



# **Equality of employment opportunities: perspectives of graduating nurses and physiotherapists**

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# Research Team

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Ann Ooms and Christine Chu who were involved in earlier discussions about research design.

# Background

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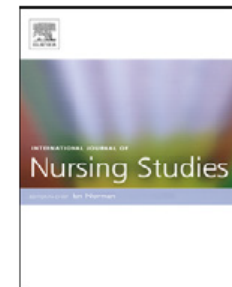
- Securing employment after qualification is of utmost importance to newly qualified healthcare practitioners such as nurses and physiotherapists.
- That first job is crucial to consolidating knowledge and skills gained in a pre-registration degree course and to developing confidence and competence as a health care professional (Clark and Holmes, 2007; Pellico et al., 2009).
- Recent research conducted by the team found ethnicity was significant predictor for successful employment, confidence and preparedness for job seeking. Newly qualified nurses from non-White/British ethnic groups were less likely to get a job and feel confident about and prepared for job seeking.
- BUT the study did not address the reasons why this inequality occurred



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# Equality of employment opportunities for nurses at the point of qualification: An exploratory study

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### ABSTRACT

**Background:** Securing employment after qualification is of utmost importance to newly qualified nurses to consolidate knowledge and skills. The factors that influence success in gaining this first post are not known.

**Objectives:** The study aimed to describe the first post gained after qualification in terms of

# Background

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- Securing employment after qualification is of utmost importance to newly qualified healthcare practitioners such as nurses and physiotherapists.
- That first job is crucial to consolidating knowledge and skills gained in a pre-registration degree course and to developing confidence and competence as a health care professional (Clark and Holmes, 2007; Pellico et al., 2009).
- Recent research conducted by the team found ethnicity was significant predictor for successful employment, confidence and preparedness for job seeking. Newly qualified nurses from non-White/British ethnic groups were less likely to get a job and feel confident about and prepared for job seeking.
- **BUT the study did not address the reasons why this inequality occurred**

# Research aims

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- To explore the experience of newly qualified nurses and physiotherapists from recruitment to the course to 3 - 6 months post qualification to identify important factors, incidences, situations, people that influence the future employment of students and their behaviours in preparing for and seeking their first job.
- To explore the experience of NHS managers in identifying and selecting newly qualified nurses and newly qualified physiotherapists for employment and identify the key factors that influence their decision making.



# Study design and methods

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- Exploratory study using narrative interviews drawing on biographical approaches with newly qualified staff.
- A qualitative study approach focusing on the participants' experiences and perspectives, in terms of their personal, individual meanings and influencing factors during that first job-seeking journey.
- Analysis used an interpretative phenomenology.

*Approval obtained from the Research Ethics Committee of the Faculty where the study was conducted.*

# Site and sample

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Site:

Health care faculty in one UK inner city university

Sample:

Purposively selected to reflect diversity in ethnicity, age and gender

- 12 newly qualified nurses
- 6 newly qualified physiotherapists

	White British	White Other	Black African	Asian	Black/Mixed	Total
Nursing	2	2	5	1	2	12
Physio	1	1	2	2		6



# Findings

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2 major themes

Theme 1: The proactive self

Theme 2: Fitting into the culture

# Theme 1: The proactive self

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*“It's up to me”*

“just got to get on  
with it”

“If I want something,  
I go and research it”

“Lecturers don't know exactly what goes  
on in the interview.... They (newly  
qualified healthcare professionals) need  
to have knowledge of what the interview  
is like”

“It's all out  
there, go and  
get it”

# Theme 1: The proactive self

## *Preparedness & self-directed*

*“Don’t put all your eggs in one basket”*  
[Physio]

*“I had to go there... Just to get an idea of what they do so that I can get prepared for the job”.... You wouldn’t get a job unless you’re proactive, yes, yes very proactive, you had to...”* (Nurse).

*“you had to figure it out for yourself”*  
[Physio]

one needs to “*get on with it*” (Nurse), to “*figure it out*” (Physio) and use “*buzzworrrds*” (Physio) to make sure you get in there.

*“not enough time to prepare a good Trust specific application”*  
(Physio)

# Theme 1: The proactive self

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## *Bouncing back*

*“Persevere, be patient, keep on working, trying”  
[Physio]*

*“despite set back, I never thought of giving up”  
[Physio]*

*“It feels like I’ve to take one step back in order to go forward”  
[Physio]*

*“When they said I didn’t do well in the interview, then I just got some interview tips online which I have to pay for” [Nurse]*

# Theme 1: The proactive self

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- ***Isolation and inadequacy***

*feelings of inadequacy "to join into the team"*

*"everyone just doing their own thing; just got on with things. You can't just be waiting for people to approach you"*

*"not ready.....very lucky to get a band 4 [physiotherapy technician, not a qualified post], on rotation and gaining necessary experience along the way"*

## Theme 2: Fitting into the culture

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*“don’t apply there as  
won’t get the job  
anyway” [nurse] due to  
perceptions of  
discriminatory cultures.*

*“needing to  
modify self to fit  
in” [nurse]*

*if your face fits  
then the  
barriers are  
reduced”  
[nurse]*

## Theme 2: Fitting into the culture

### *Pre-job application*

*“When I was a student someone told me, I wouldn’t apply there ‘cos you know, it’s not really an ethnic hospital, you wouldn’t fit in after a little while” [nurse]*

*“...you have to struggle to get a job down there (a specialist area) for me I wouldn’t even go there now because I know I won’t be recruited anyway” [nurse]*

*"I think there are ethnic groups that work in specific nursing areas.....A lot of Filipino nurses in ICU; Irish nurses in emergency care; white British in sexual health; Indian nurses in outpatients..." (O1N).*

*“I think people do apply for jobs where they are more likely to fit in... That’s where you start off” (O5N) “where there are more ethnic minority (groups) because we feel that is where we will be comfortable but also the issue of understanding. Irish nurses say the same thing. Culture before people... So it does bring a lot of barriers” [nurse]*



# Theme 2: Fitting into the culture

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## *Job Interview*

*“If your face fits” the barriers are reduced. “...but this was different, we could really understand each other, may be just the culture that I’ve come to understand better” (O3N).*

*“not wearing a headscarf to interviews” and “not showing (her) passport” [nurse]*

## Theme 2: Fitting into the culture

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### *Post-qualification: Starting work*

*“it might be”, “not in my case”, “not aware of it”  
[Physio]*

*“it’s ongoing, can’t put my finger on it. It’s only when something is said and you reflect on it” [nurse]*

*“there are even others [nurses of black ethnic backgrounds] who had placement on that ward, but they will not take her, even though they find her to be competent, they will not take her but they will take another person” (11N).*

# Discussion

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- The sample in this study is small and from one institution.
- The findings of this study challenge assumptions that employment opportunities operate on an even playing field.
- The process of fitting into the new organisational culture is not straightforward.
- Those who were successful in securing employment near to graduation presented proactive characteristics and self-direction.
- They suggest that BME newly qualified staff are seen as having to accommodate rather than the institution being prepared to adapt. Strategies to fit-in were perceived to be adopted by the individual rather than the workplace.
- The participants in our study did not feel enabled to challenge or resist these dominant cultures, and perhaps should not be expected to. In some cases this led to deliberate choices to avoid applying to wards, trusts or to the NHS altogether, and in doing so, reducing their employment opportunities. Conversely, the participants did not perceive that there were any active strategies by employers to facilitate their inclusion. Thus, based on these findings, the transition from higher education to employment raises greater conflict for personal identity for BME graduates and demands they adopt strategies to fit in and conform to the professional culture.
- While these findings highlight challenges for individuals from BME backgrounds, there is a striking issue of perceived ethnic and racial segregation in the healthcare workplace.



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# The Progress and Outcomes of Black and Minority Ethnic (BME) Nurses and Midwives through the Nursing and Midwifery Council's Fitness to Practise Process

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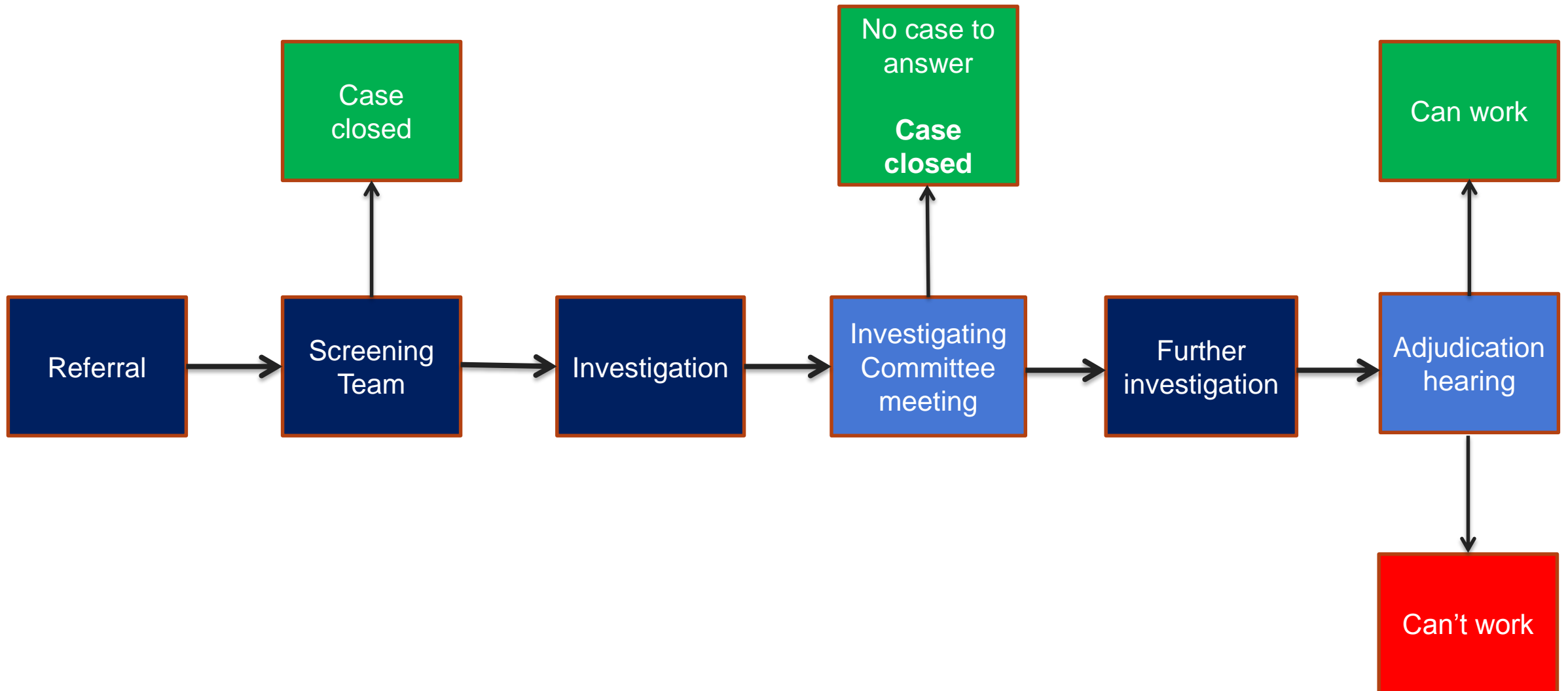
April 2017

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GREENWICH

# A Simple Diagram of the NMC's Fitness To Practise Process



# Sources of data

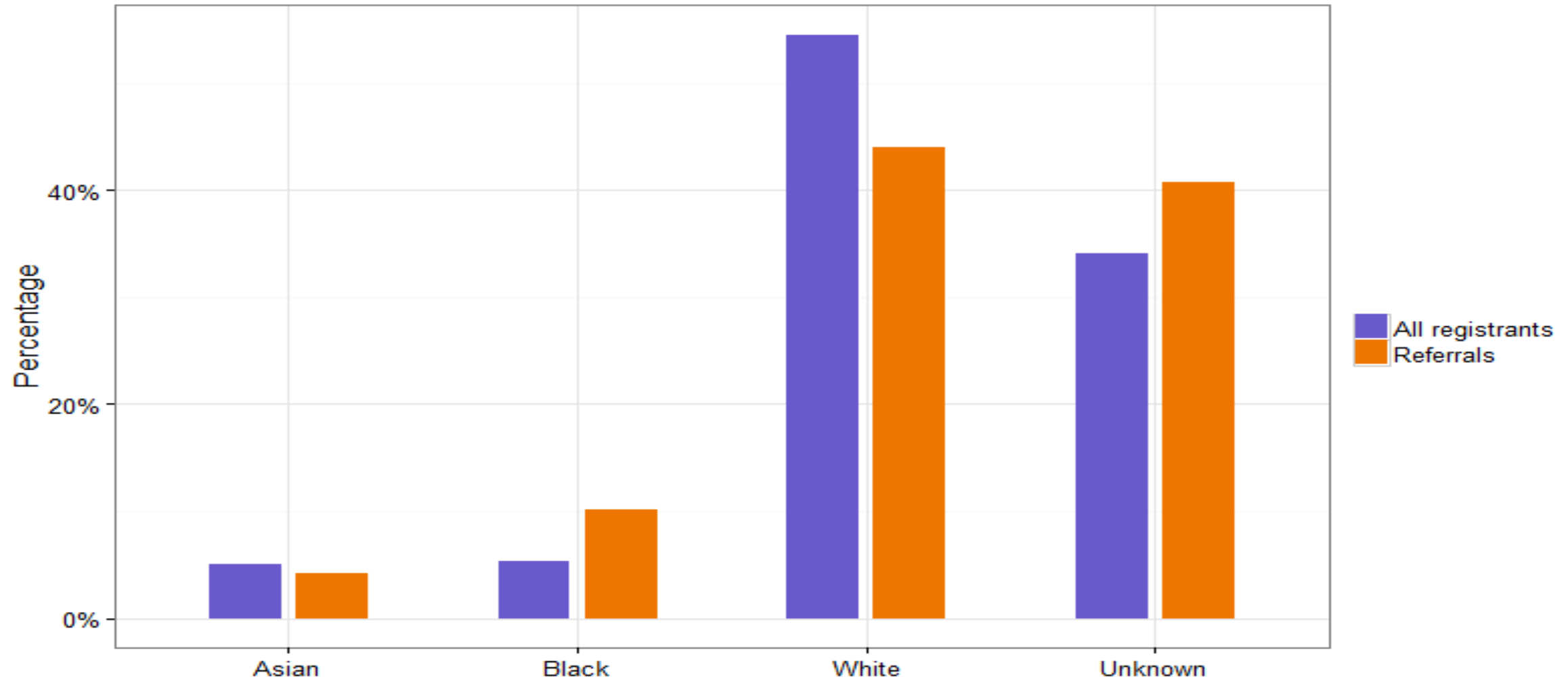
- ◆ **REGISTRANTS:** All registrants up to December 2014 making a total of 681,258 nurses and midwives.
- ◆ **REFERRALS:** All cases referred to the NMC from April 2012 to December 2014. The total number of nurses and midwives was 5,851.



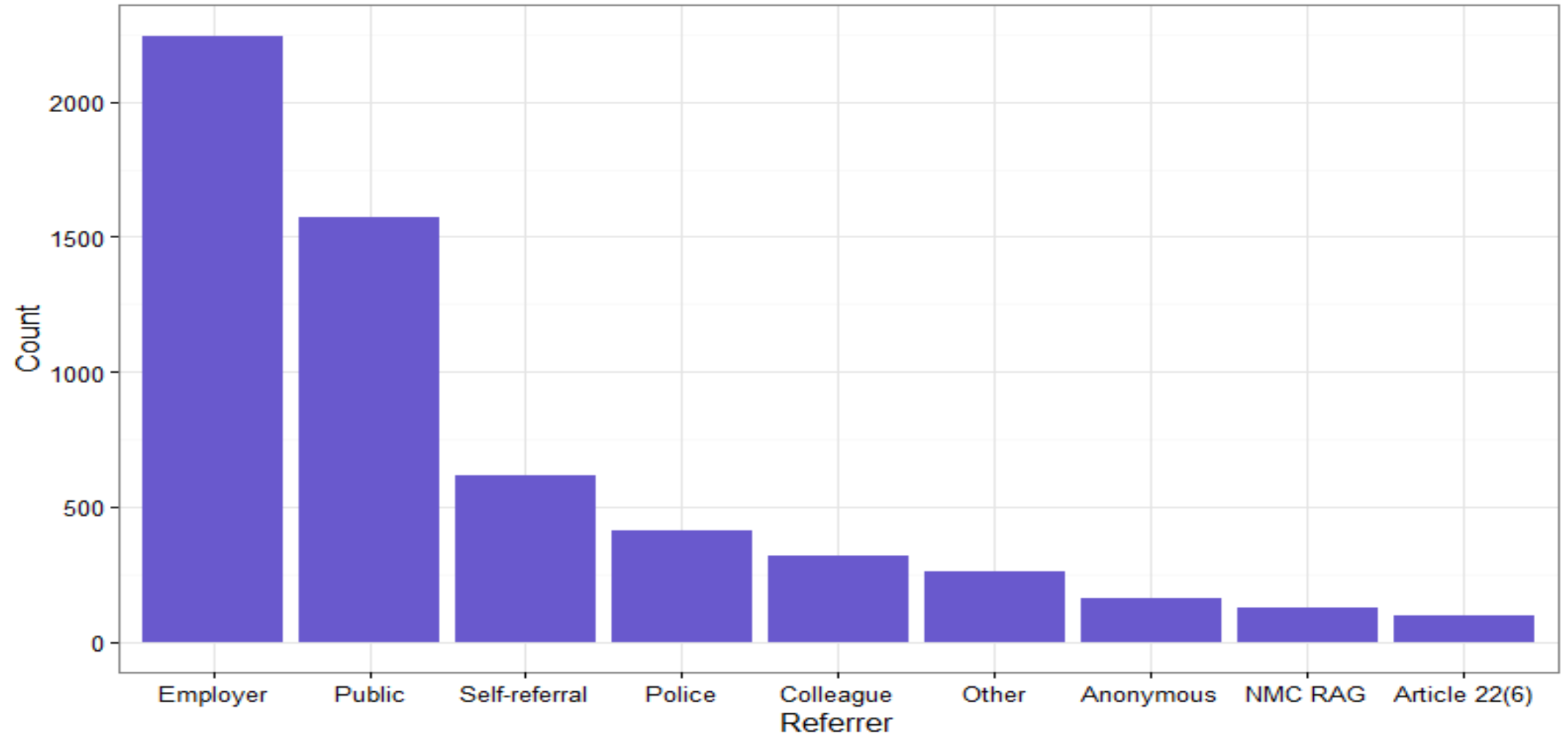
# Key Variables and Methods

- ◆ **Main independent variable is ethnicity:**
  - Black
  - Asian
  - White
  - Unknown
- ◆ **Control variables included: age, gender, region of qualification and source of referral**
- ◆ **Outcome variables: Progression through screening, investigation, adjudication and final outcome (able to work or not)**
- ◆ **Methods of analysis: descriptive statistics and ordinal logistic regression**

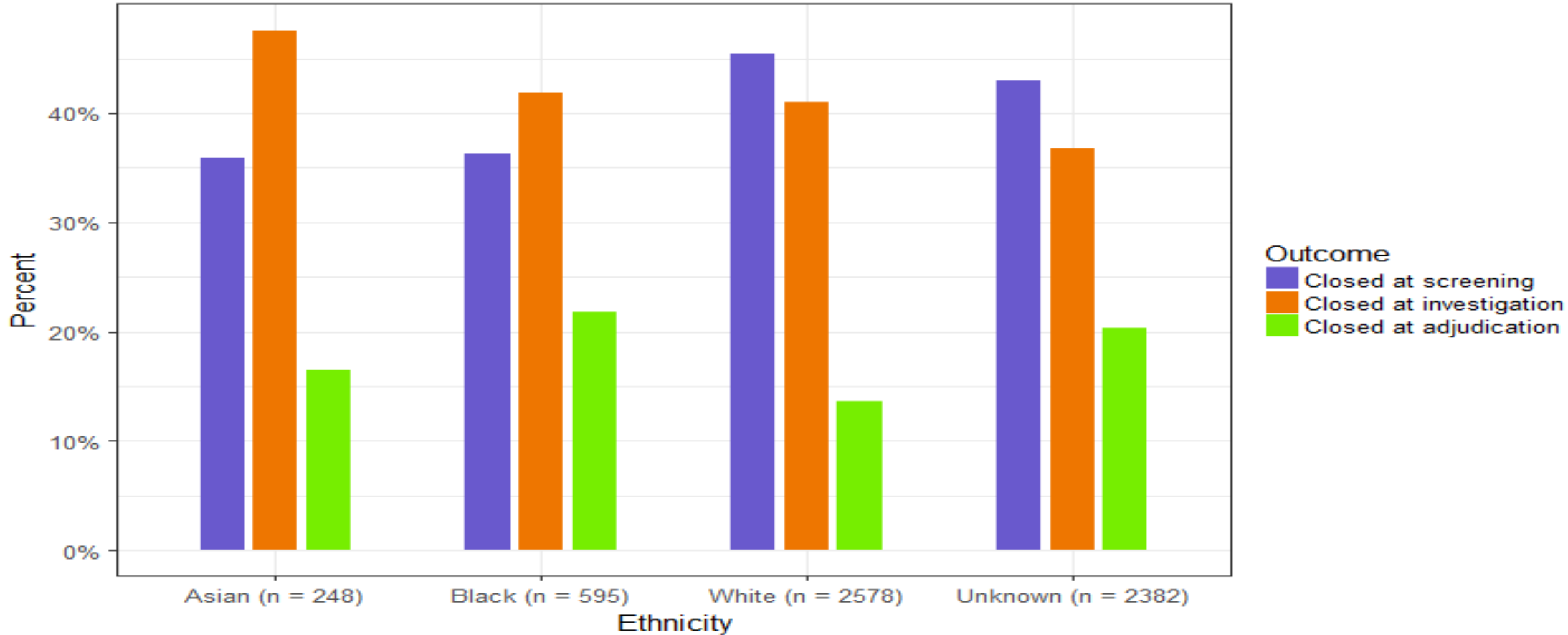
# Ethnicity of Referrals



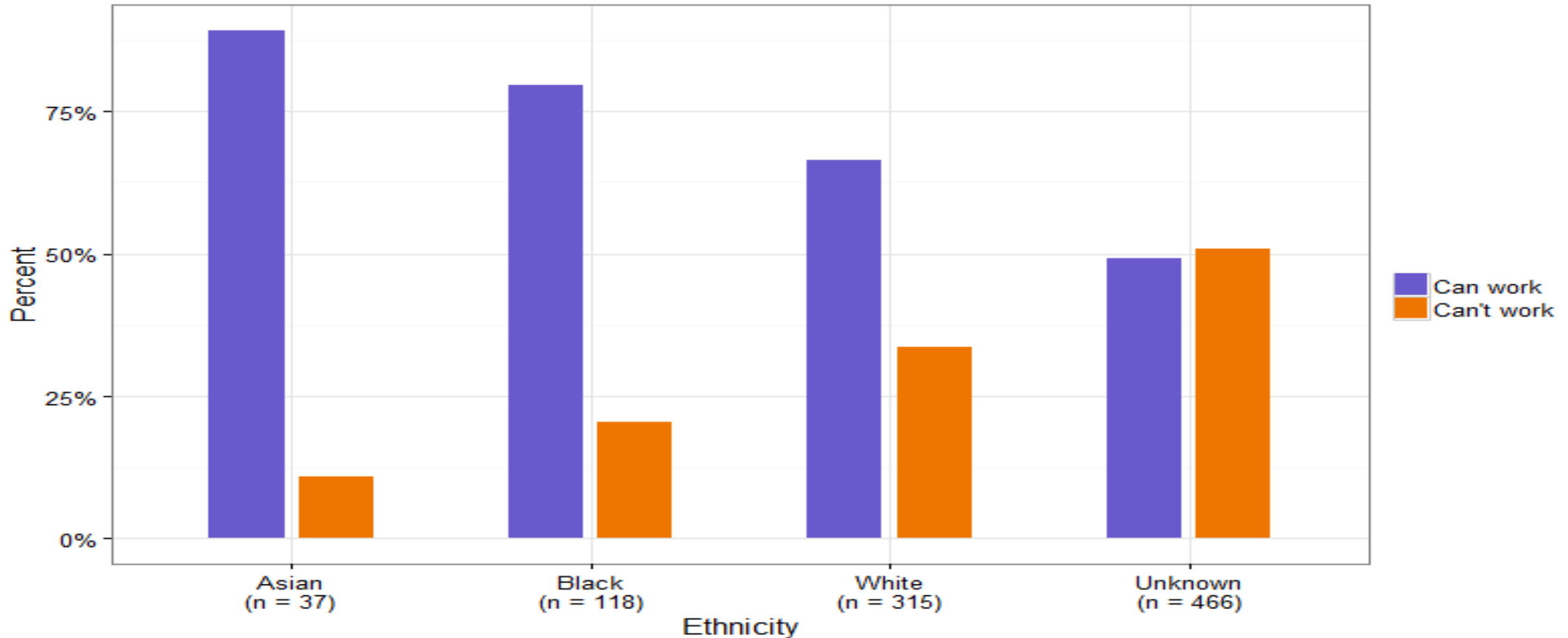
# Sources of Referral



# Is there a relationship between ethnicity and progress through FtP?



# Is there a relationship between ethnicity and outcome of the FtP process?



# Questions raised by Outcomes at Adjudication

- 1. Does this mean that for a white nurse or midwife to get to the stage of adjudication that they must have done something very serious?**
- 2. Conversely, does the fact that so few of the Asian and Black Nurses receive the severest penalty mean that too many of them are going too far along the NMC Fitness to Practise process and that their cases should have been closed much earlier**
- 3. Are those whose ethnicity is unknown not engaging with the process?**

**Table 1. Ordinal logistic regression results, with categories ‘Closed at screening’, ‘Closed at investigation’, ‘Closed at adjudication: Can work’, ‘Closed at adjudication: Cannot work’.**

	Model 1	Model 2	Model 3
Age	+	+	+
Male	+***	+***	+***
Asian		+**	+
Black		+***	+
Unknown ethnicity		+***	+**
Referred by MOP (Public)			-***
Self-referral			-***
Police referral			-***
Referral by a colleague			-***
Article22(6)			-***
Anonymous			-***
NMC RAG			-***
Other			-***
N	5780	5780	5742



# **Actions taken by the NMC**

- ◆ **Set up a HELPLINE where they offer advice and support for employers before they refer a member of staff**
- ◆ **Running FtP LEARNING SETS to increase employers competence and confidence in dealing with problems locally**
- ◆ **As a result of this report:**
  - **All NMC staff are to receive training in “UNCONSCIOUS BIAS”**
  - **Make greater efforts to recruit more diverse panels**
  - **Establishing a wider reference group from professionals, system regulators and other organisations in the sector**
- ◆ **Plan to repeat this analysis after the first cycle of validation when the data on ethnicity, professional group, specialty and work setting will be more complete**

# Discussion

- ◆ **At the moment, regulation focuses on the INDIVIDUAL not on the organisation. This perpetuates a culture of BLAME in the NHS which singles out individuals as the source of the problem without taking into account the setting in which they are working**
- ◆ **Organisations responsible for quality in the NHS, such as the CQC and NHSI need to consider whether or not some organisations are the source of a disproportionate number of referrals**
- ◆ **NHS organisations need to monitor their own data on referrals (REGULATORY INTELLIGENCE) and to put in place processes and procedures to ensure that all referrals are appropriate.**

# How to get hold of the report

- ◆ **NMC Website Equality& Diversity section located at: <https://www.nmc.org.uk/about-us/our-equality-and-diversity-commitments/equality-and-diversity-reports/>**
- ◆ **The NMC have also highlighted the report in their news section at <https://www.nmc.org.uk/news/news-and-updates/research-on-bme-representation-in-fitness-to-practise-process/>**
- ◆ **Contact me at: [e.west@greenwich.ac.uk](mailto:e.west@greenwich.ac.uk)**

# Practising diversity and promoting inclusion:

Impact of an intervention to raise the confidence, aspirations and achievement of Black, Minority Ethnic (BME) and Female staff in an Acute NHS Trust

Oyebanji Adewumi  
Barts Health NHS Trust



# Background Information

- Barts Health NHS Trust was created on 1 April 2012, bringing together three legacy Trusts
- The Trust consists of five hospitals and provides both acute and community based healthcare services across four core London Boroughs serving approximately 2.5 million patients from east London and beyond annually
- A workforce totalling approximately 15,000, it is one of the largest in the country, has a 95% ethnicity disclosure rate, 47% of workforce state they are from BME background and 41% disclose as being White/White other; 74% Female and 26% Male (ESR Mar 2016).
- The analysis of the ethnicity profile shows an above Trust baseline average of BME staff on bands 5 and 6 and a lower than Trust baseline average on bands 7 upwards, with numbers decreasing the higher you go up the bands.
- Trust placed under *special measures* and *financial special measures*



# Workforce VSM\* Information

Trust	White	BME	Other	Not Stated/ Undefined
<b>Barts Health NHS Trust</b>	6051	7429	398	1208
	<b>40.2%</b>	<b>49.3%</b>	<b>2.5%</b>	<b>8.0%</b>
<b>*Senior Staff at Barts Health NHS Trust</b>	1105	488	46	104
	<b>63.4%</b>	<b>28.0%</b>	<b>2.6%</b>	<b>6.0%</b>

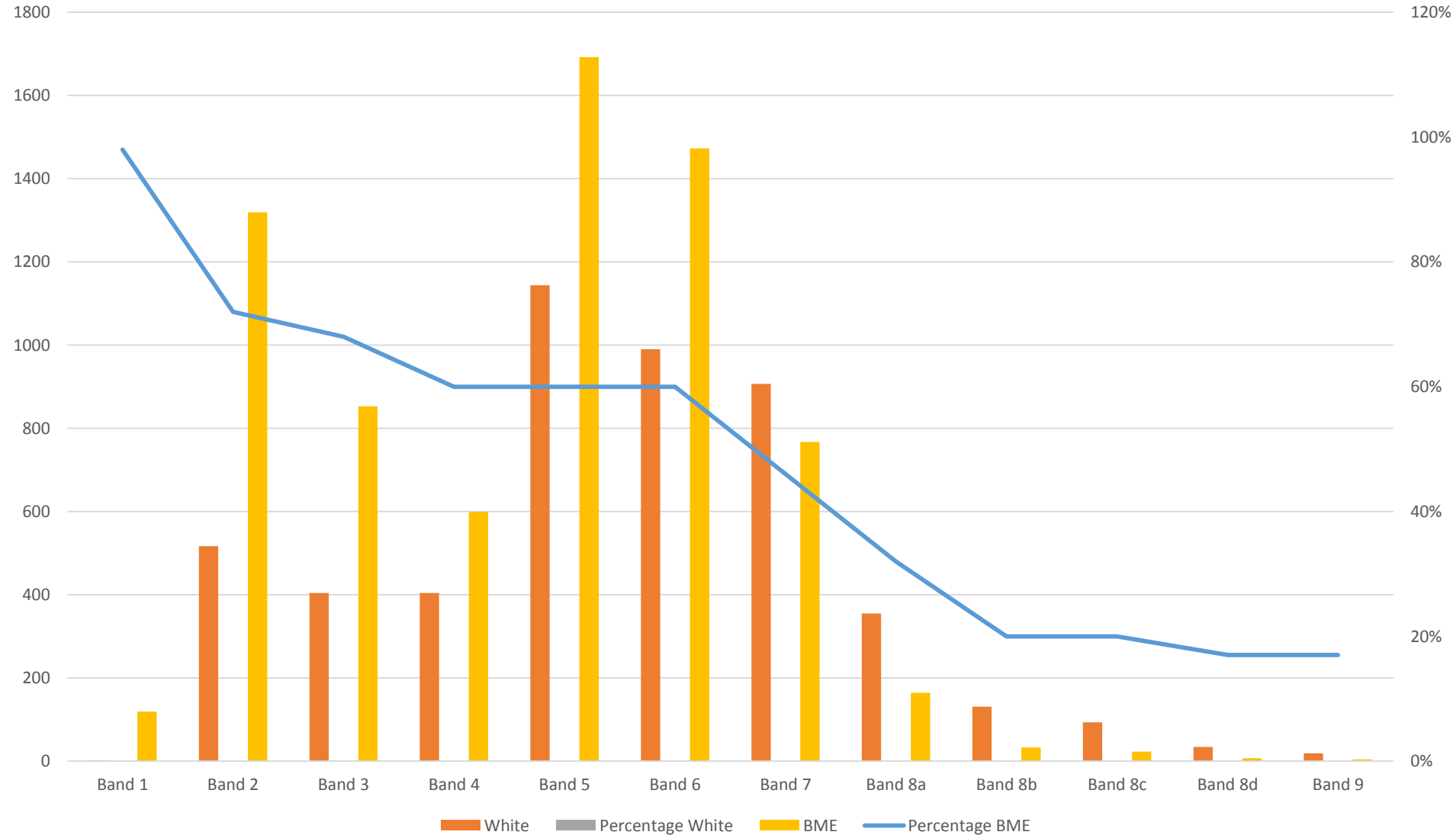
VSM\* – Very Senior Managers

Source: Electronic Staff Records (ESR)



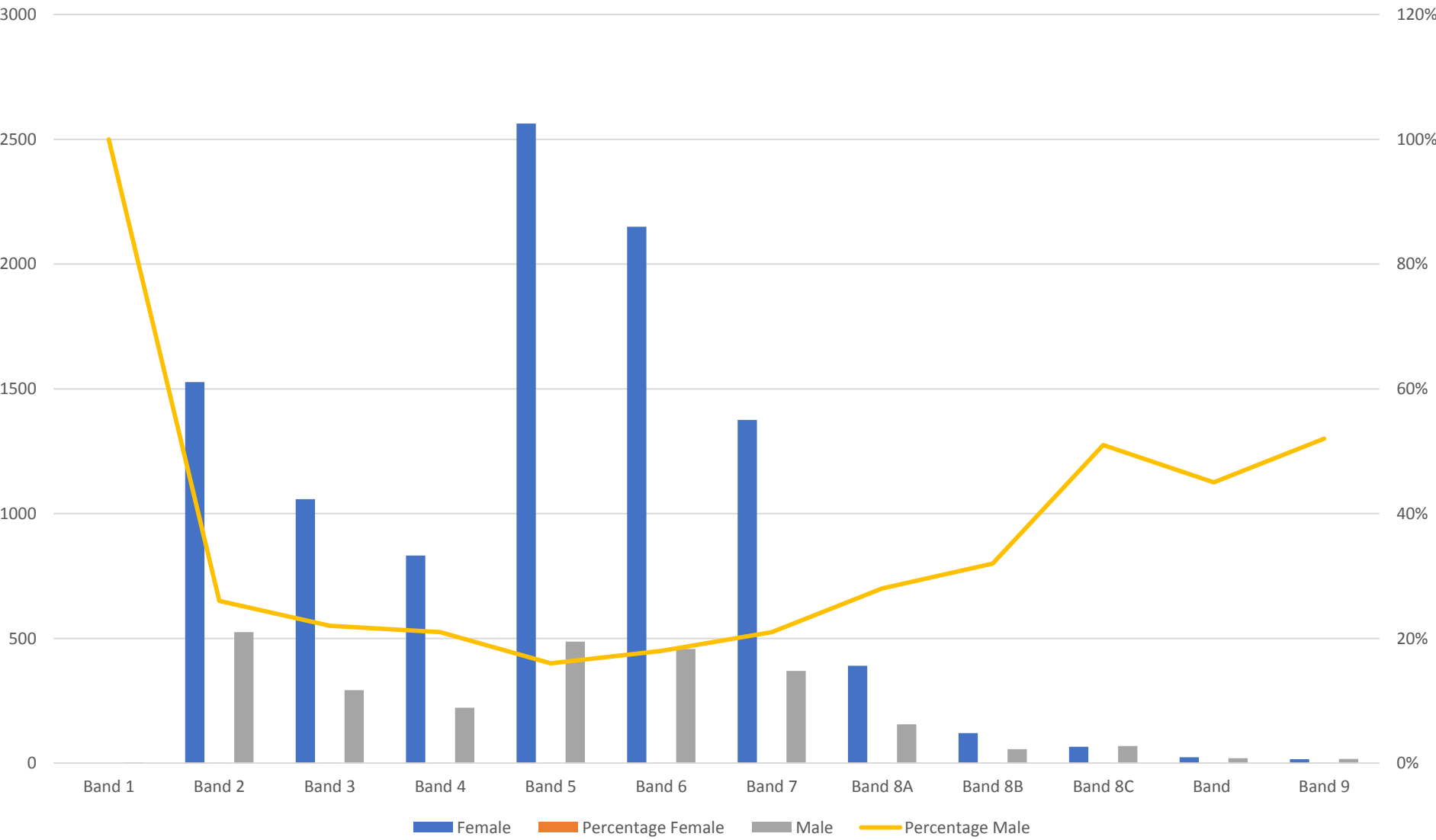
# Ethnicity Profile by Pay Band at Barts Health

## Ethnicity Profile by Pay Band



# Gender Profile by Pay Band at Barts Health

Gender Profile by Pay Band





# Aim of Programme

To design, implement and assess the impact of a programme on the confidence, aspirations and attainment of BME and Female staff.



# Key Enablers

- **Leadership buy-in** and visible leadership required for promotion of equality, diversity and inclusion in the workplace
- **Staff engagement** and **involvement** is key for the development of effective and sustainable staff development programmes
- **Effective communication** of **rationale** required for significant take-up
- **Career Development** and **Talent Management** required for addressing retention and wellbeing of staff



# Method

- Baseline assessment of workforce information showed under-representation of BME and female staff in senior positions.
- A programme of practical and motivational workshops was co-designed and delivered by a leading life coach and motivational speaker.
- Data on staff achievements were gathered and compared to the baseline assessment.
- Completed evaluation forms analysed.



# Outputs

- Successful applications to higher Bands (14% promotion rate)
- Secondments and Mentoring (internal)
- Article for Nursing Standard
- Commencing NHS Leadership Academy Core Programmes
- NHS England Women in Science and Engineering Fellowship scheme
- Film on BME staff experiences with facilitators guide



# Quotes



**Walburgh Manhungira**

Midwifery Team Leader,  
Barking Birth Centre  
Receiving her certificate  
from Debbie Parker  
(NHS England)

*“Since attending the course in July I am now happier, more confident and ready to enjoy my success. Improvements begin with us but impact positively on everyone. A smiley midwife encourages women to talk about any concerns, and they say ‘I hope to see you again next time’.”*

*“Some of the key skills Rasheed taught us have helped me to map a clearer career path and has also offered a way of reflecting on my success. I learnt the importance of networking and recognising my worth in my area of expertise. I learnt the skill of marketing my skills and being bold about it”.*

# Why this piece of work?

“Cultures of engagement, positivity, caring, compassion and respect for all – staff, patients and the public – provide the ideal environment within which to care for the health of the nation. When we care for staff, they can fulfil their calling of providing outstanding professional care for patients.”

**West et al. (2011)**



# Next Steps

- ‘MyCareer’ – Development of Career Service
- Developing and formalising Mentor; Buddy and Coach network and internal capacity for facilitation
- Creating the organisational climate and organisational training programme that interrupts patterns and effects system changes
- Embedding Quality Improvement (QI) Methodology with help from NHS England WRES Team and IHI
- An evaluation of programme by RCN





# Nursing Times Awards 2016





# Thank You

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