

ABC_{of}

Equality, Diversity and Inclusion in Healthcare

Edited by Shehla Imtiaz-Umer and John Frain



WILEY Blackwell

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Preface

In their campaign ‘Equality Matters’, the British Medical Association (BMA) describes four key values. The first of these is:

“Equality matters because it’s morally right”

The campaign goes on to describe further reasons that demonstrate why equality matters – maximising the potential of medical students and doctors, improving the performance and wellbeing of staff, and the benefits for patient care and healthcare systems. All of these are true, and there are substantial benefits for everyone, but it always comes around to the same starting point – equality and inclusion matter because they are morally right. They increase the chances of individuals and groups being able to fully be themselves, utilise their talents and fulfil their potential. Who could possibly not want that?

However, this is not the experience for many people and for many groups who find themselves marginalised not only by wider society but even by healthcare professionals and organisations within healthcare systems. There is ample evidence for this. Historical evidence but also evidence of attitudes and practices prevalent today which tell individual patients and staff ‘You are not welcome here’ or ‘You do not belong here’. We cannot be bystanders to this and simply watch the effects on others – patients who lack the confidence to access healthcare, fearing how they will be received; colleagues, often more talented than ourselves, whose path is blocked by prejudice. Improving workplace diversity entails more than just implementing policies and procedures or increasing headcount or employment quotas; it also necessitates championing the unique aspects of every employee, regardless of their background. All of us need to reflect, examine our own attitudes and

take steps to make ourselves and our teams in healthcare more inclusive to ensure patient safety is not compromised.

In authoring this book, we are responding to many enquiries and suggestions from our students and colleagues about how we can make our healthcare training more inclusive and representative. This has been an enriching experience both personally and professionally. We hope this book will be an educational resource to make a positive contribution to more inclusive curriculums and conversations about equality, diversity and inclusion (EDI) in healthcare. We also hope it will increase awareness of the substantial scientific and practical contributions made to healthcare by individuals from every single background.

We are grateful for the contribution of our authors, all of whom committed to their chapters during the COVID-19 pandemic, an event which has brought into much sharper focus so many of the themes we set out to explore in this book. Though we are based in the UK and the book reflects the perspective from the NHS, we are grateful for the contribution of colleagues in the United States. From our professional conversations, we believe the themes we have explored reflect concerns in many countries and health systems worldwide.

We hope the individual reader will find this book of interest and encouragement. Equality and inclusion matter because they are morally right. As so often with doing the right thing, we all benefit personally and professionally through improved wellbeing for staff and better outcomes for our patients.

Shehla Imtiaz-Umer
John Frain
October 2022

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CHAPTER 1

Why Inclusion Matters

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OVERVIEW

- Equality, diversity and inclusion in healthcare are issues of human dignity and patient safety.
- They are not gifts to be bestowed by the powerful and the privileged but basic rights which should be defended and developed by everyone.
- If equality and inclusion matter, they matter for everyone, and no one should be excluded.
- The evidence base for healthcare in marginalised groups needs to be robust and applied in training and service delivery.
- Equality is related to social justice and means fairness and opportunity for all.
- Increasing inclusion is an urgent priority in ensuring the future provision of health services.

Introduction

The NHS Constitution establishes the NHS's principles and values in England. It defines the rights patients, public and staff have, the pledges the NHS has made, and the responsibilities public, patients and staff have to one another for the NHS to operate fairly and effectively.

Behavioural science increasingly demonstrates the importance of healthcare culture in ensuring patient safety and staff wellbeing. A culture of rudeness within teams affects individual and team performance for both procedural and communication-based tasks [1]. A core value of the NHS is that 'Everyone counts'. Unfortunately, for many patients and staff, the lived reality of this value is very different. British Medical Association (BMA) reports on racism, LGBT+ staff and students, and sexism have highlighted poor experiences for groups whose characteristics are actually protected by law (see Further resources). Sometimes, it is literally a matter of life and death (Box 1.1).

Box 1.1 A matter of life and death.

In the NHS, 63% of healthcare workers who died due to COVID-19 were from Black, Asian and minority ethnic backgrounds, 64% of nurses who died were minority ethnic, and 95% of doctors who died were minority ethnic.

Studies by the BMA and reviews by the government revealed that minority doctors were twice as likely to say they felt pressured to work in risky environments without appropriate protective equipment.

In the UK, a survey of more than 16 000 doctors by the BMA (2022) found that 48% of the respondents reported buying personal protective equipment (PPE) for personal use or using donated PPE due to a lack of supplies at their workplaces. The survey also found that 65% of doctors said they felt 'partly or not at all protected'.

Source: BMA. How well protected was the medical profession from Covid-19? www.bma.org.uk/media/5644/bma-covid-review-1st-report-19-may-2022.pdf (accessed 25th October 2022)

Too often, we assume that values including freedom, democracy, equality, fraternity and liberty are fixed destinations at which humanity has arrived, never to look back. This is counter to the historical record and misunderstands that the need to develop and realise human rights for all is still evolving. Without continuing vigilance and commitment, freedom turns to slavery, democracy becomes a dictatorship and the inclusion of only some can lead to discrimination against others. We must all be alert in defending these values and, when necessary, active bystanders in preventing their elimination.

This book outlines historical and current priorities for equality, diversity and inclusion in healthcare. However, these are not exclusive to healthcare but values we should promote in wider society. This emphasises the healthcare professional's responsibility not only as a worker and clinician but also as a citizen [2].

What is meant by equality, diversity and inclusion?

Diversity in healthcare reflects the range of experiences and identities of all patients and staff. It is related to the range of differences in wider society; everyone should see themselves represented at all levels. These differences include:

- **demographic**, e.g. gender, disability, race, sexual orientation, social class, – and/or