

Impact of Covid-19 on the NHS working environment

There were seven studies that reported on ethnic inequalities in the NHS working environment^{259–265}. Three studies contained information about inequalities in the provision of PPE. Ali and colleagues²⁵⁹ rapid online survey of attitudes of healthcare workers (HCWs) in the UK about Covid-19 related deaths among healthcare staff found ethnic differences in a range of attitudes. Using Chi-squared tests, the authors found that ethnic minority workers were more likely to: be worried about Covid-19 related deaths in HCWs ('BAME': 76%, 'Non-BAME': 63% ($p<0.001$)); to say that Covid-19 related worry affects their ability to care for patients ('BAME': 57%, 'Non-BAME': 31% ($p<0.001$)); and to have PPE concerns that were not resolved ('BAME': 60%, 'Non-BAME': 42% ($p<0.001$)). Norton and colleagues²⁶⁴ study of over 2,000 trainee doctors reached found similar results. In their study, 47% of those identifying as White reported receiving sufficient information on PPE, compared with 33% of those identifying as 'BAME/mixed ethnicity' (Chi-squared test performed, $p<0.001$). There was one study in the review by Carvalho and colleagues²⁶⁰ which described ethnic differences in success rates of suitable fit of respiratory protective equipment (RPE). By sampling over 1,000 HCWs in London, they found that successful fit of protective equipment was less likely in all ethnic minority groups compared with White HCWs (Asian OR=0.47, CI=0.38–0.58, $p<0.001$; Black OR=0.54, CI=0.41–0.71, $p<0.001$; Mixed OR=0.50, CI=0.31–0.80, $p=0.004$; Other OR=0.53, CI=0.29–0.99, $p=0.043$).

Three studies were related to the effect of working during the Covid-19 pandemic on staff wellbeing and working responsibilities. Gilleen and colleagues²⁶² study of HCWs working in the NHS during the pandemic found that ethnic minority HCWs (OR=1.52, CI=1.04–2.23, $p=0.0319$) were more likely to report post-traumatic stress disorder (PTSD) symptoms compared with White HCWs. Although the study had a large sample size ($n=2,773$), it did not cover all NHS trusts (only

19.8% of Trusts (52 of 262 UK NHS Trusts) responded. McFadden and colleagues²⁶⁵ study of HCWs' wellbeing during the pandemic found a significant difference in mean total wellbeing scores across ethnic groups, with Black people reporting the highest scores [better wellbeing] ($F=8.303$, $df=3$, $p<0.001$). No overall differences were observed in Work Related Quality of Life (WRQoL) scores when compared by age, gender, occupational group or ethnicity. However, there were details missing in the statistical reporting of this study; the coefficients for the regression models were not reported so the effect of ethnic group (and whether it is significant or not) is not available for readers. Further, ethnic minority HCWs constituted only 6.5% of the sample. Kapilashrami and colleagues²⁶³ study of over 500 HCWs in the UK indicated that ethnic minority staff in senior roles were nearly four times as likely to be working in patient-facing roles as their White counterparts (OR = 3.83, 95% CI=1.05 to 13.77, $p=0.04$), suggesting that White HCWs in senior roles were less exposed than senior ethnic minority HCWs. Ethnic minority ethnic HCWs were twice as likely as White HCWs to work in areas with Covid-19 cases (OR = 2.68, 95% CI=1.77–4.06, $p<0.01$). The study also found that while ethnic minority HCWs overall were no more likely than White HCWs to be redeployed, ethnic minority staff in nursing roles were three times as likely to be redeployed than White nursing staff (OR=3.33, 95% CI=1.23–9.02, $p=0.02$). Ethnic minority HCWs were also more likely to be involved in service level implementation and planning (OR=2.19, 95% CI=1.42–3.37, $p<0.001$), than White HCWs, and held more staffing and redeployment responsibilities compared to White HCWs (OR=2.63, 95% CI=1.13–6.07, $p=0.02$).

One report by the General Medical Council²⁶¹ which surveyed over 3,000 medical doctors found that during the Covid-19 pandemic, ethnic minority doctors were less likely to report that there had been positive impact in a range of work-related areas, compared with White doctors. However, only percentages were reported and there was no statistical analysis performed to see if the differences were statistically significant.