

## Hospital and Emergency Room Experiences of Marginalized Populations in a Mid-size Atlantic Canadian City

Victoria Landry <sup>1</sup>, Natasha Hanson <sup>2</sup>, Sarah Gander <sup>3</sup>, Sarah A. Campbell <sup>4</sup>, Brandon Persaud <sup>5</sup>, Jordan Thorne <sup>6</sup>

1. RECAP, Dalhousie Medical School, Saint John, CAN 2. Research, Saint John Regional Hospital / Horizon Health Network, Saint John, CAN 3. Pediatrics, Saint John Regional Hospital, Saint John, CAN 4. Pediatrics Research, Saint John Regional Hospital, Saint John, CAN 5. Pediatrics, Saint John Regional Hospital/Dalhousie University, Saint John, CAN 6. Pediatrics, Saint John Regional, Saint John, CAN

✉ **Corresponding author:** Victoria Landry, victoria.landry@dal.ca

**Categories:** Public Health, Emergency Medicine, Infectious Disease

**Keywords:** emergency medicine, complex health needs, at-risk populations, qualitative research, avoidance

### How to cite this abstract

Landry V, Hanson N, Gander S, et al. (May 31, 2019) Hospital and Emergency Room Experiences of Marginalized Populations in a Mid-size Atlantic Canadian City. Cureus 11(5): a418

## Abstract

This study is based on 12 semi-structured interviews with clients attending community-based clinics focusing on at-risk populations, who often have very complex health needs. The interviews focused on the clients' experiences when seeking care in emergency room and hospital settings. Thematic analysis of the interview transcriptions was conducted on the interview data. Research team members initially conducted individual coding, and later met to discuss the codes and group the codes into themes through consensus. We found the majority of participants avoid the use of ERs and hospital settings for care until absolutely necessary. This is despite over half of them not having a primary caregiver and thus few options for any health care access. This avoidance was discussed in the interviews as related to poor treatment upon disclosure of histories of drug use and diagnoses such as Hepatitis C and HIV/AIDS. The majority of participants felt their health concerns were dismissed or trivialized by service providers once they disclosed. Participants described seeking to be treated "like a regular patient," not labelled by their illnesses, or generalizations. The lack of sensitivity by service providers in these settings as to possible addiction issues was identified by participants as problematic, leading many to consider whether to disclose their histories. Failure to disclose their health histories to service providers led to several participants having to self-manage addiction issues by refusing prescriptions. Overall, this research confirms there is much work to be done creating inclusive and safe ER and hospital settings.

### Open Access

#### Abstract

Published 05/31/2019

#### Copyright

© Copyright 2019

Landry et al. This is an open access article distributed under the terms of the Creative Commons Attribution License CC-BY 3.0., which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Distributed under

Creative Commons CC-BY 3.0

