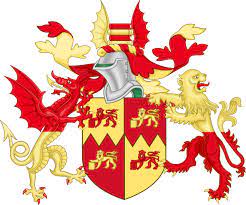
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*MA Education and Leadership Dissertation:*

*United Kingdom Health and Care sectors: The application of inclusive language.*

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*2020-2022*

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**Abstract**

This project considers the application of United Kingdom (UK) inclusive language within Health and Care sectors (H&Cs). The literature review evidences that gender inclusive language is evolving and creating difficulties in H&Cs for LGBTQ+ (Appendix 1) engagement. It summarises that gender inclusive language, acknowledges and respects all gender identities, removing assumptions whilst not erasing identities of others. Adopting a pragmatic approach, this archival study utilises secondary data with thematic analysis. This research outcome indicates, gender inclusive language application is more than the spoken and written word but has agency to be a powerful promotion of gender equality, providing an environment that does not hold prejudice, or ignore an individual’s diverse and unique context. Finalising that gender additive language, not gender inclusive is the way forward for H&Cs.

**Context**

Personal, professional reality contexts and research, demonstrate that absences of gender inclusive language, influences people’s access to H&Cs, creating potential damage and missed opportunities (Thompson, 2022). The lack of gender inclusive language can lead to marginalisation foibles (Lennon, 2021). Employing a pragmatist paradigm: using personal, professional, community and archival studies to support structure platforms (NIHR, 2008) of reality, truth, knowledge and values for future evidence-base practise (O’Leary, 2017). This project aimed to gain an insight into the thematic applications of gender inclusive language in UK. Aiming to develop future health, society and educational outcomes (Williams, 2010; Bailey *et al.*, 2013).

**Literature Review**

This literature review contains a range of policy, journals, news articles and books. Utilising k*ey words* to differentiate the pertinent literature (Oliver, 2012): *binary, application, communication, gender, inclusive, equality, language, terminology, Health, Care* and *sectors*.

Working within the National Health Service (NHS) and Care division, a continuous drive towards inclusive practice improvement is present; creating enhancing structures for learning within health, society and education (Jarvis, 2010; Marmott, 2020). Discussion of inclusive language is a continuous process, constructed through application of societal communication at various levels (Rapp Corral-Granados, 2021). Utilising triangulation of professional experience, documentation (Richardson, 2015) and an argument by Lane (2019) the application of inclusive language is evolving at a fast pace, whilst the lack of gender inclusive language application, is creating difficulties in H&Cs by influencing, aspects of communication, impacting upon LGBTQ+ individuals Health and Care engagement (Floyd *et al*., 2020; McClure *et al*., 2022). Thus, this project will reduce from the wide field of inclusive language to gender inclusive language application.

Lauring and Klitmoller (2015), state inclusive language comprises of open attitudes. However, Likis (2021) argues inclusive language should be ‘*respectful, accurate, unbiased, and consistent with preferences of individuals and communities who are being discussed*’ (p.7). Though, the United Nations (2017) stipulates language is pivotal in shaping cultural and social attitudes, gender inclusive language is more than the application of correct names, pronouns and possessive adjectives (Walmsley, 2021). It is the appropriate application of language, knowledge, use of supportive posters, leaflets or symbols that do not create assumptions on gender identity built upon appearances (Floyd *et al*., 2020). However, assigning what is appropriate, aligns to the GMSA (2021), gender-inclusive language, acknowledges and respects all gender identities, removing assumptions of a patriarchal morphological structure, whilst not erasing identities of others. Furthermore, United Nations (2017) defines gender inclusive language through writing and speaking, in a manner that does not show prejudice against particular sex, gender identity or social gender and withholds perpetuation of gender stereotypes.

Currently, services feel unprepared to address the complexity of problems that socially excluded people face, as they do not have the knowledge or resources to appropriately support them (DOH, 2008; FitzGerald and Hurst, 2017). Likis (2021) argues, that hesitancy to apply gender inclusive language communication, exists due to fear of offence and lack of knowledge, highlighting gender inclusive language is still in its infancy in awareness and debate. WHO (2010) and Public Health England (2021), claims professionals must have knowledge and awareness of Health literacy to communicate with individuals, which is beneficial to the service aligning to the Equality Act (2010). Furthermore, ensuring Health and Care professionals raise critical reflection upon the biases and prejudices deriving from social hierarchies, which create potential damage and missed opportunities for H&Cs when they unknowingly use language application in the written and spoken word (Herron, 2021), due to absence of gender inclusive language (Thompson, 2022). Lane (2019) states gender language is becoming more mainstream in the UK. In H&Cs, gender inclusive language already creates challenges, requiring continuous evaluation and critical reflection as both sexuality and inclusion, exist on a fluid and dynamic continuum (Sedgwick,1990; Richardson, 2012). Thus, studies indicating whether H&Cs represent a complete inclusivity or proportional uses of gender inclusive language, would be beneficial (Dahlen *et al*., 2021).

Berner *et al*. (2021) specifies that 98% of its participants in the UK, stated that gender language used, needed to be more evident in Health and Care training. As this would influence individual engagement and create normalisation, reducing the idiosyncrasies of stigma caused by language (Fredriksen-Goldsen *et al*., 2014). Likis (2021) argues, the application process of gender inclusive language conveys a sense of humility, respect and promotes equity, finding a language which ensures gender-neutral awareness, creating enhanced health and learning structures for all (Marmott, 2020).

H&Cs need to address how easily individual values can be communicated wider, generating negative impact, through addressing the application of gender inclusive language, they can awaken critical consciousness and the power of organisational and individual epistemology (Rohdieck, 2018). Reinforcing both epistemologies as truths, promotes attitudes and beliefs, which arguably assigns language definition and meaning, asserting power, authority, legitimatising or subjugating subjects in question (Foucault, 1969). All individuals entering any Health and Care environment should be treated as unique individuals, who adds value and contributes to the wider community (Grace and Gravestock, 2009). Public Health England (2021) evidence suggests people who are socially excluded, underuse H&Cs, resulting in missed opportunities for preventive interventions and exacerbate existing Health and Care inequalities. Dahlen *et al*. (2021) demontsrates lack of gender inclusive language can be interpreted as dehumanising, expressing language as one of the multiple barriers, affecting both individual and services. Thus, society needs to remedy the influence language has upon creating rights to Health and Care equality, rectifying historical needs and neglect (Dahlen *et al*., 2021). Several studies (Gibson and Haynes, 2009; Furber and Thompson, 2010; National LGBTI Health Alliance, 2013; Fredriksen-Goldsen *et al*., 2014; Krishen, 2022) agree, language application to describe people by others, has enormous power influence on wellbeing, and a subject’s chosen engagement with H&Cs (Lennon, 2021). Thus, language can create disempowering attitudes, stigma and marginalisation idiosyncrasies, reinforcing social bias (Prilleltensky, 2008). Reaffirming gender inclusive language application, has the agency to be a powerful promotion of gender equality enabling eradication of gender bias, without casting one group as “normal” and outside that group as ‘other’ or ‘abnormal’ (Bayley *et al*, 2013; FitzGerald and Hurst, 2017).

Health and Care research reveals language is culturally sensitive and inclusive of ethnicity, race, and gender (West *et al*., 2015). There is a need to address the power constructs within the Health and Cares complex hierarchical networks and application of medical models, which place implicit assumptions and ignore an individual’s diverse and unique context, showing a lack of knowledge (Richardson, 2015). This produces an environment philosophy of prejudice, if uncontested (McIntyre *et al*., 2011). Bradlow *et al.* (2017) study demonstrated this: 53% of participants did not feel that they were provided with a safe environment to communicate inclusively with a person of authority within Health and Care. Further 45% of Lesbian, Gay, Bi-sexual individuals and 64% of transgender individuals, identified lack of knowledge of LGBTQ+ inclusive gender language (Bradlow *et al.*, 2017). Connecting this to the United Nations (2015) 17 Sustainable Development Goals (SDGs), aimed at improving health, education and reducing inequality. Through personal understanding that scaffolding Health and Care professional standards and a code of ethics, legislation and policy: Equality Act (2010), Health and Care Professional Council (Richardson, 2015), Well Being of Future Generations( Wales) Act (2015) (Welsh Government, 2015) and Section 45 of the Wales Act (2017) (Welsh Government, 2017). Intersectionality was noted between legislation and seven of the SDG’s, aligned to individuals within LGBTQ+ community (Stonewall, 2016; Megathlin, 2017). Policy and legislation do not strictly mandate actions or promote dignity, respect and equality (DoH, 2008). This equates a negative impact on the bigger picture (Florain, 2007). However, not precluding H&Cs cannot strive for inclusive progressive gender language beyond what is mandated (Winter and O’Raw, 2010). The ONS (2021) agree, gender language is becoming more mainstream in the UK. Conversely, there is a recognised quality data gap, showing the influence of language application on public services (ONS, 2021), which H&Cs sits within (PHE, 2021).

To shape and develop questions and frameworks for the construction of research questions (Cohen *et al*., 2017). Kumar (2018), notes that there are four Ps to consider:

* *People*: LGBTQ+ community
* *Problem*: how the application of inclusive gender language impacts on the lives of LGBTQ+
* *Phenomena*: impacts of the application of gender inclusive language engagement with H&Cs.
* *Programmes* : secondary data that demonstrates gender inclusive language application.

Aligning to the pragmatic paradigm, structures noted by Kumar (2018) and Thomas (2017) and closer inspection of personal reflections, with professional understanding, the evidence provided by National LGBTI Health Alliance (2013), Marmott (2020), Berner *et al*. (2021), Dahlen *et al*. (2021) and the literature review above, recognises gender inclusive language covers wide categories (West *et al*., 2015). Gender inclusive language is noted globally to affect Health and Care opportunities (Lennon, 2021). The research project objective will be to narrow the scope to the ’gender’ element of inclusive language, thus, addressing the application of gender inclusive language across H&Cs in the UK.

**Research Methodology**

Saunders *et al*. (2019) states a consistent set of ontological, epistemology and axiology assumptions, establishing credible philosophical underpinning, delivers coherent research, through the scaffolding alignment of valid methodology, data collection and analysis (William, 2010). However, philosophical assumptions stand across a multidimensional continuum of objective and subjective extremes, eliciting to value free or value bound data (Niglas, 2010). Saunders *et al*. (2018), provides a visual approach to mapping coherency through a *Research Onion*, identifying inter-relationships which shapes research methodology. Where the aim focuses on engaging the underlying subsections, surrounding data collection, research paradigm, approach to development of theory, choice of methodology, strategy and time horizon (Saunders *et al*., 2018).

All paradigms intrinsically contain different epistemological and ontological views. Brundrett and Rhodes (2013) argue paradigm choice creates layers of complexity, affecting the views of reality and knowledge, which reflect through the methodology (Guba and Lincoln, 1994). Indicating ‘how’ a researcher’s convergence of

personal information understanding, into data (Brundrett and Rhodes, 2013). Within H&Cs the utilisation of a pragmatic paradigm, enables truth to be proclaimed through applied efforts in pursuit of meanings and interpretations (Pring, 2004; Koshy *et al*., 2010). Directly enriching practice settings through solutions that are practically useful to address a problem (Cresswell, 2013). Paradigm wars have indicated that whilst there is unresolvable conflict and dissonance in coherency of methodologies the emergence, of a mix method approach of both qualitative and quantitative data is provided through a pragmatic paradigm (Gage, 1989; Guba and Lincoln, 2005), creating a robust approach; fit for purpose (Brundrett and Rhodes, 2013), as researchers adopted both subjective and objective lenses (Niglas, 2010). The ONS (2021) states there is a gap of quality data on gender inclusivity and language.

The project method choice aligned with previous quality studies (Makoelle, 2020; Bodicoat *et al*., 2021; Rioux *et al*., 2021) and did not simply align to my pragmatic philosophical approach, but to the professional context I worked within, and the findings will be fit for purpose (Brundrett and Rhodes, 2013). Furthermore, due the timescale of the project and the complexities of gaining ethical approval, this led to the option of an archival study (NHS Health Research Authority, 2022).

Limitations of all methodologies and research come from the ever changing political and social shifts within a researcher’s context, philosophical assumptions, which can also shift and affect the research and methodologies produced (Cresswell, 2013).

Different research methods enabled me to shift with the changing context (Gutek, 2004), utilising triangulation of professional and archival study: mixed methodological approaches; both qualitative and quantitative secondary data experience (Richardson, 2015; Quality Health, 2018). Aligning to pragmatic paradigms (Thomas, 2017), enabled me to remain alert to the inescapable reflexivity relationship between researcher and participant (Gray, 2018).

Ethical codes, beneficence, justice, autonomy and non-maleficence (BERA, 2018), evidenced based practice, morality and integrity, govern Health and Care professionals (England and McNulty, 2020). Using secondary data, ethical considerations; primarily, the project must not purposely set out to cause harm (Varkey, 2021) making sure there was no identifying information (Tripathy, 2012). This project used freely available data from the internet, books or public forum. As an informed researcher, I agreed with Gray (2018) that institutional review boards make the provision for research project consent, to be used for secondary analysis. As a researcher I critically validated and assessed the quality, integrity, authenticity and credibility of the information (Simons, 1995; Bent *et al*., 2012) provided. I was the ultimate arbiter of the correct moral decision based on ethical principles (Holloway, 2016). Thus, creating a strong, clear ethical framework providing a protective function (Cousin 2009).

**Data collection**

Interviews were not considered, due to timescale, possible bias and power that could be perceived to have been exerted on participants (Frey, 2018). BERA (2018) states that approaches are to be absolved or minimised and whilst case studies were growing in the NHS (NHS Health Research Authority, 2022). Due to the sensitive nature of this project, current GDPR policies and the high and diverse NHS ethical policies, which needed to be taken into consideration, made getting contact with any participants extremely difficult to achieve in the timeframe (NHS Health Research Authority, 2022).

The data collection scope decreased to the UK only, reducing variation inconsistencies that were used in Health and Care and global dialects (Dahlen, 2021; Arthur *et al,* 2021). The date scope was between 2010-2022, due to the Equality Act (Gov, 1998), stipulating service users were not to be discriminate against on the foundation of nine protected characteristics: marriage/civil partnership, gender, sexual orientation , disability, religion, pregnancy/maternity, gender reassignment, race and age. The government also announced they would further fund and support LGBTQ+ rights (Gov, 2022). During a six-week period, searches utilising books, journals and online platforms; Medline, Google scholar, NHS and global health databases was conducted, identifying as many relevant articles, studies as possible. The data was organised against a checklist (Bryham and Bell, 2015) to confirm validity (Bent *et al*., 2012). Explicitly throughout the research the inclusion and exclusion criteria was applied (UKCEN clinical ethics network, 2021):

*Inclusion criteria*

Secondary data: news articles, radio broadcasts, primary quantitative, qualitative and mixed method studies, on any of the following: gender inclusive language/ language, H&Cs based in UK, the relationship or bias language caused, the influence language has on health or care settings, agreed inclusive language in H&Cs providing a wider perspective (Cohen *et al.,* 2007)

*Exclusion criteria*

Studies that include minority participants but did not disaggregate their findings or did not align to the Data Protection Act 2018 (Gov, 2018).Abstracts from dissertations, conference papers and those that did not state consent was acquired.

**Theoretical framework**

*Define language application*

The United Nations (2017) defines language as a key position in shaping social and cultural attitudes, thus, it is a powerful way to promote gender equality enabling the eradication of gender bias. The application of language can, be applied to any type of communication; written, oral, formal, informal, addressment of an interior or exterior audience and through the use of body or environmental situations (UN, 2017). Furthermore, application of gender inclusive language in English, demonstrates differences between sex as a biological characteristic and grammatical gender; grammatical gender is a social concept (referring to roles, activities, characteristics and behaviours that society reflects suitable for men or women) (Macuzza *et al*., 2020).

*Theory of discourse*

Foucault (1972) raises the theory of discourse within institutional organisations, such as H&Cs, discussing how techniques and practices are formed though demonstrations of objects, concepts, language and strategies. The power of rules, hierarchy and historical experience limit the application of language and knowledge (Foucault, 1995). Furthermore, language application is not defined to text and linguistics, but to environment and systems of behaviours and culture which language creates (Richardson, 2015; Khan and MacEachen, 2021). Theory of discourse states language is not confined to the significance of internal structures, but also to external conditions; expression through which regulations control a way of speaking (Arribas-Ayllon and Walkerdine, 2017). Thus, the theory of discourse questions whether application and language has the effect of the production and determination of social control and identity (King, 2004). Through application of language in institutions, truths promoting attitudes and beliefs are reinforced and become taken for granted, creating power and oppression (Foucault, 1972; Herron, 2021).

Gender theory

Language creates a sense of power, promoting one group of individuals as normal and anyone outside that group as ‘other’ or ‘abnormal’ (Bayley *et al*, 2013; FitzGerald and Hurst, 2017) linking to gender theory where dominance of power aligns to heteronormativity of language (Wiegman, 2006). Heteronormativity holds value in what is perceived as *normal* in social, cultural and political arenas (Warner, 1991), affecting how the underrepresented gender voices are limited to be characterised in social discourse (Lennon, 2021). In this circumstance, discourse illustrates human agents interpreting and acting upon reality through their approach to language practices (Healy, 2014), addressing how dominant ideas of gender, sex and sexuality are prolonged, through acclimatised concepts of self and identity and dichotomous thinking (Brown, 2009). Thus, it asks for the conversational practice of conscious awaking and critical thinking to address and raise a way of refiguring knowledge and reconstructing new knowledge (Thompson and Gitlin, 2005). Acting to address human agency and mobility to interpret and act upon reality, converting this to practice (Healy, 2014), aligning to my pragmatic paradigm where experience constructs, aid practice (Thompson, 2017).

*Social mobility and language theory*

Giroux theory of language and social mobility addresses language as one of the most important elements at work in the construction of experience and subjectivity (Giroux and McLaren, 1992). Language is positioned within an ongoing continuum, presenting the struggle of inclusion and exclusion issues, to maintain an equilibrium (Bradlow *et al.,* 2017). Therefore history, power and identity related to language holds meaning and interpretation, that inextricably consumes language application to be inseparable from lived experience and from creating distinctive and marginalised voices (Giroux and McLaren, 1989). Thus, language application has a potential in H&Cs to inhibit the legitimatisation of particular ways of life (Giroux and McLaren, 1989; FitzGerald and Hurst, 2017).

Language is intimately related to power, enabling refinement of definition of individual relationships to society, each other and the position in which they stand within the community (Mullaly and West, 2017). Giroux theory of language states one should not just focus on the importance of difference and complexity but address how collaboratively we provide the right provisions to cross boundaries (Giroux, 1992). Enabling the critical awaking of language to be used and recognised as an expressive and formative force (McLaren, 2020). There is arguably a connection between language and power and this impact needs to be recognised and made known (Giroux, 2002). However, Likis (2021) argues language offers the potential to create opportunity to read the world differently. Giroux (2018) agrees this can be achieved through creating a resistance to the abuse of power and privilege, instead of alternative inclusive democratic language, with a commitment to social justice, equity, and voice, developing a safe interconnective community that challenges barriers together (Gibson and Haynes, 2009). Through the utilisation and evolution of social constructivism, which shares the responsibilities, motivating empowerment and enabling the application of a new language reduces the limitation placed upon individuals, through barriers of learning and social participation within communities, social mobility and greater awareness in H&Cs (Giroux, 2004; Grace and Gravestock, 2009).

*Social-cultural theory*

Addressing the barriers and participation with communities, a social-cultural theory by Vygotsky becomes important, as the application of language is arguably determined by societies interpretivism of language (Richardson, 2015). Which is an influence on individual human experience and professional development, determining language and attitudes (Al-Shammari *et al*., 2019). This project aims to lead to the potential development for challenge and enhance theoretical concepts of social constructivism and cognitivism, to construct (Jarvis, 2010) new realities through the interaction of gender inclusive language (Scotland, 2012). Vygotsky raises the concepts of inner speech and the interpretation of symbols and recognition of individual integrated beliefs and values, which can become the culture in which people mimic and apply a learnt behaviour and language to a new environment (Bayley *et al.,* 2010). Thus, language is pivotal in shaping cultural and social attitudes and the bias that can affect the inclusive nature of an environment and the people within it (Watson, 1995) . Therefore, the discussion of the application of gender inclusive language in H&Cs will enable the promotion of further discussions, constructive feedback, and collaboration with others enabling cognitive growth (Scager *et al.*, 2016). The pragmatist approach to my project and Vygotsky theory, defines language and knowledge is constructed through collaboration and active agency linking to Giroux (Vygotsky, 1978; Bayley *et al.*, 2013). Whilst, further heightening the application of gender inclusive language can bring conflict between the voices of collectives versus individuals (Razfar, 2013). Such applications can be shared through various uses of language causing tension between individual thought and feelings contrasting with collective solidarity and ethos (Razfar, 2013).

*Project theoretical framework*

Throughout the multiple theories, language application is not a standalone subject. Using the theories above, I created my own Venn diagram to illustrate my project’s theoretical framework (Figure 1). This framework highlights that language application is not, simply defined through text and linguistics, but to the environment, visual aids and systems of behaviour and culture that language creates (Khan and MacEachen, 2021). Furthermore, language application, is a representation of a pragmatic paradigm, with lived experience (Thompson, 2017).

However, concerns raised by gender theory, highlight that language participation can be limited, due to power and agency (Bayley *et al.*, 2013). The framework highlights that to meet the objective of the project, language application is more than text and linguistics, therefore as a researcher I would look further at how application can offer a sense of collaborative and cultural learning. Whilst considering how language and social cultural use of symbols in H&Cs can impact and inhibit the legitimatisation of particular ways of life (Giroux, 1989), through environments and system of behaviours (Khan and MacEachen, 2021).

Gender inclusive language application has an active role in H&Cs. The central aspect of my theoretical framework shows that the inclusion and language evolvement is a constant part of society, requiring a multiple integration of collaborative and critical approaches, which need to be established across four main areas: agency, experiences, perception and interpretation, and power. These are areas that I will look at within the project.

 Figure 1. Authors own, (2022). Theoretical framework, Venn Diagram

**Data analysis**

Pragmatic philosophical assumptions were applied to this research. This project used inductive thematic analysis on the secondary data collected (Saunders, 2009). The data analysis applied a new perspective, not composing new themes but highlighting existing themes that where already identified in the original data (Mauthner *et al*., 1998). A PRISMA framework (Figure 2) enabled focus and regulation of secondary data, organised against a checklist for validity, fitting against the criteria noted, condensing the data (Page *et al*., 2021). Noting patterns and themes to aligned with step one of Braun and Clarkes framework (Bryham and Bell, 2015). Braun and Clarke’s (2006) *six step framework* (Figure 3) was utilised. This is arguably the most influential approach, in social sciences, because unlike content analysis, which is informed through and contingent on numerical quantities and frequencies and overlooked vital situational context (Guest *et al.*, 2012). Thematic analysis offered a clear and usable framework (Gray, 2018) which looked at values, framing data as interpreted and connected meaningful patterns of significance (Guest *et al.*, 2012; Kiger and Varpio, 2020).

Diagram

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*Figure 2: PRISMA flow diagram adapted from Page et al.(2021).*

Figure 3. Authors own. (2022), Adaptation of Braun and Clarkes (2006) Framework (p.82)

Data was then re-analysed into thematic areas (Fielding, 2004). Whilst elements of discourse analysis will be present (Foucault’s, 1972), the objective of the project, was to address language, gender and societal norms (Gray, 2018), which appeared in social-cultural theory (*Watson, 1995)*. However, data thematic analysis, enabled me to address through application of alternative lenses and the areas raised through the theoretical framework (Braun and Clarke, 2018) to align to my pragmatic paradigm of community, experience and theory to action practice (Dewey, 1916): representing language application, lived experience, power, agency, perception, limitations. Which lead to following sub questions:

* Why is gender inclusive language important?
* What is the benefit gender inclusive language to H&Cs?

The analysis aimed to establish if there was a synthesis of themes throughout the scope of data, which addressed content that aligned to the research objective question (Dyer and *Das Nair* 2012): The application of gender inclusive language across H&Cs in the UK.

**Findings**

The objective aim of the research is to address the application of gender inclusive language in H&Cs within the UK only. Using secondary data and thematic analysis to also address the sub questions:

* Why is gender inclusive language important?
* What is the benefit of gender inclusive language to H&Cs?

Using Braun and Clarkes (2006) framework (Figure 3). I collated the findings into 45 themes (Figure 4) and placed a count for the prevalence of the themes within the studies. The project findings aim to identify fields for potential development, challenging and enhancing theoretical concepts (Jarvis, 2010), which would create a new reality through the interaction of gender inclusive language (Scotland, 2012), aiding LGBTQ+ and H&Cs:

Table

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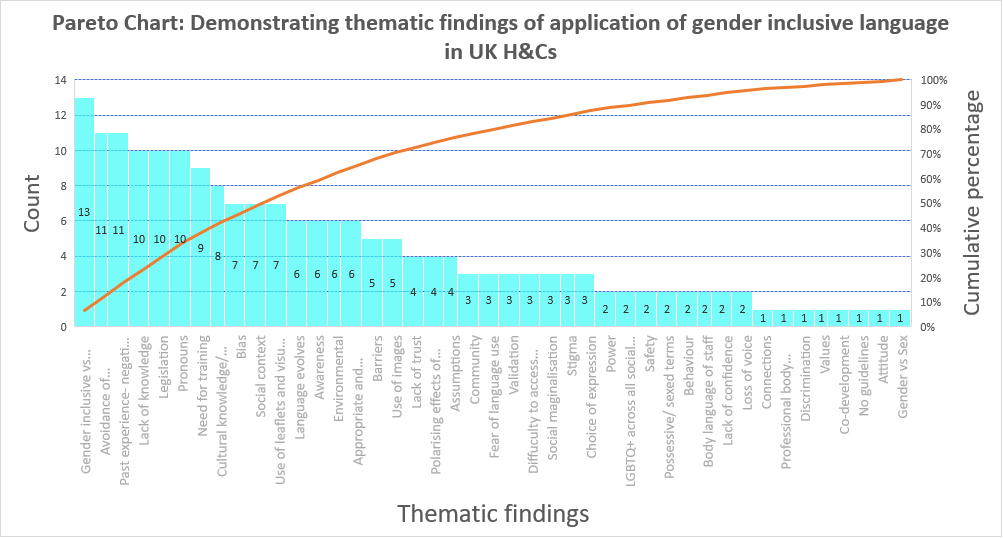
*Figure 4 (part 1). Authors own. (2022), Table of prevalence of coded thematic findings*

Table

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*Figure 4 (part 2). Authors own. (2022), Table of prevalence of coded thematic findings*

The 45 themes were placed into a sunburst chart, which demonstrated the visual dataset hierarchical prevalence (Appendix 2). However, in my professional experience in H&Cs due to the extensive thematic categories, a Pareto Chart (Figure 5) analysis was applied to address which themes accounted for the majority of the reasons (Lockman *et al.*, 2018) and which themes impacted upon the lives and access to H&Cs though gender inclusive language application, which for future projects would require closer inspection (Lloyd, 2019). I applied the 80/20 Pareto rule, which shows researchers that 80% of issues are related to 20% of the themes raised, known as ‘*the vital few’*. Powell and Sammut-Bonnici (2014), include a caveat, on the application of 80/20 ratio stating it is not to be taken literally, due to the indicative nature that the majority of results are often derived from a minority ofinputs. This 80/20 rule enables deduction and categorisation of thematic analysis to align with the theoretical framework (Provost and Murray, 2011).



Vital Few

*Figure 5. Authors own.(2022), Parato chart : Demonstrating the thematic finding across the research analysis and showing the vital few.*

The sunburst chart (Figure 6) demonstrated the ‘*vital few’* and the theoretical framework elements they sit within. This was conjoined with the thematic analysis mapping table (Figure 7). Which demonstrated the links between secondary data and the theoretical framework, in keeping with Braun and Clarke’s (2006) stages of thematic analysis, familiarisation leads to an exploratory approach and content-driven understandings (Guest *et al.,* 2012).

Chart, sunburst chart

Description automatically generated

*Figure 6. Authors own, Sunburst chart demonstrating the vital few themes, that align to the theorectical framework catergories.*



*Figure 7. Authors own (2022),* Thematic analysis mapping table

The thematic mapping table and the ‘*vital few’* Pareto chart thematic categories demonstrate the application of gender inclusive language (Provost and Murray, 2011), evolves over time (Dyer and DasNair, 2012; BMA, 2016; Chartered Insurance Institute, 2018; Vincent, 2019; Green and Riddington, 2020; Kingsfund, 2021). The agency, power, experience (Brewis, 2014; Chartered Insurance Institute, 2018; Vincent, 2019; McCann and Brown, 2018; Kingsfund, 2020; RCN, 2020; Lennon, 2021; Brown *et al*., 2021; Berner *et al*., 2021; GenderGP, 2021a, GenderGP, 2021b; Gkiouleka *et al*., 2022) and perception that gender inclusive language provides varies across three sub-levels structural: personal and organisational, which is limiting without collaboration (Dyer and DasNair,2012). However, the key finding across the theoretical categories and three sub-levels, indicates that for gender inclusive language to align to legislative practice, ensuring there is equality for all LGBTQ+, at the organisational level, there is a decision to move towards gender additive language in order to improve (BMA, 2016; Bolderson and Ralph, 2016; Chartered Insurance Institute, 2018; Green and Riddington, 2020; Taylor and Gibbons, 2021; Jennings *et al.,* 2022, Morgan, 2022, Brown *et al*., 2021).

Thematic finding and linked theoretical framework category:

Theory of discourse

Gender theory

Social mobility and language theory

Social cultural theory

**Conclusion**

The literature review and secondary data collated, highlights, extensive legislation supports clear rights and protection for all genders, sexual preferences and people, however, there remain noted challenges across H&Cs (Green and Riddington, 2020). Aligning to social mobility and language theory (Giroux, 1992), the significant voids in the development of LGBTQ+ cultural competence and health issues, creating a lack of knowledge, and arguably a lack of educational and training opportunities in language application (McCann and Brown, 2018). As H&Cs appear to be focusing more on difference than how collaboration provides the right provisions to cross boundaries (Giroux, 1992). In response to the earlier literature review, the findings of this research indicate that addressing training opportunities would aid the reflection of beliefs and attitudes, exploring methods to diminish stigma which are unknowingly shared through gender language application becoming truths and aligning to social discourse and power (RCN 2020).

Therefore, whilst legislative policies are produced, the law does not firmly require actions promoting dignity, respect and equality, but this does not preclude H&Cs aiming for language application beyond what law mandates (DoH, 2008). UK H&Cs, need to work in partnership with a range of people within the community and across the three sublevels noted, to gain agency and social mobility (Grace and Gravestock, 2009; Dyer and DasNair, 2012; Morgan, 2022), with professional body input to address gender language application now and in the future (Taylor and Gibbons, 2021). This enables environments to be more accessible for all, through H&Cs staffing application of linguistics, visually; with less heteronormative images and healthcare information that explains the importance of H&Cs without processionary terms (Bolderson and Ralph, 2016; Vincent, 2019; Brown *et al*., 2021; Berner *et al.,* 2021; Jennings *et al.,* 2022).

The impact and benefits of the application of gender inclusive language engagement with H&Cs have shown throughout this research that there is a conflict in the application of societal communication at different levels (Dyer and DasNair, 2012; Rapp and Corral-Granados, 2021), which creates social control and identity (King, 2004) and individual relationships to society, each other and the position in which they stand within the community (Mullaly and West, 2017). However, this project has demonstrated language application and in particular gender inclusive language application is more than pure societal communication. Instead, gender inclusive language application is any type of communication: written, oral, formal, informal, the use of body or environmental situations (UN, 2017). Furthermore, UK application of gender inclusive language also demonstrates that there is a difference between sex as a biological characteristic and grammatical gender and an argument placed by Macuzza *et al*. (2020) which reviews the behaviours and attributes that society considers appropriate for gender.

This project has established that gender is only one facet of who an individual is (Bolderson and Ralph, 2016) and argues that LGBTQ+ members have the agency and voice to create an environment that challenges the current barriers (Kingsfund, 2020; RCN, 2020; Lennon, 2021; Berner *et al*., 2021). Aligning with social cultural theory (Bayley *et al.,* 2010) by placing a new emphasis within H&Cs on a safe interactive community that would create a more additive approach, thus creating more equity (Dyer and DasNair,2012; Brewis, 2014; Brooks  *et al*., 2018; Stonewall, 2018; Taylor *et al*., 2019; Green and Riddington, 2020; Kingsfund, 2021; Brown  *et al*., 2021; Berner  *et al.,* 2021).

At first this project looked at the application of gender inclusive language, considering the arguments placed across the initial literature review, where individuals and communities feel marginalised to a point of dehumanising of their existence (Dahlen *et al*., 2021). The secondary data supported and aligned with my theoretical framework that the lack of language removed supportive structures, leaving a perception of bias and lack of awareness and knowledge within H&Cs (MEDSOC, 2018; Taylor *et al*., 2019; Brown *et al*., 2021, Berner *et al.,* 2021). This leads to gender theory and a negative impact, enhancing heteronormative and patriarchal morphological structures, where there is societal assignment of ‘other’ and erasing of ‘other’ identities (Stonewall, 2018; GMSA, 2021). However, the thematic analysis shows that language, sexuality and inclusion are constantly evolving (BMA, 2016; Lane, 2019; Lennon, 2022) linking to the central aspect of the theoretical framework. For the benefit of H&Cs, language application should not be gender inclusive as first thought but should be gender additive (Morgan, 2022).

Gender additive application is the combinational use of languages; inclusive, neutral and societal norm, but it allows every individual to feel part of an inclusive, equitable environment, through providing a choice: recognising there is not a set model of language application that fits all (Brooks *et al*., 2018). My project demonstrates through the application of gender inclusive language, the inclusivity and equity will always leave some individuals marginalised (Bolderson and Ralph, 2016).Thus, as gender is only one aspect of an individual, true awareness, change in behaviours and social culture across the three sublevels of structural, personal and organisational (Dyer and DasNair, 2012). Will only occur through a pragmatic approach of community collaboration, aligning with the theoretical framework that language executes: One should not just focus on the importance of difference and complexity but address how collaboratively as an expressive and formative force we provide the right provisions (Giroux, 1992; McLaren, 2020), across the sublevels, cultural and social boundaries to create awareness, conscious awaking and critical thinking, acting to address human agency and mobility to interpret and act upon the use of language, knowledge, use of supportive posters, leaflets or symbols (Brooks *et al.*, 2018). This will not only remove assumptions on gender identity built upon appearances (Floyd *et al*., 2020), but build on the current reality within organisations, addressing methods of refiguring and reconstructing new knowledge (Thompson and Gitlin, 2005). Enabling the power of voice and agency to change practice (Healy, 2014). Aligning to my pragmatic paradigm where experience constructs aid practice (Thompson, 2017).

A reoccurring theme which is the central aspect of the theoretical framework is the necessity of language evolution (Morgan, 2022). Does language evolvement raise agency within minority communities’ voices to be heard? Is it a way to gain power? or is it simply about learning to change hierarchical traditional systems (Gkiouleka *et al*., 2022)? This research shows gender additive language application evolves providing every individual with language expansion to choose or reject (Green and Riddington, 2020). Thus, creating enhancing structures for learning within health, society and education, where language choices enable experience to aid practice (Jarvis, 2010). Tell a story and guide pragmatically how society, health and education link together to increase knowledge and awareness (Marmott, 2020), enhance cultural and societal beliefs to connections and societal context without ignoring the [LGBT](https://www.independent.co.uk/topic/lgbt)Q+ community experience (Taylor *et al*., 2019; Vincent, 2019; Khan and MacEachen, 2021; Jennings *et al.,* 2022). It has been proven that because of the lack of gender inclusive language in H&Cs, engagement with H&Cs is problematic, resulting in disproportionately poor outcomes (Marmott, 2020; RCSLT, 2021.) Therefore, choice of language application benefits H&Cs staff and environments, creating new knowledge and awareness, which arguably is educational, aids better outcomes, engagement for staff and LGBTQ+ communities (Morgan, 2022).

Brown *et al.* (2021), states a simple anagram for gender language application:

***L****isten and learn*

***G****ive support*

***B****e mindful of own bias and prejudice*

***T****reat as you would wish to be treated*

***Q****uality care at all times (p.54)*

To the above I add:

‘**+** gender additive language’

My project indicates that due to the findings and the discussions noted in the literature review and theoretical framework, gender additive not gender inclusive language application should be applied by H&Cs in the UK. Inclusivity has been shown to lead to negatively impact and create societal assignment of ‘other’ (Stonewall, 2018; GMSA, 2021). This project aimed at leading to potential development for challenge and enhance theoretical concepts of social constructivism and cognitivism to construct (Jarvis, 2010). Therefore, a future project of gender language additive application, could look to address the enablement of benefits and positive impact for all individuals and communities, providing collaboration, a positive environment , a choice, agency and evolvement – leading to new knowledge and a voice for all (Green and Riddington, 2020).

**Limitations and recommendations**

It was difficult to find studies that were based within the UK alone, which aligned to the inclusion and exclusion criteria of the project scope, due to the hidden disposition of genders in the UK and LGBTQ+ population. I found finding studies directly identifying the application of gender inclusive or additive language and its impact on LGBTQ+ communities and H&Cs exceedingly difficult, thus I needed to widen the scope of the term ‘application.’ Thus affected the key words to aid my archival study, which were more than originally expected. Future studies should consider addressing quality gaps in the existing research evidence-base in H&Cs (ONS, 2020).

In light of the ever-changing attitudes towards sex, language, gender, political and social shifts, my context and philosophical assumptions as a researcher were put to the test (Cresswell, 2013). Secondary data, posed limitations, because of the timescale of the data, this resulted in no research follow up.

The secondary resources were also difficult to access as the University and NHS logins did not give access to a selection of more in depth and subject specific journal articles and studies. The data is subjective regarding ‘how’ the original researcher and myself converges personal understanding of information (Brundrett and Rhodes, 2013). Therefore, whilst data gathering and analysis was framed within the constraints of time and scale of the project, it can only remain alert to the inescapable reflexivity relationship between the previous researchers and participant (Gray, 2018). This project offers a small insight to explain how application of UK gender inclusive language in H&Cs, can create a large awareness of how the application of language is not purely defined to text and linguistics, but to environment and systems of behaviours and culture which language creates (Richardson, 2015; Khan and MacEachen, 2021).

Further enquiry needs to address the Pareto ‘vital few’ themes, within H&Cs: gender additive language, past experience, avoidance of heteronormative language , lack of knowledge; training, legislation, pronoun application, cultural knowledge/ belief, bias, social context, use of leaflets and visual items, awareness, environmental, appropriate and applicable Health information . Looking at this across the three sub levels; structural, personal and organisational (Dyer and DasNair, 2012), whilst remembering that language, sexuality and inclusion exist on a fluid and dynamic continuum (Sedgwick,1990; Richardson, 2012). Therefore, continuous collaboration with all service users not just LGBTQ+, will enable evaluation and critical reflection offering a deeper contextual understanding and opportunity for a gender additive application that suits all, that could be sustainable.

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**Appendix 1**

The term LGBTQ+ is an acronym for the LGBTQ+ community, whilst they are often talked about as one group, there are important differences (Stonewall, 2017)

Lesbian  
Gay  
Bisexual  
Transgender  
Transsexual  
Two-Spirit  
Queer  
Questioning

+ Intersex  
+ Asexual  
+ Ally + Pansexual  
+ Agender  
+ Gender Queer  
+ Bigender  
+ Gender Variant  
+ Pangender

Appendix 2

Chart, sunburst chart

Description automatically generated

FINAL GRADE 82/100

GRADEMARK REPORT GENERAL

COMMENTS Instructor Keely, Thank you for submitting an original and interesting research project dissertation. This assignment required you to apply your critically argued and coherent proposal to complete your Master’s level dissertation. It also required you to critically analyse and evaluate research methodologies and methods in an education context to answer your research question or enquiry. You needed to identify, select and critically evaluate data collected from primary and secondary sources. You also needed to critically analyse and evaluate the strengths and limitations of the research carried out by both yourself and others. You were required to articulate the above in an extended piece of writing, with a clear structure, demonstrating appropriate Master’s level stylistic competence and the use of accurate sources, citations and referencing. How you met the criteria Outstanding application of your critically argued and coherent proposal to complete a Master’s level dissertation. Outstanding systematic understanding of research questions, key words and references selected, supported by an excellent range of research. Excellent critical analysis and evaluation of research methodologies and methods in an education context to answer a research question or enquiry. Excellent identification, selection and critical evaluation of the data collected from primary and secondary sources. Excellent critical analysis and evaluation of the strengths and limitations of the research carried out by both yourself and others. An outstanding extended piece of writing, with a clear structure, demonstrating appropriate Master’s level stylistic competence and the use of accurate sources, citations and referencing. Excellent critical evaluation, creativity and original application of knowledge. Outstanding evidence of autonomy in planning and organisation of work. Outstanding communication of ideas. How you could have better met the criteria Keely, this was a super piece of work, comprehensively researched and well-articulated. My only piece of advice in terms of meeting the criteria better than you already have would be to extend and build a model for practice - you did this to some degree in your conclusion, but it would have been good to see more made of this, with links back to your theoretical framework. Well done on completing a superb final dissertation for your Masters. I wish you all the best for your future study and career. Second Markers Comments: I agree with the comments and mark awarded from the first marker. This is an extensive research study in which you have applied a substantial amount of organisation and underpinning to develop a relevant and interesting study which meets the learning outcomes to a high standard. You explained your philosophical assumptions, provided an in-depth analysis of your data in concise summaries, although there are elements of this which could be expanded upon to provide a deeper understanding of the processes and make additional links. You identified gaps in the research and this was supported in your findings and results, and you clearly outlined your intentions whilst illustrating the main points with effective visuals and charts. Well done for creating this interesting, substantial and relevant study - good luck for the future Keely.