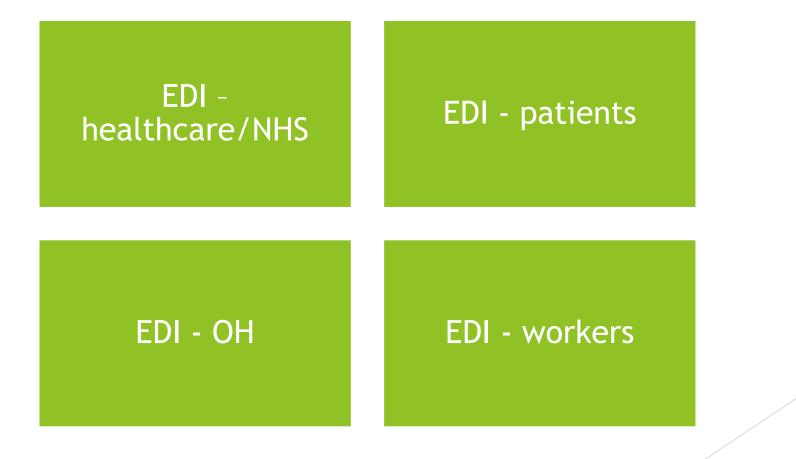
Equality, Diversity and Inclusion in OH leadership

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Why is diverse leadership important in healthcare and OH?



Discrimination in Healthcare - Patients

- In healthcare (NHS) Francis Report (2013) inquiry following events Mid-Staffordshire NHS
- People with disabilities struggle to access appropriate care and support - less favourable health outcomes.
- Disabled NHS employees experience difficulties accessing the support they need. 15% did not feel employer had made adequate adjustments.
- Gender stigma around certain illnesses impacts the likelihood of women accessing services.
- NHS 78% female 22% men. Smaller number of women at a senior leadership level compared to male across both the NHS and the civil service

Discrimination in Healthcare - Patients

- Some groups have higher levels of ill health S. Asians Diabetes, Afro-Caribbean - 3x risk mental health. Increased dissatisfaction with mental health services Cf white population.
- Other groups like gypsies, asylum seekers, refugees v. low levels of health/wellbeing. Experience overt prejudice/rejection
- Main barriers Communication/language
- Lack of recognition of ethnic differences
- Ignorance of problems facing communities
- Dismissal of issues
- Lack of confidence

Discrimination in Healthcare - Workers

- Gender discrimination
- Casual sexism/lower pay/weaker recommendations (1)
- Disability discrimination
- Less likely to feel part of supportive team /be supported by non-clin mx (2)
- Religious discrimination
- Muslim Drs face more freq and serious levels of discrimination (3)
- Sexual orientation
- LGB Drs face more abuse/discrimination due to sexual orientation (4)

 B Beagan Micro inequities and everyday inequalities: 'race,' gender, sexuality and class in medical school Can J Sociol, 26 (2001), pp. 583-610
https://www.gmc-uk.org/about/what-we-do-and-why/data-and-research/the-state-of-medical-education-andpractice-in-the-uk
Aasim I. Padela, Huda Adam, Maha Ahmad, Zahra Hosseinian & Farr Curlin (2015): Religious identity and workplace discrimination: A national survey of American Muslim physicians, AJOB Empirical Bioethics, DOI: 10.1080/23294515.2015.1111271

4) The experience of lesbian, gay and bisexual doctors in the NHS - BMA report

Discrimination in Healthcare - Workers

- Kline report Snowy white peaks (2014)
- Poorer experiences in ethnic minority workers by every measure
- more often found in lower grades
- - recruitment, promotion, awards, bonuses
- bullying and harassment
- - referral for disciplinary action and/or to regulators
- - under-represented at senior leadership level
- Ethnic minority workers more likely to be in service/frontline roles
- Ethnic minority workers more likely to be in temp/insecure work

Leadership in healthcare

NHS

- Recruitment process disproportionately favours white applicants
- Very significant gap between composition of boards and national bodies cf to workforce and rest of local population
- Little or no progress despite Race Equality Action Plan (2010)
- Now, WRES for trusts to monitor and report.
- 2020 WRES report improvement in some areas (senior manager pay band, rep at board level)
- no improvement in others (recruitment, bullying/harassment)

Leadership in OH

- OH very little data to ascertain
- ?variable practices
- ?likely to be same or worse ?lack of monitoring, ?accountability
- SOM EDI taskforce and University of Glasgow
- Funding research to investigate career experiences and progression of OH clinicians based on PCs. Focus of EDI

Why is diverse leadership important?

- Francis report (2013) Correlation between discrimination of ethnic minorities in workplace and patient experience
- Kline (2014) 'Robust evidence that diverse workforce linked to good patient care'
- Mckinsey Report (2020) 'Robust business case' for diversity and organisational performance. The greater the representation, higher the likelihood of outperformance.
- HBR (2019) teams with inclusive leaders high performance, high quality decisions, behave collaboratively

What does an inclusive leader do?

- Visible commitment: authentic commitment to diversity, challenge the status quo, hold others accountable and make diversity and inclusion priority.
- Humility: modest about capabilities, admit mistakes, create the space for others to contribute.
- Awareness of bias: awareness of personal blind spots /flaws in the system work hard to ensure meritocracy.
- Curiosity about others: demonstrate an open mind-set and deep curiosity about others, listen without judgment, seek with empathy to understand those around them.
- **Cultural intelligence:** attentive to others' cultures and adapt as required.
- Effective collaboration: empower others, pay attention to diversity of thinking.

Inclusive leadership

- Seek feedback
- Be visible and vocal
- Deliberately seek out difference
- Check impact
- Become comfortable being challenged

Allyship in healthcare

Be aware of own privilege

Listen to different groups and their views

Acknowledge and believe their experience

Advocate/support others - reach out if needed

Role model positive behaviours

Allyship in healthcare

Be aware of own prejudices/conditioned thinking

Educate yourself

- Avoid making assumptions
- Question stereotypes
- Speak up/challenge policies, practices, demeaning remarks/comments

The End

- Thank you or listening!
- Further Resources/Reading
 - NHS WRES report 2020
 - NHS WDES standard
 - Race at Work Charter BITC
 - Inclusion and diversity in the workplace CIPD
 - MHFA My Whole Self campaign