Equality and diversity

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ANALYSIS

Is racism in the NHS being tackled effectively – or is it getting worse?

Trivialising racism as a ‘minority issue’ ignores its wider impact on staff, organisations and patients

The NHS was built on, and continues to depend on, a diverse workforce. Yet the proportion of staff from black and minority ethnic (BME) backgrounds in England who reported incidents of discrimination rose from 13.8% to 15% between 2017 and 2018.

In contrast, just 6.6% of white staff reported discrimination at work, according to the 2018 Workforce Race Equality Standard (WRES) report from NHS England.

The issue of discrimination against NHS staff on the grounds of their race – which encompasses a person’s colour, nationality and ethnic origin – has been brought into sharp focus with ongoing uncertainty around Brexit.

In a study published in August, nurses from the European Union (EU) and other countries told University of Nottingham researchers that discrimination and Brexit made it more likely they will leave the NHS.

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What is discrimination?

Discrimination is when you are treated less favourably than others on the basis of a protected characteristic, including age, disability, sex, race, sexual orientation, religion or belief.

Under the Equality Act 2010, it is unlawful to discriminate against someone because of a protected characteristic. In relation to race, this includes:

- Colour
- Nationality
- Ethnic or national origin

This covers the spectrum of employment, including recruitment, promotion, discipline and dismissal. Bank and agency workers are also protected.

RCN advice on discrimination: tinyurl.com/RCN-discrimination-advice

Testimonies from 11 nurses included examples of workplace discrimination where managers were reluctant to invest in them as they believed they would leave, as well as racist comments from patients and their families (see “The situation has changed” box).

‘Toxic’ attitudes

NHS England’s WRES implementation director, Yvonne Coghill, says BME nurses have long experienced racism from patients, and current tensions have emboldened some people to give voice to racist thoughts.

“We are dealing with ingrained values and attitudes, even Donald Trump is telling people to “go home” – the world we live in is toxic, so [racism] is going to happen,” she says.

“Things are changing for the worse, not the better. If you think about it and how things have changed since the Brexit vote and Trump, it is not better.

“The NHS is a microcosm of society so we know that people are hardening their stance much more about immigration and asylum seekers.

“We have to work twice as hard on this agenda to enable people to manage race and equality and, for many years, it has not been given the discourse it needs.”

Ms Coghill adds that racism is her ‘lived experience’ and that of many BME people working in the NHS. “There isn’t a BME person I know who hasn’t had people say to them “go back to where you came from”.

“It is very common for patients [to say these things]. When I was working on the wards I heard “take your black hands off me” or “I don’t want a black nurse”.

True impact of racist abuse

The NHS operates a zero tolerance approach to racism. But Ms Coghill, who is also RCN deputy president, says one of the challenges is that the health service lacks a common approach to dealing with incidents.

“Some [employers] will, some won’t. It used to be commonplace to replace a black nurse in this situation with a white nurse without any thought to that member of staff.

“We have moved on a bit, but not everywhere – people don’t know how to handle it. I was in Birmingham recently and a young community nurse was telling me she went to do a dressing and the patient’s husband told her to “get out, I don’t want your black hands on my wife”.

“She went back and told her manager and was told she needed to be “more resilient”.

Ms Coghill says staff need support and empathy from managers and senior leaders, and an understanding of the impact that racist abuse can have.

“Racist abuse is a hate crime, but you are not always going to report it, for example if the patient is older or mentally unwell,” she says.

“If someone is drunk and disorderly in A&E, it is easy to say we are not treating you, but if someone is very ill or a woman is in labour, we don’t want to put the patient in danger – so what do you do?”

Rise in discrimination

In the 2018 NHS Staff Survey, completed by employees at 230 trusts in England, 6.9% of staff overall said they had been at the receiving end of discrimination from patients,
service users and other members of the public. This is up from 6.6% in 2017.
Some 8.1% had experienced discrimination from managers or colleagues, the same figure as in 2017.
Ms Coghill says that while the staff survey picks up on bullying, harassment or discrimination by patients, it does not record the nature of the abuse, which can have a big impact.
Whereas white members of staff might be sworn at or told to leave patients alone, for BME members of staff those same sentiments may be peppered with derogatory remarks about race and ethnicity.
The WRES 2018 report shows London was the worst-performing region in the country for reported discrimination against NHS staff.
Some 8% of white staff and 16% of BME staff in the capital said they had experienced workplace discrimination.
RCN London director Jude Diggins says racial abuse in the capital is ‘a familiar and distressing occurrence’ and doesn’t only come from patients, but also from fellow staff and managers.
Ms Diggins says the true figures may be even higher, as incidents are under-reported by staff. ‘Employers and system leaders need to understand that the experience of their staff is not just what’s written in an incident report.’
‘Hiding behind racism in the workplace as a “minority issue” will continue to fail staff and patients. We have consistently called on all employers to live up to their fundamental duty to protect staff from racism. ‘That must include forcefully and visibly challenging service users who indulge in racist abuse, which can not only be a horrendous experience for nursing staff, but also for other service users from ethnic minorities.’

Challenge discrimination
Under the Equality Act 2010 it is unlawful to discriminate against anyone on the grounds of race, which includes colour, nationality, or ethnic or national origin.
If a colleague or patient demonstrates racist behaviour, the RCN says it is crucial that nurses raise the issue with their line manager.
Employers must then do everything reasonably expected of them to tackle discrimination and harassment.
‘We need more leadership from the very top, and health and care leaders must take clear responsibility for making improvements,’ says Ms Diggins.
Ms Coghill says WRES work is helping to close the gap on bullying and harassment, but it takes time. ‘This is the best it has been, so there is hope, but we are wading in treacle.’

15% of BME staff in the NHS in England have experienced discrimination in the workplace
Source: WRES 2018 report

6.6% of white staff in England have experienced workplace discrimination
Source: WRES 2018 report

2010 The year legislation making it illegal to discriminate against people on the grounds of race and other protected characteristics was enacted

What to do if you face discrimination

» First, speak to your line manager about your concerns, advises the RCN. You should also read your employer’s equality and diversity policy.
» If you are dissatisfied with the response, consider submitting a grievance. Read the RCN’s advice on the grievance process at tinyurl.com/RCN-grievance
» If you are a member of a union, such as the RCN, contact your local representative for further support, or call the RCN on 0345 772 6100
» If you believe you have been discriminated against, contact the Equality Advisory and Support Service, an independent body that provides information, advice and support on discrimination and the law.
» Anyone who experiences a race hate incident should call the police on 101, or 999 in an emergency. True Vision is a police-funded UK website for reporting hate crime for those who do not want to contact the police directly.

It is not part of my job to accept racist abuse from patients
rcni.com/racist-abuse

‘The situation has changed’

Researchers at the University of Nottingham found nurses had increasingly experienced discrimination at work and in public since the 2016 EU referendum vote.
One nurse from Greece told researchers: ‘I had racist attitudes from a patient’s family members, and when I was giving his wife medication he was telling me to go back to the country I came from. I told him I can’t go because I have to take care of patients in the NHS and he then calmed down.’
She said her workplace produced a report stating that it appreciated the contribution of EU nurses and highlighting the need to report such incidents straight away.
‘We feel protected in theory, but there is still an attitude. You can feel there is something wrong in the air. ‘After the referendum the situation has changed.’
The authors of the University of Nottingham research report, How Can the NHS Recruit and Retain Migrant Nurses After Brexit?, made a number of recommendations for how employers can support staff, including providing career development opportunities, and protecting nurses against discrimination from patients and colleagues. View the report at tinyurl.com/brexit-nurses