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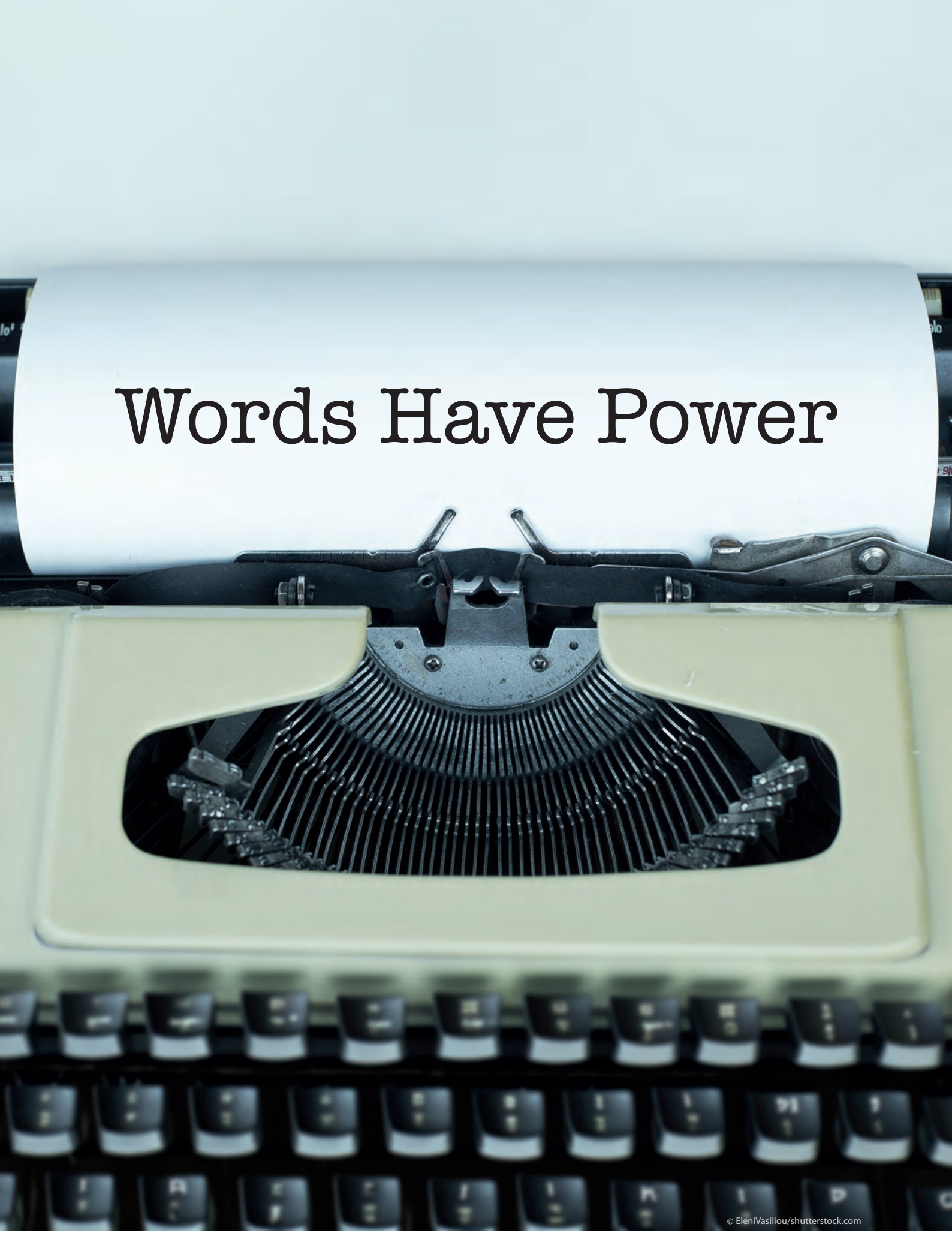
Diversity, Equity and Inclusion in Healthcare



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People at the centre: „People-First Language“ – Is our language inclusive enough?

In a world that is increasingly characterised by diversity, it is sometimes not easy to always express yourself in a politically and socially correct way. One key concept that helps break down barriers is People-First Language. The focus here is on respecting the dignity and individuality of each person and not discriminating against anyone based on their likes, dislikes or outward appearances. These outward appearances play a particularly important role in dermatology as skin diseases are often visible to everyone. But how does this language manifest itself in the workplace with patients and colleagues, and how does it impact their day-to-day interactions?

At first glance, expressions such as „the sick person“, „the psoriasis patient“ or „the neurodermatitis sufferer“ seem quite common in our everyday language and appear normal to those who use them, but are they really? If you ask people with unique characteristics or impairments, they might see it differently. This plays a decisive role in dermatology in particular, as skin diseases such as psoriasis, acne inversa or various dermatoses manifest themselves visibly for almost everyone. Depending on the season, these diseases can still be hidden quite well under clothing in winter, but in summer they often reveal what could previously be concealed: redness, swelling, inflammation and scaling, often causing embarrassment even though they don't have to and shouldn't. Using the right language can also be of support.

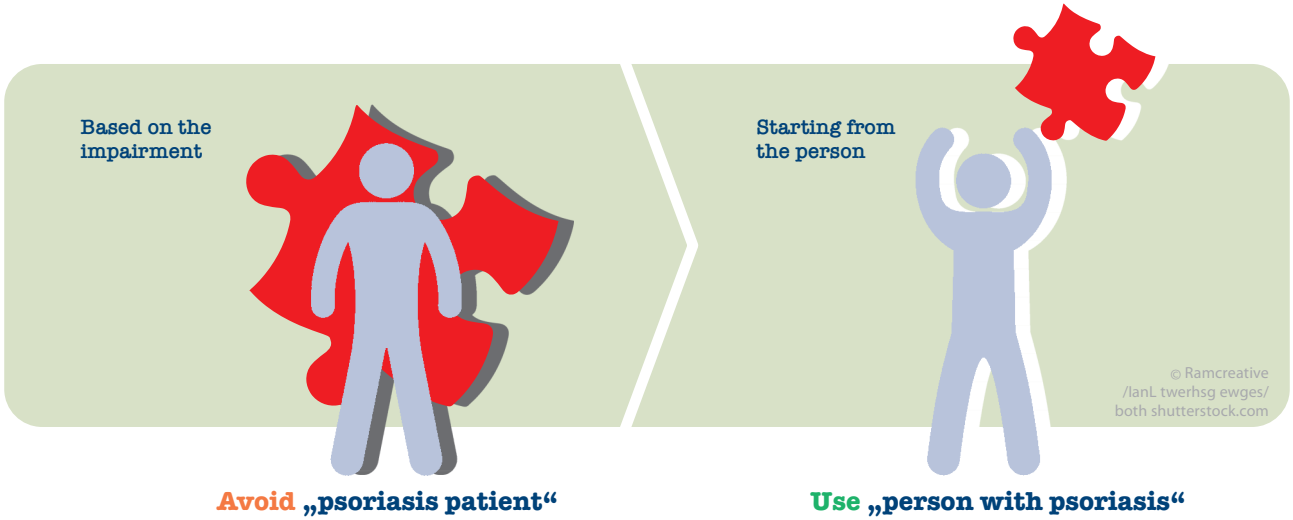
> “ I don't want to reduce people with skin diseases to their role as patients – that's what they are for a few hours during my treatment. But in their lives, they are also fathers, daughters, partners, managers, employees, bartenders, football players – or simply human beings. ”
>
> Prof. Dr. Matthias Augustin
> Dermatologist from Hamburg

Potentially hurtful and stigmatising words are not intentionally or knowingly spoken by many and are certainly not meant in a malicious way. Nonetheless, these have a profound effect on the way we are perceived by others and especially on how these words are received by those affected. However, anyone can learn to use non-stigmatising language when talking directly to those affected. This can be done by using People-First Language. Its key aspect is to shift the focus away from impairments or differences and instead emphasise a person's personality, abilities and experiences. This must also include medical diagnoses. This approach is not only important in patient contact, but is also becoming increasingly relevant in dialogues between physicians and nurses as well as in the general communication at work.

> “ Put an end to the ickiness, move away from the psoriatic to the human being, that's the right approach and the only way to address people. ”
>
> Prof. Dr. Ulrich Mrowietz
> Dermatologist from Kiel

People-First Language at Work

The language we use at work significantly impacts the working atmosphere and interpersonal relationships. In the dermatological field, the choice of words can influence not only the self-esteem of patients, but also the trust between team members. Person-centred language signals respect, empathy and promotes a positive working atmosphere. Instead of „the skin-sick patient“ one should speak of „a patient with skin disease“. This simple change in language ensures that the person is seen first



Avoid „psoriasis patient“ Use „person with psoriasis“

before the disease is mentioned. In the patient context, correct terminology can have decisive consequences for therapy: The right words can empower the patient, encourage them to seek treatment and even improve the treatment itself. A randomised case study from the USA showed that neutral language in physicians' letters improved the offer of analgesics to a hypothetical person with sickle cell anaemia compared to stigmatising language. Examples of negative language in physicians' letters include those that question credibility, express disapproval, stereotype people by race or social class, portray patients as difficult and convey a paternalistic tone. Results that are certainly transferable to people with psoriasis and other skin conditions. In a team context, the term „a colleague with an impairment" can be used instead of „the disabled". The implementation of person-centred language in the medical sector not only helps to improve patient care, but also strengthens the team structure: Colleagues feel respected and seen, which in turn has a positive impact on teamwork and efficiency thus creating a culture of togetherness.

> "Prudent treatment also includes basic measures such as an appropriate choice of words."
>
> Dr. Matthias Hoffmann
> Dermatologist from Witten

Person-centred versus Patient-centred

A person-centred approach should be the goal of all healthcare professionals. The word „patient" implies that someone is ill or being treated for an injury or illness. While both patient-centred and person-centred approaches recognise the values, needs and preferences of the individual, person-centred care focuses on the person as an individual holistically. Failure to use person-centred language can inadvertently create a barrier between the treating clinician and the care recipient. This barrier does not allow the doctor to view the diagnosis independently of the person. To some extent, this can contribute to a more objective judgement, but it leads to the physician distancing himself from the person and prevents him from seeing the person as such. The aim of healthcare should not be to create barriers and distance, but to ensure person-centred care. In many health professional training programmes, students are taught to use person-centred terminology, but this language is still rarely used in clinical practice; in conversations and educational materials, patients are often referred to by their medical diagnosis (e.g., stroke patient, amputee or psoriatic).

The introduction of person-centred language in the medical sector is more than just a linguistic change. It is a cultural paradigm shift that positively influences the working environment and leads to empathetic and respectful collaboration. Investing in training and awareness-raising is ethical and key to creating a sustainable, compassionate working culture in the healthcare sector.

People-First Language is not only applicable to people with visible disabilities, but to all aspects of diversity, be it sexual orientation, ethnicity or any other characteristics. By consciously choosing to use respectful and inclusive language, we are helping to create a society where everyone is treated equally, regardless of their differences. If you have not noticed, we also make sure to use respectful language when talking about people with psoriasis in the PsoNet Magazine.

MERLE TWESTEN

Cox C, Fritz Z. BMJ 2022 – PsoNet Magazin informs

Park J et al. JAMA Netw Open 2021 – PsoNet Magazin informs

Waters L, Hodson M, Josh J. HIV Med 2023 – PsoNet Magazin informs

Context is for Kings

Disability in itself is not discrimination because it affects people of all ethnic, socio-economic and religious groups. How we treat people with disabilities starts with how we talk about them. The words that were originally used to describe medical conditions have evolved into non-diagnostic, stigmatising and pejorative terms. Some of the language we use is undoubtedly influenced by the language used to describe the evidence – which in turn feeds into guidelines, policy and practice. However, it is not always easy to promote inclusive language in routine care when stigmatising language continues being used at conferences, particularly in journals. The frequent use of terms such as „HIV-infected people" in abstracts presented at the 2021 International AIDS Society conference was the catalyst for the creation of the People First Charter, a website to promote people-centred language. Yet the movement towards person-centred language is anything but new: it was launched at a self-help conference in the US in 1974 and has since slowly gained traction and played a key role in reducing stigma in clinical communication. Disease areas where person-centred advocacy has been pioneered include diabetes care, obesity care and mental health.

It is not always easy to stop using terms that have been part of everyday language use for years – especially if you are communicating in a language that is not your mother tongue. It can be helpful to initially focus on written material during implementation. All with the intention that the spoken language will soon follow. The journey is rewarding.

Website People First Charter – PsoNet Magazin informs

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Beryl Onditi © Beryl Onditi

Beryl Onditi
is a social scientist with a master's degree in Sociology. She was an officer in the Kenyan government's programme for "Persons with disabilities," which included preventive and curative measures for skin cancer for persons with albinism. She studied "Sustainable Development Management" in Germany and contributed to RWE's "Diversity Equity & Inclusion programme". Beryl is currently working as a researcher on a project on diversity in the health sector at the University Medical Centre Hamburg-Eppendorf.

Diversity in healthcare – what's needed for equity & inclusion?

Ms. Onditi, you have been working intensively on diversity, equity and inclusion in the healthcare sector for a long time. What initially motivated you to do this?

I am motivated by the observation of existing inequalities and challenges faced by people in the healthcare sector, such as unequal access to healthcare, gender-specific health differences and unequal representation in leadership positions. Diversity refers to the diverse characteristics of both patients and healthcare professionals. There is a challenge in both areas, but also great potential. I am also driven by the findings from research that gender equality in healthcare promotes the practical and long-term application of the knowledge and skills I acquired in training. I hope that inequalities can be overcome through equal access to healthcare for all. Diverse leaders and decision-makers are important for the formulation of inclusive policies that better meet the healthcare needs of all.

"That was just a joke."

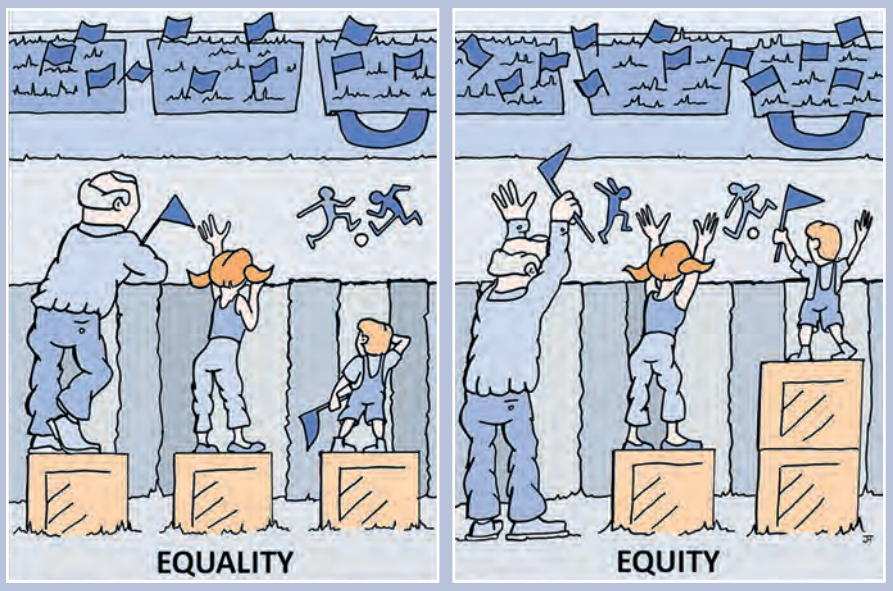
Equality and equity are two different things. In your opinion, is this recognised and implemented in the healthcare system? And why is it so important?

It is important because it is the only way to achieve a healthier and fairer society. While progress is being made, true equity in healthcare requires continued commitment, systemic improvements and addressing of the root causes of inequalities. To ensure equitable access to quality healthcare services, they must be tailored to different/unique needs, and healthcare systems must continue striving for equity and justice.

So, what exactly do „equality" and „equity" mean in relation to the workplace in the healthcare sector?

Equality means everyone receives the same resources, opportunities or treatment regardless of their background or needs. However, this strategy does not necessarily address existing inequalities or meet the specific needs of different population groups. There can be no equity without considering individual

differences, even if equal resources are provided. Equity means each individual's different starting points or needs are recognised and considered. Therefore, equity focuses on providing support or therapy according to specific individual needs. One form of health equity is patient-centred healthcare. In healthcare, this could include targeted measures such as knowledge about diversity, equity and inclusion in the workplace and designing policies that reduce health inequalities for disadvantaged groups.



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In your opinion, what is the most challenging aspect of working in a diverse environment, and how should cultural differences be dealt with in a healthcare organisation?

The challenge lies in the effective collaboration of staff from diverse cultural backgrounds, which can be very diverse regarding expectations or approaches to patient care due to different communication styles. These differences are also perceived between employees from diverse backgrounds. Proper management should include respecting individual differences, training in cultural inclusion, advocating for inclusive policies, encouraging open communication and feedback sessions, and leadership commitment to inclusion. These are all practical and effective approaches to dealing with cultural differences. By implementing these methods, healthcare professionals can promote an inclusive atmosphere and improve the quality of care for all patients.

"I didn't mean it like that."

How can the perspectives of colleagues with diverse backgrounds be integrated into everyday working life?

The integration of different perspectives is crucial for the development of an inclusive and innovative workplace. Training on cultural competence, implicit bias and diversity promotes employee understanding and awareness, as well as dialogue and active listening to differing viewpoints. The aim is to convey the message: think first, before responding.

In addition, colleagues with different backgrounds can take on leadership roles or lead projects to find diverse approaches to problem-solving.

Another valuable measure is the creation of common spaces. These can be used to share personal experiences or cultural traditions or to get advice and solutions to various problems.

Implementing mechanisms for feedback that enable colleagues to share suggestions or concerns about implementing diverse perspectives and celebrating cultural events and holidays should also be made possible and/or encouraged in such spaces.

Fairness is not only gained from acceptance and tolerance of one another. What role do wages and salaries play in creating equity and inclusion in the healthcare sector?

Wages and salaries are crucial in creating equity and inclusion in the healthcare sector. A fair and equitable compensation policy leads to a more inclusive atmosphere where all employees feel valued and respected and have an equal opportunity to succeed and advance. However, while wages and salaries are important, realising equity and inclusion in healthcare goes beyond monetary rewards. Removing barriers to access, creating opportunities for advancement, promoting diversity in leadership and cultivating an inclusive workplace culture are equally critical components of creating an equitable healthcare system.

How can it be determined whether something has changed at a personnel level? What can be easily implemented and improved in the future?

Simply collecting data on the number or proportion of people from different backgrounds, their pay, promotion rates and representation in management positions, and inequality in promotion opportunities can be useful here. I also recommend conducting regular employee on-job and exit feedback surveys. Organisations can ensure that their leaders demonstrate a visible commitment to diversity and equality by setting clear goals and holding themselves accountable. Training programmes and inclusive policies top the list here.

In concrete terms: How do you deal with a situation in which a colleague behaves in a culturally insensitive, sexist, racist or homophobic way?

The first step should be to speak to your colleague politely and privately, letting them know how their behaviour has made you feel. The focus here is on the impact and not the intention of the (mis)behaviour: Even if something was not meant to be, it can still be hurtful. You should also explain to the person how such behaviour can create a hostile environment and potentially damage workplace relationships. If you do not feel comfortable addressing the situation directly, or if it is a recurring problem,

	Equality	Equity
Definition	This is about equality: Every individual or group of people is given the same resources and opportunities.	This is about fairness: Every individual or group of people has different prerequisites; everyone is therefore allocated exactly the resources and opportunities they need to achieve an equal result.
Examples in the healthcare sector	• all patients are offered the same standard of care • encouraging all patients to participate in clinical trials • all patients have the same opportunities for dermatological care, for example, the same standard appointments	• different skin types, diseases or genetic backgrounds may require different treatment approaches • different demographic groups are represented in research/care to better target the diversity of varying skin types, diseases prevalent in certain populations and genetic variations • patients take more time due to the complexity of their illness or language barriers; longer appointments or interpreter services ensure equal access to care

you should then raise these issues with a supervisor, HR representative or a trusted, higher authority within the organisation. It is also important to report the incident, seek support on what action to take, and document all incidents, recording the behaviour's date, time and description. Documentation is particularly beneficial should further action be required or if the behaviour continues.

What steps can leaders take to avoid bias in the hiring process?

Healthcare management must think broadly about simplifying and standardising the process. I consider these five points to be particularly important during this process:

1. Examine and identify the most common biases in hiring and the steps to reduce them, establish a clear hiring criteria, introduce a culture of inclusivity, and continuously adapt and improve it.
2. Involve interviewers from diverse backgrounds in the recruitment process. Diverse perspectives can help mitigate individual bias and ensure a fair evaluation of applicants.
3. Hiring committees need to be trained on unconscious bias. This can be achieved by ensuring that all recruiters attend diversity, equality and inclusion training, conferences, seminars or online courses to recognise and overcome unconscious bias.
4. Using blinded methodological procedures to assess applications increases the chances of finding the most suitable candidates for an interview based on objectivity rather than subjective impressions.
5. Structured interviews should be encouraged in which applicants are asked the same defined questions. This enables a standardised interview process and reduces bias.

How would you personally convey a sense of inclusion, belonging and equality to the people around you?

Most importantly, by showing respect and courtesy by understanding and appreciating differences. I would also behave responsibly and politely and avoid jokes based on gender, age, race, religion, culture, etc. I would actively listen to my colleagues and encourage everyone to contribute and share their ideas. I am also committed to equal opportunities for advancement and development for all team members and reducing biased and prejudiced behaviour. I advocate for inclusive policies and educate myself by attending workshops on diversity, equity and inclusion and staying up to date on best practices to promote an inclusive workplace. Feedback sessions provide an understanding of the status of diversity, equity and inclusion and possible areas for improvement.

"Don't be like that."

Finally, have you ever been discriminated against in the workplace? And how did you deal with it?

I have been a victim of microaggressions. Microaggressions in the workplace are subtle, often unintentional behaviours or comments that make someone feel marginalised or excluded because of their race, gender, ethnicity, sexual orientation, religion or other characteristics. I have received comments such as „For a person of your background, you are very articulate", "Where are you really from?", "You don't sound/act like other people of your background" or "We are so glad you are here. But how can you afford to be in this country when most people on your continent are poor?" In such microaggressions, I approach the person discreetly and calmly and describe how their comments or behaviour made me feel. I focus on the impact and not the purpose of their words or actions; often, they are not meant maliciously. As many are unaware that their comment was hurtful, I explain why the comment or behaviour was a microaggression. I use the moment to ask them to clarify or repeat what they said. What did they want to tell me? This allows the person to think about the impact of their words. I also suggest to the person how they could express themselves correctly in future.

Dear Ms. Onditi, thank you very much for the interesting interview.

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