Research with patients and the public: *Perceptions of discriminatory behaviours in health and care*

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professional standards authority

About the Professional Standards Authority

- Oversee the work of ten regulators:
  - s.29 appeals
  - Performance review
  - Advice on Council appointments
- Accredited Registers programme for non-statutorily regulated practitioners
- Policy advice and guidance
- Research
  - Literature reviews
  - Qualitative research.

Safer care for all – overview

- Looks at some of the major challenges affecting the quality and safety of health and social care across the UK and proposes solutions to help address these.

- Four main themes:
  - Tackling inequalities
  - Regulating for new risks
  - Facing up to the workforce crisis
  - Accountability, fear and public safety

- It also considers the structural flaws in the safety framework and how this might be addressed.

Tackling inequalities – the problems

- Unequal and unfair outcomes for protected groups within professional regulation
- Limited understanding about who does and doesn’t complain - barriers to making complaints
- Inequalities present in access to and quality of care – disproportionate impact of harm on protected groups
- Significant experience of discriminatory behaviour within the health service and impacts on poor culture, staff retention and patient safety
- Lack of clarity on the role of health and care professionals and practitioners in tackling health inequalities.

Research with patients and the public - perspectives on discriminatory behaviours in health and care

- In *Safer care for all* we observed a variable approach in how regulators deal with discriminatory behaviour within the fitness to practise process
- We commissioned Research Works to conduct qualitative research seeking views on:
  - what constitutes discriminatory behaviour in health and care
  - how this behaviour may have an impact on public safety and confidence
  - how health and care professional regulators should respond.

Research methodology and sample

- Qualitative research undertaken with 50 members of the public and patients
- Diverse sample - participants with protected characteristics, from different socio-economic groups and rural and urban backgrounds, and coverage across the four countries of the UK
- Discussion in focus groups, as well as paired in-depth interviews which enabled participants to be supported by a family member or carer.

Research findings

- Participants expressed the view that equality and diversity goes beyond providing a standard of service that is the same for everyone, to **recognising and meeting the specific needs of different groups**

- There were **higher expectations from health and care professionals** to promote equality and diversity, than for other professions they interacted with

"They have a high duty of care, in a trusted position, they're breaking a level of trust if they've made you feel unsafe." **[General public, under 30, C2DE, Northern Ireland]**

Research findings

- Participants shared **views and experiences of different kinds of discriminatory behaviours**:
  - Making assumptions/being judgemental
  - Not listening to patients/service users
  - Not meeting additional/individual needs
  - Disparaging verbal remarks.

"Because I'm morbidly obese, I have community nurses come to check my skin for pressure sores or open wounds. Every now and again you'd see a different nurse, and I have seen a couple of nurses who weren't friendly, you could sort of see, not so much what they said, but how they acted. They're looking at a fat guy rather than a disabled person who is obese because of a medical condition." **[Patients with disabilities, mixed gender and age, England North]**

Research findings

- Participants discussed **how difficult it can be for patients to know** if poor care is due to discrimination or is happening for other reasons

"It's discriminating because they are assuming, because they don't speak English as well, they won't understand the language there is no point explaining it." **[Paired depth, patients with specific communication needs, Wales]**

"I think it's stupidity, not discrimination. If they think all elderly people can use the internet, then the health care person is stupid, but not being discriminatory." **[Older patients, mixed gender, Scotland]**

Research findings

- Participants drew out **factors that they thought should be taken into account when judging how serious** discriminatory behaviour is. These were:
  - Intent;
  - Outcomes for patients;
  - Frequency of behaviour.

"If it was a situation where somebody needed immediate attention and they refused to give the service, then that would probably be a suspension or being struck off [for the health and care professional who refused to provide treatment in those circumstances]". **[Ethnic minority patients, mixed gender and age, England South]**

Research findings

- It was felt **discriminatory behaviour can cause significant harm to patients** and shake confidence in both individuals and the employer organisation

"It would affect my confidence because if they can't behave while patients are around, it would make me question how good they are at their job." **[General public, under 30, C2DE, Northern Ireland]**

[About discriminatory remarks made by HCPs] "*If they're doing it while the person is there and can hear, that's awful. They shouldn't be doing it all, no matter what. But it's worse if the patient hears. They might not want to go back to that place, even if they need to medically, it might put them off so it might make their condition worse."* [Paired depth, patients with learning disabilities/autism, Scotland]

Research findings

- Participants had agreed a range of factors to judge the severity of discriminatory behaviours – these were also used to consider **what sanctions might be appropriate** through the fitness to practise process

Research findings

- Participants **didn't think sanctions should vary** across different health and care professions
- However, **age, seniority and context of practice** were seen to potentially play a role as aggravating or mitigating factors

"I don't think it should matter. The sanction shouldn't be any more or less harsh depending on your role. They should all be judged the same." **[General public, under 30, C2DE, Northern Ireland]**

"Regardless of what profession they are in, discrimination is unacceptable. They are all working towards the same aim, to heal people who need their help, and they shouldn't be allowed who they pick and choose to treat." **[Paired depth, patients with dementia, Scotland]**

Research findings

- Participants talked about potential **barriers to raising concerns and making complaints**, including whether complaining might have an impact on their care

"I would make a complaint. Having it on record about a particular person, so if I make a complaint and they review it, and then somebody else makes a complaint about the same person, they can build up a file against that person. They can review, so it's happened before several times, this is a red flag. It's always good to raise your concerns in any situation." **[Ethnic minority patients, mixed gender and age, England South]**

"I probably would think twice. It depends on what type of treatment I'm receiving. If I'm receiving my treatment, I don't think I'd mess it up for myself." **[Patients with disabilities, mixed gender and age, England North]**

Research findings

- The research found that participants thought that **education and training on equality and inclusion** should be one of a range of tools to address discriminatory behaviours

***You get a warning first, and then it goes up from there. They get a chance to improve and a chance to apologise*. [Older patients, mixed gender, Scotland]**

Conclusions from research

- There should be clear guidance for health and care professionals from regulators and Accredited Registers on the seriousness of discriminatory behaviours and how they will be dealt with by regulators
- Further work is needed to explore how to support patients and make them feel more confident to make complaints
- The research suggests that regulators should take into account more fully patient and public views on seriousness and appropriate sanctions when revising FtP guidance and their approach to addressing discriminatory behaviours in health and care

Conclusions from research

- It was felt that extending guidance/requirements around discriminatory behaviours for non-clinical staff should be considered
- There was an expectation that equality and diversity education should complement more serious fitness to practise sanctions.

Questions

- How could the findings of the research be used beyond professional regulation? (e.g. by employers, system regulators, training providers)
- What are the implications of the research for professional regulators and Accredited Registers?
- How could the research support development of a common code of conduct for healthcare professionals?

https://www.professionalstandards.org.uk/publications/detail/perspectives-on-discriminatory-behaviours-in-health-and-care

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