

# Discrimination is the biggest career obstacle for women of color in the NHS—new research

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Credit: AI-generated image ([disclaimer](#))

In March 2023, NHS midwife [Olukemi Akinmeji](#) won an employment tribunal case against the hospital in Kent where, as an employee, she had faced race discrimination and victimization.

That same month, [Michelle Cox](#), a health care manager and senior nurse, won a case against NHS England and NHS Improvement Commissioning in Manchester. She too had faced [racial discrimination](#).

These cases follow the [legal action](#) launched in August 2022 by marketing executive [Melissa Thermidor](#) against the NHS Blood and Transplant service. She provided recordings of conversations between staff members that backed up her claims that she had been subjected to racism.

According to [NHS data from 2021](#), black and minority ethnic women are the most likely of all NHS staff groups to experience [discrimination](#) from patients or colleagues. The harms they experience due to [sexism](#) in the workplace are compounded by their ethnicity.

My doctoral research looks at the obstacles black and minority ethnic women face in the NHS in terms of career development. In the chapter I recently contributed to the [Research Handbook on Leadership in Health care](#) (edited by Naomi Chambers), I show how systemic discrimination is the single biggest impediment to these women being able to advance in their jobs.

## **The barriers to career progression**

There is a notable lack of research on the workplace experiences of black and minority ethnic women leaders in health care. In 2021 I carried out a literature review to address this.

I identified eight barriers or drivers (often two sides of the same coin) to career progression for this group. These are: systemic discrimination; leadership and organizational cultures; recruitment and talent management; policies; training; monitoring and accountability; work-life balance; and support.

Systemic discrimination, the most pervasive impediment, refers to discrimination embedded in institutional policies, practices or processes, as opposed to the actions of individual people.

Research has long shown systemic discrimination at work in the NHS. In 2016, minority ethnic NHS staff were [1.56 times more likely](#) to enter formal disciplinary processes than white staff. More recently, a 2022 report by the Fawcett Society and the Runnymede Trust charities [found](#) that women of color are more likely (27%) to have been described as aggressive compared to white women (17%).

A [study](#), published in April 2023 looked at a large sample (37,971) of people applying for specialist NHS training posts (medical and surgical) between 2021 and 2022. It found that applicants from most of the ethnic minority groups were less successful than their white British counterparts. It pointed to recruitment policies and processes as key factors driving this inequality.

In addition to the racism and sexism often experienced by ethnic minority women more broadly, [black women](#), in particular, also have to contend with anti-blackness.

In 2010, the black feminist scholar Moya Bailey and the writer who goes by the name Trudy coined the term "[misogynoir](#)"—anti-black misogyny—to describe this compounded discrimination. It amounts, as the US legal scholar Kimberlé Crenshaw [put it](#) in a landmark paper in 1989, to a form of erasure—being fundamentally overlooked by society.

[Recent research](#) shows that little has changed. Black women are subject to a wider range of microaggressions in the workplace. They are often the only black woman in any given setting. And they are three times more likely than their peers to think regularly about leaving their jobs.

## How discrimination is compounded

In the UK, this compounded discrimination is further exacerbated by, among other things, being a migrant or having a non-standard British accent. [Accent discrimination](#) can lead to employees receiving poorer pay, having limited access to professional networks, or fewer chances of promotion. Here too, it can see people [more likely](#) to leave their jobs.

This often has a negative impact on an employee's [mental well-being](#) and [physical health](#) too. The long-term physical problems it can lead to include increased [blood pressure](#) and heart rates, higher levels of the primary stress hormone cortisol, and unhealthy behaviors such as drinking alcohol or smoking.

Line managers are uniquely placed to influence an employee's emotional attachment to an organization. [Research](#) shows that their support—including for training and advancement opportunities—can be pivotal in decisions to leave or, conversely to stay in a role or even the organization.

However, research has long noted the lack of diversity in health care leadership. A [2014 report](#) on equality in the NHS workforce found that black and minority ethnic executives were "entirely" absent, and women "disproportionately" absent, from the boards of all key NHS national bodies in 2013.

To remedy this situation, academics and practitioners alike have repeatedly called for better reporting on gender data, broken down by ethnicity, within health care management.

Yet, until the publication of the Workforce Race Equality Standard report in 2022, this appears to not have happened within the NHS. Not having access to such data is a problem. [Research](#) has long shown that

when a health care workforce does not reflect the population it serves, patients' health outcomes worsen as a result.

The fact that black and minority ethnic women are under-represented at leadership levels is, of course, [not unique](#) to the health care sphere. It is also [not exclusively a UK problem](#).

Anyone wanting to improve diversity and inclusion within their workforce must engage with the obstacles that black and ethnic minority women face. Addressing inequality benefits everyone.

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