An Asian patient enters a ward, and the only ward nurse with an Asian background is told by her superior: 'She's one of your kind, you look after her.' She does so because she is worried the patient would suffer if she did not obey the order. Meanwhile, the white nursing staff keep a watch on her to make sure she does not give the patient any 'special' attention.

This is one of many examples of everyday discrimination experienced by black and minority ethnic nursing staff, and as with most reported instances of racism the nurses concerned remain unnamed. A member of the RCN’s race and ethnicity sub-committee suggests that most nurses suffering racial harassment, abuse or victimisation, feel unable to take a stand because racism is endemic.

This view is supported by the findings of the King’s Fund Equal Opportunities Task Force (1), which found that racial inequality is widespread and deep-seated in the nursing profession. Its key findings in a 1990 report showed:

- Black nurses being concentrated in enrolled nurse grades, in community and mental health fields, and on night shifts
- Black and ethnic minority nurses not having equal access to training and career development opportunities
- Black nurses leaving the profession in disproportionate numbers
- The number of black applicants for training declining, and disproportionately unsuccessful

Has the situation improved in the last two to three years? After all, since then the staff side of the nursing and midwifery staffs negotiating council has been pressing employers to do much more about equal opportunities (2). Neslyn Watson-Druce, chair of the RCN’s race and ethnicity sub-committee, does not think so. ‘In some areas where we have seen progress in equal opportunities, problems are growing mainly because of mergers and rationalisation of units,’ she says. ‘With these reorganisations there seem to be systems, strategies and institutional ways in which the gains have been clawed back by new management. It is very depressing.’

A senior lecturer in nursing, who asks to remain anonymous, explains that the transfer of undertakings legislation is largely responsible for giving management the opportunity to make large scale staffing changes. When one unit takes over another, managers can make staff in the unit being taken over apply for the jobs in the new unit. Meanwhile staff in the unit which makes the takeover may not even be asked to apply. In this way, she says, various members of staff can be ’weeded out’, without reference to equal opportunities.

Trusts, directly managed units, and health authorities have been pushed by the Equal Opportunities Task Force, the RCN and others to produce and implement policies and to monitor their outcomes. But the Department of Health is unable to give any information about the spread or use of equal opportunities policies, perhaps not least because of the continuing rapid rate of reorganisations and rationalisations.

The Department says that although health authorities should collect local statistics on the career progression of black and minority ethnic nursing staff, many
have not been doing so. However, the NHS Management Executive has recently been charged with collecting ethnic monitoring data about managers, nursing and midwifery staff, and expects to have completed the exercise by Autumn 1994. While this should highlight the relationships between race and career progression, it will shed no light on other aspects of racial harassment and discrimination.

Some units have followed the urgings of the Equal Opportunities Task Force and appointed equal opportunities officers or managers. One of these, who again asks to remain anonymous, agrees that the problems are endemic: 'The health service culture, which makes a general assumption that no-one is racist, but which at the same time often operates along the lines of "if the face fits" when it comes to appointments, is very difficult to break through,' he says. He admits to hearing little about the day-to-day harassment and discrimination that occurs, and believes that there is a vast amount of under-reporting by staff and management. 'Racial harassment is accepted as the norm, interview panels are often all-white, and people will not tell you their feelings on race,' he says. Although he is producing a guide to good practice, he expects it to be ignored.

Less than adequate
It would appear that the appointment of equal opportunities officers may be somewhat less than adequate for the task. As the Equal Opportunities Task Force commented in its last report: 'Few authorities have translated their policy into a timetabled programme of action, allocated responsibilities and resources for bringing about change' (3). It also noted that some authorities had used the advent of trust status as an occasion to scale down their equal opportunities work.

One of the key problems in implementing effective policies is the sheer variety of forms in which racism is exhibited. Neslyn Watson-Druee says there are many subtle ways in which black and minority ethnic nurses experience oppression. They can be 'invisible', she says, with both other staff and patients, so that if advice or an authoritative opinion is required it is assumed that they are to be discounted. Everyday expressions of racism from patients and their relatives are assumed to be 'part of the job', and nurses who think or say otherwise are quickly silenced by peer pressure or the non-responsiveness of their managers.

Black nurses can then internalise oppression and lose any feelings of being valued - which often leads to them leaving.

There is the glaring disparity between career position and experience and qualifications. Neslyn Watson-Druee again: 'Black or minority ethnic nurses are often greatly over-qualified for positions, and even then do not get opportunities for promotion. It is very common to find black and minority ethnic nurses who have studied and worked alongside their white colleagues to see these white nurses become their managers.' Long experience of career discrimination has led to a decline in the number of young black people considering nursing as a career, says Ms Watson-Druee, as mothers, aunts and uncles recount their own nursing experiences. She believes that managers should do more to support staff who face racism from patients, and maintains that in certain cases sanctions against the patient should be considered. Others are less sure, but mainly on the grounds that effective sanctions could prove difficult in practice. As one equal opportunities manager puts it: 'Once you have an abusive patient in a hospital bed, what can you do?' Very few cases of racist abuse or assault against nurses reach tribunals or the courts, and it is thought that the Crown Prosecution Service is not enthusiastic about recommending prosecution.

Training and education is another area in which discrimination is often mentioned. A senior lecturer in nursing recounts many types of racism. She says that black and minority ethnic students frequently face subtle and overt forms of abuse, both from tutors and from other students alike. Institutions themselves can and do make a big issue about checking their qualifications, their ability to understand English, and sometimes cast doubt on students' referees. The senior lecturer, who feels she must remain anonymous, says that discrimination is also rife among teaching staff. 'Just look who gets the silly hours to teach, and who has the most difficulty in getting study leave,' she says. 'There is also a great deal of pressure on you to deny that this sort of marginalisation is occurring.'

A West Midlands-based nurse teacher says it took him twice as long as it should have done to obtain nurse teaching qualifications because of a series of institutional blocking manoeuvres. At one point he had to enlist the help of his RCN steward and his MP to overcome his difficulties with a college. The English National Board, he says, was not really interested in helping.

A newly-qualified nurse working in the south agrees with these sorts of criticisms about nurse education. Non-white students have to work a lot harder in their placements, he says, and in classes they are frequently put down by other students and teaching staff. He identifies foreign students as being particularly subject to abuse, and although some black and minority ethnic students may offer them support it has to be covert, otherwise they are afraid that they will also be picked on.

He also complains that although most colleges have equal opportunities and racism subjects in the curriculum, in practice they may offer little to the student. A spokesperson for the ENB agrees that while teaching programmes must include equal opportunities issues, it is up to the educational institutions to work out how they are addressed.

Curriculum audit tool
The RCN has produced a curriculum audit tool in response to these criticisms, and its education and training policy committee has a continuing programme of work on course selection criteria and the cultural content of nursing courses. The College, through the negotiating council, has set out an agenda for negotiation on equal opportunity issues. And the RCN race and ethnicity sub-committee will be putting forward a policy document to this year's Congress on mental health, black patients and black nurses.

Meanwhile, the sub-committee wants to hear from black and minority ethnic nurses, says Neslyn Watson-Druee, who is quite open about what she sees as an urgent need to persuade the College to take up race and racism in nursing in a more active fashion. Those who question whether she is justified in this campaign may like to reflect on the fact that all the nursing staff featured here felt that they had to remain anonymous.

Mike George is a freelance journalist

References