# Assessing Stereotypes of RTs through an Interprofessional Group of Health Science Students

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## Background

Interprofessional collaborative practice requires effective teamwork in order to provide safe, patient-centered care. Health care teams are composed of various individuals with specific roles and responsibilities. To fully learn about, from, and with other professionals, exploring stereotypes of specific disciplines may help overcome the barriers these preconceived thoughts may have in providing quality health care.

## Methods

A group of health science students participated in an online asynchronous interprofessional learning experience during the 2019-2020 academic year. As part of the experience, students were asked to complete a survey addressing stereotypes and implicit bias. Students from public health, nursing, dental hygiene, and pre-physician's assistants identified stereotypes about respiratory therapists. The approach to the analysis was qualitative and responses were categorized as negative or positive. Data were not analyzed until greater than one year after the completion of the experience. Questions that required a narrative response by students were placed in NVivo 12 Pro ® software for text and content analysis. Student evaluations of the module were analyzed with descriptive statistics.

## Results

There were 47 independent responses for both positive and negative stereotypes. The negative could be classified into six separate themes. The majority of responses pertained to the perceived limited knowledge, education, and scope of practice of respiratory therapists. Additional negative notions were that RTs are frequently unavailable due to workload constraints which prevented meaningful interaction with patients and colleagues. Four main themes surfaced upon evaluating the positive stereotypes. Fifty-seven percent of students commented on the perceived expertise of the respiratory care provider and how the services they offer are essential to improving patient outcomes. Student evaluations of the "Stereotypes in Healthcare and Community Health" activity revealed that 80% of students felt the exercise was somewhat to very engaging and 92% agreed the exercise was somewhat to very informative.

### Table 1. Negative Stereotypes

| Stereotype | Mentions |
|---|---|
| Limited knowledge or scope of practice | 17 |
| High workload limiting time at bedside | 8 |
| Unprofessional assumptions | 8 |

### Table 2. Positive Stereotypes

| Stereotype | Mentions |
|---|---|
| Professional expertise/ Essential | 25 |
| Positive traits | 15 |

### Table 3. Student Evaluations

| Activity | % |
|---|---|
| How engaging Somewhat to Very | 80% |
| How informative Somewhat to Very | 92% |

## Qualitative Examples

"They are only necessary in emergencies".
"They only give breathing treatments".
""Medical knowledge is limited"
"Not as important as doctors or nurses".

"They are experts in their field".
"Essential in helping to improve outcomes".
"They are just as important as nurses".
"Efficient, empathetic, resourceful, hard workers, helpful, skillful, smart, articulate…"

## Conclusions

An open and respectful dialogue among interprofessional learners can lead to better understanding of the roles and responsibilities of each team member, which may then impact the quality of care provided to patients and populations. The findings may also serve to better educate our community on what Respiratory Therapists actually do, being a lesser known medical profession.

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## Disclosures