

In this article...

- The risks experienced by health workers during the Covid-19 pandemic
- A study into how and why ethnicity affected people's risks and experiences
- Health workers' opinions about NHS risk assessments and their recommendations

Experiences of minority ethnic health workers during the Covid-19 pandemic



NIHR ALERT

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Key points

People from minority ethnicities were at greater risk of illness and death during the Covid-19 pandemic

A study interviewed NHS workers about how ethnicity affected their Covid-19-associated risks

Interviewees from minority ethnicities reported feeling at greater risk than White interviewees

Some interviewees had negative experiences of NHS risk management

Staff of all ethnicities took steps to lower their risk

Authors Irtiza Qureshi is research fellow, School of Medicine, University of Nottingham; Brendan Deeney is science writer, NIHR Evidence.

Abstract Health workers from minority ethnicities had higher rates of Covid-19 infection than their White colleagues during the pandemic. This NIHR Alert discusses a study exploring the experiences of minority ethnic NHS workers during this time. Some interviewees felt the NHS risk assessments were not taken seriously. Interviewees from minority ethnic groups experienced Covid-19-associated risks more than White interviewees; they felt some risks were due to racism. Staff of all ethnicities took actions to reduce their risk.

Citation Qureshi I, Deeney B (2023) Experiences of minority ethnic health workers during the Covid-19 pandemic. *Nursing Times* [online]; 119: 6.

The UK-REACH (nd) project investigates if, how and why ethnicity affects NHS staff's risk of Covid-19 infection. As part of this work, Qureshi et al's (2022) study interviewed NHS health workers from a range of ethnicities about the risks they experienced during the Covid-19 pandemic. It identified that all health workers felt their work put them at risk of infection, but those from a minority ethnicity – and their families – were concerned that their ethnicity would increase their risk.

The NHS employs both clinical and non-clinical staff, including cleaners, chefs and porters. Staff are based in a range of healthcare settings; this includes community-based health professionals, such as pharmacists and opticians. Compared with the general public, people working in healthcare settings had greater exposure to Covid-19 and were at higher risk of infection, intensive care admission and death (Chou et al, 2020).

During the pandemic, health workers from minority ethnicities accounted for 64% of deaths of nursing and support staff, and 95% of medical staff in the UK. The NHS

advised that staff, including those from minority ethnicities, who were at high risk of infection should have a risk assessment, and arrangements should be made to reduce risks to their health. However, many were not satisfied with the assessments.

The study interviewed 84 health workers, with a range of professions, levels of experience, ages and migration statuses. The three largest ethnic groups were Asian (39%), White (27%) and Black (20%). Almost 85% lived in England (rather than Scotland, Wales or Northern Ireland), and only 16 were non-clinical workers.

Risks experienced

The researchers explored the risks that study participants experienced during the pandemic, and whether and how ethnicity affected these risks. Analysis revealed five main themes, which are discussed below.

Ethnicity

Interviewees were aware that people from minority ethnicities were at greater risk of illness or death:

"I was actually quite worried about getting it [...] There were signs that [...]"

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people of colour were being affected quite a bit.”

Interviewees stated that their friends and family shared this concern. Some said that people from minority ethnicities were discriminated against in the workplace, and that discrimination had led to delays in risk assessments.

Risk assessments

Risk assessments ranged from informal discussions to meetings with documentation. For some interviewees, actions were taken immediately to reduce risks to their health but, for others, no action was taken:

“I had to email our trust to say, ‘Is there going to be a risk assessment?’ And then, when one came out, [...] it was quite wishy-washy.”

Some interviewees’ risk assessments did not consider family members who were shielding. Some said that having a risk assessment made them feel self-conscious about receiving extra attention because of their ethnicity.

Personal protective equipment (PPE)

Interviewees from all ethnicities felt that inadequate PPE put them, their families and their patients at risk. Some were asked to reuse equipment, or were asked to use expired face masks. Ambiguous and ever-changing guidelines made health workers feel unsafe.

More than double the proportion of interviewees from minority ethnicities (68%), compared with White British staff (33%), thought there was a lack of PPE during the early days of the pandemic. This made some staff from minority ethnicities feel deprioritised and “put in harm’s way”.

Staff management

Staff being moved between wards and the need to self-isolate led to staff shortages. Health workers with fewer health risks felt they had to take on additional shifts, and some staff who were high risk also said they sometimes had to continue working. Some interviewees said people from minority ethnicities were more likely to work longer shifts. Understaffing and busy wards meant it could be difficult to follow safety protocols, such as changing masks between patients.

One interviewee described being moved onto a Covid-19 ward:

“I thought I was going to faint because I was so overwhelmed, and I’d never felt like that before.”



“Interviewees felt some risks were due to racism embedded in the healthcare system”

Personal risk management

Interviewees took actions to reduce their risk. Many washed or changed out of their work clothes before entering their house. Some protected family members by moving out:

“I moved into an apartment for three months.”

Many interviewees bought their own PPE when hospital supplies were short, and some stopped using public transport to prevent infecting the public.

Why is this important?

All health workers faced risks during the Covid-19 pandemic, but these risks were felt more keenly by people from minority ethnicities. Interviewees felt some risks were due to racism embedded in the healthcare system. Interviewees from minority ethnicities were most concerned about their risk of becoming seriously ill once infected. Better communication is needed at a national and organisational level to make sure individual staff are well-informed about the complex nature of risks faced by minority ethnic groups. The researchers hope this work will encourage policymakers to improve the way in which the risks faced by staff are assessed and managed in future.

Some of the researchers were from diverse ethnic groups, which helped interviewees talk more easily about issues related to ethnicity. The study team encourages other researchers to include

diverse groups in research to ensure frank and open discussions about racism.

Many interviewees felt that risk assessments were a box-ticking exercise. Staff came under pressure to continue working in environments in which they did not feel safe, which eroded trust in their employers. Staff safety is an employer’s responsibility, the researchers say, and thorough risk assessments and follow-ups are needed to keep staff safe.

NHS staff should be protected from harm, not only for their own benefit, but also to safeguard the nation’s health, the study concludes.

What’s next?

Further research by the same team is exploring how a person’s multiple characteristics have influenced the risks they have faced. The researchers are analysing how overlapping characteristics (such as being a man in a low-paid job) have interacted to increase risk. They believe that better understanding of overlapping characteristics should influence both research and policy. **NT**

References

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