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The disproportionate impact of COVID-19: A qualitative investigation into the experiences Black, Asian, Minority Ethnic (BAME) frontline workers within the NHS in West Yorkshire.

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ABSTRACT

The current paper sought to empirically examine experiences Black, Asian, Minority Ethnic (BAME) frontline workers within the NHS in West Yorkshire. For qualitative data collection, fourteen health care frontline workers recruited via different social media platforms, were interviewed. Each was asked at least eight semi structured interview questions. Inductive Thematic Analysis was selected as the preferred method of investigation to identify, analyse, and report themes emergent from the data set. Specifically, the study aimed to explore the challenges faced by BAME frontline workers during the pandemic. The study highlighted the negative experiences, all linked to systemic social-economic inequalities arising over decades of discrimination and bias against the BAME communities. The findings have implications for health professionals and policy makers.

Keywords: Experiences, BAME, National health services, Thematic Analysis.

Background:

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The National Health Service reported that of its staff fatalities, 64% were of the BAME communities with those from the Bangladeshi community having the highest mortality whilst those from the black communities having the highest exposure rate. It is against that background that the current study sought to explore the experiences of BAME frontline health care workers during the COVID 19 (Kirby, 2020; Bracke et al, 2021; Peate, 2020).

According to Public Health England (2020), individuals from the BAME communities are twice as likely to be in temporary work compared to the white workers thereby making them more vulnerable to the economic impacts of Covid-19 (Public Health England, 2020). In addition, Otu et al, (2020) noted that individuals living in highly deprived areas are more susceptible to Covid-19, that is, they are twice as likely to be diagnosed with the disease compared to those living in less deprived areas, (Rajagopal, Kaimal and Nedungayil,2020). Those living in highly deprived areas were also more likely to die and lose their jobs because of Covid-19 compared to those living in less deprived areas (Public Health England, 2020; Otu et al, 2020). Primary care and public health provision in the UK has often been disproportionate even with the upheld public view that the NHS is an equal provider (Cook, Kursumovic, and Lennane (2020).

Method:

Inductive Thematic Analysis (TA; Liebman (2020) was selected as the preferred method of investigation to identify, analyse, and report themes emergent from the data set. Considering its flexible yet profound strategy, Thematic Analysis was employed to extricate the surface of reality, allowing the research questions and the subjective experiences of participants to be addressed directly from the perspective of the individuals involved (Liebman (2020) Theoretically, the study had an idiographic aim which sought a sample size in which individual voices and experiences could be located and heard through intense analysis of each transcript. Fourteen interviews provided enough scope for developing cross-case generalities. Data analysis followed the method for conducting inductive thematic analysis of textual data drawing on a constructionist perspective (Liebmann, 2020). There was a need for deep immersion in the data, which involved reading and re-reading the whole transcripts. This was done alongside sharing observations and preliminary analytical insights between the authors. After the identification of themes, the transcripts were reviewed again to select

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representative quotes for each theme. The transcripts were reviewed a final time for additional supporting and disconfirming evidence of themes. Theme names were derived from the literature itself, but in some instances, were applied retrospectively. We identified the following themes: Unfair treatment ,Alienation, Stereotypical attitudes and Mythical conceptions.

Procedure and ethical issues:

A total of fourteen participants were recruited via various social media platforms and interviewed via zoom. Respondents were all healthcare professionals based in West Yorkshire. Our sample size was influenced by both theoretical and practical considerations (Robinson, 2014, p.29). On practical level, our sample size was determined by the response rate from the advert. Theoretically, the study had an idiographic aim which sought a sample size in which individual voices and experiences could be located and heard through intense analysis of each transcript. Twenty critical reflective reports provided enough scope for developing cross-case generalities.

Following guidance from Eysenbach and Till (2001), informed consent was obtained from the participants, prior to taking part in the study, via email in the form of an attached document. Since the researchers were not present when the participants read the consent forms to observe them, on the day of the interview, the interviewer briefly revisited the issues in the information sheet and consent forms at the beginning.

Along with the consent forms, the participants were also given information sheets with full details of the study. The information sheet stated that participation was entirely voluntary, that the participants were at liberty to withdraw from the study without having to give any reason for doing so, and that the participants were free not to answer any questions they felt uncomfortable with. The information sheet further outlined why the data was being collected, how it was going to be used and how it was going to be stored. In addition, at the start of the webinar participants were told that they were free to have breaks at any time.

As a means to secure anonymity and confidentiality, participants were identified by pseudonyms in all dissemination of findings. All electronic data were stored in password protected University computers used by the researchers. All paper forms are secured in locked cabinets in secured offices at the researchers'

respective offices. Ethical vetting was approved from the University. The study was conducted in observance of the British Psychological Society (BPS) Code of Ethics and Conduct (2018). The collection of data was preceded by the submission of an ethical approval form to the University. Ultimately, the risk associated with potential emotional distress caused to the participants due to the sensitive nature of the topic was limited by following the protocols for dealing with 'sensitive phenomena' suggested by (McCosker, 2000).

Themes and results.

Unfair Treatment

Analysis within the theme of 'Unfair treatment' demonstrated concerns about increase in hate crimes targeting minorities, institutional racism, prejudice, discrimination, antagonism against individuals from BAME communities.

Sample extract

Ali

So, during the winter period I had problems with my apartment, my white land lady didn't want me there anymore as she thought I would spread the virus which meant I had nowhere to go. Thus, what I call hate, You know what I mean, thus racism, prejudice, discrimination, antagonism all in one person.

Alienation

The second theme 'alienation' captured how social distancing and lockdown caused or at least contributed to feelings of alienation which may play a role in the development or worsening of mental health problems. Participants expressed feelings of estrangement because of the imposed separation from their loved ones during lock down. Further analysis within the theme highlighted how without social support participants were subjected to emotional and mental traumas with the consequence of higher anxiety levels.

Sample short extract:

Shree

'I was unable to go home to visit my family. And so, I was alone, and I was a bit lonely because you cannot do anything. You can imagine how that does your head, your feelings, its depressive.

Stereotypical attitudes

Our analysis under this theme suggest that negative attitudes toward people from BAME communities in response to COVID-19 were somewhat common

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among our participants. The theme further brought to light that there was somewhat fear of contracting COVID-19 and feelings of being unsafe around people from BAME communities at work and in other public places. Arguably, public health campaigns providing health information and building trust in scientific knowledge may help addressing the address the problem.

Sample short extract

Aliyah:

I hated and loved lockdown because, first I loved it because it gave me a break from meeting people who gave me that attitude, that look, frown like I was the super spreader, you know avoiding me. You could smell it in the air that because you look this way, so you are likely to be carrying and spreading COVID-19. You will have no idea how much normal life is covering, Covid-19 exposed stinking ignorance and stereo types in people about others, what a shame in the 21st century.

Mythical conceptions about minorities

The theme of mythical concepts about minorities in relation to COVID-19 indicated there are members of the 'majority group' including senior health professionals who are under the wrong impression that members of BAME communities are somehow immune to COVID-19. It appears the mantra of such narratives not only fed into rhetorical distinction between of 'us' and 'them' but rhetorical strategies producing alterity in work places and possibly explaining why BAME health care workers widely complained of being pushed into 'red zones' at work (Rajagopal, Kaimal and Nedungayil,2020).

Conclusion and recommendations

Our paper concludes that there is a need to improve cultural competency first in the wider society in order to address issues highlighted across our themes. Secondly, within healthcare institutions specifically where participants in this study were drawn, bespoke in-house trainings that to combat racism, implicit bias, and microaggressions at the institutional as well as individual level are recommended.

In addition, we recommended that such cultural competency trainings should be tailored to address among other issues ethnocentric assumptions about minorities, cultural and racial power hierarchies in the management and staff relationships. Finally, we recommend a specific focus to address the 'othering'

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of members of BAME communities, the insidious ways that racial and cultural hegemony implicitly influences treatment of BAME health care professionals.

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