

Racism, harassment and discrimination take a terrible toll on ethnic minority NHS staff, says researcher

April 4 2024, by Rebecca Rhead



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During the COVID-19 pandemic, a time filled with uncertainty and fear, ethnically minoritised NHS staff have not only had to contend with the

virus but also a workplace fraught with inequalities.

Recent reports highlight concerning—and ongoing—issues for these NHS staff. For example, ethnically minoritised nurses face significant obstacles in securing [promotions or new positions](#), and ethnically minoritised ambulance staff are twice as likely to [suffer discrimination](#). These revelations confirm the persistent racial inequalities within the NHS, underscoring the urgent need for systemic change.

Such challenges harm not only their health and well-being but also the quality of care they provide at work. Moreover, these challenges have implications for their career progression and intentions to remain in the NHS—underfunded and overstretched as it is. Ultimately, the health of the NHS workforce has a big impact on the health of the nation.

As part of a team of researchers, I [conducted a survey](#) during the pandemic to identify inequalities in workplace experiences and to assess the health and well-being of staff. Participants included 4,622 NHS staff from across 18 NHS Trusts in England, between February and October 2021.

Our survey was developed with the Tackling Inequalities and Discrimination Experiences in Health Services [\(Tides\) project](#), a national stakeholder group, as well as NHS peer researchers. It was part of the broader [NHS Check study](#), which aimed to assess NHS staff well-being during the pandemic.

Consistently bleak picture

We found that staff from black, mixed and other ethnically minoritized groups were more likely to face difficulties accessing [personal protective equipment](#) (PPE) than their white British colleagues, and also more likely to experience harassment and discrimination from fellow staff

members during the pandemic.

These findings align with similar studies such as the [UK-Reach study](#) of ethnicity and COVID-19 outcomes in health care workers, and the [NHS's own staff survey](#). All paint a consistently bleak picture of the challenges faced by ethnically minoritised groups within the NHS.

This situation was compounded by a [consistent increase](#) in harassment and discrimination that was identified in the years preceding the pandemic.

It echoes findings from my past research, conducted in [London Trusts](#). This study found that ethnic minority staff were more likely to experience and witness bullying and discrimination. Such experiences were associated with poor health outcomes, low job satisfaction, and increased sick leave.

The toll on NHS staff health from negative workplace experiences is significant. Our latest findings indicate a link between adverse working conditions and poorer levels of physical and mental health. The unavailability of PPE was associated with an approximately twofold increase in depression and anxiety. Harassment and discrimination were associated with a threefold increase.

Overall, 23% of our survey participants reported symptoms suggesting probable depression, while 18% appeared to have probable anxiety. And 23% experienced medium-to-severe somatic symptoms—chronic physical symptoms that coincide with emotional problems.

How to address these issues

Our study also identified that awareness of employment rights is essential to the mental health of ethnic minority staff. For example, the

survey showed an association between involvement in redeployment decisions and better mental health outcomes. One recommendation is that all NHS staff should be educated on their employment rights and provided with knowledge of, and access to, available support systems.

This would ensure they are able to advocate for themselves and their colleagues. It would offer more opportunities to engage in discussions, provide feedback, and question decisions concerning their working conditions without fear of negative consequences.

Our team's [previous research](#) found that ethnically minoritised NHS staff often feel disempowered and fear the repercussions of speaking out against their working conditions. These concerns can be grave enough that affected staff transfer to different teams or quit the NHS altogether to escape these organizational inequities.

Innovative approaches to training, such as those developed through our Tides project, highlight a forward path. We have pioneered the use of [virtual reality \(VR\) training scenarios](#) to simulate the experiences of ethnically minoritised staff. This approach is designed to promote empathy and deeper understanding of their challenges and perspectives.

By immersing NHS managers and senior leaders in these realistic scenarios, VR training can offer a powerful means to combat racism and discrimination.

Initial piloting of this approach indicates that it can alleviate the [emotional burden](#) on ethnic minority staff by removing the need for them to recount traumatic experiences. It also paves the way for meaningful, experiential learning.

Public health imperative

Our research underscores the importance of addressing racism and racial discrimination in the NHS not merely as a matter of ethics, but as a public health imperative.

Now is the time for structural change that addresses the [systemic roots](#) of racism within the NHS. We need clear rules that hold [all levels of management](#) accountable. Leadership within NHS trusts also needs to start taking responsibility for actively combating racism. This should involve more detailed annual reports, specific targets for improvement, and the sharing of data, strategies and outcomes with [regulatory bodies](#) such as the [Care Quality Commission](#) to ensure transparency.

We also need clear and open ways for staff to report racism without fear of backlash. Providing training for all NHS staff on how to recognize, challenge and report racism and harassment is essential. Anti-racism resources, such as [those developed](#) by the NHS's chief nursing and chief midwifery officers, can support staff and drive meaningful change.

Reflecting on the lessons learned from the pandemic, the path to recovery for the NHS lies in embracing practices that ensure equity for all its staff. This is not just about rectifying past oversights but about building a stronger, more inclusive health service that values and protects its workforce, regardless of their ethnic background.

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Provided by The Conversation

Citation: Racism, harassment and discrimination take a terrible toll on ethnic minority NHS staff, says researcher (2024, April 4) retrieved 20 May 2024 from

<https://medicalxpress.com/news/2024-04-racism-discrimination-terrible-toll-ethnic.html>

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