Diversity of Speakers in Health and Social Care

Mona Jaffar-Karballai[1], Meenakshi Jhala[1], Katie Knight[2], Nada Al-Hadithy[3], Lucia Magee[4], Greta McLachlan[5] and Rose S. Penfold[6, 7]

1. Department of Medicine, St George's University of London, London, UK 2. North Middlesex University Hospital, London, UK 3. Oxford University Hospitals, Oxford, UK 4. Population Health Research Institute, St George's University of London, London, UK 5. Cleveland Clinic, London, UK 6. Guy's and St Thomas' NHS Foundation Trust, London, UK 7. King's College London, London, UK

Introduction

Women comprise the majority of the UK's health and social care workforce yet remain underrepresented as leaders in healthcare. Women Speakers in Healthcare (WSH) aims to address this by building the UK's largest database of women speakers in health and social care to increase gender diversity across all healthcare conferences and events. This study analysed the diversity of WSH's current speaker database and identified underrepresented groups, to guide WSH and others seeking to improve diversity within their organisations.

Methods

Data was analysed between 1st April 2020 - 23rd June 2021. The WSH's speaker signup form invites participants to state their profession, stage of career, speciality, geographical location and their diversity characteristics. Data was categorised by ethnicity, profession and geographical location data.

Results

Of the 576 speaker sign-ups during this period; the most prevalent ethnicity in the database was White (42.0%), profession was Doctor (38.0%) and location was Greater London (33.2%). The least prevalent ethnicity was Mixed (1.5%) and location was Northern Ireland (0.7%). Of the professions represented in the database, students were the least common. A number of professions were not found in the database at all. Diversity characteristics included statements about sexuality, parental status and living with disability.

Conclusion

This study identifies that the speaker database is diverse in many aspects, but improvements can be made to increase wider diversity in aspects aside from gender. This could be achieved by increasing BAME representation on the advisory board, actively recruiting underrepresented groups to the database and recruiting more junior representatives who are at an early stage of their career.

Words to live by:

"We must always attempt to **lift as we climb**"

Angela Davis

Table 1: Ethnicity: frequency and percentages

Ethnicity	Frequency (n)	Percentage (%)
White	243	42.0
Asian	56	9.7
Black/African/Caribbean	12	2.0
Mixed	9	1.5
Other	20	3.5
Not Specified	236	41.0
Total	576	100

Table 2: Profession: frequency and percentages

Profession	Frequency (n)	Percentage (%)
Doctor/Surgeon	219	38.0
Academic	122	21.2
AHP	60	10.4
CEO/Director	50	8.7
Nurse	34	5.9
Expert patient/carer	25	4.3
Dental professions	14	2.4
Policy maker	13	2.3
Portfolio career	12	2.1
Finance	8	1.4
Medical student	6	1.0
Other*	10	1.7
Not Specified	3	0.5
Total	576	100

* Includes campaigner, charity officer, clinical trial execution, digital technologist, equality-diversity-inclusion lead, journal editor in chief, lawyers, negotiation and conflict management consultant, social worker.

Table 3: Geographical location: frequency and percentages

Geographical location	Frequency (n)	Percentage (%)
Greater London	191	33.2
South East England	57	9.9
North West England	55	9.6
Yorkshire and the Humber	35	6.1
South West England	32	5.6
Scotland	31	5.4
West Midlands	28	4.9
East Midlands	24	4.2
East of England	23	4.0
Wales	13	2.3
North East England	9	1.6
Northern Ireland	4	0.7
International*	55	9.5
Not Specified	10	1.7
Unknown	9	1.6
Total	576	100

* Includes Australia, Canada, France, India, Ireland, Malawi, Mexico, Netherlands, New Zealand, Nigeria, Singapore, South Africa, Sweden, USA.