Exploring paths to social justice through healthcare leadership

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As we continue to navigate the tortuous paths of diversity and inclusion in healthcare, the need for good healthcare leaders, leadership education, research and scholarship is now more evident as the pivotal driver for social justice in our health systems. Increasingly, we are witnessing the need for more accountability from healthcare providers across the continuum of care in the global context. The depiction of social justice responsive healthcare leadership is shifting from the top-down authoritative leader in siloed practices to a participatory and more distributive form of leadership. The latter embraces the contributions of diverse actors in our healthcare teams, systems and communities. These actors include the medical, nursing and other healthcare professionals, but they also draw our attention to various health systems in the globe's northern and southern hemispheres.

Over the years, much emphasis has been laid on healthcare systems, healthcare leadership and education in Western industrialised countries, much to the detriment of developing low-income and middle-income countries. As a result, many non-Western healthcare systems have experienced systematic exclusion from current innovation and (technological) advancement in healthcare delivery. Even within many Western countries, there is disproportionate access to healthcare benefits based on geographical, socioeconomic, ethnic and political orientations. The COVID-19 pandemic made this painfully clear, with race-based biases leading to high cases of morbidity and mortality in specific groups of patients and healthcare workers in the UK,[1] the USA,[2 3] Canada[1 4 5] and COVID-19-specific morbidity and mortality.[6]

These contributions within this topic collection on leadership and social justice highlight the scarcity of healthcare leadership knowledge and the need for leadership that promotes social justice in the health systems. Singh, Cribb and Owens highlight this in their commentary, arguing that medicine's failure to see health through a 'social lens' perpetuates poor health outcomes and hamstrings the profession itself. They argue that robust epidemiological evidence shows that the social conditions in which people live and work determine (their) illness and disease.[7]

Warmington and Kline take us on a different journey that offers a glimpse of how systematic mechanisms of inequality have been embedded into the very laws that are meant to treat and protect everybody fairly and equally.[8]

They describe how these laws contribute to the unequal representation of ethnic minorities in leadership positions. They also describe the unintended consequence or belief that change is unnecessary because ethnic minorities have adapted so well, reaffirming that there is no reason to change the status quo.

In her commentary, Rammina Yassaie shares personal reflections on panel discussions among healthcare leaders during the 2022 Faculty of Medical Leadership and Management International Healthcare Conference. The session's theme was equity, diversity and inclusivity, and there was a clear appreciation for the diversity of voices, space for meaningful introspection and critical dialogue. A summary of the shared personal stories and lessons learnt highlighted the need for trust in organisations, the importance of treating employees well, and how the inherent inequities in organisations define both of these observations. While acknowledging that the road to equity in our health systems is long, the author ended with optimism. We need clear intentions, values and authentic efforts to harness our collective powers to cultivate formidable healthcare leaders and followers for today and for the future.[9]

Finally, Chew *et al* reveal why knowledge and empowerment of medical trainees are essential for transformative change in our health systems.[10] Their research paper demonstrated how simulation can be used as an educational tool for active bystander training in medical students. By teaching medical students to recognise disrespectful behaviour and speak up, the likelihood of intervention increases when such behaviour is witnessed in the future. This finding reminds us of the quote by Nelson Mandela: 'Education is the most powerful weapon that you can use to change the world.'

As the editors of this topic collection on leadership and social justice, our goal is to drive the conversation around this theme and amplify *BMJ leader*'s aspiration of being a more diverse and inclusive journal. Our mandate is to provide direction for this process and help scale up support systems and the shared capital needed to address healthcare inequities collectively. What the various authors have shared in this topic collection embodies the belief that social justice is 'the work of the heart as much as that of the head'. To alleviate global morbidity and mortality, we must address the social determinants of health (and illness or disease) and not just the biological cures and healthy choices. We must also embrace authentic, holistic, inclusive and socially just healthcare approaches that align correctly with the social realities of people's lives. We also need to co-create and give more voice to those we serve and the small 'l' leaders at the forefront of healthcare delivery. As healthcare providers, we all have the individual ability to influence and enact change regardless of role or title. Therefore, we must invest more in those actions (processes) that contribute to developing transformative healthcare professionals or change agents.[11]

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