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Guest editorial

Practising what we preach: working towards a diverse workforce in the UK

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There has been a wealth of research into the lack of representation in the employment statistics of individuals from black and minority ethnic communities in the NHS. These studies have identified the key issues and concerns which point clearly to a need for change. Section 71(1) of the Race Relations Amendment Act (2000), and sections 2(2) and 2(3) of the Race Relations Act (Statutory Duties) Order 2001 require all NHS trusts to promote race equality, eliminate discrimination and ensure good relations with minority ethnic communities. NHS trusts are also charged with establishing consultation processes and evaluation mechanisms. Such processes, together with recommendations from research (see for example, Beishon *et al*, 1993; Bird, 1996; Klem *et al*, 2001; Notter and Hepburn, 2004) and numerous strategy documents such as *Tackling Racial Harassment in the NHS* (NHS Executive, 1998), *The Vital Connection* (Department of Health, 2000) and *Agenda for Change* (Department of Health, 2004), must be adopted if individuals are to be attracted to, and then subsequently able to achieve their full potential as employees in the NHS.

National targets to increase diversity within the health services by March 2004 were identified, but disappointingly, these figures now have to be revisited. Furthermore, a framework for action was provided, which indicated how all NHS organisations could place valuing diversity at the core of their policies and practices, but there is still a long way to go. All parts of the NHS must work together to have a positive impact on the lives of staff, users and, indeed, the entire community. Explicit in government directives is the need to increase minority ethnic representation in the workforce across all sectors of the NHS and at all levels, including executive posts at board level. The Strategy Unit's consultation document (2003) considered in general terms the problems and difficulties that can affect individuals from such communities as they strive to find work in what is, even today, hardly a level playing field. The unit's recommendations challenge NHS managers to work with employees to devise and implement policies that will enable all staff to feel valued and to achieve their full potential in an environment that feels fair to all.

Inherent in managers' responsibilities is the need for staff training and education. Levels of knowledge about equal opportunities and anti-discriminatory practice appear low. Klem *et al* (2001) and Notter and Hepburn (2004) found that few staff, even those who had been on recognised courses, had adequate levels of knowledge in either area. Such a lack of knowledge can lead to inadequate support for colleagues when they need help (Bird, 1996) and may mean that staff do not even recognise incidents that should be addressed (Gilborn, 1990; Gerrish *et al*, 1996; Gerrish, 2000). Lack of knowledge and understanding about equal opportunities and anti-discriminatory practice, therefore, militates against the creation of a working environment in which all members of staff feel able to progress on an equal footing, and thus has to be a cause for concern.

Klem *et al* (2001), in their study of nursing and allied health professions, found that few individuals from black or other minority ethnic communities saw themselves as achieving senior positions in the NHS, and that without role models to demonstrate such possibilities, they did not develop long-term goals or objectives. NHS staff shared the same views as the minority communities, believing that the dominant culture persisted regardless of the wants and needs of other groups. These perceptions are crucial factors in the recruitment and retention of staff and expertise, and the delivery of high-quality patient care supported by the employment of a highly trained and skilled workforce that reflects the local population.

The retention of competent, experienced staff is essential to the effective functioning of a modern, dependable health service (Department of Health, 1997), but strategies aimed at increasing recruitment from black and other minority ethnic groups do not seem to address the long term. Changing societal attitudes to work mean that younger and newer members of staff are less likely to remain in employment that they perceive as offering limited opportunities, or in

which they feel that their contributions are not recognised or valued. In many areas of the NHS, members of staff from minority groups, frustrated by a lack of financial incentives and job satisfaction, are heading for the door in search of non-NHS jobs that can offer flexible hours, more opportunities, equal or better pay and less stress (Department of Health, 1999; Klem *et al*, 2001) This, coupled with the combined pressures of a shrinking workforce, and an ageing population, has made it more, rather than less difficult to ensure a workforce that represents the diversity present in the population as a whole (Department of Health, 2001).

To address this problem, NHS trusts will have to make public the changes they implement, to overcome what is perceived to be years of discriminatory practice. They will have to find ways to demonstrate, to a disbelieving audience, that all staff and patients are regarded as equal regardless of ethnicity, religion gender, age, sexual orientation, education or class (Department of Health, 2000, 2003). Policies and practices will have to be open to scrutiny, in an organisation that is constitutionally geared towards independent non-contested decisions and is hierarchical in structure. The presence of role models and mentors may make the difference to how members of black and other minority groups perceive their careers, and hence whether they stay or go, but identifying sufficient individuals and training role models take time and resources, both of which are in short supply in today's NHS. We have a chance, if we all act now, to turn the tide and develop a diverse and representative workforce, but if we do not individually and severally take up the challenge inherent in the establishment of equality and equity in practice, the NHS will be the loser. Fewer individuals will be attracted to the NHS in the first place, and those able to move on will do so, leaving a diminished, non-representative workforce.

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