

Policy Brief

Nursing Narratives: Racism and the Pandemic

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KEY INFO

Research question: Learning from the experience of Black and Brown healthcare staff

Policy area or themes

- Ethics, Procurement and Governance
- Guidance, Messaging and Behaviour Change
- Skills and Training
- Equality, Diversity and Inclusion

Methods: [mixed methods survey n=308 & narrative interviews n=45]

Research stage: Completed

Summary of the research

In the first month of the UK lockdown, 72% of the NHS and social care staff who died were from black and Asian backgrounds. A Public Accounts Committee [February 2021] recognised that the government “does not know enough about the experience of frontline staff, particularly BAME staff” and the Lessons Learned report [October 2021] recognized that ‘the higher incidence ... may have resulted from higher exposure to the virus’.

Our research was undertaken by academics and professionals who have a strong track record in working with marginalised groups and understanding the dynamics of racism. We took a bottom-up approach to centre the experience of Black and Brown health care staff during the pandemic. We mixed social science and arts-based methodologies to offer dignity and trust with a collaborative film process as a core part of the research. 18 nurses and midwives have spoken out to create individual testimony films and the collective documentary: EXPOSED [Release March 2022]. Our storytelling approach highlights the importance of looking at historical experiences of racism and cultures of racism to understand the disproportionate impact on Black and Brown staff in the pandemic. Systemic neglect and exclusion with a resulting allostatic load that has created stress, ill health, loss of job opportunities and during the pandemic higher exposure to death, should be regarded as a moral injury to the black and brown workforce. Health care workers have collectively written a Manifesto for Change as part of this research.

Policy recommendations

1. Adopt the Manifesto for Change.
2. A culture of zero tolerance to racism should be actively implemented in all NHS Trusts with accountability and statutory penalties for trusts who breach this duty.
3. To prevent the vulnerability of international health care workers, visas should not be tied to trusts, and expensive fees should be scrapped

Key findings

The majority of study participants did not see racism as individual, isolated behaviour but a structural practice embedded in the institutional culture. This was further exposed in the pandemic with devastating consequences.

- All participants had experienced multiple types of racism in their working lives. It was described as 'endemic', 'cultural' and existing at all levels.
- Widespread differences in workload allocation were raised both before and during the pandemic
- Exclusion and neglect as a form of bullying were among the most widely recounted experiences. '*they just don't care*', (Band 2) '*I was invisible*' (Band 8b)
- The failure to address racism must be seen as a systemic form of neglect:
- Out of 73.1% (225 of 308) respondents who complained about racism at the workplace. 77.3% (174) said they were not treated fairly.

During the pandemic:

- 52.6% of the Black and Brown staff who answered our survey experienced unfair treatment (Covid deployment, PPE or risk assessment provision)
- During the Pandemic the above patterns of workload allocation and neglect led to greater exposure to the virus through discrimination in workload allocation, access to PPE, effective risk assessments.
- Migrant nurses felt particularly vulnerable due to work visa status and costs.
- IMPACTS of racism during working life reported from our survey:
 - 59% had experienced racism that had made it difficult for them to do their job;
 - 53% said racism had impacted their mental health
 - 36% had left a job as a result of racism.
 - 31.7% were forced to take sick leave due to racism

Further information

<https://nursingnarratives.com/>

<http://ssrn.com/abstract=4023214>. Lancet Preprints

Contact details

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