Who Cares?
The experiences of ethnic minority healthcare staff in Northern Ireland

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Introduction

In Northern Ireland over recent years a substantial number of migrant workers have arrived joining the already established minority ethnic population. However this increasing ethnic diversity has brought with it an increase in racism, experienced in many forms including abuse, harassment, intimidation and violence.

One sector that has seen an increasing reliance on internationally recruited workers has been the health sector. The Northern Ireland Census of the Population (2001) found that there were 2,186 people employed in health and social work in Northern Ireland who were born outside the United Kingdom or Republic of Ireland.[1]

A Parliamentary question from Iris Robinson MP, MLA in February 2005 revealed that at the end of January 2005 there were 812 overseas nurses employed by Health Trusts in Northern Ireland.[2] This had risen by over 100 from January 2004. However to date there have been no exact figures revealed as to the numbers of minority ethnic staff working within the health service. We can, however, state that if the figures for doctors and other healthcare staff from overseas and from the indigenous minority ethnic population in the public sector and staff in the private sector are included, the contribution from minority ethnic healthcare staff to the health service in Northern Ireland is substantial with guesstimates of between 1600 and 2000.

This paper summarises the findings from a study commissioned by the Department of Health, Social Services and Public Safety (DHSSPS). The research investigated the kinds of racist behaviour experienced by healthcare staff from minority ethnic backgrounds in Northern Ireland, and the extent of the problem. Until this study was conducted no such work had been carried

out in Northern Ireland, unlike in England where an extensive study was carried out in 1999/2000. [3]

Under Section 75 (1) of the Northern Ireland Act 1998 there is a statutory obligation for all public authorities to have due regard to the need to promote equality of opportunity 'between persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation'. Section 75 (2) states that '…a public authority shall in carrying out its functions in relation to Northern Ireland, have regard to the desirability of promoting good relations between persons of different religious belief, political opinion or racial group'. The Race Relations (Northern Ireland) Order 1997 also makes it unlawful to discriminate on racial grounds in five areas including:

• employment and training;
• education;
• provision of goods facilities and services;
• disposal and management of premises; and
• advertisements.

Both Section 75 and the Race Relations Order have meant that many public authorities have had to devote more attention to identifying and meeting the needs of minority ethnic groups in Northern Ireland. The commissioning of this research has shown that race has been recognised as an issue within the health service in Northern Ireland.

Racism within the health sector

Racism within the health sector has been a familiar issue in the UK. A report in 2003 focused on nursing staff and examined the experience of overseas nurses coming to work in the UK. [4] Experiences varied depending upon whether respondents were working in the NHS or the private sector. The private sector was heavily criticised for lack of support whilst those in the NHS were generally happy with the level of support provided by their employers. However, internationally recruited nurses in the NHS did call for better co-ordinated mentoring, more support from their UK colleagues and local networks of internationally recruited nurses for mutual support. A recent report based on research conducted in Northern Ireland [5] also showed that overseas nurses employed in the HPSS were more positive about their experience than those in the private sector.

In general racism has been noted to be a problem in Northern Ireland with some media sources stating that Northern Ireland is 'the hate crime capital of Europe'[6] and media reports highlighting incidents of racist attacks. One such report, *'Call to end racial abuse attacks on Asian nurses'*[7], related to incidents where a number of Asian nurses were forced to leave their home in Newtownabbey due to racist attacks. This highlights that some overseas nurses are experiencing racism when they come to Northern Ireland and it is a facet of their lives in the community.

Methodology

This study incorporated both quantitative and qualitative methods. A survey was designed for distribution among health care staff in both the private and public sectors throughout Northern Ireland. The survey was designed in conjunction with the DHSSPS and the project steering group which included representation from UNISON, Royal College of Nursing and Midwifery, Northern Ireland Council for Ethnic Minorities (NICEM) and the private sector. Consultations with various individuals also took place before the survey was piloted within one health board area. The pilot indicated that no amendments were required.

Respondents were asked about incidents of racism they had experienced personally, or had seen others experience, both in the workplace and in the community. Information was sought in relation to respondents' perceptions of assistance and advice available to them within the workplace in the event of racism from colleagues, patients or visitors. The questionnaire also measured the level of support staff received in the event of reporting racism to managers, action taken and outcomes.

Qualitative data was gathered through focus groups and individual interviews with health care staff from minority ethnic backgrounds. At the end of the questionnaire a request was made for contact details to be included if the respondent would be willing to take part in a focus group. Those who included contact information tended to be those who wished to discuss either particularly positive or particularly negative experiences. Many also requested individual interviews to discuss their experiences, which were facilitated. In total twelve individual interviews were carried out and five focus groups held with 31 participants.

Demographics

A total of 557 health care staff in both the public and private sector responded to the survey. The largest number of respondents (231, 42%) indicated that their country of birth was the Philippines, with India (124 respondents, 22%) forming the second largest category. This was also evident in the focus group settings where the majority were from these two countries. Those who completed the questionnaire were mainly permanent UK residents (184 respondents, 33%), or migrant workers from a non-EU state (176 respondents, 32%).

Working Experience

The majority of respondents had worked in the health sector in the UK for over a year with a small group indicating that they had been here for less than a year. When participants began employment in the health sector in Northern Ireland, the majority (77%) felt their employer had provided sufficient preparation, information and induction. More than half of the sample (62%) worked in a public hospital while fewer respondents worked in a nursing or residential home (21%) or a mental health facility (5%).

Racist Harassment at Work

Forty-six percent, 256 respondents, indicated that they had experienced racist harassment at work both in the public and the private health sectors. This was found to be the same as England with 46% also indicating that they had experienced racism, although this only related to the past year. [8]

Over half of the Filipinos surveyed (132 respondents, 58%) reported harassment with 36% of Indians also stating that they had been harassed. It was also interesting to note that those who had been here for three to five years were most likely to state that they experienced harassment (54%). This was also reflected in the focus group discussions with many stating that attitudes towards them had improved over the last two to three years. Many who had been here over three years felt that they had taken the brunt of the racism and more recent migrants were now more widely accepted in the workplace.

Very little difference was noted between the occupational groups most likely to suffer harassment. Nurses reported slightly more harassment at 50% compared to doctors at 44%. It was, however, interesting to note that social services staff were the most likely to indicate harassment with 67% stating that they had experienced such behaviour. This may in part be explained by the fact that they are more likely to be in a community setting.

Racist harassment was experienced in a variety of ways as can be seen in Table 1 with verbal forms of harassment such as 'racist comments in one's presence' and 'co-workers making unpleasant remarks' the two most common incidents. Within the focus groups many participants stated that harassment experienced was usually subtle such as being ignored or refused help. It was also felt that the difference in humour had sometimes led to hurt and misunderstandings as one nurse recounted:

> *At first I had a very bad experience. Very, very bad. There's just some people who feel that it is a joke, that they think it is a joke. They don't realise it's not a very good joke because our culture is different. We would not say things unless we mean it.*

Verbal harassment was also discussed in the focus groups with many stating that incidents that involved humiliation were the most upsetting. Criticisms by other members of staff in front of either colleagues or patients were reported to be 'humiliating' especially if the nurse had been nursing for a number of years in her home country. This was ranked fourth in the survey with 29% of respondents stating that they had experienced this behaviour. Many within the discussion groups stated that their culture did not prompt them to challenge this behaviour:

> *Most of the Filipinos are quite reserved. They won't speak even if they are hurt.*

Table 1: Incidents of racist harassment in the workplace

	Frequency	Percentage
Racist comments in one's presence	90	36
Co-worker made unpleasant remarks	79	31
Patient refusing care	79	31
Unfairly criticised	73	29
Other discrimination	68	27
Unfairly allocated tasks	60	23
Racist comments directed at you	60	23
Bullying or harassment	58	23
Being intimidated or frightened	58	23
Ignored or excluded at work	56	22
Racially insulted	47	18
Lack of cultural awareness/traditions	38	15
Saw someone else racially harassed	32	13
Denied access to training	26	10
Manager made unpleasant remarks	25	10
Passed over for promotion	20	8
Offensive phone call	15	6

(Respondents indicated more than one incident)

Work colleagues were most likely to be the source of racist harassment in the workplace. Half (50%) of those who reported having been racially harassed at work said their colleagues were responsible and in a further 23% of cases respondents had been harassed by another person working in the same establishment. A large number (47%) also reported having been harassed by patients, with 27% indicating that friends or relatives of patients had racially harassed them. Around a fifth of respondents (19%) said that they had suffered racist harassment from a manager or supervisor. These findings are similar to those in England where work colleagues were the most frequent source of harassment followed by patients. However, harassment by managers was more common in England than in Northern Ireland.[9]

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The majority of those who reported having experienced racist harassment in the workplace said that it only occurred occasionally (68%). However, a substantial minority (13%) said they experienced racism on a more regular basis, with 8% stating they experienced racism on a weekly or even daily basis, and a further 5% stating that they experienced racism once or twice a month.

Reporting Harassment

Of the 256 people who had experienced racist harassment in the workplace, the majority (76%) had not made an official complaint. This under-reporting was also found in the Lemos and Crane research.[10] Just over half (54%) of respondents were aware that their management had a complaints procedure in place for them to report racist harassment, although 45% of respondents were not. In addition 59% of respondents indicated that they knew where to go for advice and support about racist harassment in the workplace. Respondents who had experienced harassment internally such as from a colleague, manager or supervisor were more likely to report the incident (34%) as compared to those who had experienced harassment from patients or visitors (14%).

This attitude was also evident in the focus groups with many excusing racism from patients as they were either ill and upset or elderly and confused. One interviewee stated that

> *Racism problems in Northern Ireland are partly due to ignorance of other cultures and races.*

Another interviewee said that she had experienced racism from patients/residents but again excused this as '*they are elderly and have probably never seen a black person before',* once again emphasising the lack of cultural diversity in Northern Ireland. However, one manager felt this excuse for such behaviour could not be extended to family and friends of those in care and indeed there had been occasions when relatives had been asked to leave when they were abusive to staff.

Of the 60 respondents who had made an official complaint, 50% were satisfied with how the complaint was dealt with, while a third (33%) were dissatisfied. Of those who were dissatisfied about how their complaint was handled, 40% were dissatisfied if the harassment had come from colleagues, but only 13% were dissatisfied if the complaint was in relation to the

behaviour of patients or their visitors. The most frequently reported outcome of making a complaint was that 'nothing happened' in 33% of cases, while 32% reported that management had spoken to the accused co-worker or discussed the incident with the person reporting the harassment (15%).

The main reason respondents gave for not making an official complaint was a fear of provoking a reprisal with almost 40% indicating that they did not file an official complaint for this reason. The second and third reasons listed included 'felt nobody would be interested' (30%) and 'complaint would be disregarded' (30%). There was also a feeling among 27% of the sample that nobody would be able to help or the incident was too trivial (24%). These responses are similar to those made by the Black and Minority Ethnic community for not reporting crime to the police.[11]

Support at Work

Management

While a number of respondents were unsure about the effectiveness of policies or procedures at work, most agreed that management was supportive of people who had suffered racist harassment. In general respondents thought that management were committed to tackling racist harassment, made it clear that racist harassment was unacceptable and that management would take appropriate action to deal with staff who racially harassed co-workers. However, expectations did not appear to match reality when it came to the support management gave to those who had suffered harassment in the workplace. Those who had experienced harassment in the work place were less positive in their attitude towards management. This was especially true for those who had been harassed by another member of staff. It is interesting to note that when it is harassment from a colleague more negative attitudes are present compared to harassment from a patient or visitor (Table 2). This may suggest that management are less likely to deal with harassment when it is from a colleague.

This was the experience of one interviewee who felt that after suffering problems with colleagues management did not offer support. The individual reported that their line manager verbally harassed them when they reported incidents and offered no support. When they wrote to senior management to complain, the letter was ignored.

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Table 2: Strongly agree or agree that management is supportive

	No Harassment	Harassment from a colleague	Harassment from a patient or visitor
Management is supportive of people who have suffered harassment	66%	49%	56%
Management is committed to 67% tackling the problem	67%	46%	62%
Management makes it clear that it is unacceptable	78%	69%	77%
Management will take appropriate action	72%	49%	52%
Management does not care about complaints	6%	19%	11%

Trade Unions and/or Professional Bodies

A generally positive attitude was expressed towards trade unions and/or professional bodies. It was felt they were supportive of those who had suffered racist harassment (62%), were committed to tackling racist harassment (61%) and that they make it clear that racist harassment is unacceptable (72%). Unlike attitudes towards management, attitudes towards trade unions or professional bodies were not affected by having experienced racist harassment in the workplace.

Colleagues

Over half of the respondents agreed that their colleagues and fellow workers were committed to tackling racist harassment (55%) and that they were able to speak openly about racist harassment at work (54%). However this positive response did not remain as high if someone had been subjected to racism from a colleague.

Racist Harassment in the Community

Racist harassment had also occurred for respondents in the wider community. While 46% of the respondents had experienced racist harassment in the workplace this percentage rose to 59% (328 respondents) who had experienced racist harassment outside of work. The most prevalent forms of racist harassment experienced outside the workplace were racist comments in one's presence (51%), racist comments (46%) or racist insults made to them (45%), having something thrown at them in the street (33%) or feeling intimidated or frightened (28%). Again, as in the work place, verbal comments were the most frequent forms experienced but these were even more prevalent in the community, as Table 3 shows. Most racist harassment experienced happened in the street, often on their way to or from work, or in shops.

Table 3: Racist harassment in work and out of work

	In work		Outside work	
Type of incident	Frequency	Percentage	Frequency	Percentage
Racist comments in one's presence	90	36	166	51
Racist comments	60	24	151	46
Racist insult	47	19	149	45

In common with the frequency of incidents in work, racist incidents outside of the workplace happened occasionally (80%). One fifth (20%) of respondents stated that their most recent experience was within the last month while for 39% the most recent experience was between 1 and 12 months ago.

There was also a reluctance to report harassment experienced outside work, with 80% not reporting an incident. Of those who did report the incident the majority (59%) contacted the police. As with the workplace, a main reason given for not complaining was a fear of reprisals, although many said the incident was too trivial and a minority said they had a previous poor experience when reporting an incident.

Racism in the community was discussed with focus group participants with many indicating that this more than racism in the workplace would prompt them to leave Northern Ireland. Some indicated that they had experienced racist hate crime:

*Some teenagers in a park. I thought they were going to ask me about
something and they just punched me. I thought of leaving Northern Ireland.*

*We were waiting for a bus in (name of town) and a man said 'You black people
are getting all our benefits. If I had the chance to stab you in the back I would'.*

Most of the staff who reported having racist abuse shouted at them in the
street blamed young people and children. One Filipino nurse said that he and
his friends liked Northern Ireland and would like to settle here. However, they
would not like to bring children up in the environment of racism. This was
echoed by many overseas staff, particularly men who seemed to be the main
targets for racist comments from young people.

Conclusions

This research has begun to highlight the scale and nature of racist
harassment and abuse experienced by health care professionals in Northern
Ireland. Despite the absence of figures to indicate the number of minority
ethnic staff in the health service, guesstimates suggest that there are over 800
overseas nurses from outside of the UK and Republic of Ireland in the public
sector with just as many if not more in the private sector. As these figures are
for nurses only we can be sure that the number of minority ethnic staff and
overseas staff is even greater and their contribution to the health service is
vital. Therefore, when these staff are subjected to racist harassment and abuse
the impact of this cannot be ignored. As Patrick Yu of NICEM has stated,
'these people who are so vital to our health service could leave'.[12]

Whilst it should be noted that many participants throughout this research
indicated that their situation had improved, incidents of racism, although at
times described as 'subtle', were and are still occurring. The research led to a
series of recommendations for the DHSSPS including specialised training for
management on how to deal with reports of racist harassment, mechanisms for
reporting racist harassment which are accessible, confidential and collated,
and monitoring of all reported racist incidents.[13] These were to help improve
the working lives of the minority ethnic staff in the health service and help
lead to a safe and shared work place as highlighted in the priority outcomes of
the Shared Future and Racial Equality Strategy.[14]

However, as the research has highlighted, many staff are experiencing
racist harassment outside the work place and much still has to be done in
society to ensure that the Racial Equality Strategy's vision of 'a society in

which racial diversity is supported, understood, valued and respected, where racism in any of its forms is not tolerated and where we live together as a society and enjoy equality of opportunity and equal protection' is achieved (OFMDFM, 2005). [15]

Purpose of the research and next steps (Response by the DHSSPS)

The HPSS Partnership Forum brings together officials from DHSSPS Human Resources Directorate and representatives of the Staff Side organisations and of HPSS management. The Forum first discussed the problem of racism in the health sector in March 2004 and there was agreement that the growing body of anecdotal evidence available at the time required a response by the Department, the HPSS and the Staff Side organisations working together. Part of the response was to commission this research, in order to establish both quantitative and qualitative evidence of the nature, extent and effects of the problem. From the outset the main purpose of the research was to inform future actions to address the problem and to support those staff who experience racist behaviours. A racism sub-group of the Forum has been formed, and racism is currently a standard agenda item for meetings of the Forum.

The report of the research was published in November 2006, and the press release announcing the publication of the report included statements by the Minister and by UNISON and the Royal College of Nursing and Midwifery (RCN) on behalf of the Staff Side organisations.

The first step towards an action plan on racism was a one-day workshop held in January 2007. The discussion sessions focused on: identifying new measures which could be taken regarding policies; training, awareness and learning; and systems for reporting, recording and monitoring incidents of racist behaviour.

The Partnership Forum now has the outputs from the workshop, and over the coming months the racism sub-group of the Forum will be developing the action plan.

Notes

1   Bell, Jarman and Lefebvre, 2004.
2   http://www.publications.parliament.uk Parliamentary question 212190.
3   Lemos and Crane, 2001.
4   Allan and Aggergaard Larsen, 2003.
5   DHSSPS, 2005
6   O'Hara, M (29.6.2005) 'Fear and Loathing', Society Guardian.
7   Belfast Telegraph (11.9.2004).
8   Lemos and Crane, op.cit.
9   Ibid.
10 Ibid.
11 Radford et al., 2006.
12 Belfast Telegraph 24.2.2006 'Racist attacks could break health service'.
13 Viewed in full at http://www.dhsspsni.gov.uk/ICRracismreport-06.pdf
14 OFMDFM, 2007.
15 OFMDFM, 2005.

References

Allan, H. and Aggergaard Larsen, J. (2003), *"We Need Respect":
experiences of internationally recruited nurses in the UK* , London, RCN.

Bell, K., Jarman, N. and Lefebvre, T. (2004), *Migrant Workers in Northern
Ireland*, Belfast, ICR.

DHSSPS (September 2005), *Review of the Nursing, Midwifery and Health
Visiting Workforce* Final Report, Belfast, DHSSPS.

Lemos, G. and Crane, P. (2001), *Tackling racial harassment in the NHS:
Evaluating black and minority ethnic staff's attitudes and experiences*,
London, DoH.

OFMDFM (2005), *A Racial Equality Strategy for Northern Ireland 2005-10*.

OFMDFM (2007), *A Shared Future and Racial Equality Strategy Good
Relations Indicators Baseline Report*.

Radford, K., Betts, J. and Ostermeyer, M. (2006), *Policing, Accountability
and the Black and Minority Ethnic Community in Northern Ireland*,
Belfast, ICR.