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INCLUSION  
*FOR* NURSING ASSOCIATES

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# EQUITY, DIVERSITY & INCLUSION

*FOR* NURSING ASSOCIATES

Jacqueline Chang





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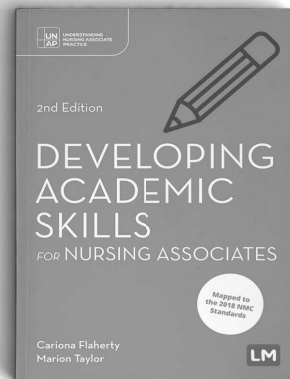
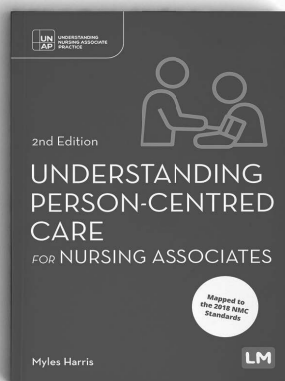
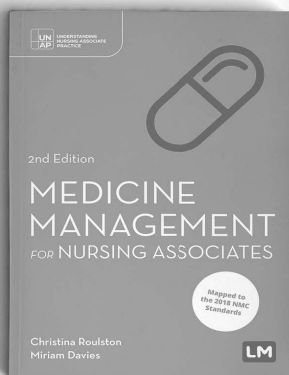
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And to my parents for always believing.



# About the author

**Jacqueline Chang** qualified as a registered nurse in 2001. She has worked in a variety of settings including cardiac care, oncology, community nursing and palliative care. As well as a BSc in Adult Nursing, Jacqueline has a MA in Medical Ethics and Law which led her into nurse education in 2010. Jacqueline became a Nursing and Midwifery Council recognised teacher in 2012 and has been proud to be involved in teaching and leading nursing associate courses since 2017.



# Introduction

## Who is this book for?

This book is designed specifically for trainee and qualified nursing associates. However, the content is transferable and relevant for all healthcare professionals. The subject of this book is applicable for everyone working with patients and their families and will provide support for all.

## Book structure

### Chapter 1: Professional standards

This chapter acts as an overall introduction to the whole book. It will define key terms and look at key legislation and guidelines including the Nursing and Midwifery Council (NMC) Equality, Diversity and Inclusivity (EDI) Plan of 2022, the Standards of Proficiency for Nursing Associates of 2018, the Code of 2018 and the statutory duty of candour of 2014 to identify key professional responsibilities for EDI in healthcare. Professional accountability and specifically the role of the nursing associate will be discussed and outlined and related to the importance of being aware of EDI in the nursing associate role. An introduction to key ethical theories will also be given here. This chapter will highlight the importance of EDI in the complex society in which we live and work.

### Chapter 2: Legal requirements

The Human Rights Act 1998 and the Equality Act 2010 and the protected characteristics will be outlined and related to healthcare practice. Relevant cases related to discrimination will be used to identify real discrimination issues and abuse in healthcare. These cases will be discussed using the four principles of biomedical ethics (Beauchamp and Childress, 2019) to critically explore the issues raised.

### Chapter 3: Exploring unconscious bias

Unconscious bias will be defined and explained with some reflective exercises to help the nursing associate understand their own unconscious bias. The importance of recognising and acknowledging unconscious bias will be discussed, including methods to minimise the impact of unconscious bias. Examples of unconscious bias will be applied to all the protected characteristics of the Human Rights Act to highlight how prevalent unconscious bias is.

## Chapter 4: Exploring diversity

The UK is a diverse country, and some geographical areas are more culturally diverse than others. Some differences in various areas of the country will be outlined to demonstrate the challenges for people who may not feel that they are easily accepted by society. Diversity will be defined and social dynamics and social policy in UK healthcare will be introduced in this chapter and explored. Strategies for understanding the social diversity of a particular area in order to identify health inequalities will also be provided in this chapter to help nursing associates understand their own area better.

## Chapter 5: Exploring inclusion

The importance of inclusion will be explored in this chapter, including the different access to healthcare in the UK. The changing dynamics of the LGBTQIA+ community will also be explored, linking to current legislation and real-life scenarios impacting on service users. In this chapter we also consider various forms of discrimination and stigmatisation. Cases from UK law will be used to show the growth and development of inclusion in this country, with an indication of how inclusion can be expanded.

## Chapter 6: Exploring equity and equality

Equity will be defined and explored, comparing it to equality and looking at the ethical principle of justice. Cases will be used to demonstrate the social injustice in healthcare practice and the impact of this on society with perspectives from both equity and equality. Practical issues will be identified with strategies to enable the nursing associate to manage equity well on a day-to-day basis. An honest exploration of the racism within healthcare will be discussed with ideas for strategies to challenge barriers to care.

## Chapter 7: Delivering person-centred care

Person-centred care will be explored with explanations of how to deliver this while considering the requirements of EDI. This will include issues like continued patient assessment and end-of-life care. The specific role of the nursing associate within the multidisciplinary team will be considered. Communication skills will be discussed, including verbal and nonverbal methods of communication. Real-life scenarios will be used to apply the theory to practice and an honest representation of the challenges faced in healthcare practice will be presented.

## Chapter 8: Application of EDI to practice

This book will conclude with tips for maintaining EDI principles in practice in UK healthcare. This chapter will act as a summary to the whole book and use key case studies to enable nursing associates to see how to provide unbiased person-centred care at all times.

# Requirements for the *NMC Standards of Proficiency for Nursing Associates*

The NMC has established standards of proficiency to be met by applicants to different parts of the register, and these are the standards it considers necessary for safe and effective practice. This book is structured so that it will help you to understand and meet the proficiencies required

for entry to the NMC register as a nursing associate. The relevant proficiencies are presented at the start of each chapter so that you can clearly see which ones the chapter addresses. The proficiencies have been designed to be generic so apply to all fields of nursing and all care settings. This is because all nursing associates must be able to meet the needs of any person they encounter in their practice regardless of their stage of life or health challenges, whether these are mental, physical, cognitive or behavioural.

This book includes the latest standards for 2018 onwards, taken from the Standards of Proficiency for Nursing Associates (NMC, 2018b).

## Learning features

Textbooks can be intimidating and learning from reading text is not always easy. However, this series has been designed specifically to help the nursing associate learn from the books within it. By using a number of learning features throughout the books, they will help you to develop your understanding and ability to apply theory to practice, while remaining engaging and breaking the text up into manageable chunks. This book contains activities, case studies, theory summary boxes, further reading, useful websites and other materials to enable you to participate in your own learning. The book cannot provide all the answers – but instead provides a good outline of the most important information and helps you build a framework for your own learning.





Chapter

5

# Exploring inclusion

## NMC STANDARDS OF PROFICIENCY FOR NURSING ASSOCIATES

This chapter will address the following platforms and proficiencies:

### **Platform 1: Being an accountable professional**

- 1.4 demonstrate an understanding of, and the ability to, challenge or report discriminatory behaviour
- 1.11 provide, promote, and where appropriate advocate for, nondiscriminatory, person-centred and sensitive care at all times. Reflect on people's values and beliefs, diverse backgrounds, cultural characteristics, language requirements, needs and preferences, taking account of any need for adjustments

### **Platform 2: Promoting health and preventing ill health**

- 2.4 understand the factors that may lead to inequalities in health outcomes
- 2.6 understand and explain the contribution of social influences, health literacy, individual circumstances, behaviours and lifestyle choices to mental, physical and behavioural health outcomes

### **Platform 6: Contributing to integrated care**

- 6.3 demonstrate an understanding of the complexities of providing mental, cognitive, behavioural and physical care needs across a wide range of integrated care settings
- 6.4 understand the principles and processes involved in supporting people and families with a range of care needs to maintain optimal independence and avoid unnecessary interventions and disruptions to their lives
- 6.5 identify when people need help to facilitate equitable access to care, support and escalate concerns appropriately

## Chapter aims

After reading this chapter, you will be able to:

- demonstrate an understanding of some of the health issues faced by some minority groups in the UK;
- understand good practice used in the NHS to promote inclusivity in healthcare;
- consider changes that could be incorporated into everyday practice to promote inclusivity.

*'Diversity is being invited to the party; inclusion is being asked to dance.'* (Verna Myers, 2016)

## Introduction

The first pillar of the Code (NMC, 2018a) is 'prioritise people' and the points within that section relate to promoting inclusivity in healthcare. As discussed in other chapters, the UK is a diverse country and the users of the NHS come from a variety of backgrounds and cultures. It is therefore essential that nursing associates understand and respect every person in their care.

This chapter explores the healthcare needs for certain marginalised groups in the UK and offers some suggestions for how to improve inclusivity in healthcare provision. We will also look at marginalised groups in more detail in Chapter 6.

We will begin with a case study from 1998 which considers the challenge of protecting rights of different groups of people who believe in different things.

### Case study: *Lee v Ashers Baking Company Ltd and others*

In *Lee v Ashers Baking Company Ltd and others* (1998) a man asked a bakery in Northern Ireland to bake a cake and decorate it with the words 'support gay marriage'. At this time gay marriage was not legal in Northern Ireland. The bakers refused to do this on religious grounds. It wasn't that they wouldn't bake for a gay man, it was that they felt that they couldn't ice the cake in that way due to their religious beliefs. Mr Lee sued the bakers for discrimination and eventually it was decided that the bakers were not discriminating against Mr Lee. They were maintaining their right to freedom of thought, conscience and religion in accordance with the Human Rights Act 1998.

## Activity 5.1 Critical thinking

Consider the Mr Lee case.

- Do you think the right decision was made?

Both sexuality and religion are protected characteristics of the Equality Act.

- Whose rights are more important and why?
- What makes you feel the way that you do?

*An outline answer is provided at the end of this chapter.*

## Department of Health status regarding inclusivity

In 2015 the Department of Health published a framework of guidance for all health professionals to tackle inequalities in healthcare. It was called ‘All Our Health: personalised care and population health’ (GOV.UK, 2015). The framework aims to protect health, prevent illness and promote wellbeing. It is regularly updated with relevant information as the UK population changes. In 2021, updated specific guidance was published by the Department of Health to help healthcare professionals apply ‘All Our Health’ in an inclusive manner. In this guidance, the term ‘inclusivity’ is used to describe those who are socially excluded for any number of reasons, and it highlights that these people will often have multiple risk factors for ill health. They often experience stigma and discrimination and sometimes they aren’t in the healthcare system at all. These factors can lead to a lack of access to healthcare and therefore poor health outcomes and large social inequalities. Inclusivity in healthcare, according to this guidance, includes all groups that are socially excluded. A non-exhaustive list includes homeless people, drug and alcohol dependent people, migrant people, sex workers, victims of modern slavery, ex-prisoners and people from Traveller communities. Within each group, needs must be considered on an individual level as we must remember to not dehumanise a group of people with generalisations. This chapter will consider the challenges that some of these excluded groups may face.

Healthcare from the NHS is free for all at the point of delivery. For people in socially excluded groups, it is accessing the service that seems to be the barrier. This could be due to any number of reasons, including being digitally poor, previous bad experiences, language barriers, a fear of being judged or due to something else. If a person doesn’t access healthcare early in their journey, then that person may present in A & E when in an acutely unwell state. The 2023 Primary Care Plan aims to improve this by allowing common prescriptions to be available from a pharmacist instead of having to go to a GP. This change should help people access healthcare more easily (NHS England, 2023b).

## Examples of inclusive healthcare in the NHS

### Decision-making

Since 2010 the UK government in its paper ‘No health without mental health’ has promoted the idea of ‘no decision about me without me’ (GOV.UK, 2010). This policy was formed to ensure joint decision-making and increased control for patients. One element of this is ensuring that information is given in a format that the person can understand and that all mechanisms are in place to be able to understand the person’s needs. Some people need a strong advocate when they are in hospital, and often that will be the nurse or the nursing associate. In accordance with

the Mental Capacity Act 2005, it must be assumed that everyone has capacity and should be involved in their decision-making until it is proved otherwise. As a nursing associate you are likely to be with the service user a lot and therefore you are the best-placed person to support and speak up for that person.

### Case study: Inclusivity in a GP practice

You are working in a GP practice and a man in his twenties comes into reception. The policy of the practice is that all appointments must be booked online. He has not booked an appointment as he does not understand the system of how to book an appointment. He may not be registered with your practice; this is unclear. He looks unkempt and has an unpleasant odour. He tells you, in broken English, that he has pain while passing urine and you notice that he has a strong accent, but you do not know where he is from.

## Activity 5.2 Decision-making

This young man could be homeless. He could be a sex worker. He could be a migrant, a refugee or an asylum seeker. He could be an ex-convict. He could be none of these things. You do not know anything about him at this time.

How would you, as a nursing associate, support him?

*An outline answer is provided at the end of the chapter.*

## Homelessness

A person is homeless if they do not have a home. This does not mean a person is only homeless if they live on the streets. They are also homeless if they are sofa-surfing, staying in a hostel or squatting. A person is also considered homeless if their home is not a safe place due to poor living conditions or violence, and this is discussed further by the charity Shelter, whose website is included in the further reading section at the end of this chapter.

In 2019 the NHS provided funding for seven specific areas in the UK to support homeless people and their mental health in those areas. This funding was not to solve homelessness, but to ensure that there was support and access to healthcare services for homeless people as and when it was needed. Some areas have specific teams who focus on healthcare for homeless people. For example, in London there is a team that will provide primary healthcare in non-NHS settings. The healthcare team will see people on the street, in day centres or drop-in centres, in hostels and in accessible GP surgeries and provide various different interventions. There are also specialist podiatry and dental services. To provide healthcare to homeless people where they are living means this group can access the support that they need. As a nursing associate it is important to be able to talk with your service users and to allow them to talk to you. To give people the time to trust you and explain their challenges is essential to be able to then offer them support.

## Sex workers

Sex workers in the UK are at a high risk of experiencing violence, of drug or alcohol misuse, and of contracting sexually transmitted infections. Unfortunately, sex workers are often reluctant to access healthcare services due to fears of being judged and experiencing prejudice. This fear is recognised within the NHS and while most NHS Trusts do have a free and fully confidential sexual health clinic, some have specific clinics for sex workers in order to respect their privacy and dignity. Many Trusts provide community outreach for those in the sex industry and will visit people in their places of work to offer advice, infectious disease testing, lubricants, condoms and various other items to help maintain their safety. Support is provided to all sex workers irrespective of their background and the type of work that they are in. Counselling as well as physical health support is offered due to the likelihood of trauma and mental health issues being experienced. It is noted by Potter et al. (2022) that these clinics focus on sexual health despite the fact that street sex workers also have a high incidence of chronic diseases. Nonsexual health needs can be missed in sex workers, and they often have a high incidence of poor mental health, including depression, anxiety, post-traumatic stress disorder, self-harm and suicide. Unfortunately, due to the high incidence of substance use disorders in sex workers, they often don't meet the criteria for mental health support services.

As a nursing associate it is important to remember that holistic, person-centred care considers all the needs of the service user, and they must be assessed appropriately.

## Migrants

A migrant is a person who has left their home area willingly, usually for economic reasons. This can be nationally or internationally, but it is categorised as a temporary movement as opposed to an immigrant who moves to another country as a permanent resident.

In the case of primary care (GPs and community services) all treatment is free as a temporary patient. Temporary is defined as anything between 24 hours and three months. For secondary services (hospitals and clinics) a person must be an 'ordinary resident'. To be an ordinary resident the status required is 'indefinite leave to remain' but there are exceptions. These exceptions are: care that requires emergency service, end-of-life care, treatment for violence and torture, and the diagnosis and treatment of communicable diseases, Covid-19 and sexually transmitted infections. Refugees, asylum seekers, detainees and victims of trafficking and modern slavery are also entitled to free treatment. As a nursing associate it is not appropriate for you to enquire about someone's residency status. You administer the best care that you can to everyone in your care.

## Refugees and asylum seekers

A refugee is a person who has suddenly been forced to leave their home due to violence or war and they are not able to return to their home. They have usually been given refugee status in advance and know that they will have protection when they arrive in a new country.

An asylum seeker has also fled their home country due to danger but they do not have refugee status so they are fleeing without assurance that they will be accepted as a refugee and given protection.

Refugees and asylum seekers have a high incidence of anxiety and post-traumatic stress disorder. They often have physical needs following war and torture. They can struggle to build their lives in the UK.

As a nursing associate you need to consider the person in front of you in a holistic manner and provide the care that they need, allowing time and space for them to express their diverse needs.

## Modern slavery and people trafficking

Modern slavery, which as a term includes human trafficking, is a global issue. The UK has a Modern Slavery Act which came into force in 2015 to punish perpetrators and protect victims. People who have been enslaved or trafficked are a high priority for the healthcare services, as victims of modern slavery have very poor physical and mental health. They have been subjected to demanding physical challenges for prolonged periods of time which can lead to physical injury. Those who are sexually exploited also have a high incidence of sexually transmitted infections and post-traumatic stress disorder. Anyone who has been trafficked, exploited or held captive is entitled to free healthcare. However, it can be challenging for this group of people to access healthcare services. When they do present to an NHS provider, they are unlikely to be known to any other services and therefore safely identifying them as vulnerable is essential. Such et al. (2018) discuss the importance of training healthcare workers to be able to identify and support these victims as they are the people likely to meet them at a crisis point. As a nursing associate you may spend a lot of time with these patients and you need to maintain your knowledge and skills to be able to communicate with these vulnerable people.

## Prisoners

People detained in a UK prison have full access to the same treatment as anyone else. However, there is prejudice towards people in prison according to a survey published in 2022 by YouGov, which stated that 65 per cent of respondents felt that prison sentences were not harsh enough. Of the people surveyed, many felt that prisoners leave prison with greater access to criminal groups than before they were sentenced and therefore continue to commit crimes once released. The purpose of prison is to help people to rehabilitate and, where possible, rejoin society. For some prisoners, rehabilitation is not possible, but for many it is.

To get paid work once coming out of prison can be challenging and not everyone in this group is able to rejoin society properly. There are big companies in the UK which have a good record of employing ex-offenders. The Timpson Group, for example, is well known for promoting equal opportunity in its employment policy. It employs a high percentage of ex-prisoners and other minority groups. The reasons for this are numerous and include increasing the diversity of the workforce, improving rehabilitation rates for ex-offenders, and promoting the company's public relations.

However, only 17 per cent of ex-offenders get a job within one year of being released (GOV. UK, 2020a). If an ex-offender cannot get a job upon release, maintaining good health can become a challenge and it is easy to fall into a poor health cycle, especially when it is difficult to ensure a stable housing situation without work. As a nursing associate you can work closely with ex-offenders to help them understand how to access support.

### Case study: Henry

Henry is working as a nursing associate on a urology ward. A prisoner comes into Henry's ward for treatment. They are accompanied by prison staff, and Henry is told that security for the patient will be provided by the prison staff only. It is made clear that the healthcare team should not supervise the patient alone. The prison staff are scheduled in pairs to cover supervising the patient while they are receiving treatment.

On the patient's third day on the ward one of the prison staff team does not come in due to sickness. Their cover will take about three hours to arrive. Before the second officer

arrives, the first officer needs the toilet and Henry is asked, as a nursing associate, to supervise the patient. As soon as Henry is alone with the patient they start to talk to him, asking him a lot of personal questions. They also start to tell him about their history and they ask if Henry wants to know why they are in prison.

## Activity 5.3 Critical thinking

Consider the above case study.

- What mistakes have been made in this situation?
- What actions should Henry take at this point?
- What steps could have been taken to not leave the nursing associate alone with the patient?
- How might finding out about the crime affect the ethical principle of justice?
- Can you think of any convictions that might impact on the quality of the care that you deliver?

*An outline answer is provided at the end of the chapter.*

## Travellers

For the first time in 2011, the Census included Gypsies and Travellers as being of 'white other' ethnicity. In 2021 the Roma community was included. This was a big step in inclusivity for this ethnic group, but it has taken a long time considering that they were first categorised as an ethnic minority group in 1976.

It should be noted that not all people in this ethnic group do actually travel. Many live in permanent housing and have done so for at least one generation, but they still consider themselves part of their ethnic and cultural community. In the Census, the Traveller and Roma communities reported low health outcomes in comparison to equivalent categories in the general population. People in this ethnic group are consistently reported as being of lower general health than their equivalents, and the mortality rate for those in the Gypsy and Traveller communities is higher than the rest of the population. In 2016 a report was produced by the Traveller Movement to document the impact on healthcare of the Gypsy and Traveller communities (Greenfields and Brindley, 2016). The study showed that 70 per cent of the people involved in the report lived within 25 miles of where they were born. They were still part of a strong, historic family but, unfortunately, they often experienced racism, and this had led to high levels of negative health in the forms of anxiety and depression. There was also a high incidence of long-term physical illnesses due to a lack of accessing healthcare services. In every healthcare category on the Census, this ethnic group had a high incidence of poor health. The report felt that this was due to the exclusion from society that this ethnic group experiences and poor accommodation standards.

For those living in unauthorised locations, the stress and fear of being moved on from their sites at any time of the day or night also contributed to this poor health. Living with this anxiety and the trauma of being moved on leads to a lot of mental health diagnoses. It also means that there is a lack of continuity of care, lack of follow-up and no therapeutic relationships can be formed with healthcare professionals. People from the Gypsy, Roma and Traveller community are entitled to free NHS healthcare. They can register with a local GP and access healthcare. Unfortunately, there is still a feeling of misunderstanding between the community and the

healthcare workers, which still makes them feel isolated and unsupported, meaning that many Traveller communities do not access their GP or local healthcare providers and instead manage their healthcare within their community.

In 2019 a strategy was published to tackle the healthcare inequality faced by this ethnic group and six projects were set up around the country. The sum of £200,000 was devoted to these projects which focus on improving the outcomes of education, social integration and health. Twenty-two further projects have been funded around the country to support Roma communities plus two projects to support the reporting of hate crimes against this minority group (GOV.UK, 2019). These projects are important for providing support for the Traveller community.

As a nursing associate it is important to remember that people from the Traveller community have often had negative experiences with healthcare services so treating without prejudice is essential for this group of people.

## Lesbian, gay, bisexual, transgender, queer, intersex, asexual+ (LGBTQIA+)

As you have seen in Chapter 2, the Equality Act of 2010 states that sexual orientation and gender reassignment are protected characteristics. In the NHS, as well as protecting the patients, members of staff also need to be protected. Many members of staff in all healthcare environments are LGBTQIA+ and are often subjected to bullying and harassment from their colleagues. In 2017, Stonewall, a UK-based organisation that fights for the rights of LGBTQIA+ people everywhere, worked with the UK government on a survey focused on the experiences of LGBTQIA+ people in the UK. From the survey, 40 per cent reported experiencing verbal harassment or physical violence due to their sexuality, while 41 per cent felt that healthcare staff lacked understanding of the specific needs of this group of patients (Government Equalities Office, 2018). Some respondents also complained about the number of times they had to explain that they were transgender, or that their partner was the same gender as them. The lack of general understanding and discretion shown to this group of people from NHS workers was a frequent complaint.

As a nursing associate you need to ensure you have a good understanding of the needs of people from this community in order to provide the support that they require. The other major issue identified in this survey was the lack of centres and surgeons who offer transgender treatment in the UK. This leads to long waiting lists, and this has an impact on mental health which then leads to further complications for this group of marginalised people.

As a nursing associate you can work closely with your patients and develop good relationships that enable open communication.

## People with a disability

The challenge when working with someone with a disability is to see the person and not the disability, and that is something that you can and must do. Reasonable adjustments need to be made to provide equity for people with a disability, including both patients and staff members. Accessing healthcare can be challenging on a practical level as some NHS hospitals and community centres were built a long time ago and they aren't easy to adjust to suit the needs of a disabled person. All efforts must be made to promote their right to work or to attend appointments and a person with a disability must be supported. As a nursing associate you are the voice of the patients and must embrace that responsibility when promoting their needs.

## Minority ethnic groups

According to the 2011 Census, approximately 14 per cent of the UK's population identified as Asian, Black, mixed, or belonging to another ethnic group, while the 2021 Census revealed an



increase in that number to approximately 18 per cent. Meanwhile, in 2020 a paper released by the NHS stated that approximately 20 per cent of its workforce was drawn from non-white, ethnic minority groups (GOV.UK, 2020b). A survey taken in 2018 showed that 40 per cent of nurses from an ethnic minority background had experienced bullying, abuse and harassment from patients or members of the public, and 14.5 per cent had experienced discrimination from their colleagues (NHS Providers, 2020). Discrimination in any form from anyone is unacceptable and for it to be so common is a disturbing thought. As a nursing associate, your Code (NMC, 2018a), the values of your Trust and the British values that you work under insist that you treat people fairly and work in an anti-discriminatory manner. But there is discrimination everywhere so you need to be a good role model and highlight when someone else is being discriminatory.

## Activity 5.4 Reflection

Can you think of any situations where a member of staff (or yourself) was affected by bullying, abuse and harassment while at work?

Consider:

- What form did it take (verbal or physical)?
- Was it directed at the person affected, or done behind their back?
- How did that make the person feel?
- Were any actions taken by management?
- If actions were taken, was the victim left satisfied?

*As this activity is a personal reflection, no outline answer is provided at the end of the chapter.*

People from certain ethnic minority groups have specific healthcare risks and they also have some specific prejudices held against them. Due to this, there has been a push to improve understanding of certain illnesses and how they present, for example sickle cell disease. Patients living with sickle cell disease often report a lack of treatment delivery as they need certain strong painkillers such as opioids. A research document published in 2017 by the National Heart, Lung and Blood Institute (NHLBI) stated that some clinicians seem unwilling to prescribe these painkillers due to fear of addiction when there is no evidence to support the idea that people with sickle cell disease have higher levels of opioid addiction than any other group in society (NHLBI, 2017). This document states that the fear of people with sickle cell disease seeking opioids due to addiction is part of the endemic racism towards people of Black origin. They are often stigmatised as seeking drugs under false pretences and therefore denied the one treatment that works for their pain. This is one example of racism towards patients within healthcare. As a nursing associate it is important to assess each and every patient and not make assumptions based on prejudice.

## Covid-19

Covid-19 hit the UK in March 2020. Approximately 73,766 people died in the UK from this respiratory disease in that year alone (ONS, 2020). The statistics on the cases of Covid and the deaths from Covid highlighted the number of vulnerable people in society in the UK. Platt (2021) explored the fact that people from ethnic minorities had a much higher death rate than their white counterparts. Razaq et al. (2020) investigated inequalities in Covid deaths and discovered that although the Black ethnic group makes up 3.5 per cent of the population of England they

made up 5.8 per cent of deaths from Covid-19. The figures for Asian ethnicities were similar. Both articles stated that this was due to multiple reasons, including socio-economic status and the types of jobs people from these ethnicities tend to have, living in overcrowded accommodation and ethnicity-related long-term conditions. Once these inequalities were recognised, it became easier to prioritise these groups for vaccines to try to reduce further deaths. This is an example of inclusive healthcare provision, although other questions have been asked about how people from ethnic minorities were treated during the pandemic and this is still being investigated.

## Activity 5.5 Reflection

- Can you think of any patients who were overlooked due to their ethnicity? This could be due to a language barrier that was not managed well so their communication was not heard.
- Have you seen a patient deteriorating but it wasn't noticed due to the colour of their skin? A lot of assessments are based on skin colour, but with a patient who is darker skinned, this can be missed by the assessing nurse and nursing associate.
- Have you seen any other treatment issues based on the colour of the patient?

*As this activity is a personal reflection, no outline answer is provided at the end of the chapter.*

## Disabled people working in the NHS

The NHS has over 1.27 million full-time equivalent people working for it (DHSC Media Centre, 2023). It is wise to assume that among that number there will be people living with a disability. Employing someone with a disability requires the employer to make adjustments and these will be explored here.

## Activity 5.6 Reflection

The NHS has a legal duty to employ people without prejudice against the protected characteristics of the Equality Act 2010. Thinking about where you have worked within the NHS, consider the following questions:

- How many employees with a physical disability did you see?
- How well equipped was the area for someone with a disability?
- Was there access to all areas if someone were a wheelchair user?
- Was there blue badge parking available for staff?
- In case of an emergency, how would a person in a wheelchair exit the building?

*As this activity is a personal reflection, no outline answer is provided at the end of the chapter.*

There are some conditions that might prohibit the ability of someone to practise as a nursing associate but only if there is a risk of harm to patients. This would be assessed on a case-by-case basis, and it may be that there are certain areas a person with a disability cannot work in, but they can work in other areas. Somebody's physical ability should not determine whether they can be given a job or not, but there is a risk that people with a disability might not be offered a job due to the unconscious bias of the interviewer. This was discussed in Chapter 3. This risk must be minimised to ensure fairness in the interview process. Good practice must be promoted to minimise discrimination and there are ways to help this, including having more than one person shortlisting and more than one person making the decision of who to hire. Transparency is important and honest reflection of the outcome for each applicant will help to promote justice.

## Activity 5.7 Critical thinking

Consider the reasonable adjustments that would need to be made to facilitate a disabled person's right to work in the industry that they have chosen.

- Are there disabilities that you think make healthcare work unachievable?
- Could someone be a nursing associate if they lived with any of the following conditions?
  - The candidate is wheelchair dependent.
  - The candidate can mobilise using aids.
  - The candidate is deaf and requires a signer.
  - The candidate is blind.
  - The candidate has a learning difficulty.
  - The candidate has a chronic or episodic condition like multiple sclerosis or chronic fatigue syndrome.
  - The candidate has anxiety at times.

*Some examples of reasonable adjustments are provided at the end of this chapter.*

## Activity 5.8 Reflection

Consider healthcare environments you have been in recently as a student, as a member of staff, as a patient or as a visitor, and consider how inclusive each area is.

*Physical considerations:*

- Were the doorways wide enough for mobility aids?
- Were they automatic doors or did people need to physically open them?
- Were there enough seats for everyone there?
- Were the seats accessible or were they in rows?
- Did the chairs have arms to aid people to lower and rise?
- Was there a lift nearby which was in working order? Were there enough lifts?
- If it was an inpatient facility, was there enough room for wheelchairs in the bedrooms? By the beds? In the bathrooms?

*(Continued)*

## Chapter 5

(Continued)

In some older buildings it can be challenging to provide disability access to every area and these shortcomings need to be considered when planning care. If, for example, the building does not have a lift then it is not suitable to put a wheelchair-dependent patient anywhere but the ground floor.

*Sensory considerations:*

- If patients needed to be called in, was their name called out? Was it easy to hear?
- Did their name flash up on a board? How would blind people know?
- Were signs in large, clear writing for someone with a sight impairment?
- Was there a hearing aid loop available?

*Language considerations:*

- What language were signs and posters in?
- Were there any translated signs and, if so, into what languages?
- For medical discussions, were translators always present? Were they ever not present? Or were members of the family used? Was that appropriate?
- If information leaflets were available or given to patients, were they available in different languages? Were they offered in different languages to the patients? Was braille offered? Were these choices easily available?

*LGBTQIA+ considerations:*

- Looking around the wider healthcare area, how many posters or leaflets showed a traditional family? Was there any representation of a non-traditional family structure?
- Are there any gender-neutral toilets available?

*Carer considerations:*

- Did the environment have enough room for people and their carers?
- Were there enough chairs readily available? If not, was it portrayed as a chore to get more chairs?
- Were there rules on how many people could be in the environment at any one time?
- Did carers and relatives feel welcomed?

Thinking back now, do you think that the environment/s you were thinking of were inclusive?

What changes could be made to increase the inclusivity?

*As this is a personal reflection, no answer is offered at the end of this chapter.*

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## Chapter summary

This chapter has considered some marginalised groups of people who live, work and access healthcare in the UK. It has identified some specific needs for these groups and highlighted good practice within the NHS that promotes inclusivity. It also considered where improvements could be made and how a nursing associate could be involved in these changes.

## Activities: Brief outline answers

### Activity 5.1

You probably feel instinctively that the judge was either right or wrong in their ruling. It would be helpful to explore why you felt that way. It may be due to personal reasons like your own religious beliefs or your own sexuality. However, when considering inclusivity, everyone must be included. No one's rights should be considered to be more important than anyone else's. At the time of this case, gay marriage was not legal in Northern Ireland, which could support the religious standpoint slightly more. Alternatively, you could argue that the gay community was more oppressed in Northern Ireland at that time so needed more support. There is justification for either judgement.

### Activity 5.2

- This man needs to be seen then and there and not be sent away to book an appointment online despite the fact that it is the policy of the practice.
- He may need to be helped to register with the practice.
- An interpreter may need to be sourced to support him during appointments.
- Gentle, open communication methods will need to be used to try to get a comprehensive patient assessment.
- Knowledge of local services available to him is essential.
- Follow-up appointments may need to be made for him so he has support and a contact.

### Activity 5.3

- It is imperative that Henry remains professional with all patients at all times. The reason healthcare staff shouldn't know about the crime of prisoners is because it can have an impact on the care delivered, which then puts you, the nurse associate, at risk of negligence. There are certain convictions that may impact the care that you are delivering.
- Henry should not have been left alone with that patient as that is against policy. Another member of the nursing team should have been with Henry to ensure that he was not alone.
- The prison officer needed to be able to go to the toilet so steps should have been taken to ensure that Henry was not on his own.
- All patients are entitled to the best care possible and their social history must not impact upon that.

### Activity 5.7

*The candidate is wheelchair dependent.*

A wheelchair user would need to work in an area with enough space to move the wheelchair. A desk may need to be lowered to ensure they can reach the computer. A hands-on caring role might be challenging for a wheelchair-dependent person, but there are other roles and areas within healthcare that could be taken.

*The candidate can mobilise using aids.*

An allowance for extra rest may be required for this person. A hands-on caring role may be possible depending on the specific needs of the person, but the type of care involved may need to be considered.

*The candidate has a hearing impairment and requires a sign language interpreter.*

Permission would need to be sought from all service users and families to have an extra person present for intimate care, but working as a nursing associate is possible. Ensuring hearing loops and deaf-friendly software is available may be helpful depending on the impairment.

*The candidate has a sight impairment.*

There are different degrees of sight impairment so each person would need to be considered on a case-by-case basis. If the person has some vision then adjustments can be made, for example providing documents in large text and providing colour filters where appropriate. If someone is completely blind then working as a nursing associate may not be possible. However, working in the NHS is still possible for a blind person once reasonable adjustments have been made.

*The candidate has a learning difficulty.*

The degree of the learning difficulty may affect the person's ability to work as a nursing associate, but a career in the NHS is still possible for anyone with a learning difficulty. The person would need to be assessed in order to ensure the role is appropriate.

If the candidate has a chronic or episodic condition like multiple sclerosis or chronic fatigue syndrome, an awareness of the condition would be required by everyone who worked with that person, but a career as a nursing associate is definitely possible. Adjustments would need to be made to allow for appropriate rest and recuperation and the shift pattern that they work.

*The candidate has anxiety.*

Awareness and understanding of the individual needs of a person with anxiety issues would be required by everyone working with them, so the symptoms could be managed when needed. A career as a nursing associate is possible for someone with anxiety when the person is understood and adjustments are made.

## Useful websites

**[www.stonewall.org.uk](http://www.stonewall.org.uk)**

Stonewall is a charity dedicated to promoting the rights of everyone in the LGBTQIA+ community. It keeps its website up to date with opinion pieces and news reports and provides a voice for people who sometimes cannot speak for themselves.

**[www.ons.gov.uk](http://www.ons.gov.uk)**

The Office of National Statistics is run by the UK government, and its website has all the national statistics you will ever need. It is kept up to date and the data from the Census is interpreted there.

**<https://england.shelter.org.uk/>**

Shelter is a UK charity which campaigns for housing for everyone.