

Nursing in a multi-ethnic NHS – Leeds, 31 January 1996

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"You try to be kind, but you know you feel it when a patient despises you because of your colour. They give you a cold look and you cannot reach them".

This was the startling quote with which Ken Jarrold, Director of Human and Corporate Resources of the NHS Executive, opened the first of four country-wide conferences designed to address 'the concerns of many ethnic minority nurses about perceived harassment and discrimination' and to share positive developments in various institutions.

Participants, delegates and representatives came from all the major health related institutions in the country and included both the statutory and voluntary sectors. In 1993 Mrs Bottomley launched the Government Paper *Ethnic Minority Staff in the NHS: A Programme of Action*. This paper identified eight goals relating to recruitment and selection, staff development, racial harassment, appointments to NHS Boards, service delivery, training and promotion of doctors and nurses from minority ethnic groups and management training schemes.

A number of studies since 1993 have shown that although most NHS employers do have formal equal opportunity policies, there remains a wide gulf between policy and practice. The 1995 study by the Policy Studies Institute (PSI) demonstrated that access to training and promotion remains unequal. Black, particularly African-Caribbean nurses fell as much as five years behind their white contemporaries in the competition for senior posts, after taking into account qualifications and length of time in the profession. Over 50% of nurses from all ethnic minority groups suffer racial harassment from patients, and a third were harassed by colleagues at work. Sadly this was accepted as "part of the job". The PSI recommended that every NHS employer ensure that equal opportunity policies not only be implemented, but that data be produced on their efficacy; a case-by-case review of the development and promotion prospects of black

nurses, especially in the E and F grades, be undertaken and a campaign initiated to involve every employee in the implementation of equal opportunity policies and prevention of racial harassment.

The Conference heard about good practices in Leeds and Bradford which addressed these issues successfully. This was done by setting up partnerships between Trusts, training organisations and educational institutions, working closely with community access courses, and targeting training programmes. This facilitated recruitment to different disciplines especially where the NHS was perceived as being an unsympathetic employer. Bradford had developed an initiative whereby every employee has a regularly reviewed specific personal development plan. This plan clearly identifies the needs, targets for action and areas of responsibility for action with time scales. Such a scheme should ensure that the enormous failings demonstrated by the PSI report will disappear over time.

Much more work needs to be done to promote the recruitment, development, training and promotion prospects of ethnic minority staff at all grades in the NHS. More than lip service is needed to put equal opportunity policies into practice, and to prevent racial harassment at work. Black and other minority groups locally need to be convinced of these policies, even if it means the imposition of legal sanctions to do so on NHS employers.

Although the PSI report concentrated mainly on nursing the issues raised are equally relevant to all disciplines. As they work in multidisciplinary settings, psychiatrists are in a position to take the lead in pursuing these recommendations. The Royal College of Psychiatrists has already taken the first steps in this direction.

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