

Renaming the skin tones tool

Jennifer Pearson, who was named the National Diversity Awards' 2022 BAME Nurse of the Year, is raising awareness of tissue viability and recognising pressure ulcers in people with black and brown skin tones. She is the Lead Nurse for Shared Governance at University Hospitals Birmingham and has a background in paediatric and adult intensive care. Having worked at some of the top children's hospitals in the world, including Birmingham Children's, Great Ormond Street, and Melbourne Sick Children's, she has extensive clinical and managerial experience in the acute setting. In this guest editorial, she explains her work and how she has collaborated with *Wounds UK* to rename the 'skin tones tool'.

To address issues influencing the inequalities in health outcomes for BAME patients, I established a BAME patient care shared decision-making council with healthcare professionals. Additionally, I contributed to the national toolkit 'Bridging the Gap,' aimed at systems wanting to increase vaccination uptakes and engage effectively with seldom heard-from communities

DRAWING ON PERSONAL EXPERIENCE

My mother was hospitalised for five months

following a life-changing stroke. She started to develop a pressure ulcer and it was then that I realised the extent of the problem with the assessment of ulcers in dark skin tones, which was where my campaign began. For years, I had practised nursing and not questioned the illustrations in the literature, and the tools we were using to assess skin integrity and tone. I began to reflect that there were depictions of white skin only, and the language used was not inclusive of all patients.

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Figure 1. Protesters holding signs and placards during the Bristol bus boycott.

Learning points for practice

- BAME is not a homogenous group; there is difference in how different skin tones react
- Homogenising all ethnic minority groups into a single acronym like BAME is outdated
- Language is and always will evolve
- Global Majority is a term that decentres whiteness and encourages those who use it to think of themselves as belonging to the majority on planet Earth. The term refers to people with black and brown skin tones who have been racialized as ethnic minorities
- Shared Governance BAME Patient Councils give nurses and midwives a forum to discuss problems in the clinical setting in a safe space and look for solutions
- Nurses need to be curious and empowered to make the changes that affect patient delivery and initiate courageous conversations
- There is a difference between ethnicity and skin tone!
- If you don't know and need to know, ask
- Be aware that nurse education is currently framed through a white lens with white normativity
- Ensure that the tools used are appropriate for assessing and diagnosing in all skin tones
- Patience is important. My mother had dysphasia following her stroke and she started to regress mentally, therefore resorted to speaking with her Caribbean accent and language in Patois, which made it difficult for some staff to always understand
- Data is key, ask the question – are you monitoring pressure ulcers and ethnicity in your organisation? If not, add this to the quality agendas.

It took the death of George Floyd and the increasing prominence of the Black Lives Matter movement for more courageous conversations to occur in a variety of public health settings about the inequities in care delivery.

Malone Mukwende, a medical student, published a clinical handbook in 2020 called 'Mind the Gap', which served as another catalyst for more conversations surrounding the delivery of patient care to ethnic minority patients. The handbook, aimed at medical students, was written to highlight the lack of diversity in medical literature and address the gaps in education about clinical signs and symptoms in people with black and brown skin (Mukwende et al, 2020).

In addition, Dr Neesha Oozageer Gunowa et al (2021) published an insightful qualitative case study exploring students' and academic nurses' learning experiences about the assessment and identification of pressure injuries across skin tone diversity. Neesha and I have connected on this issue.

IMPACT IN EDUCATION

As a result of this initial work, Tissue Viability Lead nurses, members of the BAME Patient Care Shared Governance Council and University nursing lecturers began to meet to address the gap in e-learning modules in healthcare organisations. We agreed to modify educational modules to include various images and languages to support nurses to assess skin damage in all skin tones rather than simply those with white skin.

COLOUR BAR TOOL

In 2021, *Wounds UK* published a Best Practice Statement (BPS) on addressing skin tone bias in wound care (Dhooonmoon et al, 2021). The BPS highlighted research by Ho and Robinson (2015). Ho and Robinson (2015) developed a colour classification tool called the 'colour bar tool' to evaluate skin tone. I highlighted that the term was deeply offensive to people from ethnic minority backgrounds. When I saw the words in the BPS, it immediately triggered memories of when my parents talked about being 'colour barred' from institutions due to their skin colour. As of 2022, the term 'colour bar tool' has been removed from the BPS and replaced with the 'skin tones tool'.

THE HISTORY OF THE TERM 'COLOUR BAR': WHY IT MATTERS

The history of the term 'colour bar' is long and deep, with slavery associations. In order to protect specific jobs for white people, the 1911 Mines and Works Act or the 'colour bar act' was formally established in South Africa. The term 'colour bar' is associated with a system whereby access to the same rights white people had, such as the right to own a house, or to enter public spaces including bars and restaurants, is denied. Readers may remember the signs that read 'No Irish, No Blacks, No dogs': this is an example of a legal colour bar that operated in the UK. This policy was often used against immigrants and centred on segregation, injustice, and racism.

My own parents are from the Windrush generation, which refers to people arriving in the UK from Caribbean countries between 1948 and 1973, and therefore they experienced the abuse of the policy. Seeing the term in the guide offended me because I remembered conversations around the dinner table where my parents tried to protect their children from hearing about being colour barred.

Activists like Len Johnson and Roy Hackett MBE played significant roles in banning the racist colour bar act. Boxer Len Johnson organised a demonstration outside a Manchester pub where the colour bar existed, and Black people were not permitted entry. With the help of more than 200 others, including Manchester's then-Lord Mayor, the colour bar was overturned in pubs across the city.

Roy Hackett MBE, a Jamaican-born civil rights campaigner, is renowned for leading a four-month campaign, known as the 1963 Bristol Bus Boycott campaign. The campaign sought for Bristol's bus companies to employ Black and Asian drivers and conductors. Along with hundreds of like-minded individuals, they disrupted services by blocking buses. The long-standing 'colour bar' policy in Britain was ended as a result of this act. It took two more years for The Race Relations Act 1965 to be passed, making racial discrimination an offence.

To include this derogatory term in the BPS, specifically targeting nurses who are caring for ethnic minority people, seemed ironic, inappropriate, and not in line with the values of the NHS constitution or the function of Integrated Care Boards, which were established to eradicate health inequalities.

LESSONS LEARNED

All that Roy Hackett and others fought for cannot be in vain. We must demonstrate the lessons learned from the past, engage in conversations, listen to all staff voices, and avoid making the same mistakes. History should not be lost. To deliver high-quality care, healthcare workers need to understand historical issues to comprehend the trauma and mistrust that ethnic minority people have in authority figures and establishments.

The term ‘colour bar’ has far-reaching implications of feeling ‘less than’, and ‘unbelonging’, despite the fact that BAME people, like thousands of others, were invited to the UK to help rebuild the country, staff the NHS, and drive buses following World War 2.

This collaboration with *Wounds UK* to rename the ‘skin tones tool’ is testament to how speaking up and empowering staff can make a big difference to both staff and patient experiences. **WUK**

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