



The BMJ

Cite this as: *BMJ* 2021;373:n1365
<http://dx.doi.org/10.1136/bmj.n1365>
 Published: 26 May 2021

Covid-19: D/deaf healthcare workers faced “widespread, systemic discrimination” during pandemic, study finds

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Deaf healthcare workers have faced “widespread, systemic discrimination” during clinical practice and through pandemic policies, researchers have found.¹

The situation left one GP partner, who is profoundly deaf, “demoralised and depressed” and on the brink of quitting the profession. It was not helped by delays in the UK’s acquisition of clear face masks, which then failed infection control tests.

The term “D/deaf” includes people who are “Deaf,” which typically refers to those who use British Sign Language as their first language, and people who are “deaf”—those who have hearing impairment but use spoken English and lipreading. People in either group may wear cochlear implants or hearing aids to help them hear environmental sounds and speech.

A research team from three NHS trusts in England surveyed D/deaf healthcare professionals in the UK to determine their communication challenges during the pandemic and to highlight areas where more support was needed. There are no accurate data on the number of D/deaf healthcare workers, but the researchers estimated this as “potentially several thousand” on the basis of the 2.8 million employed UK adults of working age who have hearing loss, 6% of whom work in healthcare.

The survey was distributed to the 194 members of the UK Deaf Healthcare Professionals group on Facebook and the 145 members of the UK Healthcare Professionals with Hearing Loss email group, and it was promoted on social media. The researchers received 83 responses and reported their findings in *Occupational Medicine*.¹

Transparent masks were not prioritised

Most respondents (78%) believed that their communication needs had not been considered during the pandemic, and some reported having been moved away from patient facing clinical roles as a direct result of communication difficulties caused by a lack of reasonable adjustments, such as clear masks.

Nearly three quarters (74%) of respondents worked in the NHS, over two thirds (68%) had severe or profound hearing loss, and 57% wore hearing aids. Most (87%) said that they relied on lipreading, and 21% used sign language and had interpreter support.

Nearly all respondents (77; 93%) had been working in patient facing clinical roles before the pandemic. However, after the pandemic began, 26 (31%) worked at least partly from home, and 14 (18%) were removed from patient facing roles owing to communication difficulties. These included three doctors and five nurses. Some staff were redeployed to administrative duties, but not all were given alternative work.

The researchers said that while efforts were made during the pandemic to produce other required protective gear, the need for healthcare standard transparent masks was not prioritised. This was despite 89% of respondents reporting that opaque masks made it harder or impossible to communicate with patients and colleagues.

Six months after the pandemic began the UK did finally order ClearMask face masks, but they were not deemed suitable by infection control teams for use in clinical areas or where FFP3 masks were required.

The researchers also found that just 19 D/deaf healthcare workers were offered an occupational health assessment to discuss reasonable adjustments during the pandemic. Only 33 (39%) were given the equipment or the reasonable adjustments they needed, and in some cases the recommended adjustments were not implemented because of objections from infection control teams.

Demoralising and depressing

Rosie Knowles, a GP partner in Sheffield who is profoundly deaf and lipreads, told *The BMJ*, “When all the masking and social distancing and the move to all remote consulting came in with the pandemic, my job became almost impossible.” She said that a lack of support from the clinical commissioning group (CCG) and bodies such as the Royal College of General Practitioners was “extremely demoralising and depressing” and that she had been “close to leaving medical work altogether.”

“I’ve never felt so unheard and so uncared for by the NHS. I was just left to find my own solutions,” she added. Unable to lipread over video calls with poor internet connection and with none of the approved video platforms providing automated captions, she switched to doing most of the practice’s text and email consultations.

After a suggestion from a social media group for deaf healthcare workers, Knowles applied for funding from the employment support programme Access to Work for a live captioner. This took five months to obtain. She also struggled to access the ClearMasks for face-to-face consultations, as the local CCG took months to understand that it was the patients who wore them, not the D/deaf doctor.

“Patients can wear makeshift masks so a ClearMask is no different, but [the CCG] kept insisting that, as personal protective equipment, it had not been clinically cleared,” Knowles explained. Eventually she managed to get the message across, but again it took five months. In the meantime, she had to meet

patients outdoors without masks and then bring them inside for examinations.

“My team were always supportive, but the strain on us all was tough: the pandemic plus dealing with the lack of help and support from anyone else,” she told *The BMJ*. “To be suddenly catapulted from a highly competent and respected healthcare professional into a burden or a nuisance to my colleagues—or to shop staff, to anyone who tried to talk to me—was a major challenge to my mental health.”

Inquiry

The researchers said that any inquiry into the government’s handling of the pandemic must tackle the discrimination faced by D/deaf healthcare staff.

“Government and NHS policy must be more than platitude; it needs to be translated into action and funding for required reasonable adjustments, together with a culture shift among employers and staff to tackle discrimination, and recognise disabled staff as an asset, and not a burden,” said their paper.

The researchers noted some limitations to their study, including the small number of respondents and the fact that they will have missed staff who do not use social media, which likely attracted a younger demographic.

1 Grote H, Izagaren F, Jackson E. The experience of D/deaf healthcare professionals during the coronavirus pandemic. *Occup Med* 2021;kqab048. doi:10.1093/occmed/kqab048. <https://academic.oup.com/occmed/advance-article/doi/10.1093/occmed/kqab048/6254247#238188113>.

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