DEVELOPING ANTI-RACIST PRACTICE TO SUPPORT BLACK AND OTHER RACIAL MINORITY NURSES AND MIDWIVES WITHIN THE NHS: A RAPID QUALITATIVE EVIDENCE SYNTHESIS SUMMARY

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Foreword

Improving equity of opportunity for nurses, midwives and care staff of all ethnicities is a top priority for our Chief Nursing Officer (CNO) for England, Ruth May. In 2020, Deputy CNO Hilary Garrett established an action plan which made clear her ambition and goals for development, opportunity and leadership for ethnic minority nurses and midwives.

Over the last year the NHS Confederation Equality Diversity and Inclusion team and their BME Leadership Network has worked closely with the Deputy CNO & Chief Midwifery Officer (CMidO) Ethnic Minority Action Plan Steering Group, and the Nursing and Midwifery Council to ensure that the CNO's ambitions to promote equality of opportunity included practical support for front line staff.

Together we developed the CNO Anti-racist Practice in Nursing and Midwifery project to;

- Begin to build a consensus around steps to take to promote anti-racism in professional practice
- Increase personal responsibility and enhance adoption of anti-racism practice amongst nurses and midwives
- Enhance understanding of how institutional racism contributes to individual practice
- Work in conjunction with the NMC towards embedding anti-racism in regulatory and professional codes of practice, revalidation and education standards
- Embed anti-racist practice in international recruitment and support an appreciation of anti-racism across the whole nursing and midwifery workforce
- Increase confidence for international recruits coming into the NHS and support efforts to increase recruitments into the country

Working with experienced leaders from across nursing and midwifery professions we established an Anti-Racism in Practice Stakeholder Group to explore;

- What does good anti-racist nursing practice look like in the real world?
- What does that mean for individual registrants at all levels to be actively anti-racist?
- What are the competencies and skills individuals need to demonstrate they are actively anti-racist and how can a tool kit be developed to support them to do so?
- How to embed anti-racist practice in our everyday work including ensuring the provision of an anti-racist environment for learning, education and development?
- How can the NMC code and mechanisms of revalidation help to bring anti-racist practice to life?

To assist us in this process we asked colleagues at Kings College London led by Professor Stephani Hatch (Board member of the Race and Health Observatory), to;

- Critically review the available evidence on how organisational culture, policies and procedures can covertly or overtly incentivise discrimination against racialised minorities, including how they can reinforce individual prejudices and are reinforced by them
- Assess how these processes can undermine high standards of professional practice and consequently the quality of care delivered to racially minoritised individuals and communities by NHS nurses and midwives
- Suggest how the relevant professional codes of practice might evolve to address these challenges

The following report sets out the details of their finding of a rapid synthesis review of research, policy recommendations and examples from healthcare practice to support the development of effective anti-racist practice that can help improve the experiences and outcomes of Black and other racial minoritised nurses and midwives in the NHS.

The report is very clear that anti-racism must;

- Challenge racism by actively changing the policies, behaviours, and beliefs that perpetuate racist ideas and actions
- Demand that this work be done at the individual, organizational/ institutional, and cultural levels in order to effectively address systemic racism
- Be an active process is an approach, not an end-point, and thus provides a useful frame for an organisational change process

The report is full of actionable insights that will inform the work of the stakeholder group as they develop a best practice guide assisting front line nurses and midwifes to integrate good anti-racist practice into their daily professional practice. It will also enable their leaders in Trusts and organisations where they work to support and embrace the anti-racist way of working, that will ultimately lead to improved patient care and outcomes.

Best wishes,

Hilary Garrett CBE

Deputy Chief Nursing Officer NHSE

Joan Saddler OBE

Director of Partnerships and Equality, NHS Confederation

Wayne Farah

Co-coordinator BME Leadership Network

Introduction

This report provides a rapid synthesis review of research, policy recommendations and examples from healthcare practice relevant to the development of anti-racist practice in support of improving the experiences and outcomes of Black and other racially minoritised nurses and midwives in the NHS. This review focuses on how anti-racist practice can be developed and the evidence relating to what works in the context of healthcare workforce settings. Because the quantitative data demonstrating the disparities and impact of racism within the NHS is already well documented (e.g., Workforce Race Equality Standard 2020 (WRES Implementation team, 2021); (Kapadia et al., 2022; Rhead et al., 2020), this rapid review aimed to synthesise qualitative data to highlight the lived experience and processes that contribute to racism. For example, narratives (qualitative data) from nurses and midwives from racialised minority groups will help us identify the critical experiences of racial discrimination that are needed to develop the code of conduct that protects them. Such experiences would not have been captured from quantitative data.

This review began with an international scoping exercise of existing anti-racist practice frameworks utilised in healthcare settings and a rapid best-fit framework qualitative evidence synthesis of the research and grey literature (detailed in Methods section below). This provided the basis for creating an adapted framework with relevant concepts and themes. Following presentation of the themes and evidence arising from the review, we then list a series of proposed actionable insights and practical actions for consideration. This review aims to inform the co-development of a guide to inform the integration of anti-racist practice to promote better workplace inclusion where nurses and midwives from all racial and ethnic groups feel respected and valued, as well as physically and psychologically safe (Shore et al., 2011; Woodhead et al., 2021; Jackson, 2022).

Race and Anti-racist practice

It is important to note that race and ethnicity are social constructs not biological distinctions and experiences differ within and across racial and ethnic groups (Hatch et al., 2021). Racism is an ideology, structure and process involving systemic subordination of members of targeted racial or ethnic groups (Gee et al., 2011; Nazroo, 2003; Williams et al., 2003). Racism operates within and across systems and institutions in policies and practices, at interpersonal levels within social interactions and is internalised by individuals; thus, tackling racism requires sustained action at all three levels (Jones, 2000). Moreover, exposure comes in various forms (e.g., interrelated experiences of witnessing, anticipating, and experiencing discrimination) (Gee et al., 2011; Hatch et al., 2016; Williams et al., 2003). For many, racism and racial discrimination are exposures to adversity and trauma from early in the life course; are shaped by multiple statuses and identities; and are entrenched in social contexts and life domains (e.g., education, work, health and social

services, housing). This limits life chances and opportunities required to meet basic needs, particularly in education and occupations (Gee et al., 2011; Hatch, et al., 2016; Lewis et al., 2015; Nazroo, 2003; Wallace et al., 2016; Williams et al., 2003); hence, adoption and implementation of sustained anti-racist practice across sectors is crucial.

Anti-racism is not a new concept. (Bonnett, 2000) defines Anti-Racism as ''forms of thought and/or practice that seeks to confront, eradicate, and/or ameliorate racism'', and more recently, RWJ Barnabas Health (2021) defines Anti-Racism as the active, ongoing process of dismantling systems of racial inequity and creating new systems of racial equity. What is notable across the different definitions and applications of anti-racist practice is that to be successful and to address systemic racism effectively, anti-racism practices must be integrated at the individual, organisational/ institutional, and cultural levels. It should be an ongoing approach, not an endpoint, and thus provides a useful frame for organisational change processes. These processes must actively identify and eliminate racism by changing systems, organisational structures, policies, and practices and attitudes (*APA Presidential Task Force on Structural Racism Glossary of Terms*, n.d.). Therefore, the goal of anti-racism is to challenge racism and actively change the policies, behaviours, and beliefs that perpetuate racist ideas and actions (Kendi, 2019), as opposed to approaches aiming to be 'not racist' (e.g., see Kendi 2019).

Aims and Research Questions

The aims of this review were as follows:

1. To identify policy documents and reports, i.e., any initiatives exploring the core elements of an organisation's effective anti-racist practice
2. To use the initiative to guide a rapid qualitative evidence synthesis (QES) to develop an effective anti-racist practice to support racial minority nurses and midwives in the NHS.

The overarching review questions were as follows:

1. How might organisational culture, policies and procedures covertly or overtly discourage racism and discrimination against racial minority staff?
2. How might these processes be used to understand how organisational culture within the NHS can undermine the standard of care offered by racial minority nurses and midwives?
3. How can the relevant professional codes of practice evolve to address these challenges
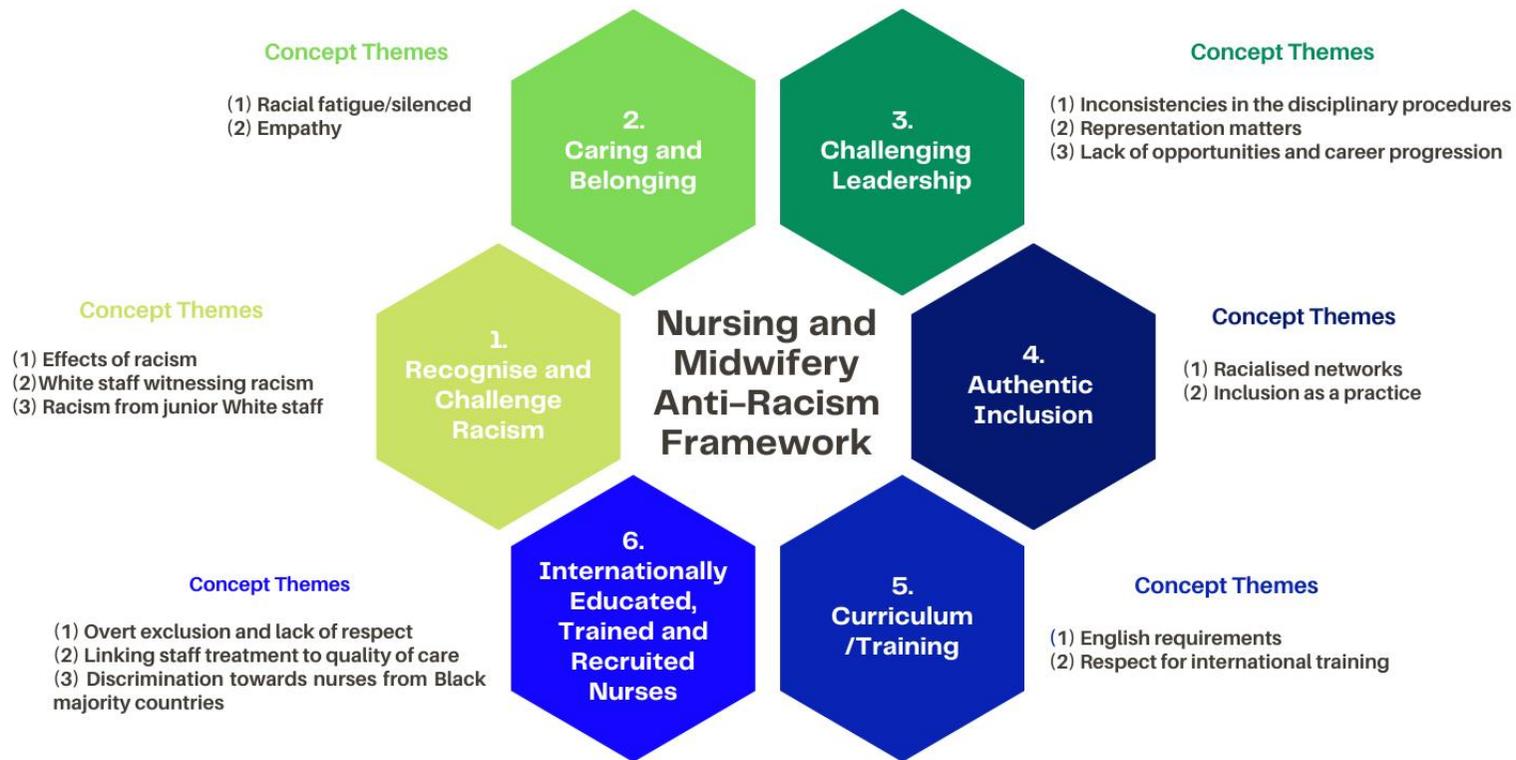
Brief summary of methods

Rapid reviews are accelerated and streamlined systematic reviews to support policy and practice development quicker than the more typical systematic review method (Polisena et al., 2015). Our approach involved a rapid best-fit framework (Shaw et al., 2021) QES where a framework was identified from related disciplines and adapted (see figure 1) for the experiences of Black and other racialised minority nurses and midwives within the NHS (Carroll, Booth, & Cooper, 2011; Carroll, Booth, Leaviss, & Rick, 2013). Furthermore, best fit framework synthesis, is a type of thematic analysis (Thomas & Harden, 2008) in which thematic categories are constructed via data coding. Themes are identified *a priori* from the initial conceptual framework and used to guide the initial coding process. Themes change as the review progresses through inductive analysis of the data resulting in an adapted framework. We also included stakeholder engagement via contribution from a workshop with the Anti-racist practice Nursing and Midwifery Stakeholder group, as well as discussion with the wider research team to incorporate basic participatory approaches used within the TIDES research team as part of our analysis.

To identify relevant papers to be synthesised, we conducted a precise search where we focused on one key database (CINAHL, an index of the nursing and allied health literature). To identify grey literature, we consulted members of the TIDES research team, supplemented by reviewing the reference list of recently published relevant literature reviews, e.g., (Kapadia et al., 2022).

Key findings

Our search on CINHAL retrieved 1378 hits and hand searching retrieved an additional 15 hits. After deduplication, AJ screened 1332 hits and identified 13 relevant papers to be included in the synthesis. Below, we summaries the key findings and actions from the analysis and stakeholder engagement workshops with the CNO working group.

Concept Themes

(1) Racial fatigue/silenced
(2) Empathy

Concept Themes

(1) Effects of racism
(2) White staff witnessing racism
(3) Racism from junior White staff

Concept Themes

(1) Overt exclusion and lack of respect
(2) Linking staff treatment to quality of care
(3) Discrimination towards nurses from Black majority countries

2. Caring and Belonging

3. Challenging Leadership

1. Recognise and Challenge Racism

Nursing and Midwifery Anti-Racism Framework

4. Authentic Inclusion

6. Internationally Educated, Trained and Recruited Nurses

5. Curriculum /Training

Concept Themes

(1) Inconsistencies in the disciplinary procedures
(2) Representation matters
(3) Lack of opportunities and career progression

Concept Themes

(1) Racialised networks
(2) Inclusion as a practice

Concept Themes

(1) English requirements
(2) Respect for international training

Final conceptual framework adapted from the analysis findings and other sources (Chartered Institute of Personnel and Development, 2021; Geia et al., 2020; National Education Union, 2021)

Framework concept: Recognise and Challenge Racism

Recognising racism should be the responsibility of all nurses and midwives, regardless of their race. Racism impacts all staff, not just those on the receiving end of the racist attitudes and behaviours. There is often a focus on whether there was intent. However, this detracts from the necessary focus on the *impact* of racism.

Concept themes: (1) Effects of racism (2) White staff witnessing racism (3) Racism from junior White staff

Proposed Actionable Insights:

- Everyone must be equipped to challenge racism (covert and overt) in the workplace, whether from patients or other staff members, regardless of seniority
- All acts of racism and its cumulative effects must be recognised, particularly in processes such as disciplinary proceedings
- Recognise that division across racially minoritised groups is a primary tool of racism, particularly in multi-ethnic/multi-racial contexts
- Recognise White privilege; reflect on the meaning of whiteness in terms of helping people recognise racist behaviour
- Recognise colourism and how it is utilised in affording privilege to some and not others across and within racial minoritised groups

Proposed Practical Actions:

- Stop using "BAME" and other aggregate terms unless unavoidable (e.g., preserving confidentiality), and recognise the differences which exist within groups; these terms can be experienced as stigmatising, depersonalising and 'othering.' The terms can also signal an unwillingness and discomfort among White staff to acknowledge the heterogeneity in the experiences of specific racial and ethnic minority groups (Bunglawala, 2019; Hatch et al., 2021)
- Be an active bystander; silence on witnessed racism is often interpreted as collusion

Framework concept: Caring and Belonging

The discourse regarding race and racism should be led with kindness to enable nurses and midwives to share and reciprocate. True workplace inclusion is evident when staff feel a sense of belonging and are valued; where they are psychologically and physically safe to be authentically themselves at work and share divergent views and opinions without repercussions (Shore et al., 2011; Woodhead et al., 2021). However, staff must be mindful of racialised trauma and 'racial battle fatigue' (Smith, 2008) due to lifetime exposures

to racism and discrimination. This concept was initially focused on guidance relevant to having conversations about race. However, feedback from stakeholder engagement workshops highlighted that caring and belonging were also significant elements of patient care. Hence, we have also included actions focused on patient care.

Concept themes: (1) Racial fatigue/silenced and (2) Empathy

Proposed Actionable Insights:

- Communication should openly acknowledge that participating in conversations about race and racism is challenging and sometimes can be uncomfortable
- Feeling 'uncomfortable' about having discussion about race(ism) in the workplace should not be weaponised or used as a collective excuse to avoid having conversation. Conversations about race are difficult
- Racially minoritised groups are not responsible for making non-racialised minority staff groups feel more comfortable in having discussions about race; this should not be seen as a valid assumption amongst colleagues and management
- Case examples from existing research can help people see what racism looks like

Proposed Practical Actions:

- Hold race conversations in collaborative, psychologically safe spaces, with acknowledgements of positionality, power, and the need for transparent solution-focused outcomes
- Create a meaningful teaching and learning space for majority-white nursing and midwifery colleagues and students to discuss the tensions and transformations within their experiences over time
- Create reflective practices and work collaboratively toward reform in teaching, learning and practice

Framework Concept: Challenging Leadership

Leadership from all racial groups in universities (or other institutions where nurses and midwives receive training) and in the NHS should be challenged to lead by example and through action. Leaders must take racism and its effects on health, occupational outcomes and patient care more seriously. This requires an open acknowledgment of the deleterious effects of racism on health, occupational outcomes, and patient care. Cultural change necessitates White leaders to have the responsibility to stand with their colleagues from racial minoritised groups in dismantling oppressive practices in the health system.

Concept themes: (1) Inconsistencies in Disciplinary Procedures, (2) Lack of Opportunities and Career Progression and (3) Representation Matters

Proposed Actionable Insights:

- Leaders should demonstrate how they value the voices and experiences of racial minority staff by encouraging conversations about race and racism at work; conversations should not be confined to racialised networks or equality and diversity initiatives/meetings
- Develop a transparent anti-racism practice that all staff can enforce; this will ensure that managers and leaders at all levels are held accountable
- Ensure leaders are championing inclusivity and hold them accountable as a part of their core responsibilities
- Anti-racist practice requires training on how to challenge racist practices and advocate for change

Proposed Practical actions:

- Provide training on how to challenge racist practices among all healthcare professionals
- Monitor and take action where leaders and other staff engage in resistance and collusion against the anti-racist practice (e.g., active/passive bystander behaviour)
- Look at the talent pipeline and actively engage in searches and reporting at corporate level structures with a focus on transparently demonstrating commitment to increasing diversity and active inclusion
- Incorporate adherence to anti-racist practice into line manager appraisals with associated actions
- Be prescriptive about equality, diversity, and inclusion objectives and goals; properly resource and fund programmes leading to concrete action and change
- Require clearer action from CQC on anti-racism, particularly regarding regulations and sanctions
- Ask NMC to work collaboratively on how they are advising staff on disciplinary processes
- Publish data on racism related allegations, cases and outcomes (work, health and retaliation) within organisations, as well as regionally and nationally
- Publish regional fitness-to-practice data to assess and understand the nature of racist practice.
- Provide an anti-racism charter across regulatory bodies

Framework concept: Authentic Inclusion

At least two types of inclusion are needed to achieve authentic inclusion, inclusion in the change process and engaging in the practice of inclusion. Nurses and midwives from racial minoritised groups should be actively

and authentically included in dismantling and reforming racist structures in healthcare and institutions responsible for education and training. Further, studies reported the particularly deleterious impact of workplaces characterised as highly racially and ethnically diverse but having low levels of inclusivity on staff cohesion, group identity and the likelihood of racial tensions and conflicts (Jackson et al, 2011; Woodhead et al., 2021).

Concept themes: (1) Inclusion as a Practice and (2) Racialised Networks

Proposed Actionable Insights:

- Everyone should take time to reflect on their own biases and experiences regarding race before engaging in work on anti-practice practice
- Wider community involvement can provide better understanding of how the wider context of racism impacts staff
- Dedicate resources to ongoing improvement of the generation and quality of qualitative and quantitative data to assess progress and address ongoing challenges
- Include the wider nursing and midwifery family into co-developing anti-racist actions and practice as a prevention approach
- Include lived experienced practitioners to describe their witnessing and experiences of racism and racial discrimination within the system
- Inclusion as a practice should be integrated from student/early career across the career trajectory

Proposed Practical Actions:

- Engage and build networks with the wider community to gain and share insights
- Involve lived experienced practitioners and community organisations as "critical friends"
- Disaggregate nursing and midwifery data at organisational, system and regional levels
- Examine the pipeline from the racial and ethnic distribution of student applicants and across every career stage
- Support and integrate representation from staff networks, patients and carers into decision-making committees and boards
- Integrate opportunities for decision making and the power to act on all relevant committees and working groups
- Embed and integrate anti-racist practice and training across the wider workforce to encourage cultural change; this cannot be limited to equality, diversity, and inclusion exercises

Framework concept: Curriculum/Training

The curriculum (nursing and midwifery training and CPD within the NHS) must acknowledge that institutionalised racism is embedded in the healthcare system and racism is embedded within the curriculum and training content (i.e., whiteness is the norm in medical training). Further, there is evidence of a 'hidden curriculum' during training processes not made available to nurses and midwives from racial minoritised groups (Woodhead et al., 2021; Walker et al., 2022). Further, at the intersection of race and migration status, nurses noted that speaking English at a level that allows them to communicate with patients was sometimes not seen as adequate with biases around accents.

Concept themes: (1) English requirements for non-EU nurses (2) Respect for International Training

Proposed Actionable Insights:

- Begin training and education on anti-racist practice among students at the earliest stage
- Students need to see what "good" looks like or they will adopt what they see
- Increasing the understanding how racism is imbedded in structural inequalities can lead to change in inequities in career progression and access to training and opportunities
- The curriculum should acknowledge racial health inequalities and how whiteness as the norm in training impacts patient care and working relationships with colleagues
- No development programme should be complete until goals are achieved; see development as stretch opportunities for careers (e.g., executive development pathway)

Proposed Practical Actions:

- Identify and address the hidden curriculum: identify and tackle practices in training/placements reinforcing inequity
- Ensure training providers are system leaders that reflect on anti-racist practice in training/curriculum of nurses and midwives
- Use staff case studies to discuss racism in context and develop responses and solutions
- Socialise students into anti-racist practice, through training and education as well as in their understanding of ward and group culture
- Focus on sponsorship and opportunities beyond development programmes to lead to tangible cultural shifts
- Ensure anti-racism is explicitly written into the NMC code and revalidation

Framework concept: Internationally Educated, Trained and Recruited Nurses

This concept is related to curriculum and authentic inclusion. However, we have kept it as a separate concept highlighting the significant need for interventions to ensure that internationally educated nurses are provided with opportunities to succeed within the NHS. Notably, there was very limited inclusion or focus on midwives in this research area. Furthermore, respect for international training was a recurring theme across the many of the studies, highlighting notable and important changes in their nursing roles and the importance of integrating relevant best practices from outside the UK that are appropriate for this ethnically diverse patient population.

Concept themes: (1) Overt Exclusion and Lack of Respect, (2) Linking staff treatment to quality of care and (3) Discrimination towards Nurses from Black majority countries

Proposed Actionable Insights:

- There is a lack of research on the experiences and outcomes of internationally educated and recruited nurses and midwives, particularly at the intersection of race and migration status
- Cultural awareness training needs to incorporate processes of cultural safety (e.g., working directly with staff to determine what is needed to be psychologically safe; Ramsden, 1991) and cultural humility (e.g., engaging in process of self-reflection and understanding one's own implicit and explicit biases; Miller et al., 2019) to better reflect the multicultural aspects of British culture, as well as respect for the cultures of nurses and midwives' countries of origin

Proposed Practical Actions:

- Explore preferences for language to describe internationally educated, trained and recruited nurses
- Resource prospective qualitative data collection, with a particular aim of improving inclusion of midwives and better documentation of the racialised experiences and outcomes of internationally educated and recruited nurses and midwives
- Co-develop cultural awareness training with internationally educated and recruited nurses, including cultural safety and cultural humility with an emphasis on how respect for cultures can be demonstrated in practice
- Provide qualitative data on internationally educated nurses (e.g., the 2019/2020 cohort) and prospectively follow cohorts to build an evidence base
- Utilise existing data sources to disaggregate experiences and outcomes

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