

Editorial

If we can't see race and ethnicity in research, how will we see racial inequality?



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Worldwide, people are being asked to reflect on how their beliefs and behaviours – subconsciously and subconsciously – contribute to and uphold systemic racism. As clinical researchers, we are trained to identify and reduce bias in our work, think critically and conduct research that positively impacts the health of society. A lack of racial diversity in research would limit the generalisability of results. A lack of reporting about race would inhibit clinicians from judging the applicability of results to individual patients.¹ These issues may compound the well-recognised racial disparities in access to health-care,² all of which may contribute to the racial differences in recovery observed with conditions as diverse as low back pain,³ cardiac arrest,⁴ stroke⁵ and COVID-19.⁶ Reflection on this led to the formulation of questions about the extent to which race and ethnicity are evident in original reports of clinical research studies in *Journal of Physiotherapy*.

In 2020, *Journal of Physiotherapy* published 14 papers that reported data on recruited cohorts of patients in original clinical research studies such as randomised trials, cohort studies and qualitative research.^{7–20} We tabulated these studies and extracted whatever information was reported about the race or ethnicity of the participants. As shown in **Table 1**, most of these studies were conducted in Australia or Brazil; 12 of the 14 studies did not report any information about the race or ethnicity of their study participants. This is concerning, considering that both Australia and Brazil have racially diverse populations, with Indigenous people experiencing significantly worse health outcomes.^{21,22} One study reported only an

indirect indication of race/ethnicity by reporting the participants' country of birth.¹⁹ Although another study did report race, the only categories were 'Caucasian' or 'other'.⁸ Dichotomising between Caucasian and other – a practice known as 'othering' – is counter-productive to racial equality and instead can reinforce racial subordination.²³ Failing to recognise that a multitude of races exists and even denial of racial differences are forms of racial discrimination.²⁴

The findings in **Table 1** may well have been influenced by the *Journal's* online Guide for Authors, which has historically discouraged reporting of race and ethnicity 'unless they are relevant and valid'. We contend that they are relevant. Without data on race or ethnicity in research, the generalisability and applicability of study findings will be limited, appropriate demographic representation (or lack thereof) will remain unknown and what knowledge is being missed will never be realised.

In the development and dissemination of a clinical research study, many stakeholders (including funders, ethics committees, peer reviewers and journal editors) act as checkpoints that a research study must satisfy to progress. These checkpoints could provide the opportunity for stakeholders to remind, if not enforce, investigators to 'make visible' the race or ethnicity of the study population. At a minimum, authors conducting studies in countries with Indigenous people should be expected to report on the proportion of Indigenous people within their study sample. This would signal to readers that academia acknowledges the systemic health inequalities and racism that exist within society, particularly for Indigenous populations.

Table 1
Reporting of race and ethnicity in original reports of clinical research in *Journal of Physiotherapy* in 2020.

First author	Design	Country	Participants	
			Clinical condition	Race/ethnicity
dos Santos ⁷	Trial	Brazil	Pleural fluid collection	Not stated
Duarte ⁸	Trial	Brazil	Pelvic organ prolapse	Caucasian 64%, other 36%
Xavier ⁹	Trial	Brazil	Idiopathic scoliosis	Not stated
Hallegraeff ¹⁰	Cohort	Netherlands	Acute low back pain	Not stated
Moore ¹¹	Qualitative	UK	Knee pain	Not stated
Lewis ¹²	Trial	Australia	Carpal tunnel syndrome	Not stated
Reid ¹³	Trial	Australia	Distal radius fracture	Not stated
de Campos ¹⁴	Trial	Australia	Low back pain	Not stated
de Oliveira ¹⁵	Trial	Brazil	Low back pain	Not stated
Boden ¹⁶	Economic	Australia, New Zealand	Abdominal surgery	Not stated
Ekegren ¹⁷	Qualitative	Australia	Major trauma	Not stated
Blanquero ¹⁸	Trial	Spain	Arm/hand injuries	Not stated
Harrison ¹⁹	Trial	Australia	Gestational diabetes	Country of birth ^a
Ferreira ²⁰	Experiment	Australia	Low back pain	Not stated

^a Australia 12%, India 54%, Asia (not India) 6%, Africa 6%, Oceania (not Australia) 3%.

Authors of systematic reviews could also seek to extract data to characterise the race or ethnicity of the participants in the included studies.

While this editorial does not comprehensively appraise the racial biases present in the physiotherapy literature, it provides a reminder that we can and should do better. Studies that report race or ethnicity will challenge rather than sustain systemic racism. To this end, *Journal of Physiotherapy* is modifying the relevant text in its Guide for Authors to encourage submitting authors to include information about the race and/or ethnicity of their study's participants. Inclusion of such information in manuscripts submitted in the future will improve their prospects for publication.

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