-Racism:** A process, a systematic method of analysis, and a proactive course of action rooted in the recognition of the existence of racism, including systemic racism. Anti-racism actively seeks to identify, remove, prevent, and mitigate racially inequitable outcomes and power imbalances between groups and change the structures that sustain inequities.

**Black:** A social construct referring to people who have dark skin colour and/or other related racialized characteristics. The term has become less of an indicator of skin colour and more of racialized characteristics. Diverse societies apply different criteria to determine who is Black. A person with African ancestral origins, who self identifies, or is identified, as Black, African or Afro-Caribbean. The word is capitalised to signify its specific use in this way.

**Cis-Hetero:** A term that combines "cisgender" and "heterosexual."

- **Cisgender** (often abbreviated as "cis") refers to individuals whose gender identity matches the sex they were assigned at birth. For example, someone who is assigned female at birth and identifies as a woman is cisgender.

- **Heterosexual** (often abbreviated as "hetero") refers to individuals who are attracted to people of the opposite gender. For example, a man who is attracted to women or a woman who is attracted to men is heterosexual.

**Equity:** Both a **process** (fair, inclusive, and respectful treatment of all people) and a **goal** (equitable outcomes for all groups). Equity does not mean treating people the same without regard for individual differences. Instead, it recognizes that treating people differently is sometimes necessary to achieve equitable outcomes. Efforts to achieve equity must therefore begin with an analysis of the context in which inequity operates. This analysis will inform the design of programs and policies tailored to address the root causes and consequences of inequity. These initiatives must be developed in collaboration with community partners who can help identify appropriate strategies for promoting equity.

**First Nations:** Is a term used to describe Indigenous peoples of Canada who are ethnically neither Métis nor Inuit. First Nations people are original inhabitants of the land that is now Canada, and were the first to encounter sustained European contact, settlement, and trade (Gadacz, 2019). This term came into common usage in the 1970s and '80s. While "First Nations" refers to the ethnicity of First Nations peoples, the singular "First Nation" can refer to a band, a reserve-based community, or a larger tribal grouping and the status Indians who live in them. For example, the Stó:lō Nation (which consists of several bands), or the Tsleil-Waututh Nation (formerly the Burrard Band) (University of British Columbia, n.d.).

**Inclusion:** An approach that aims to reach out to and include all people, honouring the diversity and uniqueness, talents, beliefs, backgrounds, capabilities, and ways of living of individuals and groups.

**Indigenous:** Means "native to the area" and refers to Indigenous people internationally. A commonly used term in the United Nations and international human rights literature. In Canada, it is a collective

**Inuit:** The Indigenous peoples of the circumpolar region known as Inuit Nunangat. The territory covers the land, ice and water of Nunavut, Nunatsiavut (Northern Labrador), Inuvialuit Settlement Region (Northern Yukon and Northwest Territories) and Nunavik (Northern Quebec). Inuit means "the people" in Inuktitut. You do not need to say, "The Inuit" or "Inuit people," just "Inuit." When speaking about one person from this region, use the word "Inuk." For two persons, use "Inuuk," and if you are referring to three or more people use "Inuit" (no "s" is required for plural).

**Marginalization:** To relegate individuals or groups to an unimportant or powerless position within a society or group by excluding them from meaningful participation and/or confining them to the outer edges of society.

**Métis:** Refers to people of mixed First Nation and European ancestry and descendants of the historic Métis Nation. "Métis means a person who self-identifies as Métis, is distinct from other Indigenous peoples, is of historic Métis Nation Ancestry and who is accepted by the Métis Nation" (Métis Nation of Ontario, 2021).

**Microaggression:** The everyday verbal, nonverbal, and environmental slights, snubs, or insults, whether intentional or unintentional, which communicate hostile, derogatory, or negative messages to target persons based solely upon their marginalized group membership. In many cases, these hidden messages may invalidate the group identity or experiential reality of target persons, demean them on a personal or group level, communicate they are lesser human beings, suggest they do not belong with the majority group, threaten and intimidate, or relegate them to inferior status and treatment.

**Oppression:** The obvious and subtle ways dominant groups unjustly maintain status, privilege, and power over others, using physical, psychological, social or economic threats or force. Frequently an explicit ideology is used to sanction the unfair subjugation of an individual or group by a more powerful individual or group, which causes injustices in everyday interactions between marginalized groups and the dominant group

A system that maintains advantage and disadvantage based on social group memberships and operates, both intentionally and unintentionally, on individual, institutional, and cultural levels.

Forms of oppression: Sexism, Racism, Heterosexism, Cis-genderism, Classism, Colourism, Ableism, Ageism, Lookism, Faithism.

**Racialized person(s):** “Race” is the socially constructed differences among people based on characteristics such as accent or manner of speech, name, clothing, diet, beliefs and practices, leisure preferences, places of origin and so forth. The process of social construction of race is called racialization: “the process by which societies construct races as real, different and unequal in ways that matter to economic, political and social life.” Recognizing that race is a social construct, using the terms “racialized person” or “racialized group” is preferred over the more outdated and inaccurate terms “racial minority”, “visible minority”, “person of colour” or “non-White” (Ontario Human Rights Commission, n.d.).

**Racial discrimination:** There is no fixed definition of racial discrimination. However, it has been described as any distinction, conduct or action, whether intentional or not, but based on a person’s race, which has the effect of imposing burdens on an individual or group, not imposed upon others or which withholds or limits access to benefits available to other members of society. Race need only be a factor for racial discrimination to have occurred (Ontario Human Rights Commission Fact Sheet).

**Racism:** An ideology that either directly or indirectly asserts that one group is inherently superior to others. It can be openly displayed in racial jokes and slurs or hate crimes, but it can be more deeply rooted in attitudes, values and stereotypical beliefs. In some cases, these are unconsciously held and have become deeply embedded in systems and institutions that have evolved over time. Racism operates at several levels, in particular individual, systemic and societal (Ontario Human Rights Commission, n.d.).

**Structural Racism:** The history and current reality of institutional racism across all Canadian institutions. The racism within various institutions combines to create a system that negatively impacts racialized communities.

## EXECUTIVE SUMMARY

### Background

In 2021, the Alberta College of Occupational Therapists (ACOT) established the Acting Against Racism and Intolerance (AARI) Project to address systemic racism and discrimination in areas of its influence. The project recognizes the disparate social and economic outcomes faced by marginalized and oppressed communities, including Black, Indigenous, and racialized people. The goal of the AARI Project is to promote a culture that is free from racism, discrimination, and inclusive of equity-deserving people.

Through the AARI Project, ACOT has acknowledged the need to examine and address the manifestations of systemic racism within the College and the occupational therapy profession as it impacts occupational therapists (OT) and their clients. The initial AARI efforts included consultations with an Advisory Panel and Committee, a survey of ACOT registrants, an environmental scan, and a review of some relevant policies and legislation. These actions laid the groundwork for ACOT's ongoing anti-racism, equity, and inclusion (AEI) strategy and initiatives.

This report presents the findings from a follow-up survey conducted in June 2024. This survey iteration aimed to understand registrants' knowledge, awareness, and perceptions surrounding anti-racism and discrimination challenges within the profession and the progress of the AARI Project. Additionally, the latest survey compares current data with the baseline established in 2021, providing updated information regarding registrant needs and interests.

### Purpose

This survey plays a role in promoting an inclusive and equitable culture within ACOT. By gathering insights directly from registrants, the survey provides an understanding of the current climate regarding anti-racism, equity, and inclusion within the College and the OT profession. This data-driven approach allows ACOT to identify areas of progress as well as persistent and new areas of opportunity, ensuring that initiatives are responsive to the actual experiences and emergent needs of its members. Re-running the survey 3 years later also enables ACOT to understand any shifts in perceptions, knowledge, and experiences over time, and the perceived impacts of their current AARI Project efforts. This periodic assessment not only promotes accountability by holding ACOT responsible for its commitments but supports ACOT to address emerging needs. Continuous feedback loops aim to foster a culture of transparency and trust, demonstrating ACOT's ongoing dedication to creating an environment that is truly inclusive and free from discrimination.

## METHODOLOGY

### Survey Design

The survey was originally designed to capture a broad spectrum of experiences and opinions from ACOT registrants. Building on the previous survey conducted in 2021, a few edits and additions were made to the original survey design:

- **Separate Section for Indigenous Peoples:** To recognize and address the unique challenges faced by Indigenous communities, a distinct section was dedicated to Indigenous peoples, separate from the racial identity section.
- **Clarification of Microaggressions:** A detailed definition of microaggressions was provided to ensure respondents clearly understood the term, thereby enabling more accurate reporting of experiences.
- **Pulse Check Section:** A new section titled "PULSE CHECK - Where are we now?" was added at the end of the survey. This section aimed to gauge awareness and perceptions of ACOT's ongoing anti-racism work, including specific initiatives and their perceived impact.

Within the survey several questions were provided number grades from 1 to 5 for each response, to clearly represent a respondent's experience, awareness, and knowledge. The number grade 5 represented being extremely helpful or extremely well understood, and 1 represented being not at all useful or not at all understood. Data analysis throughout the report will highlight the average grade according to respondents.

### Survey Distribution

The survey was distributed to ACOT members via eNews, which is also posted on the ACOT website. The initial, follow-up, and extended reminders were all shared via the eNews platform.

### Survey Duration

The survey was initially available from June 3 to June 14, 2024. However, due to a lower-than-expected response rate, the survey period was extended by an additional 5 days, closing on June 19, 2024. This extension was communicated through the eNews platform.

### Data Collection and Anonymity

- **Voluntary Participation:** Participation in the survey was entirely voluntary, and respondents were allowed to skip any questions they did not wish to answer.
- **Anonymity:** All responses were anonymous, with data access restricted to the consultant team. This approach ensured confidentiality and encouraged honest and candid feedback.
- **Thematic Aggregation:** Responses were aggregated and analyzed thematically before being shared with the College to maintain anonymity and provide a comprehensive overview of the findings.

### Data Analysis

The collected data was analyzed using the following qualitative and quantitative methods:

- **Quantitative Analysis:** Descriptive statistics were used to summarize the frequency and distribution of responses to closed-ended questions.
- **Qualitative Analysis:** Open-ended responses were analyzed thematically to identify common themes, insights, and suggestions. This involved coding the responses and grouping them into relevant categories for further examination.

## Comparative Analysis

A comparative analysis was conducted to evaluate the progress since the 2021 survey. Key areas of comparison included:

- **Awareness and Perceived Impact of Anti-Racism Initiatives:** The 2024 survey data was compared with the 2021 results to assess changes in awareness and perceived impact of AARI project initiatives. This comparison highlighted trends and shifts in registrants' perceptions and provided insights into the perceived effectiveness of implemented strategies.
- **Experiences of Discrimination and Microaggressions:** By comparing the frequency and nature of reported experiences from both surveys, the analysis identified changes in the perceived prevalence of discrimination and microaggressions.
- **Suggestions for Future Priorities:** The comparative analysis of open-ended responses from both surveys helped to identify evolving priorities and new areas of concern for ACOT registrants.

## SURVEY PARTICIPATION

### Survey Demographics

Most respondents were white cis-hetero women working in healthcare or education facilities. Age ranges were concentrated between the ranges of 35 to 44 and 45 to 54 years old, followed by 55 to 64 and then under 35. The median age for all respondents was 45.2 years old, while the average was 44.1.

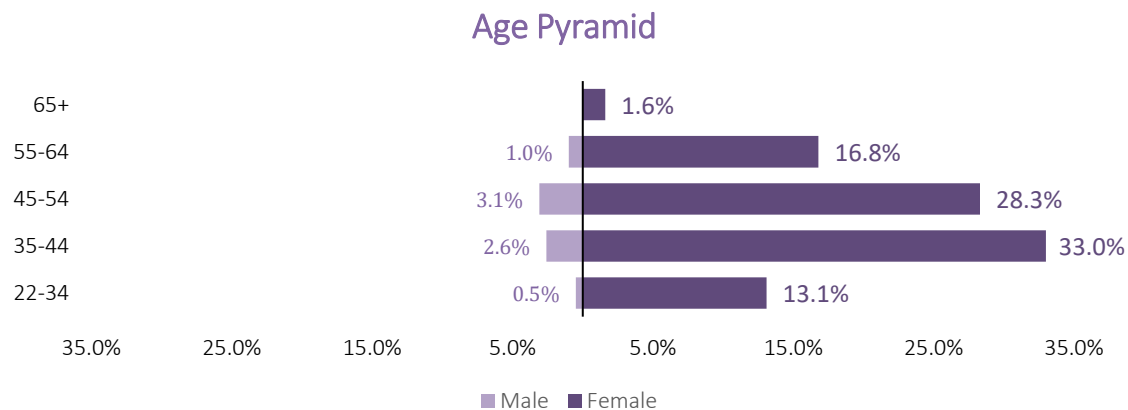
Additionally, the data represented in the graphs below breaks down other important identification factors, including race and practice settings.

Many of the microaggressions and disrespectful behaviours experienced by this survey cohort reflect the demographics of the respondents, with many citing race and gender as the aspect of their identity that was discriminated against.

**91%** of respondents are **women**

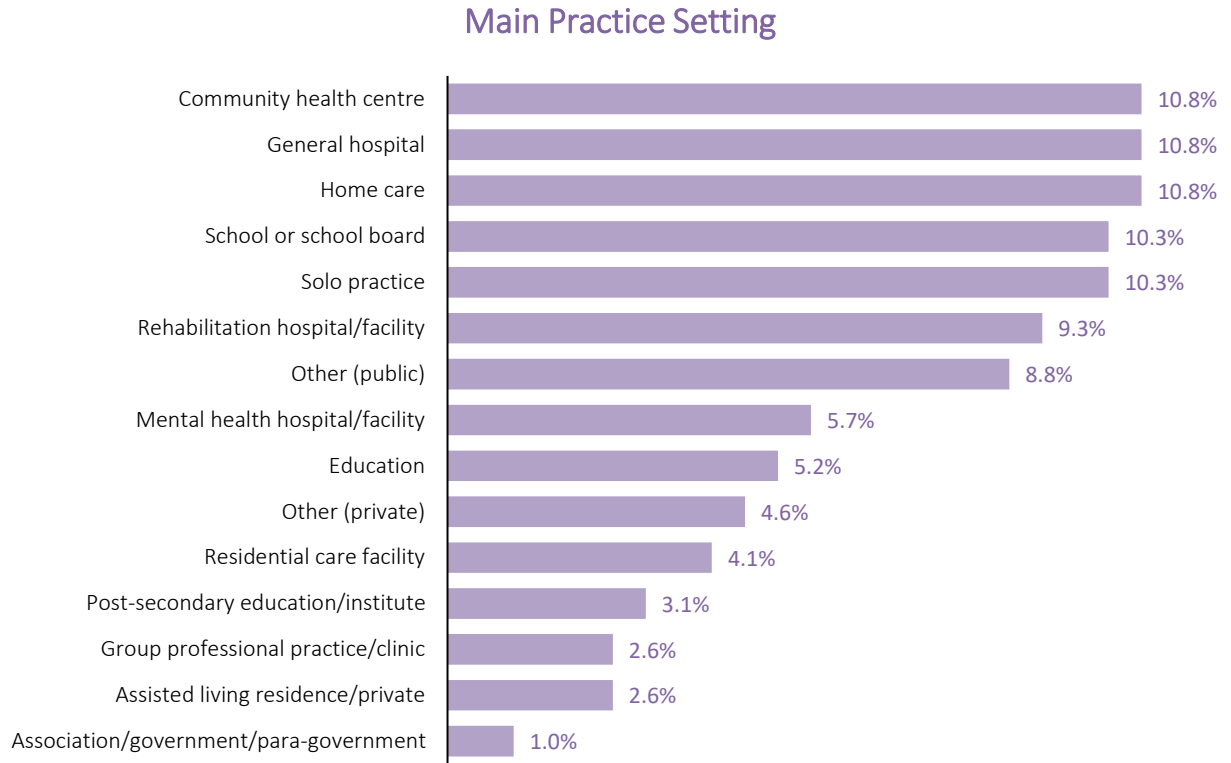
**5%** of respondents identify as **2SLGBTQ+**

**3%** of respondents are **students**

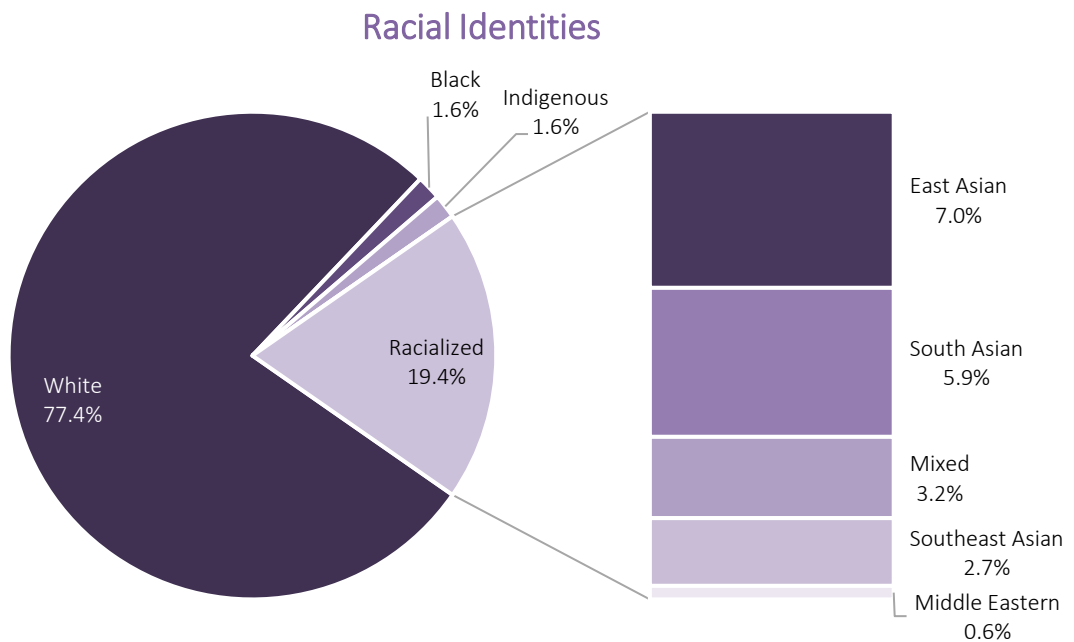


**Figure 1:** Age Pyramid of Survey Responders





**Figure 2:** Main Practice Setting of Survey Responders



**Figure 3:** Racial Identities of Survey Responders

## Experience within Education and ACOT

In this section the survey explored how the respondents rate their own OT education regarding understanding racism and discrimination in relation to OT practice, as well as their understanding of the complaints process, code of ethics, standards of practice, and the jurisdictions of ACOT as compared to their employer.

### OT Education

The average score was 2.7 out of 5. Respondents stated that they were, for the most part, referring to their formal education and that the continued learning and ACOT were more helpful with adapting to real world situations and expanding on a variety of AEI topics.

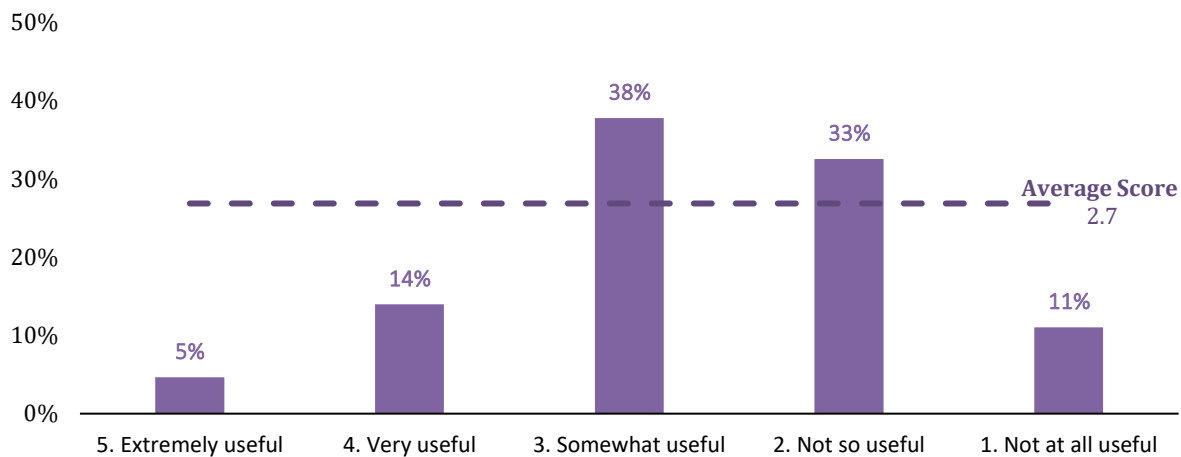
The main themes in the survey responses regarding what was **most helpful** in OT education were:

1. **Practicum and Placement Experiences:** Many respondents highlighted the importance of practicum and placement experiences, particularly those in diverse settings such as Northern communities and with racialized or marginalized groups. These experiences were often more impactful than classroom learning.
2. **Client-Centred and Holistic Approach:** A recurring theme was the emphasis on treating clients as individuals, considering their unique contexts, needs, and strengths. This approach was seen as fundamental in fostering respect and inclusion.
3. **Lived Experiences and Guest Speakers:** Learning from individuals who have lived experiences of discrimination or cultural differences was frequently mentioned as valuable. Guest speakers and direct interactions with diverse populations helped in understanding different perspectives.
4. **Lack of Formal Education on Racism and Discrimination:** Many respondents noted that their formal education did not adequately address racism, discrimination, or other AEI topics. Some mentioned that these issues were either briefly touched upon or not discussed at all during their time in OT school.
5. **Continued and Self-Driven Learning:** Several respondents emphasised the role of continued professional development and self-directed learning post-graduation in filling the gaps left by their formal education.
6. **Intersectionality and Cultural Sensitivity/Competency:** A few respondents mentioned learning about intersectionality and the importance of cultural humility/competency, although this was not universally covered in their education.
7. **Ethical Principles and Reflective Practice:** Ethical principles and reflective practice were mentioned as helpful components to promoting a thoughtful and inclusive approach to OT practice.
8. **Historical Context and Systemic Barriers:** Understanding the historical context of racism and discrimination, and identifying systemic barriers were mentioned as helpful by some respondents, although these were often learned outside of formal education settings.

The main themes in the survey responses regarding what was **least helpful** in OT education were:

1. **Lack of Diversity and AEI Education:** Many respondents noted the absence of discussions on racism, cultural biases, diversity, equity, and inclusion during their education. The curriculum often lacked diversity among professors and guest speakers, limiting exposure to different perspectives and frameworks.
2. **Overemphasis on Theoretical Knowledge:** A common complaint was the excessive focus on theoretical models and frameworks, which were seen as less practical and applicable to real-world practice. Respondents felt that there was not enough emphasis on intervention strategies and hands-on skills.

3. **Outdated Content:** Some respondents mentioned that the content of their education was outdated and did not address contemporary issues such as AEI, cultural competence/humility, or the impacts of colonialism. This made the education less relevant to current practice needs.
4. **Limited Practical Application:** There was a perceived gap between theoretical knowledge and practical application. Respondents felt that more real-world examples, case studies, and practical skills training were needed to prepare them adequately for their roles as OTs.
5. **Lack of Awareness of Different Communities:** The education often lacked awareness and acknowledgment of the experiences and needs of different cultural and marginalised communities. This included insufficient education on the impacts of racism, colonialism, and social determinants of health.
6. **Performative Nature of Education:** Some respondents felt that the approach to teaching AEI concepts was hypocritical or performative, with a lack of genuine engagement or practice by faculty and the institution.



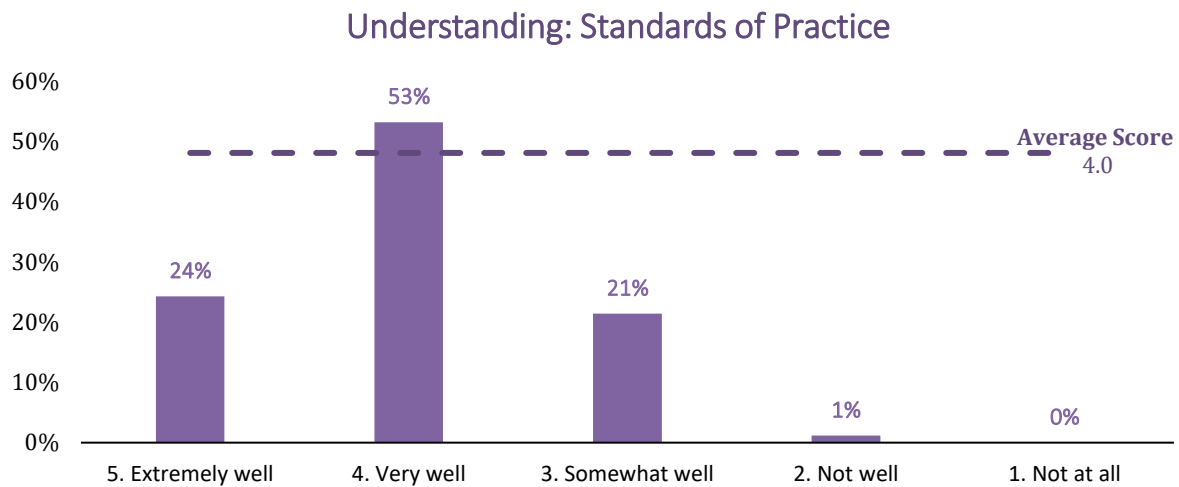
**Figure 4:** “How would you rate your OT education in regard to understanding racism and discrimination in relation to OT practice?”

### ACOT Understanding

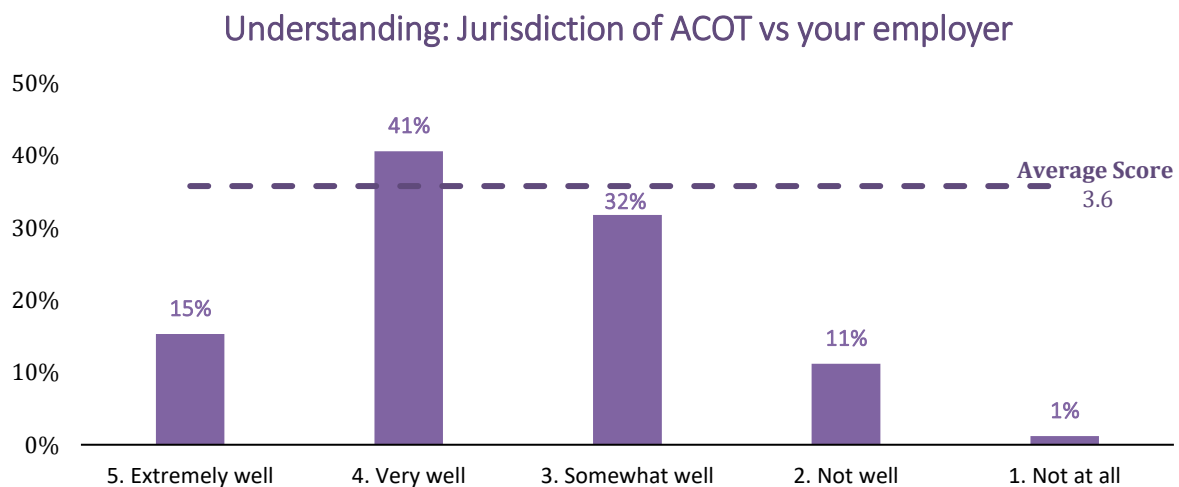
In contrast, the respondents rated their understanding of ACOT standards, ethics, processes and jurisdictions higher. With understanding Standards of Practice and Code of Ethics both rated at 4.0, followed by Jurisdictions at 3.6 and the Complaint Process at 3.2. This highlights a noted improvement from the 2021 survey and signals that the two areas of further focus could be the Complaints Process and ACOT Jurisdictions.



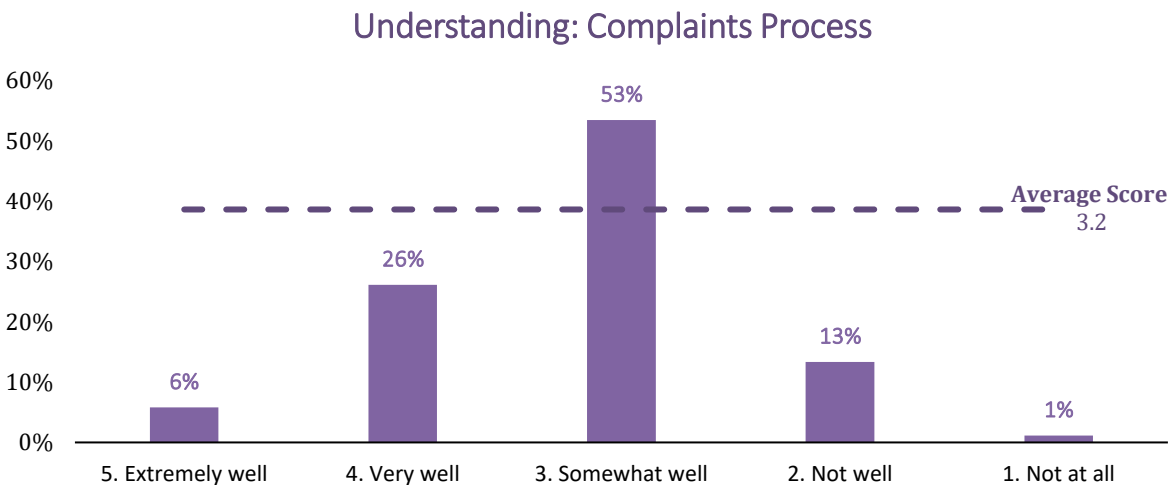
**Figure 5:** “How would you rate your level of understanding of the following about ACOT: Code of Ethics?”



**Figure 6:** “How would you rate your level of understanding of the following about ACOT: Standards of Practice?”



**Figure 7:** “How would you rate your level of understanding of the following about ACOT: Jurisdiction of ACOT vs your employer?”

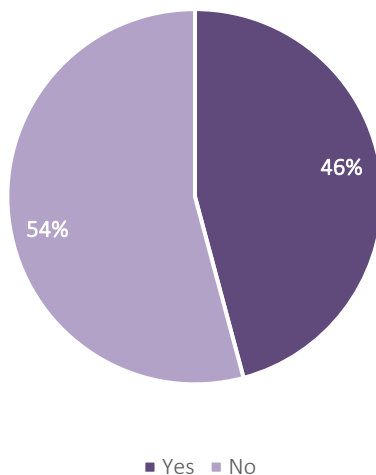


**Figure 8:** “How would you rate your level of understanding of the following about ACOT: Complaints Process?”

**Requesting Support or Guidance from ACOT**

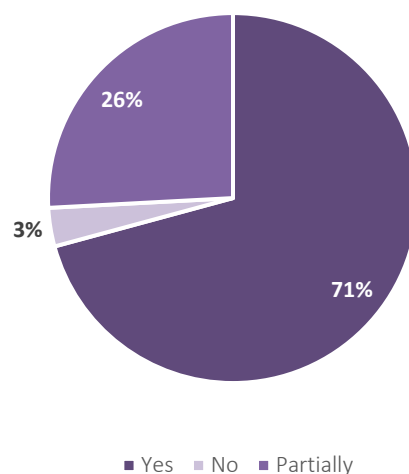
45% of respondents indicated that they have requested ACOT support in the past 12 months, with only 1% indicating that it was regarding racism or discrimination. However, when requesting support, the majority indicated that ACOT was helpful (74%) or at least partially helpful (23.4%).

**Have you requested general support or guidance from ACOT?**



**Figure 9:** “Have you requested general support or guidance from ACOT?”

### Was ACOT's support or guidance helpful?



**Figure 10:** “Have you requested general support or guidance from ACOT?”

In the written feedback, the main mood of the responses is generally positive, with a few critical points.

#### Positive Feedback:

- Many respondents found the support and guidance helpful and thorough, especially in legal, ethical, and competence-related matters.
- Constructive guidance helped some make important decisions about their practice.
- ACOT provided useful resources, including presentations and information on various topics.
- Support was appreciated for specific queries such as registration and re-entry requirements.

#### Critical Feedback:

- Some respondents experienced delays in receiving responses, which sometimes rendered the support less useful.
- There was feedback about the lack of clarity and direct answers in some cases.
- Concerns were raised about inconsistent advice given to different OTs.
- A few respondents mentioned that the guidance received was vague, and there was apprehension about asking questions due to potential consequences.

#### Neutral or Mixed Feedback:

- Some noted improvements in the ACOT's support over the years, indicating positive changes.
- A few mentioned that while the guidance was helpful, ACOT was limited by ongoing updates to their standards.

Overall, while support from ACOT is generally seen as a beneficial and a helpful resource, there are areas for improvement in response times, clarity, and consistency of the guidance provided.

### Workplace Experience

ACOT members reported witnessing and experiencing microaggressions or disrespectful behaviours. **4 in 5** respondents have witnessed or experienced at least one of the negative behaviours surveyed.

Respondents reported witnessing such behaviors more frequently than experiencing them personally. This aligns with the fact that most respondents work in team-based settings, where they observe more interactions than they are directly involved in.

Regarding the nature of the disrespectful behaviour, most respondents reported it was either gender or race-based, according to the survey options. A significant number (20%) selected “Other” and provided examples.

Several participants cited unprofessionalism or a general disregard for the OT profession, and issues related to age and body size. These three factors together account for half of the "Other" responses. As for the source of the behaviours, the majority report it as coming from peers or colleagues (61%), with clients accounting for 29% and 10% from “Others”. The most common write-in for “Other” was managers or supervisors, accounting for half of the 10% total.

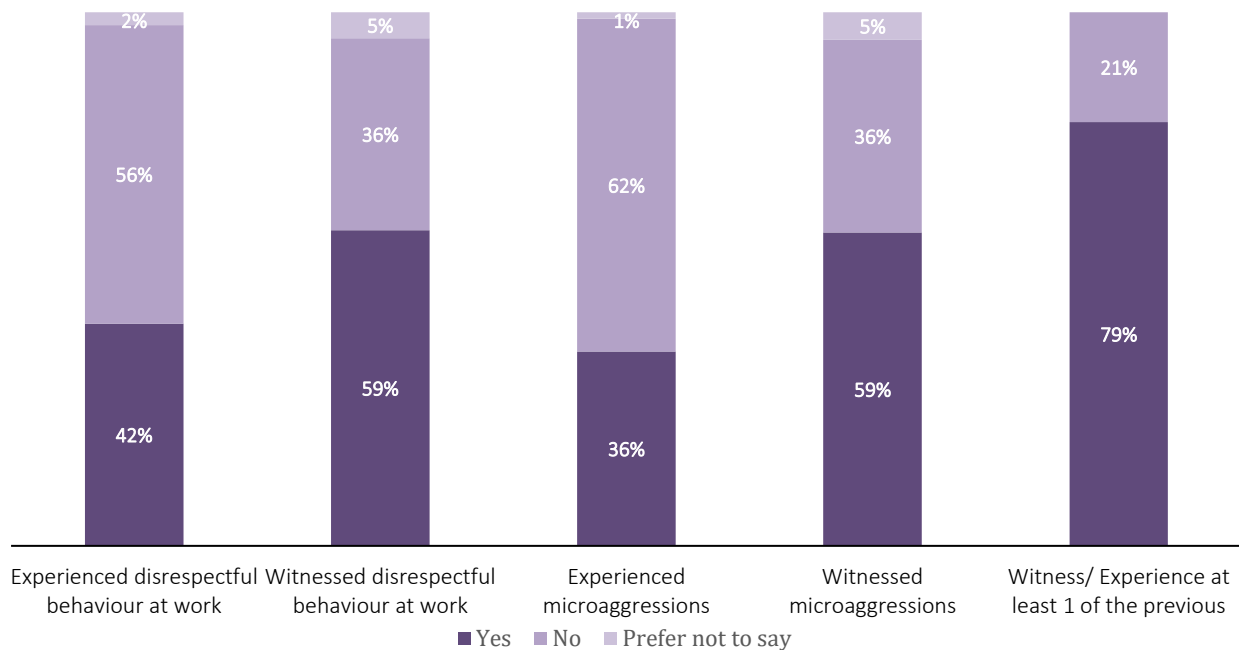


Figure 11: Workplace Experience among participants

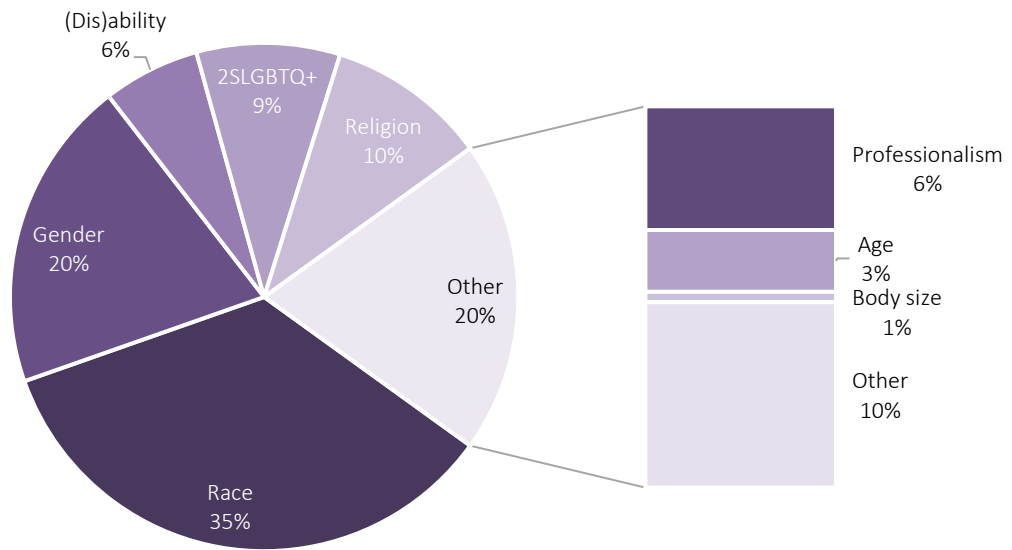


Figure 11: “What aspect of your identity was the disrespectful behaviour addressing (click all that apply)?”

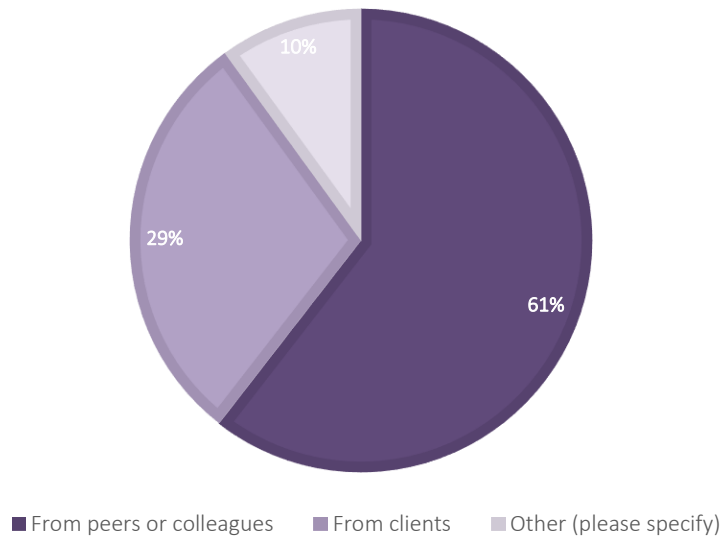


Figure 11: Sources of disrespectful behaviour or microaggressions at work



## GAUGING KNOWLEDGE AND UNDERSTANDING OF RACISM AND DISCRIMINATION

When asked “Should ACOT be addressing Racism and Discrimination?”, 82% of respondents indicated “Yes”. The main issues identified by respondents that they believe need to be addressed include:

### Systemic Prejudice and Discrimination:

- Several respondents highlighted the systemic prejudices towards Indigenous Peoples and new residents of Canada, such as discriminatory comments attacking a person's accent and biases against foreign-trained professionals.
- There was an acknowledgment that Canadian culture has ingrained prejudices that need continuous addressing.

### Role of ACOT:

- Many believe it is part of ethical practice for OTs to be respectful and inclusive, suggesting that ACOT should indeed address these issues through Standards of Practice and Codes of Conduct.
- There is a call for ACOT to promote OTs as professional staff to other medical disciplines to address the lack of respect for OTs within the healthcare team. This request aligns with respondents cited issues in the workplace experience section regarding the lack of professionalism and disregard for the profession.

### Workplace Issues and Education:

- Some respondents view racism and discrimination as workplace issues that should be mainly handled by employers but recognize the need for education and support from ACOT.
- Respondents suggested a need for ongoing education on cultural humility/competence, proper care, terminology, and addressing stereotypes to help OTs navigate the changing societal norms and expectations.

### Need for Clear Standards and Policies:

- Respondents suggest that Standards of Practice should include clauses on education regarding racism and discrimination.
- There is a small minority of respondents that are concerned about the effectiveness of the AARI Projects current approaches, with some feeling that existing measures may inadvertently promote more racism.

### Focus on Practical Solutions:

- There is a desire for practical solutions and improvements that make services more accessible and respectful for everyone. Participants mentioned using case studies, clear guidelines, prescriptive “Do and Do Not” or what to have in mind when working with racialized or gender-diverse clients.

### Debate on Approach:

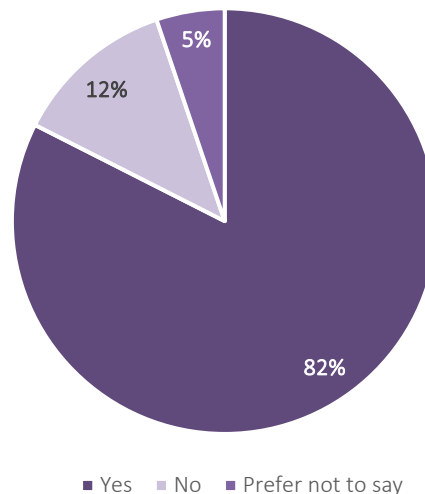
- Again, a small minority of respondents’ express skepticism about the approach to addressing racism, viewing it as divisive. They instead advocate for treating individuals as individuals rather than as people who may experience privilege or oppression based on facets of their identity.

### Recognition and Support:

- The issue of foreign-trained OTs not receiving the same treatment as Canadian-trained OTs was again highlighted as an area of significant concern.
- There is a call that professional environments can be developed as collaborative and supportive through learning opportunities that focus on understanding working with diverse cultures.

In summary, the responses indicate a strong belief that ACOT should address issues of racism and discrimination, with a focus on continuous education, clear standards, and practical solutions. Due to a small minority of respondents being hesitant with or against anti-racism measures, there is also a need to approach changes and communicate with that awareness.

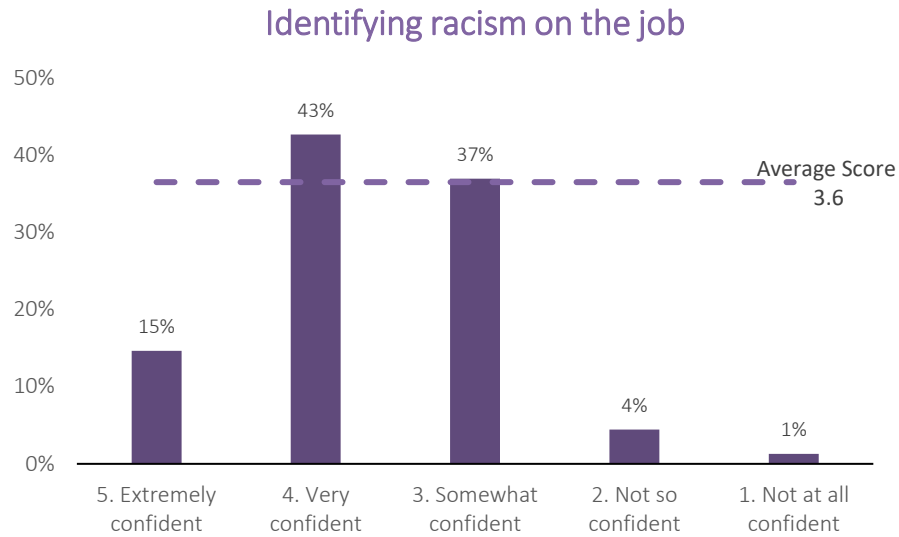
### Are the issues of racism and discrimination something that ACOT should be addressing?



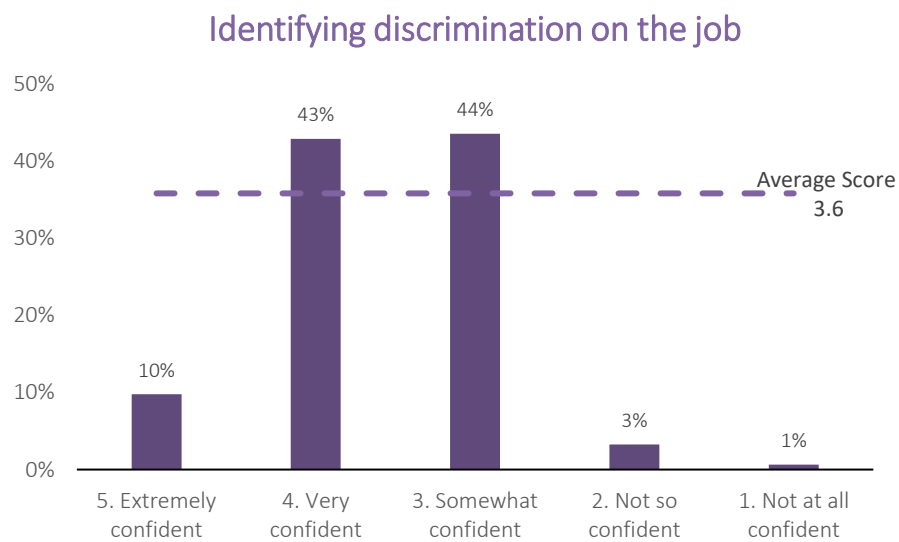
**Figure 12:** "Are the issues of racism and discrimination something that ACOT should be addressing?"

Participants were also asked how confident they feel about addressing racism and discrimination and their confidence in advocating for themselves, a fellow OT, or a client. Similarly, scores of 1 to 5 were assigned to the answers, where 5 is the most positive rating.

Overall, ratings between identifying and addressing racism and discrimination are nearly identical. Identifying both racism and discrimination have very similar profiles, with the same score of 3.6:

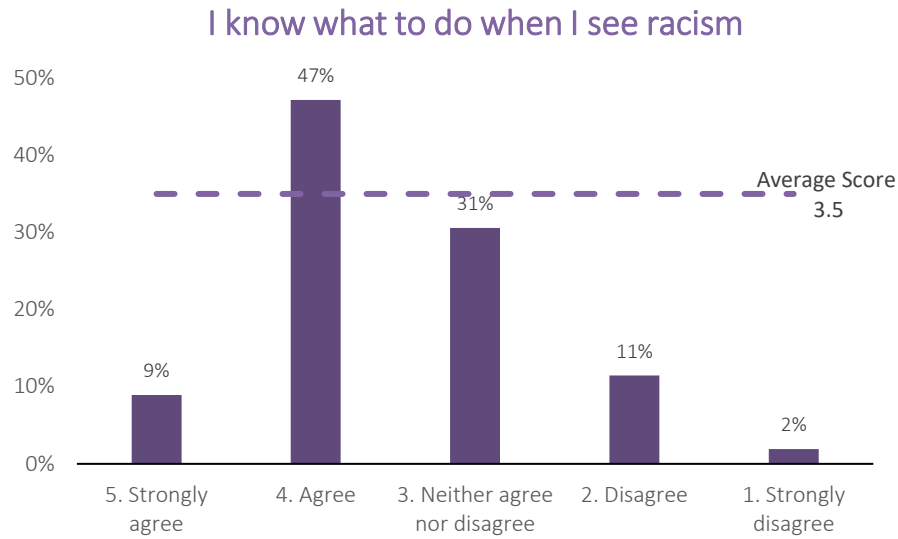


**Figure 13:** Survey question: “I feel confident identifying racism on the job”

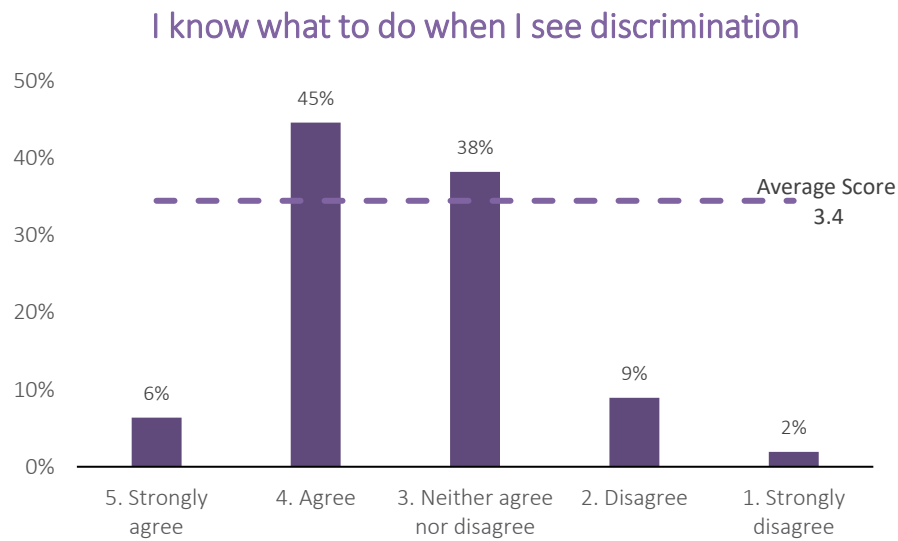


**Figure 14:** Survey question: “I feel confident identifying discrimination on the job”

When asked if they knew what to do when seeing racism or discrimination on the job, respondents were slightly more hesitant, with a score of 3.5 for racism and 3.4 for discrimination:

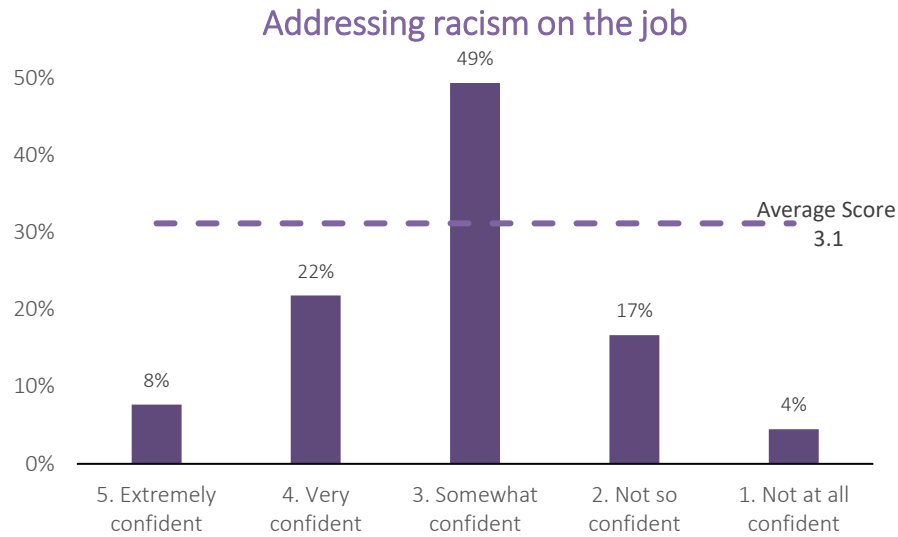


**Figure 15:** Survey question: “I know what to do when I see racism happening on the job”

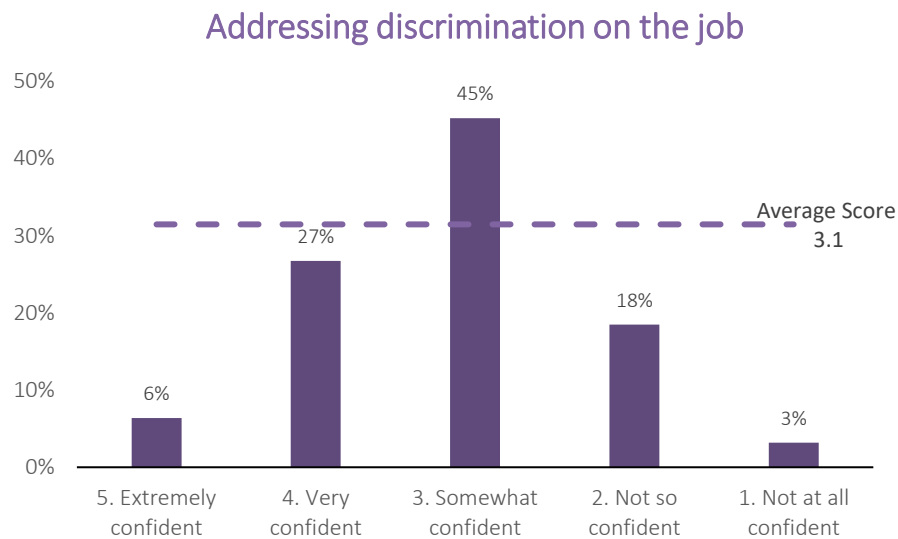


**Figure 16:** Survey question: “I know what to do when I see discrimination happening on the job”

When asked about addressing those issues, respondents were markedly less confident than before. With both questions showing an identical score of 3.1 and nearly half of the responses were “somewhat confident” in both cases:



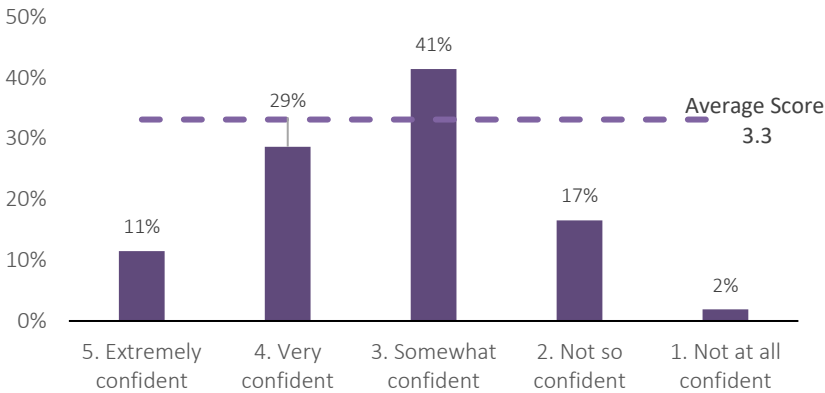
**Figure 17:** Survey question: “I feel confident addressing racism on the job”



**Figure 18:** Survey question: “I feel confident addressing discrimination on the job”

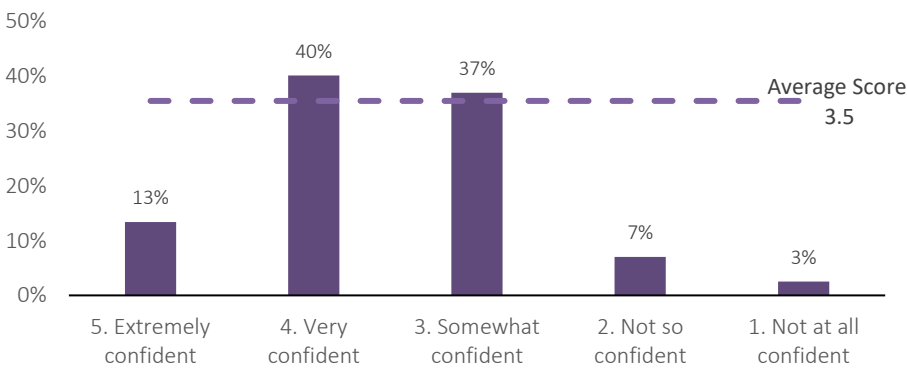
When it came to advocacy confidence among respondents, an interesting trend occurred. Participants showed more confidence when advocating for others than they did for themselves, especially when it involved clients. When advocating for themselves, respondents scored 3.3 on average, when advocating for a fellow OT they scored 3.5, and when advocating for clients they scored 3.8.

### Confidence when advocating for themselves



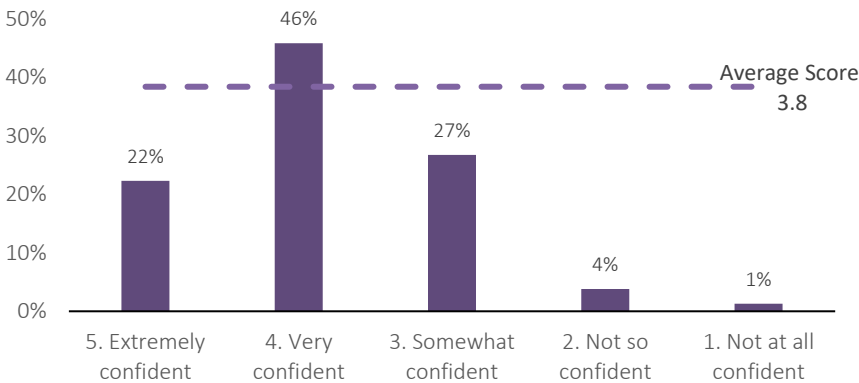
**Figure 19:** Survey question: “Rate your level of confidence to **advocate for yourself**, when experiencing racism and/or discrimination.”

### Confidence when advocating for a fellow OT



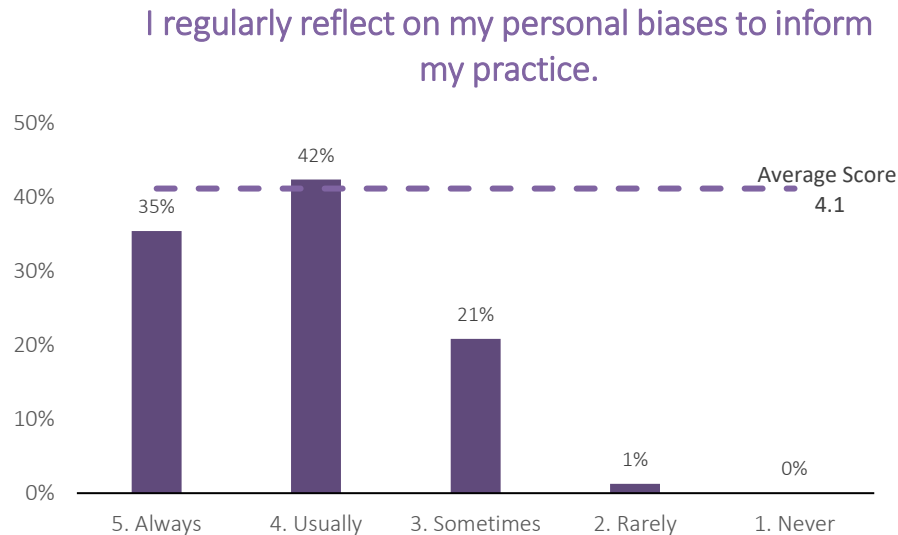
**Figure 20:** Survey question: “Rate your level of confidence to **advocate for a fellow OT** (including OT students), when experiencing racism and/or discrimination.”

### Confidence when advocating for themselves

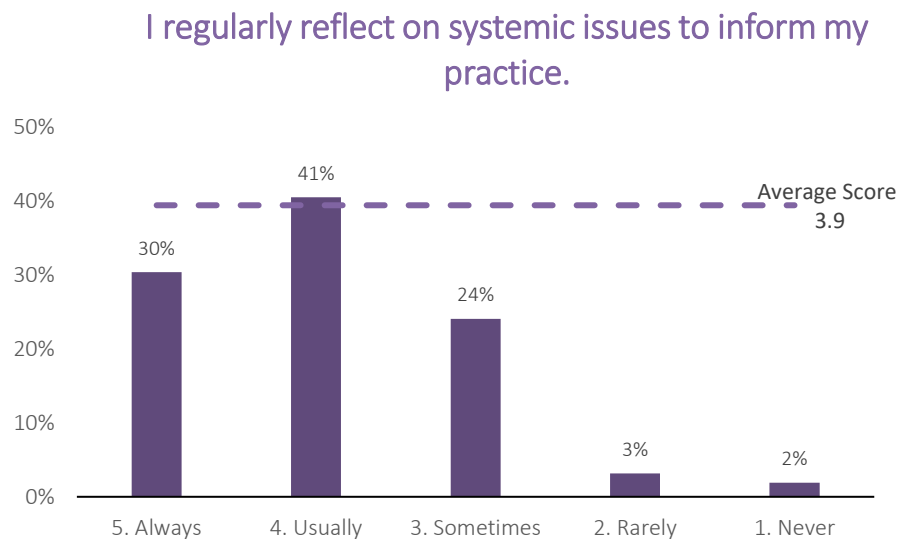


**Figure 21:** Survey question: “Rate your level of confidence to **advocate for a client**, when experiencing racism and/or discrimination.”

Finally, respondents answered questions about self-reflection and relationship building. Once again, scores were assigned to the answers as previously outlined. For self-reflection, more than 7 in 10 participants reported that they always or usually reflect on personal biases or systemic issues to inform their practice, scoring 4.1 for personal biases self-reflection and 3.9 for the latter.



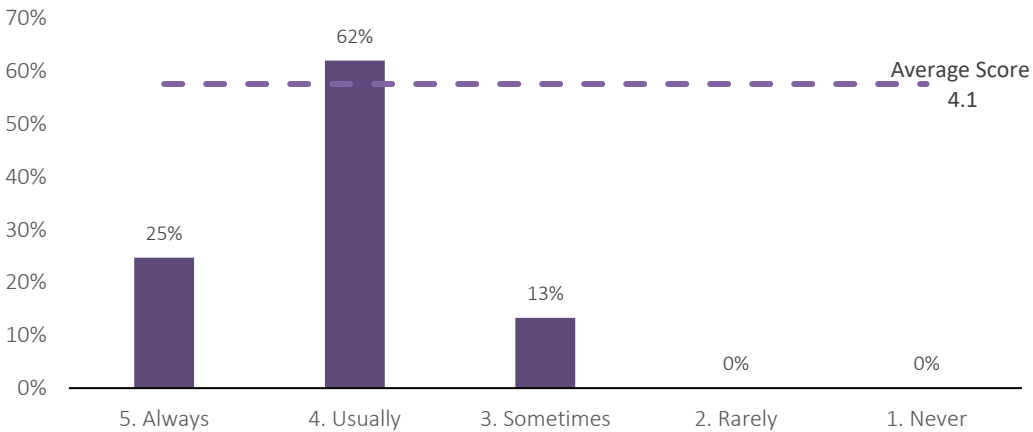
**Figure 22:** Survey question: “I regularly reflect on my personal biases to inform my practice.”



**Figure 22:** Survey question: “I regularly reflect on systemic issues, such as racism and discrimination within health-care, to inform my practice.”

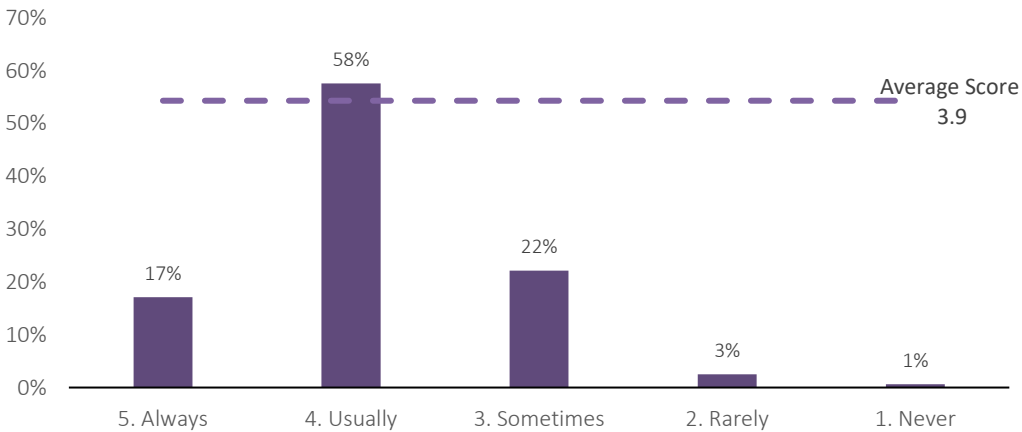
With regards to trust-based relationship building, respondents also scored highly, with nearly 8 in 10 agreeing or strongly agreeing that they know how to build relationships of mutual trust with clients and colleagues who are racialized and gender-diverse. When working with racialized connections, respondents scored an average of 4.1 and when working with gender nonbinary and transgender clients, respondents scored 3.9.

### I know how to build relationships of mutual trust with racialized clients and colleagues.



**Figure 23:** Survey question: “I know how to build relationships of mutual trust with racialized clients and colleagues.”

### I know how to build relationships of mutual trust with gender nonbinary and transgender clients and colleagues.



**Figure 23:** Survey question: “I know how to build relationships of mutual trust with gender nonbinary and transgender clients and colleagues.”

When asked for any additional comments in this section, only 12% of respondents elaborated further. The overall mood of the comments was mixed, with some expressing frustration or discomfort, others seeking improved supports, and a few providing constructive feedback or expressing openness to learning.



The main themes brought forward in the qualitative responses of this section are:

1. **Difficulty in Identifying Racism and Discrimination and Continuous Learning:** Some comments highlight the challenge of identifying racism, discrimination, and microaggressions, indicating a need for better education and training in recognizing these behaviours and how to address them.
2. **Feelings of Exclusion and Ideological Push:** A few respondents felt excluded by the terminology and ideologies being promoted, expressing a desire for a diversity of thought and caution against forcing specific anti-racism ideologies.
3. **Concerns About Workplace Safety and Job Security:** Some individuals expressed fear of retaliation or job insecurity when addressing racism or discrimination, especially when the comments come from superiors.
4. **Barriers in Healthcare:** Comments reflected concerns about disparities in social determinants of health, particularly for marginalized communities, and the need for more resources to address these issues.
5. **Cultural Diversity in Healthcare:** Some respondents highlighted that differences in cultural background and having English as a second language can sometimes account for unintentional discriminatory remarks.

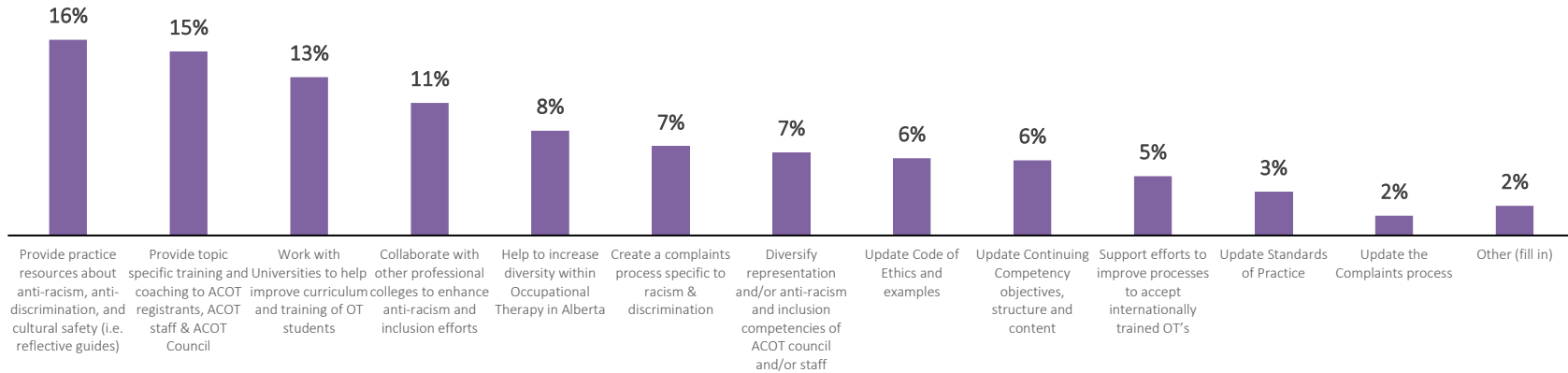
In summary, while there is a recognition of the importance of addressing racism and discrimination, there are varied opinions on how best to approach these issues, and a minority of respondents advocating for an approach that uses an individualized approach focused on respect and accessibility without clear reference to issues relating to racism, sexism, ableism, etc.

### Obstacles and Areas for Improvement

When asked to select the biggest obstacles to ACOT for achieving change, respondents highlighted the complex nature of the work. The top 3 selections were: “How complex and deep-rooted the problems are”, “That these problems are connected to people’s personal values and behaviours” and “The limitations of power and influence of the college (i.e., versus employers)”.

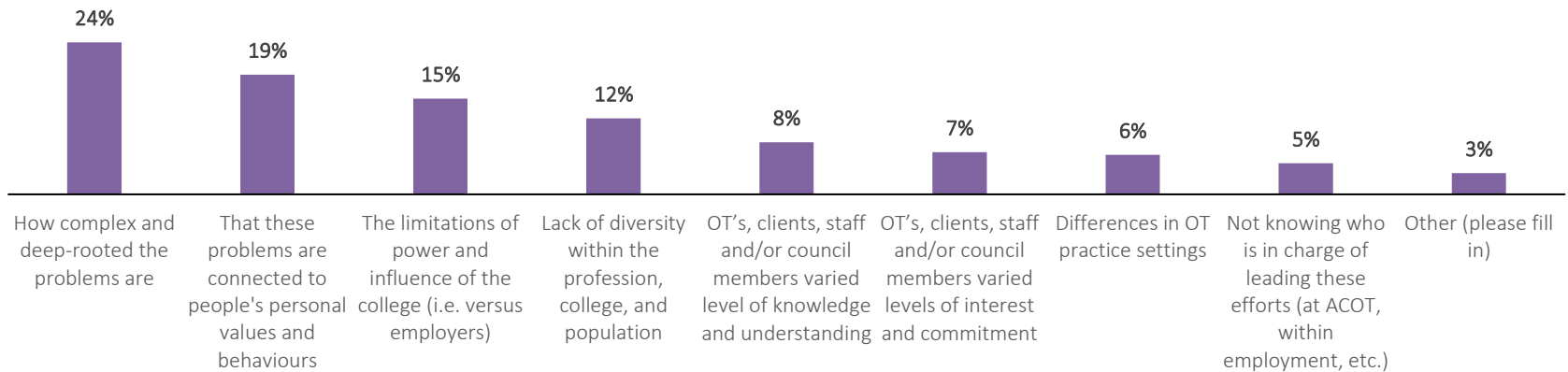
With regards to the 5 areas of change to achieve the biggest impact, respondents' top 2 choices were in line with the responses and comments so far: that they request material, resources, and training on specific topics on AEI topics. The other 3 top choices included: “Work with Universities to help improve curriculum and training of OT students”, “Collaborate with other professional colleges to enhance anti-racism and inclusion efforts”, and “Help to increase diversity within Occupational Therapy in Alberta”.

### Top 5 areas of change for greatest impact:



**Figure 25:** Survey question: “Please choose the **top 5 areas** of change that you believe will have the greatest impact on ACOT’s ability to implement anti-racism, anti-discrimination and culturally safe practices, structures and systems and ensures ACOT registrants, staff and council are skilled to implement these practices.”

### Biggest 3 obstacles to ACOT achieving change:



**Figure 24:** Survey question: “What do you see as the **biggest 3** obstacles to ACOT achieving change with regards to racism and discrimination? Select 3”

As a final question, respondents were asked “Do you believe you have the potential to effect positive change in regard to racism and discrimination, in your work-life?” and were given an open-ended question to elaborate, “What tools, resources or support would help to improve your competency around racism and discrimination?”.

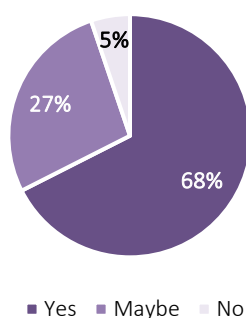
A little over two in every three workers responded “Yes”, and the response mood of the open-ended question is generally constructive and suggests a desire for improvement and more effective handling of racism and discrimination. Respondents expressed a need for practical resources, education, and clear guidelines.

The main themes brought forward in the qualitative responses of this section are:

1. **Need to Communicate Clear Roles and Responsibilities:** Respondents seek clarity on whether the college or the employer has more influence and final decision-making power regarding racism and discrimination.
2. **Support from Leadership:** The importance of leadership's role in committing to and supporting anti-racism and anti-discrimination efforts is emphasised. There are calls for management and leadership to be educated and consistently support their teams in these matters.
3. **Education and Training:** There is again a strong call for ongoing education and training, including seminars, reflective conversations, and specific training on identifying and addressing racism and microaggressions. Many suggest incorporating these topics into the core curriculum of OT programs and including them in continuing competency requirements. Suggestions include practical resources and tools, inclusivity and diverse perspectives from speakers, and conflict management.
4. **Specific Training Areas:** Additional training on how to handle discriminatory comments from clients and addressing subtle situations, such as concerns about accents, is suggested. Practical tools for building trust with marginalized groups and advocating for change within healthcare and education systems are recommended.
5. **Concerns About Current Approaches:** Some respondents express discomfort with the current AEI principles, feeling they are too ideologically driven and not reflective of all perspectives.

In summary, most comments reflect a strong desire for comprehensive and practical education, clear guidelines, and supportive leadership. Additionally, a few comments are calling for an approach that recognizes and responds to their concerns that addressing racism and discrimination in the OT profession is overwhelmingly ideologically driven and not reflective of all perspectives.

#### Believes in personal role to effect change:



**Figure 25:** “Do you believe you have the potential to effect positive change in regard to racism and discrimination, in your work-life?”

## COMPARATIVE ANALYSIS

ACOT conducted surveys in 2021 and 2024 to assess the progress and impact of its anti-racism and inclusion initiatives. The 2021 survey, part of the Acting Against Racism and Intolerance (AARI) Project, established a baseline for understanding systemic racism and discrimination within the College. The 2024 survey aimed to measure progress, identify emerging issues, and update the needs and interests of registrants. This section compares the findings from both surveys, highlighting key areas of improvement, ongoing challenges, and future priorities.

### Response Rates:

- 2021: 350 respondents.
- 2024: 200 respondents.

### Survey Demographics:

- Both surveys had most respondents identifying as cis-hetero white women working in healthcare or education settings.
- Age distribution was consistent across both surveys, with most respondents aged 35-54.

### Survey Limitations:

- Both surveys were voluntary, potentially leading to non-representative samples.
- Lack of detailed demographic estimates limits the ability to validate the representativeness of the surveys.
- Adjustments in survey design over time aimed to better capture respondents' experiences and perceptions.

### Considerations for the 2024 Survey Context

The 2024 survey, conducted as a follow-up to the initial 2021 survey, must be understood within its unique historical and social context. The 2021 survey was carried out during a period marked by significant global events that have had profound impacts on societal attitudes towards racism and discrimination. Two notable events were the COVID-19 pandemic and the murder of George Floyd in May 2020.

### Impact of the COVID-19 Pandemic

The 2021 survey was conducted at the height of the COVID-19 pandemic. The pandemic not only highlighted but also exacerbated existing social inequalities and health disparities. For OTs, this period involved adapting to rapid changes in healthcare delivery, including the shift to telehealth and a heightened awareness of the socio-economic determinants of health. The pandemic exposed and intensified the vulnerabilities of marginalized communities, making issues of equity and inclusion even more pressing.

### Influence of George Floyd's Murder and the Black Lives Matter Movement

The murder of George Floyd in May 2020, and the subsequent global protests under the Black Lives Matter movement, brought issues of systemic racism and police violence to the forefront of public consciousness. This period saw a widespread societal reckoning with racial injustice, leading many institutions, including ACOT, to reflect on their policies and practices regarding anti-racism, equity, and inclusion.

## Changes in the Societal and Professional Landscape

Since 2021, there has been a growing recognition and commitment towards addressing racism and promoting equity within various professional fields, such as healthcare. In tandem with the growing recognitions and commitments, there are also movements pushing against anti-racism and inclusion efforts across all facets of society and its institutions, including healthcare and education. These varied viewpoints shape the perspectives and expectations of OTs and other stakeholders and can deepen the complexity of AEI efforts within professional environments.

## Potential Reasons for Lower Response Rates in 2024

Several factors could contribute to a lower response rate for the 2024 survey compared to the 2021 survey:

- **Survey Fatigue:** After multiple surveys and assessments over the past few years, respondents might feel overwhelmed or uninterested in participating again.
- **Perceived Redundancy:** Some individuals may feel that their views were already expressed in the 2021 survey and that their participation is less critical this time around.
- **Skepticism About Impact:** There might be skepticism about whether previous feedback has led to meaningful changes, leading to disengagement.
- **Pandemic Fatigue:** The ongoing impacts of the pandemic, including burnout and increased workload, could leave OTs with less time and energy to participate in surveys.
- **Changing Priorities:** With the pandemic's immediate pressures reducing, respondents might prioritize other aspects of their professional and personal lives over participating in surveys.

## Challenges and Considerations

When reviewing the 2024 survey results, several challenges and considerations should be kept in mind:

- **Response Bias:** Differences in the demographics or attitudes of those who chose to respond in 2024 compared to 2021 could skew the results.
- **Implementation Feedback:** Evaluating whether the actions taken since 2021 have been perceived as effective or adequate by the respondents.
- **Contextual Relevance:** Ensuring that the survey questions remain relevant and reflective of the current professional and social environment.

By understanding these contextual factors and potential challenges, ACOT can better interpret the survey results, measure progress effectively, and continue to develop strategies that address the evolving needs and challenges faced by its members in promoting an inclusive and equitable professional environment.

## Comparative Analysis of Findings

TOPIC	2021	2024
<b>Demographics</b>	<ul style="list-style-type: none"> <li>Majority identified as cis-hetero white women.</li> <li>Significant representation from healthcare and education sectors.</li> <li>Age distribution: evenly split among under 34, 35-44, and 45+.</li> </ul>	<ul style="list-style-type: none"> <li>Similar demographic trends as 2021.</li> <li>Continued majority of cis-hetero white women in healthcare and education.</li> <li>Age distribution remained consistent.</li> </ul>
<b>Experience within Education &amp; ACOT</b>	<ul style="list-style-type: none"> <li>Emphasis on practicum and placement experiences, client-centered approaches, and learning from lived experiences.</li> <li>Lack of formal education on racism and discrimination noted.</li> <li>Continued learning and self-driven education highlighted.</li> </ul>	<ul style="list-style-type: none"> <li>Similar themes with added emphasis on recent improvements in continuing education.</li> <li>Increased trust and reliability towards ACOT's support and guidance.</li> <li>Highlighted need for practical application and updated educational content.</li> </ul>
<b>Workplace Experiences of Racism and Discrimination</b>	<ul style="list-style-type: none"> <li>High incidence of witnessing and experiencing microaggressions and disrespectful behaviours.</li> <li>Gender and race-based discrimination prevalent.</li> <li>Toxic work environments noted, particularly in hospital and interdisciplinary team settings</li> </ul>	<ul style="list-style-type: none"> <li>Continued reporting of microaggressions and disrespectful behaviours.</li> <li>Consistent identification of gender and race-based discrimination.</li> <li>Noted improvements in awareness and reporting, but ongoing issues remain.</li> </ul>
<b>Gauging Knowledge and Understanding of AEI</b>	<ul style="list-style-type: none"> <li>Mixed confidence levels in identifying and addressing racism and discrimination.</li> <li>High interest in ACOT addressing AEI issues, with emphasis on the need for clear guidelines and continuous education.</li> </ul>	<ul style="list-style-type: none"> <li>Improved confidence in identifying issues, but less so in addressing them.</li> <li>Strong support for ACOTs role in addressing AEI, with calls for more practical resources and support.</li> <li>Continued emphasis on education, training, and leadership support.</li> </ul>

## DISCUSSION

The key findings from the survey provide critical insights into the current state of anti-racism and inclusion efforts within the Alberta College of Occupational Therapists (ACOT). These findings have significant implications for ACOT's policies and practices, highlighting areas of progress and ongoing challenges that need to be addressed.

### Interpretation of Key Findings

1. **Survey Design and Methodology:** The revised survey design, which included a separate section for Indigenous peoples, a clarified definition of microaggressions, and a new "Pulse Check" section, allowed for a more nuanced understanding of respondents' experiences and perceptions.
2. **Awareness and Impact of Anti-Racism Initiatives:** Comparative analysis with the 2021 survey data shows improvement in awareness and perceived impact of ACOT's anti-racism initiatives. However, a significant portion of respondents remain unaware of these initiatives, indicating a need for more effective communication and engagement strategies.
3. **Experiences of Discrimination and Microaggressions:** A substantial number of respondents continue to witness or experience microaggressions and discriminatory behaviors, particularly based on gender and race. This highlights the importance of fostering a supportive environment where bystanders feel empowered to intervene.
4. **OT Education:** Respondents rated their formal OT education poorly regarding its effectiveness in teaching about racism and discrimination. Conversely, continued professional development and self-driven learning post-graduation were viewed more positively, indicating the value of ongoing education and practical experience in understanding and addressing AEI issues.
5. **Understanding of ACOT Standards and Processes:** The survey indicated an improvement in respondents' understanding of ACOT's standards of practice and code of ethics, compared to 2021. However, the complaints process and the distinction between ACOT's jurisdiction and that of employers remain areas needing further clarity and focus.
6. **Requesting Support from ACOT:** While most respondents found ACOT's support helpful, issues such as delays in responses, lack of clarity, and inconsistent advice were noted. This feedback is important for improving the responsiveness and effectiveness of ACOT's support services.
7. **Confidence in Addressing Racism and Discrimination:** Respondents expressed moderate confidence in identifying and addressing racism and discrimination. There is a noticeable drop in confidence when it comes to taking action, indicating a need for more practical training and support in these areas. Additionally, respondents showed greater confidence in advocating for clients compared to themselves or fellow OTs, suggesting the need for more empowerment and support for self-advocacy and peer support.

## Implications for ACOT's Policies and Practices

<p><b>Enhance Communication and Engagement</b> Develop more effective communication strategies to increase awareness of ACOT's anti-racism initiatives through regular updates, newsletters, and workshops</p>	<p><b>Curriculum Development</b> Integrate comprehensive AEI education into the OT curriculum, incorporating practical examples, case studies, and guest speakers with lived experiences.</p>	<p><b>Improve Support Services</b> Streamline support processes to ensure timely and clear responses. Establish a dedicated support team for AEI issues to enhance consistency and reliability.</p>
<p><b>Focus on Practical Training</b> Offer practical training sessions on identifying and addressing racism and discrimination, including role-playing scenarios and workshops on conflict resolution.</p>	<p><b>Clarify Standards and Processes</b> Clarify the complaints process and the distinctions between ACOT's jurisdiction and that of employers through clear, accessible resources and training sessions.</p>	<p><b>Continuous Self-Improvement</b> Encourage ongoing self-reflection and continuous learning about AEI issues by providing resources and opportunities for members to engage in reflective practices.</p>

## PULSE CHECK: ASSESSING CURRENT AWARENESS AND IMPACT

A valuable addition to the 2024 survey was the "PULSE CHECK - Where are we now?" section. This new section, strategically placed at the end of the survey, was designed to gauge awareness and perceptions of ACOTs ongoing anti-racism work, including specific initiatives and their perceived impact.

The inclusion of this section is important for several reasons:

**Understanding Growth and Progress:** By asking respondents about their awareness of and opinions on ACOTs anti-racism efforts, this section provides qualitative insights into the organization's progress since the previous survey. It helps determine whether initiatives are effectively reaching and resonating with the registrant body.

**Identifying Awareness Gaps:** Understanding which initiatives are well-known and which ones are not allows ACOT to identify gaps in communication and outreach. This ensures that successful programs are highlighted and areas needing more visibility are addressed.

**Evaluating Perceived Impact:** Gathering perceptions on the impact of the anti-racism work provides valuable feedback on these initiatives. This input is crucial for understanding what is working well and what areas require further improvement or adjustment.

**Guiding Future Efforts:** The open-ended question on what ACOT should prioritize moving forward captures the voices of the registrants, ensuring that future efforts align with their needs and expectations. This input is invaluable for strategic planning and resource allocation.



## Pulse Check Findings

When asked if they were aware of the anti-racism, anti-discrimination, and inclusion work ACOT has been doing, only 36% of participants indicated “Yes”, with the majority responding as unsure or not being aware. When asked to elaborate further, comments range from positive acknowledgment and awareness to confusion, skepticism, and frustration. While some respondents are aware and supportive of the initiatives, others express a lack of awareness or dissatisfaction with the approach and implementation.

The main themes brought forward in the qualitative responses of this section are:

### 1. Awareness of Initiatives:

- Several respondents are aware of the various initiatives, including webinars, presentations, updated competencies, and the Acting Against Racism and Intolerance Project.
- There is mention of mandatory training modules, updates to the Standards of Practice (SoP) and Code of Ethics (CoE), and the formation of committees focused on diversity and inclusion.

### 2. Specific Activities Mentioned:

- Respondents refer to specific activities such as the introduction of required education, online modules, in-services, and surveys.
- Updates to SoP and CoE, consultation with diverse voices, and the incorporation of truth and reconciliation calls to action were noted.

### 3. Positive Acknowledgment:

- Some comments positively acknowledge the efforts, citing the good work being done through surveys and changes in standards.
- The inclusion of modules on understanding Indigenous Peoples and diversity in board members are highlighted as positive steps.

### 4. Confusion and Lack of Awareness:

- A significant number of respondents expressed a lack of awareness or unclear understanding of the initiatives. 40% of respondents responded “No” and weren’t aware of any initiatives other than the survey, and another 24% of respondents answered unsure, and while a few could cite AARI, and the SoP update, they lacked confidence about the full scope of ACOT efforts.
- Some mentioned that while they have seen emails or information, they cannot recall specifics, indicating a need for better communication and clarity.

### 5. Criticism and Frustration:

- A few respondents criticize the initiatives, viewing them as ideologically driven or politically motivated.

### 6. Requests for More Information:

- There are calls for more detailed information on what is being actioned and who is responsible for the work within the ACOT community.
- Some respondents expressed a personal need to explore the initiatives further and seek more transparency about the changes being made.

### 7. Mixed Feelings about Training and Education:

- While some appreciate the required education and updates, others feel that the training modules are not impactful or are too narrowly focused. These respondents suggest that there should be less AEI focused and more about working from a place of respect towards everyone.

While there is acknowledgment of the anti-racism, anti-discrimination, and inclusion work being done by ACOT, there is also significant confusion, lack of awareness, and some criticism. Based on these varied areas of feedback an interest, some respondents are seeking clearer communication and engagement with

ongoing AEI work, some are seeking education that focuses on respectful work practices and moves away from AEI specific learnings, and some are seeking efforts that address their concerns about ideological bias.

Respondents are not overly confident with gauging the impact of the initiatives, with 67% having selected “Unsure”. When asked what activities respondents think ACOT should prioritize in its effort to address issues of racism and discrimination within the profession, the mood of the comments is constructive and include a range of specific actions and strategies. Respondents provide a variety of practical suggestions and emphasize the importance of education, training, and inclusive practices.

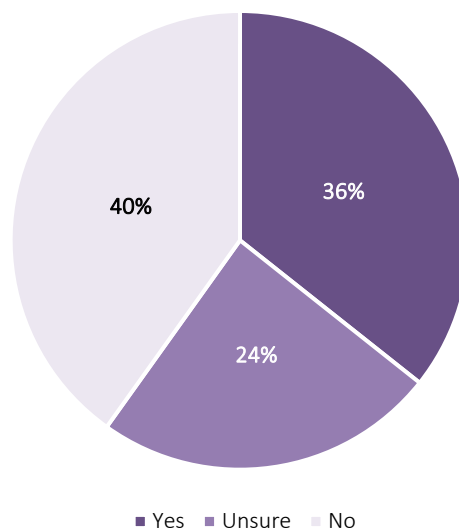
The main points raised include:

1. **Interactive and Inclusive Presentations:**
  - Instead of putting people on the spot during presentations, build rapport with the audience and encourage small group discussions to foster a safe environment for discussing sensitive topics.
2. **Education and Training:**
  - Provide mandatory modules and continuing education on diversity, equity, and inclusion.
  - Offer training on common errors made from ignorance and how to appropriately address discrimination.
  - Implement practice-related scenarios, microaggressions training, and open forum discussions.
  - Develop seminars on unintentional biases to help OTs demonstrate integrity and respect.
3. **Support for Reporting and Addressing Issues:**
  - Create safe ways for OTs to report concerns about racism and discrimination.
  - Ensure that there are mechanisms in place for addressing discrimination from clients, particularly for those in private practice.
4. **Diverse and Inclusive Involvement:**
  - Increase the involvement of Indigenous Peoples and other marginalized groups in the profession and in the creation of guidelines.
  - Advocate for diversity in the OT hiring process and ensure that boards and committees have diverse views.
5. **Practical Tools and Resources:**
  - Provide learning materials, reflective practice guides, and specific tools to help OTs measure change or progress.
  - Offer panel discussions, community practices, and examples of best practices in dealing with racism and discrimination.
6. **Update Standards and Policies:**
  - Update the Standards of Practice and Code of Ethics to include clear guidelines on anti-racism and inclusion. Ensure that these updates are communicated effectively through multiple avenues such as in-person or online presentations and small group dialogues.
7. **Address Broader Social Issues:**
  - Some respondents suggest that ACOT should take a stand on broader social issues, such as condemning genocide and advocating for human rights globally.
8. **Focus on Concrete Changes:**
  - Address injustices as they happen and make concrete changes to improve the inclusivity and safety of the workplace.

- Redefine discrimination to include behavioural and mindset barriers that prevent cross-cultural relationships.
9. **Criticism and Alternative Focus:**
- A few comments suggest focusing on other issues, such as bullying, or express skepticism about the extent of racism and discrimination within the profession.
  - Some respondents believe ACOT should not spend too many resources on these initiatives and should instead provide links to existing good education resources.
10. **Community and Collaboration:**
- Encourage collaboration with other professional groups and colleges to provide comprehensive training and support.
  - Promote community practices and ensure a variety of opinions are included to avoid groupthink.

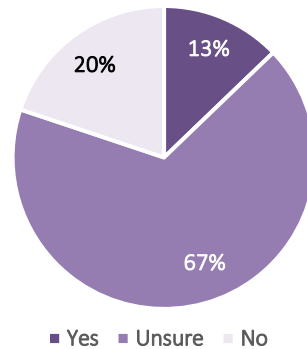
In summary, the comments reflect a strong desire for comprehensive and practical education, safe reporting mechanisms, inclusive involvement, and effective communication of standards and policies. There is also a call for addressing broader social issues and ensuring that initiatives lead to concrete changes within the profession. At the same time there remain criticisms and suggestions for ACOT to focus efforts elsewhere.

Are you aware of the anti-racism, anti-discrimination, and inclusion work ACOT has been doing?



**Figure 26:** “Are you aware of the anti-racism, anti-discrimination, and inclusion work ACOT has been doing?”

Do you think there has been an impact from the anti-racism, anti-discrimination, and inclusion work ACOT has been doing?



**Figure 26:** “Do you think there has been an impact from the anti-racism, anti-discrimination, and inclusion work ACOT has been doing?”

## CONCLUSION

In summary, there is a significant body of respondents that support this work and are interested in ongoing changes and opportunities, alongside a small group of respondents that are concerned with ACOT focusing on anti-racism and inclusion as being too ideological. It is important that ACOT recognize and address the concerns and skepticism expressed by some respondents, provide evidence-based responses, and clarify the rationale behind AEI initiatives.

Many of the noteworthy and repeated comments from respondents, align with some of the strategic priorities within the first report. These include clear communication and transparency, a focus on practical tools and education, provide effective support measures, take concrete and real-world changes, and measure impact.

### Key Considerations for Future Surveys

To ensure future surveys remain impactful and relevant, it is crucial to embrace changes and continuously adapt methodologies. By refining the approach, these reports can provide clearer insights and foster more meaningful engagement with respondents. Below are key considerations for future surveys:

1. **Clear Definition of Education Types:** Clearly differentiate between professional education and education provided by ACOT in future surveys. This distinction will help to avoid confusion among respondents and ensure that feedback is accurately categorized and analyzed.
2. **Specific Terminology:** Substitute "Female" and "Male" with "Woman" and "Man" for gender identity. This change will reflect more inclusive and contemporary language, ensuring that the survey is respectful and relevant to all respondents.
3. **Structured Surveys and Forced Responses:** Some respondents found the survey structure confusing, especially when forced to classify experiences they had not witnessed, indicating a need for revisions to enable a clearer survey design.