Resources

Exercises/Discussion questions (to reflect on or discuss with a colleague)

1. How inclusive are you of all those you lead?
2. How and why should you show greater civility to those you lead who are different from you?
3. To what extent do you understand the lived experience of those who are different from you?
4. What do you need to do to develop your inclusiveness as a leader?
5. How can you ensure you have genuine feedback about your inclusiveness as a leader from all those you lead?
6. What can you do to strengthen your ability to act as an inclusion ally?
7. How can you design a strategy for developing a culture of positive diversity, equity and universal inclusion in your organisation?
8. What can you and your team do to ensure a positive team climate of valuing diversity and promoting universal inclusion?

Questionnaires

A measure of valuing diversity[33]*:*

a. Managing diversity helps my organisation to be more effective
b. My organisation has classes, workshops and seminars on diversity
c. My organisation puts a lot of effort into diversity management
d. My organisation values diversity.

A measure of procedural justice[34,35]*:*

a. Consistent rules and procedures are used when making decisions in this organisation
b. Procedures used in this organisation are free from bias
c. Procedures in this organisation use just and fair standards
d. Accurate information is used for making decisions
e. We can get feedback about decisions made in this organisation.

The second measure, of procedural justice, is based on an amalgam of two other measures. Guidance on using these questionnaires is provided in Appendix 1.

Websites

1. David Williams: videos, podcasts and featured papers on the social influences on health
   A social scientist at Harvard University, Williams has focussed his research into the social influences on health and the interventions that could make a difference. His work shows how our life experiences, particularly discrimination and racism, dramatically affect health.
   He also explains how the effects of racism play out in wider social inequalities, including housing, education and employment.
   The weathering effects of frequent experiences of discrimination profoundly affect health outcomes. Some of the solutions for society become clearer from his cogent analysis.
   https://scholar.harvard.edu/davidrwilliams/pages/videos-0
   https://www.kingsfund.org.uk/audio-video/podcast/david-williams-racism-discrimination-health
   https://www.apa.org/members/content/williams-health-disparities

2. Discrimination – effects on health generally
   - Chronological age captures the duration of exposure to risks for groups in adverse living conditions. Those from minority ethnic groups experience greater physiological wear and tear, and age biologically more rapidly than their white counterparts.
   - It is driven by the cumulative impact of repeated exposure to psychological, social, physical and chemical stressors in their residential, occupational and other environments, and by coping with these stressors.
   - Compared to the white majority, those from minority ethnic groups experience higher levels, greater clustering, and greater duration and intensity, of stressors.

   See resources from David Williams above and also:
   https://www.research.manchester.ac.uk/portal/james.nazroo.html

Videos

How do our life experiences shape our health? What can we do to tackle social inequalities? Helen McKenna spoke with David Williams from Harvard University about his research into the social influences on health and the interventions that could make a difference. (30 minutes)
https://www.kingsfund.org.uk/audio-video/podcast/david-williams-racism-discrimination-health

A TEDMED presentation from David Williams on how racism affects health. (17 minutes 43 secs)
https://www.youtube.com/watch?v=aUO0fcIc6tw

Pearn Kandola and Skill Boosters - Inclusive leadership video series with an introduction by Binna Kandola and Nic Hammerling. (2 minutes 21 secs)
https://www.youtube.com/watch?v=TwJR5EMqh-g

Further reading

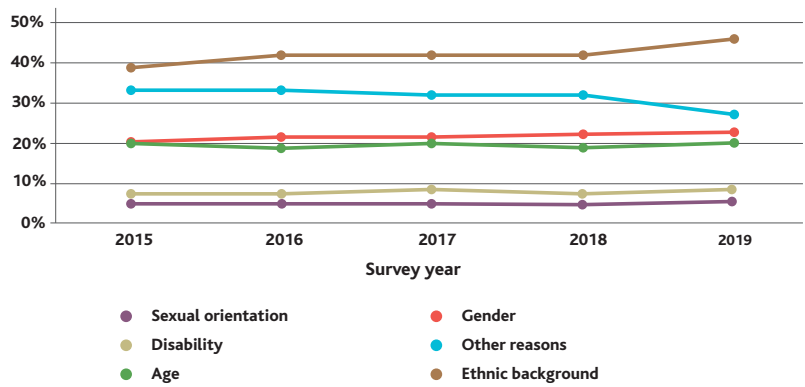
a. Gender inequity in the English NHS

NHS Employers analysis of gender inequity: summary of the findings

Around one million women work for the NHS in England, making it one of the largest employers of women in the world. However, despite making up the majority of the NHS workforce, women are more likely than men to face structural constraints within the workplace (managing work-life balance, for example), are paid less, are less likely to get promoted and less likely to be represented in senior roles within the NHS.

To help NHS organisations address gender inequity, NHS Employers has brought together key information on good practice.
https://www.nhsemployers.org/retention-and-staff-experience/diversity-and-inclusion/policy-and-guidance/gender-equality-in-the-nhs

b. Inequity in relation to ethnicity in the English NHS



% of staff saying they experienced discrimination on each basis, from those who reported personally experiencing discrimination at work in the last 12 months (q15c)

In the 2019 NHS Staff Survey, 12.6% of staff reported experiencing discrimination at work, including based on their gender, age, disability, religion and sexual orientation; however, ethnicity continued to be the most common reason for discrimination[36]. Other key findings included:

- 1.4 million people worked in the NHS in England, with 20% of staff being from minority ethnic group backgrounds.
- 21% of nurses and midwives (qualified and unqualified) were from a minority ethnic group background, rising to more than 50% in London. Out of a total of 227, only 10 trusts (4.4%) had directors of nursing from minority ethnic group backgrounds.
- 46% of hospital doctors were from minority ethnic group backgrounds, but only 16% of medical directors were from minority ethnic groups.
- Across 223 trusts, there were only eight minority ethnic group CEOs, 10 chairs and 10 executive directors of nursing.
- Only 6% of very senior managers were from minority ethnic group backgrounds.

Just 7% of members of boards were from minority ethnic group backgrounds (though this is steadily improving). A survey of 487 doctors who became consultants in the NHS across the UK in 2017 revealed that white doctors applied for fewer posts (1.29 vs. 1.66); were more likely to be shortlisted (80% vs. 66%); and were more likely than minority ethnic group colleagues to be offered a job (77% vs. 57%). Female minority ethnic group doctors fared even worse.

A study of 750,000 staff salaries in the NHS in England revealed that minority ethnic group staff, from porters to doctors, are paid less than white staff; on average, minority ethnic group doctors in the NHS in England earn £10,000 less a year; minority ethnic group nurses earn £2,700 less annually than white colleagues; and white consultants earn £4,664 more per year than their minority ethnic group counterparts[37].

Why does this matter? Research evidence on whether the extent to which senior staff in the NHS are representative of other staff matters. The study in the English NHS examined the representativeness of leaders compared with non-leaders and linked this with aggressive behaviour from colleagues. Where representativeness was low, aggression (bullying, harassment, and discrimination) was higher – especially against minority ethnic group staff[38]. For further information, see: *https://www.nhsrho.org/*

A review of the evidence on discrimination in the NHS in England based on staff survey data: *https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/Making-the-difference-summary-Kings-Fund-Dec-2015.pdf*

A review of race equality in health and social care in Northern Ireland: *https://www.equalityni.org*

The NHS has one of the most ethnically diverse workforces in the public sector. However, ever year, ethnic minority staff report worse experiences in terms of their lives and careers when compared with white staff, and people from an ethnic minority background are under-represented in senior positions in the NHS. The impact of this on people can be profound. For powerful first-person accounts collected in connection with this research, see: *https://features.kingsfund.org.uk/2020/07/ethnic-minority-nhs-staff-racism-discrimination*
More detail of the research is at: *https://www.kingsfund.org.uk/publications/workforce-race-inequalities-inclusion-nhs*

c. Workplace equity, diversity and inclusion

Three sources for a broader look at inclusion in the workplace:

i. The Universities of Lancaster, Aston, Liverpool, Rice University Texas and Sheffield, WRES and multiple international collaborators have created an open-source set of resources hosted at the NHS Race and Health Observatory *https://www.nhsrho.org/*. It reviews many relevant research papers such as these two on staff representativeness, civility and NHS trust performance; and on the relationship between equality and inclusion and patient satisfaction.

   - Staff representativeness and patient civility: Does the extent to which health and social care staff are representative of their communities matter?

     Studies looking at diversity in organisations yield inconsistent results, and suggest that the question of 'If diversity affects outcomes' is better replaced with 'When and how does diversity lead to positive outcomes?'

     One large-scale study showed that ethnic diversity in hospital staff was related to a higher probability of incivility towards patients. However, when comparing the level of hospital diversity of frontline staff to community diversity, it was found that the closer they were, the more likely patients were to be treated

with civility. Greater civility reported by patients led to better organisational performance of that hospital. Representativeness predicted patient experiences of civility, CQC ratings of care quality and of hospital financial performance. Representativeness of staff in relation to their community is important and civility is a key factor[11].

- Equality, inclusion and patient satisfaction: Are equality, diversity and inclusion relevant to patient satisfaction?

  Research on the determinants of NHS patient satisfaction in England shows that among the top three predictors are equal opportunities for staff (second) and discrimination experienced by staff (third and a negative predictor). The most important predictor is staff perceptions of workload, which also predict patient dissatisfaction.
  https://www.england.nhs.uk/wp-content/uploads/2018/02/links-between-nhs-staff-experience-and-patient-satisfaction-1.pdf

ii. Juliet Bourke and Andrea Titus give their take, in two articles in Harvard Business Review, on the key to inclusive leadership. What makes people feel included in organisations? Factors include feeling that they are treated fairly and respectfully, valued, and belong, and that will be influenced by an organisation's mission, policies, and practices, as well as co-worker behaviours.
https://hbr.org/2020/03/the-key-to-inclusive-leadership
https://hbr.org/2019/03/why-inclusive-leaders-are-good-for-organizations-and-how-to-become-one

iii. Deloitte describes six signature traits of inclusive leadership, including curiosity, cultural intelligence, courage, commitment, collaboration and cognizance (avoiding bias).
https://www2.deloitte.com/us/en/insights/topics/talent/six-signature-traits-of-inclusive-leadership.html