An Insight into the Experiences of Black and Minority Ethnic Nurses within Healthcare: A Narrative Literature Review

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This article has used secondary data to form the findings within this article. All the sources used can be found in Table 1 and the references of this article.
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Abstract

Aim: To highlight the issues faced by black and minoritized nurses (BMN) and promote conversation to address the issues for every nurse to be treated with equity and fairness irrespective of their background. Background: Discrimination and its impacts on BMN are toxic to staff performance and job satisfaction. These impacts are detrimental to the National Health Services (NHS) workforce. Research has highlighted the need to explore the negative experiences pose on BMN and the workforce. It is pertinent that we explored the first-hand experiences of BMM in healthcare services. Methods: Using a narrative review approach, we explored the literature published on the discrimination BMN experience within healthcare services in the United Kingdom (UK) and throughout the Global North. Using the inclusion and exclusion criteria, keywords, and Boolean operators, we searched the Cumulative Index of Nursing and Allied Health (CINAHL), PubMed, and Scopus for relevant research published between 2012 and 2021. For research quality assurance, we used the reporting guideline, the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA). Findings: BMN recounted their experiences which centered on bullying, discrimination, and exclusion, as well as unconscious bias, leading to feelings of isolation, low self-esteem, lack of confidence, and mental health challenges as a result. Discussion: Discrimination of any kind should not be tolerated. However, rather than promoting a blame culture, all people in healthcare environments should be supported to abolish the issues faced by BMN. Conclusion: This, review has revealed the first-hand experiences of the issues faced by BMN in their workplaces and recommended ways to abolish the issues. Implication for Nursing Policy Zero tolerance for discrimination and reported cases of discrimination should be swiftly dealt with.

Keywords: *Black nurses, Black experiences, Minoritised nurses, Minoritised experiences, BAME, BME, Global North, Collective Health, Interpersonal communication, Ethnicity and culture, Diversity, Nursing competence*

1. Introduction

Diversity and inclusion are important components of contemporary nursing. Every nurse, irrespective of origin and ethnicity, deserves a positive experience to foster health promotion, disease prevention, and alleviation of pain for patients who require support. The experiences of Black nurses in the Global North must be explored, to gain insight into what they face in real-world clinical settings. These are settings which are currently supporting the promotion of white nurses at twice the rate of Black or Asian nurses [1], who have significant pay inequities within their organizations [2][3], with one in four nurses still experiencing racism regularly (NSWNM), and when racism is challenged, fewer than half of nurses reported that anything had changed as a result (National Commission to Address Racism) [4]. Reported grievances of racism have been exacerbated, particularly in the current climate where black institutional racism and marginalization have taken center stage in the wake of the Black Lives Matter movement (BLM) and the Covid-19 pandemic.

According to the UK Equality Act [5], it is illegal to discriminate against anyone based on race, gender, age, disability, and/or sexuality. Grosfoguel [6] describes racism as a phrase that is used to refer to the attitudes and behaviors that legitimize racial inequalities. Such views might be passed down through families, or they can be based on cultural distinctions, such as considering certain groups of people inferior to others. The survey revealed that at least 49% of employed individuals have either witnessed or experienced racism, ageism, or LGBTQ+ discrimination in the workplace. The Office for National Statistics [7] reported a growing population within Black and minoritized groups, with the 2011 census showing that approximately 13% of the 64.6 million people living in the UK were people from a Black or minoritized background. Black Africans in particular had doubled in population size between 2001 and 2011. However, racial relations have never been more fragile within the UK, having been exacerbated by the Brexit vote in 2019 [8][9].

The National Health Service (NHS) constitution is founded on principles and values of service to patients, its staff, and the general public (NHS, 2021). Although envied by many countries for its free at the point of access to healthcare, the NHS is not immune to a culture of continued systematic discrimination within its institutions and has a discriminatory practice that is rooted in racism, bullying, harassment, and abuse among staff members themselves and patients in general [10]. Swords and Sheni [11] were commissioned to write a report on the issues that are facing Black people in the UK currently. What was apparent was that black people are frustrated at continually guarding what they say for fear of white defensiveness, continued microaggressions throughout their working and day-to-day lives, and most importantly, the continued systemic racism that cannot change until there is racial parity at senior levels.

Nursing is a predominantly female profession, and gender discrimination has been stated as a reason why there is a lack of representation for nurses at the board and senior leadership levels [12]. When nurses become senior leaders, they are still marginalized and treated as disposable, being treated as though they are there to fill a quota rather than to engage meaningfully. There is a lack of respect for the nursing voice generally, and this can mean that the needs of nurses get overlooked [12]. A severe shortage of personal protective equipment during the COVID pandemic, for example, meant nurses had to wait until there was more stock available, even though they were mostly the people that had first contact with patients. The fact that nurses stepped-up to working longer hours to care for people over the pandemic reinforced the natural caring stereotype that has held back nursing salaries for generations (Galanti, 2022). This lack of status within nursing becomes worse when taking into consideration Black and minoritized people, with the latest Royal College of Nursing

annual survey stating (again) that the culture within the NHS prevents minoritized staff (women in particular) from progressing in their careers [13]. Kline's [14] description of the 'snowy white peaks' within the NHS, referring to the overwhelming white senior management, accurately conveys how difficult it is within this vast organization to be promoted as someone who identifies as any other ethnicity. In 2019 Black and minority ethnic people still made up only eight percent of the chief executives and chairs [15], although '37 percent of Doctors, 20 percent of nurses and 17 percent of other directly employed staff' are from these backgrounds [16].

As the NHS in the UK has become more diverse, issues around discrimination have greatly increased [17]. According to Smith and Mackintosh [18], overseas nurses in particular, face discrimination in the United Kingdom (UK), and this discrimination is based on gender, class, and ethnicity. Some overseas nurses also believed discriminatory attitudes could be triggered if they are appointed with higher ranks or positions than British nurses and stated that a direct relationship exists between the concepts that overseas-trained nurses should work as interns or low-band nurses [19]. As a result of migration, this stance is exacerbated on a global level and is therefore not just confined to the NHS and the UK. Furthermore, Smith and Mackintosh's [18] report claimed that foreign nurses were not considered "safe" until they are evaluated against British standards. Based on these results, a hierarchical structure is established, with Black African nurses specifically working at the junior level until they could prove themselves to be working at British standards. Misunderstandings about the level of education of overseas-trained nurses lead to stereotyping, and ultimately, Black and minoritized nurses from overseas and from the UK are assumed to lack the knowledge and ability to advance to supervisor or manager rank. In turn, it leads to promotion procedures for Black and minoritized nurses being more stringent than for white nurses in NHS. Black and minoritized nurses also face additional difficulties with accessing the skills and training development opportunities that can help to advance their position within the NHS (Isaac, 2020).

The UK has in the past dismissed or downplayed the rampant systematic racism within its society (Commission on Race and Ethnic Disparities) [20], but evidence continues to suggest systematic racism continues to penetrate the country, particularly within the NHS [21]. Shain [22] suggests that notions of cultural differences were used by successive UK governments to justify racialized containment strategies through tougher immigration controls and education policies such as British values. The policies have continued to be used to control what has been labeled 'dangerous others' in British society. The Williams Review [23] confirmed that systematic racial discrimination towards Black people exists prominently within the British government and can be rectified should the government wish to correct its injustices. While there is a substantial proportion of studies and reviews on racial discrimination trends, the following review focuses on the abuse and discrimination Black nurses experience in the Global North and what impact this has on their health, well-being, self-confidence, self-belief, and career trajectory.

2. Methods

A narrative literature review was conducted by the first author, with additional content added and reviewed by the second and third authors. The initial literature review sought papers using combinations of the keywords "Black", "nurse", "racism", "minority ethnic", "NHS", "discrimination", and "mental health". The searches were conducted using CINAHL, Google Scholar, PubMed, and Scopus and the last search was conducted in April 2022. The

search was limited to publications from 2012 to 2022 and in English. This preliminary literature review served to find papers that had conducted similar searches (such as systematic reviews). These were then used to refine the search criteria and narrow the focus of the research question. In this instance, we decided to focus on the experiences of Black and minoritized nurses before and during the pandemic. The combination of these searches found several papers and we were able to do forward and backward searches based on references and citations.

As this was a narrative review, we did not conduct a quality check of the final papers, but two of the authors read through all papers in full to determine their eligibility, based on many years of experience in systematic reviews, rapid evidence assessments, and literature reviews. A systematic review was not chosen as they tend to favor highly cited papers, which are often not written by Black and minoritized people. We wanted to ensure that we weighted papers based on their content rather than methodological rigor. The final papers are in [Table 1]

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Author	Date	Country	Type of Research
Braithwaite	2020	UK	Discussion article
Dunkley	2018	USA	Ph.D. thesis
Dywili, O'Brien, and Anderson	2021	Australia	Qualitative interviews
Gordan, Weller and Kerr	2021	UK	IPA
Hall and Fields	2012	USA	Literature review
Iheduru-Anderson, Agomoh and Inungu	2021	USA	Qualitative interviews
Javanmard	2017	Australia	Structured literature review
Jefferies, Goldberg, Aston and Murphy	2018	Canada	Literature review
Johnson, Mitchinson, Parmar, Opio-te, Serrant, and Grange	2021	UK	Secondary data analysis
Kapadia, Zhang, Salway, Nazroo, Booth, Villarroel-Williams, Becares and Esmail	2022	UK	Rapid review
Kunhunny and Salmon	2017	UK	Qualitative interviews
Mapedzahama, Rudge, West, Perron	2012	Australia	Qualitative interviews
Mwebe	2021	UK	Discussion article
NHS Workforce Race Equality Standard	2020	England	Report
Pendleton	2017	UK	Literature Review
Public Health England	2020	England	Report
Tuffour	2022	England	IPA
Turner, Labinjo, Simbani and Murumbi	2020	UK	Commentary

3. Findings

All three authors reviewed a total of eighteen articles that met the inclusion criteria [Table 1]. Three themes were deduced from the articles reviewed, using thematic analysis [24]: Enabling account, Inhibiting narrative, and Silencing ordeal. These titles reflected the main themes from the eighteen articles based on the authors' interpretations of their findings. These themes represent a mix of positive and negative experiences that Black and Minority Ethnic (BME) nurses in the Global North healthcare face in practice. Understanding the dichotomy of their experiences is vital to seeking tailored approaches that will help BMA nurses maximize their positive experiences and abolish activities that may constitute their negative experiences in clinical practice.

3.1. Enabling account

BME nurses in the Global North healthcare recounted they perceived themselves as an agent of change and that gave them a sense of pride and job satisfaction in their workplaces. They perceived themselves to be resourceful and able to guide, support, and successfully handle leadership tasks with their research team [25]. However, they also claimed to lack recognition, there were issues around the clarity of their role and career development opportunities, and they stated that they felt isolated because they were invisible to colleagues within the community - which adversely hindered their career progression. The lack of clarity about their role and being invisible may explain why BME nurses and midwives spent more months working at the entry-level grade than their white counterparts over the previous 10 years [26]. Johnson et al [27] recommended that institutions should embrace cultural change, engage with diverse groups in research as well as bridge inequality gaps to limit the activities that directly or indirectly constitute racial injustice and prejudice.

Similarly, Turner et al. [28] commented on how injustice and prejudice can be jettisoned in academia. The authors proposed an inclusive curriculum design may improve the attainment gap for international students, as this will empower and improve integration. They also advised that mental health nursing environments should embrace enabling cultural change to improve the trust and engagement of international students [28]. Iheduru-Anderson [29] added that Unit leaders in Higher Education need to recognize the challenges experienced by African-born Black nurses to be able to offer to enable support. Hall and Fields [30] suggested that open dialogue, historical awareness, education, research, and practice are paramount to understanding approaches to subdue subtle racism and support minority nurses to thrive.

In consideration of enabling BME nurses, Braithwaite [31] recommended four major ways to achieve this goal. One is to call out racism when you see it or experience it. Two, a risk assessment of BME staff must be undertaken and ethnicity must be considered as a significant risk factor when deploying staff. Three, reflect and think about how and what you base your clinical or management decisions on and eliminate biases. Braithwaite [31] acknowledged that the aforementioned may be incredibly hard to do, but we must all engage with the approach and respect it.

3.2. Inhibiting narrative

The findings of a rapid review conducted by Kapadia et al. [32] provided evidence of ethnic inequalities across a range of professions and settings in the NHS. Two large studies showed that Covid-19 infection was higher in ethnic minority staff in the NHS, particularly for Black and Asian staff. There was also evidence to suggest that the Covid-19 pandemic had disproportionately affected ethnic minority healthcare workers' working environment.

Contrary to this, Mwebe [33], a Ugandan BME mental health nurse in the UK, having caught the Covid-19 virus recounted personal experiences and the impact of the virus. The author expressed feelings of mental anguish, fear, and self-torment due to the infection. However, commented the NHS first-class health service- though not perfect, but able to provide quality care without delay and discrimination. However, lack of sufficient access to adequate PPE was revealed to have a greater deterring effect on BME nurses in the NHS [32].

Reflecting on inhibiting factors to professional development, Gordon [34] explored barriers and opportunities to black nurses' professional development. The study sought the lived experience of BME nurses when applying to access training and development programs in the NHS. The outcome of the exploratory study showed that BME nurses had less

likelihood to be selected for training and development programs when compared to their white counterparts.

Jefferies et al. [35] claimed that the invisibility of Black nurse leaders is the result of generational oppression and discrimination manifested through discourses. Systemic, institutional, and historical discourses perpetuate barriers for Black nurse leaders, resulting in their invisibility or absence in practice. Similarly, Tuffour [36] interviewed five sub-Saharan nurses who worked in the NHS. The result of the interpretative phenomenological analysis revealed that Black African nurses experience deep-rooted discrimination and marginalization. Aside from that, because of their ethnicities, and the fact that the nurses had English as a second language, they faced discrimination and have difficulty achieving leadership roles.

However, Gordon [34] acknowledged that various interventions have been initiated to promote equal opportunities, however, the authors identified that oppressive practices towards nurses from BME persist within the NHS. Therefore, the authors warned that failure to promote the professional development of BME nurses can impact negatively the quality of care given to patients.

In Australia, Mapedzahama et al [37] pointed out that nurse-to-nurse racism exists in Australian nursing workplaces and suggested this must be researched and eradicated. In a similar vein, Javanmard [38] found increased bullying of internationally qualified midwives and nurses in Australia. However, the author claimed these feelings may occur due to transition issues given migration to new countries with diversity in language and cultural practices can cause a sense of vulnerability for BME nurses. On the contrary, Dywili, O'Brien, and Anderson [39] emphasized that there are pockets of racial discrimination that need to be checked within the Australian healthcare system condemning how racial discrimination undermines the confidence of overseas qualified nurses in their professional practice.

Amidst these inhibiting accounts, in the UK, a report by NHS Workforce Race Equality Standard [40] highlighted some evidence of modest improvement, and that is a testament to the work done both nationally and locally to de-bias recruitment and disciplinary systems; increase senior representation and increase the numbers of BME staff accessing non-mandatory training and Continuous Professional Development (CPD).

3.3. Silencing ordeal

Public Health England [41] published a report on disparities in the risk and outcomes of COVID-19 of a total of 10,841 COVID-19 cases among nurses, midwives, and nursing associates, representing 1.9% of the health professionals who are registered with the Nursing and Midwifery Council (NMC). By ethnic group, this represents 3.9% of nurses, midwives, and nursing associates of Asian ethnic groups, 3.1% of Other ethnic groups, 1.7% of White ethnic groups, and 1.5% of both Black and Mixed ethnic groups. However, this report silenced possible reasons behind these differences, which may be driven by factors like geography (living in dense and low socio-economic areas) or the nature of individuals' roles (front-line, non-leadership roles).

The review by Kapadia et al [32] found evidence of NHS BME nurses enduring racist abuse from other staff and patients and this was particularly stark for Black groups. Most of the qualitative studies on experiences of racist abuse in the NHS workforce have been undertaken mostly with internationally trained Black African nurses. The review concluded a lack of research on the experiences of other ethnic minority groups working in the NHS.

A survey of 538 nurses, across four UK hospitals, was conducted by Johnson et al. [27] to investigate workplace experiences, burnout, and patient safety in nurses and midwives. It was revealed that BME nurses and midwives (n = 104; 19.4%) had spent more months working at the entry-level grade (M = 75.75, SD = 44.90) than White nurses and midwives (n = 428; 79.7%; M = 41.85, SD = 44.02, $p < 0.001$) and fewer months at higher grades (M = 15.29, SD = 30.94 v 29.33, SD = 39.78, p = 0.006. At Band 6; M = 6.54, SD = 22.59 v M = 19.68, SD = 37.83, p = 0.001 at Band 7) over the previous ten years. BME nurses and midwives were less likely to have received professional training in the previous year (N = 53; 53.0% v N = 274; 66.0%, p = 0.015) and had to apply for significantly more posts than White nurses and midwives before gaining their first post on their current band (M = 1.22, SD = 1.51 v M = 0.81, SD = 1.55, p = 0.026). By working more months at the entry-level grade, for not receiving the professional training they required, the BME nurses are silenced, and deprived of promotion.

A systematic review conducted by Pendleton [42] highlighted that BME nurses and midwives, especially those who registered abroad and subsequently came to live and work in the UK recounted excessive scrutiny, and punishment and expressed feelings of loss of self-confidence. Many of the overseas-trained nurses felt underemployed and excluded from white networks of power and opportunities for staff development and promotion. Pendleton [42] described these feelings as the resultants of covert and overt racism as well as 'horizontal racism between BME staff of differing ethnicities.

4. Discussion

The combination of Covid-19 and Brexit appears to have enhanced discrimination towards Black nurses within the NHS [1][32][33][43]. This is in addition to the systemic racism already endemic within the 'snowy white peaks' of the NHS [14][27]. Integration of overseas nurses also seems to be an afterthought, with some nurses being seen as more welcome than others depending on their country of origin [17]. However, it is Black nurses that report the most abuse and discrimination, which comes from both colleagues and patients, leading to a decrease in self-confidence and overall health and well-being [10][32][42].

The lack of opportunities for promotion has meant that Black nurses are 'stuck' in the lowest band roles [27]. These bands are supposed to correlate to experience, pay, and responsibility. Johnson et al.'s study showed that Black nurses spend more time in these roles and are therefore most likely to be patient-facing. This led to a stark inequity within the number of Black nurses that contracted Covid-19. Lower-paid staff were more likely to be on the front line, so ethnic minority staff and black nurses (and their families) were disproportionately affected [32][33].

The invisibility of black nurses in leadership roles could be a possible reason for continuing systemic injustice [35]. However continued abuse at individual and systemic levels must have an impact on self-belief, self-worth, and self-confidence. A long-held stereotypical belief that Black nurses are not good enough for leadership positions, the experience of undergoing more stringent interviews and procedures, and finding it difficult to access training, may serve as reasons why Black nurses do not put themselves forward for positions of leadership [18][25][27]. For those who have English as a second language, this can be even more difficult [36]. Despite interventions to promote equal opportunities oppressive practices continue and a failure to promote black minoritized staff within the NHS could have a negative impact in the long term for NHS patients [34].

Albeit the result of a small number of recent studies, this review has highlighted some of the main issues experienced by Black nurses within the NHS, and wider Global North currently. Their experiences continue to be negative, with Covid-19 highlighting the disparities that exist because of a lack of opportunities for Black nurses to progress and be represented at all levels within the healthcare hierarchy. By no means is the UK alone in the struggle for equity and justice of Black and minoritized people in the workplace, and information found in this review should be relevant for any healthcare system where white people make up the majority of the general population.

5. Conclusion

Cultural change needs to happen within healthcare at all levels. Continuing inequality in pay and a lack of Black people in senior positions needs to be addressed immediately to combat racism and begin a shift in behaviors. Taking complaints by Black staff seriously and addressing them adequately is something that can happen now without any significant financial consequences. Cultural change can also come through education - particularly within further and higher education where nurses from all ethnic backgrounds, including white, can be trained to challenge systemic injustice. Everyone must work together to bring about lasting positive changes, which will ultimately benefit the whole workforce and the patients.

Amid the COVID-19 global pandemic, any healthcare system existing across the world requires more healthcare staff than ever. Regardless of their race, culture, or color, nurses serve as an integral part of the healthcare system. Nurse shortages cannot be afforded under such circumstances; therefore, the NHS must monitor and develop screening processes and policies to detect racial discrimination and must function to limit or eliminate such acts to secure efficient person-centered care for patients. Throughout conducting this literature review, the majority of data collated focused on BAME groups as a collective and did not necessarily separate the group into each respective ethnic background. As each ethnic group has its own set of challenges and unique experiences, more research must be completed for specific minority groups without grouping all of them as this will give a more accurate representation of the population and each ethnic group's challenges and experiences.

6. Limitations

The search strategy used was mindful of the fact that we sought mainly qualitative data. Conducting a more robust search such as a systematic review may eliminate some of the individual experiences. Therefore, the findings are not generalizable to the whole population; however, the authors feel that this is an accurate representation of many nurses' experiences through personal knowledge and many years of teaching pre-registration nursing in the UK.

7. Implications for policy and practice

Policies are constantly being created to target racist behaviors on a systemic level, particularly within the NHS [44]. This is welcomed by the authors. More discussion about incidents as they happen may help non-Black and minoritized nurses to understand the impact, especially where micro-aggressive language is used and not normally challenged. Making it the normality to call out such behaviors in the workplace will mean that all healthcare staff becomes aware of what is not acceptable. This will ultimately support the policies that are put in place and will help to end racism in nursing. This will not happen overnight, but there is no reason that this cannot be enacted by individuals immediately.

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