



## Spotlight on equality of employment opportunities: A qualitative study of job seeking experiences of graduating nurses and physiotherapists from black and minority ethnic backgrounds



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### ARTICLE INFO

#### Keywords:

Ethnicity  
Employability  
Nurses  
Physiotherapists  
Job seeking activities  
Equality of employment

### ABSTRACT

**Background:** There is growing attention in the UK and internationally to the representation of black and minority ethnic groups in healthcare education and the workplace. Although the NHS workforce is very diverse, ethnic minorities are unevenly spread across occupations, and considerably underrepresented in senior positions. Previous research has highlighted that this inequality also exists at junior levels with newly qualified nurses from non-White/British ethnic groups being less likely to get a job at graduation than their White/British colleagues. Although there is better national data on the scale of inequalities in the healthcare workforce, there is a gap in our understanding about the experience of job seeking, and the factors that influence disadvantage in nursing and other professions such as physiotherapy.

**Aim:** This qualitative study seeks to fill that gap and explores the experience of student nurses (n = 12) and physiotherapists (n = 6) throughout their education and during the first 6-months post qualification to identify key experiences and milestones relating to successful employment particularly focusing on the perspectives from different ethnic groups.

**Participants:** Participants were purposively sampled from one university to ensure diversity in ethnic group, age and gender.

**Methods:** Using a phenomenological approach, in-depth semi-structured interviews were conducted at course completion and 6 months later.

**Results:** Two main themes were identified. The **'proactive self'** (*'It's up to me'*) theme included perceptions of employment success being due to student proactivity and resilience; qualities valued by employers. The second theme described the need to **'fit in'** with organisational culture. Graduates described accommodating strategies where they modified aspects of their identity (clothing, cultural markers) to fit in. At one extreme, rather than fitting in, participants from minority ethnic backgrounds avoided applying to certain hospitals due to perceptions of discriminatory cultures, *'I wouldn't apply there 'cos you know, it's not really an ethnic hospital'*. In contrast, some participants recognised that other graduates (usually white) did not need to change and aspects of their identity brought unsolicited rewards *'if your face fits then the barriers are reduced'*.

**Conclusions:** The findings indicate that success in getting work is perceived as determined by individual factors, and fitting in is enabled by strategies adopted by the individual rather than the workplace. Demands for change are more acute for graduates from black and minority ethnic backgrounds. This is an issue for healthcare organisations seeking to be inclusive and challenges employers and educators to acknowledge inequalities and take action to address them.

### What is already known about the topic?

- Nursing graduates from black and minority ethnic (BME) backgrounds are less likely to secure employment.
- BME groups are unevenly represented across professions and grades in the healthcare workforce.
- Institutional discrimination in the healthcare workplace is acknowledged.

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### What this paper adds

- Nursing and physiotherapy graduates from BME backgrounds are less likely to use the support and resources available for job-seeking and perceive success is up to them.
- New graduates perceive discriminatory and segregated cultures in healthcare practice.
- The transition to employment raises greater conflict for personal identity for nursing and physiotherapy graduates from BME backgrounds and demands they adopt strategies to conform and fit in.

### 1. Introduction

Racial equality remains a key global concern. Efforts to address race equality have not achieved what was hoped for. In the USA progress towards equality has been reported as “essentially halted” (Reeves, 2016) and in the UK as “patchy and stuttering” (Equality and Human Rights Commission, 2016, p. 5). The evidence of systemic inequalities and institutional disadvantage across education and health is not new and therefore the case for action is even more compelling. The context of national education and employment policy has a strong influence on inequality, for example, in the USA (National Advisory Council on Nurse Education and Practice, 2013), Canada (Vukic et al., 2012) and Europe (Demireva, 2009). Therefore, in this paper we focus on the UK health system within which the study was undertaken as an example of the complex interplay of factors that influence the experiences of new healthcare graduates. However, we contend that the challenges experienced in the UK will be very similar and have resonance internationally in developed world health care contexts.

There is a growing and accumulative body of knowledge that even after controlling for a variety of factors such as social class, secondary education, students from Black and Minority Ethnic (BME) backgrounds significantly trail behind their white counterparts. They perform below the sector benchmark for degree attainment and are less successful in securing further employment and graduate employment (HEFCE, 2013; HEFCE, 2015). Universities in the UK have been making significant progress towards a wider access to higher education that have given opportunities to a large number of individuals who have the aspiration and expectation of studying for a healthcare degree. With growing numbers of students entering higher education from variety of backgrounds, Thomas and Jones (2007) suggest that the disadvantage has shifted from ‘admissions’ to ‘employment’. A study undertaken previously by the authors demonstrates that this may be the case in nursing. Our earlier research investigated the factors that influenced success in gaining a job for nurses at the point of graduation and demonstrated for the first time that ethnicity was a significant predictor for successful employment (Harris et al., 2013; Marshall-Lucette and Chu, 2013). Furthermore, ethnicity was also a significant predictor of 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. However, the study did not address the reasons for the inequalities, which is why we undertook the exploratory study reported here. We wanted to better understand the social and personal conditions that influence how newly qualified nurses look for work as well as the barriers they may confront in doing so. We were keen to understand, not just nurses’ job seeking behaviour, but to include other healthcare professional groups. We decided on physiotherapy because it is known to be less diverse than nursing and because when we began this study in 2013, employment prospects for physiotherapists in the UK had become increasingly challenging. This was due to economic downturn and also because numbers of students had almost doubled to meet workforce demand in the previous decade (Department of Health, 2000) with no increase in job opportunities. Indeed, the HESA (2013) indicated 80% of physiotherapy graduates were in paid employment six months after graduating, where historically this had been more than 95%. Therefore an

increased inequality was potentially created in this competitive environment.

As the study progressed, there were a number of factors influencing employment in the healthcare context. For instance, in response to the Francis Inquiry (Francis, 2013), health care organisations in the UK have now increased nursing staffing levels, generally through greater spending on temporary staff (Lafond et al., 2016). This may have offered more choice and opportunity of employment for new graduates. In addition, in 2015 the UK National Health Service (NHS)<sup>1</sup> Work Race Equality Standard (WRES) (Coghill, 2014; NHS England, 2015) was introduced to address concerns about widespread systematic discrimination experienced by black and minority ethnic staff in the UK (West et al., 2015; Public World Ltd., 2013). This standard required organisations to demonstrate progress against a number of indicators of workforce equality e.g. percentage of BME staff in senior pay bands, relative likelihood of BME staff being appointed to posts following shortlisting compared to white staff. If we are to effect any change, it is important to use statistics to drive improvement in institutional practice. But statistics are not enough on their own and we need to increase our understanding of the job seeking experiences of new graduates from BME backgrounds, particularly as they navigate the pathway between universities and health service employers.

We searched Medline, Cinahl, Embase, PsycINFO for relevant literature exploring the equality of employment opportunities among newly qualified healthcare professionals using the following key terms: employment opportunities; employability; nurses; physiotherapists; healthcare professionals; ethnic minority; BME; experiences; job seeking; higher education. Other than our previous research with nursing graduates, we found no additional empirical work that addressed factors influencing employment opportunities of newly qualified health professionals. There was research that demonstrated applicants from ethnic minority backgrounds are disadvantaged in NHS staff recruitment (e.g. Cantle et al., 2013; Public World Ltd., 2013; Jaques, 2013). In nursing specifically, despite a long history of recruiting nurses from overseas to contribute to the NHS workforce initially from Commonwealth countries in the 1950s and more recently from Europe, India, the Philippines and Sub-Saharan Africa in 2000s evidence of disadvantage and discrimination persists for internationally recruited nurses (Alexis et al., 2007; Scammell and Olumide, 2012). While the experience of qualified nurses from ethnic minority groups recruited from overseas may be different from new graduate nurses from ethnic minority groups who undertook their education in the UK it does demonstrate long standing culture of inequality, disadvantage and lack of opportunity prevalent in the NHS and the limited impact of investment to promote equal opportunities in the labour market (Ross, 2013). The literature on physiotherapy focuses on pre-entry recruitment and selection and widening participation (Mason and Sparkes, 2002; Greenwood and Bithell, 2005; Hammond et al., 2012) and some have demonstrated areas of inequality in attainment and success (Kell, 2006; Hammond, 2009; Naylor et al., 2014; Williams et al., 2015). In terms of graduate employment, Jones et al. (2010) found that students in their final year felt unprepared for employment and could not identify transferable skills required by potential employers but the influence of ethnicity was not explored.

The evidence suggests that despite the ongoing and significant shortages in health care and the nursing workforce (Royal College of Nursing, 2015) and the success of universities in promoting widening participation and encouraging social mobility, newly qualified health professionals from black and minority ethnic groups may face barriers and discrimination in seeking employment. We argue that alongside the social justice issues this is a very worrying waste of talent. To contribute

<sup>1</sup> The UK National Health Service (NHS) is a publicly funded national healthcare system for England, Scotland, Wales and Northern Ireland. It is funded primarily through taxation and available free at the point of delivery to UK residents.

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