

# **Exploring the barriers that may be affecting ethnic minority groups accessing or developing into Advanced Practice Roles in the NHS within the East of England**



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## Introduction

An advanced practice workforce is being increasingly employed to contribute to service delivery throughout the patient journey in the National Health Service (NHS) (Steward-Lord *et al.*, 2020). It has been acknowledged that advanced practitioners are of value in reducing hospital admissions, improving service efficiencies, improving continuity of care and increasing patient satisfaction (Dawson, 2018; Fothergill, *et al.*, 2022; King *et al.*, 2017). The 2023 NHS Long-term Workforce Plan (NHS England (NHSE), 2023) clearly articulates the need to continue to grow and develop the advanced practice workforce. However, historically there has been a lack of clarity in the development of these roles, and to address these inconsistencies and to ensure parity across the scope of the role, Health Education England (HEE) published the 'Multi-professional framework for advanced clinical practice in England', (2017). The framework aimed to standardise the minimum educational underpinning required of practitioners and outlined the 38 core competencies and capabilities, across the four pillars of advanced practice (clinical practice, leadership and management, education, and research) required of those working at an advanced level to ensure safe, effective care for patients and their families.

The NHS comprises one of the most diversified workforces in the public sector (Race Disparity Unit, 2019). The emerging national evidence (Hussein, 2022; Kline *et al.*, 2017) suggests that there has been a widening of disparities in the equality, diversity, and inclusivity (EDI) of health care professionals progressing into more advanced roles. The concept of diversity includes acceptance, respect and the need to understand that each individual is unique, recognising and appreciating individual differences, along with the dimensions of race, ethnicity, gender, sexual orientation, age, religious and political beliefs, physical abilities, and socioeconomic status (Patrick & Kumar, 2012). The experience of staff from an ethnic minority background, who work in the NHS is often reported as poor in terms of their career progression (National Health Service Workforce Race Equality Standard (WRES), 2022). According to evidence in the recent publications 'No More Tick Boxes: A review of the evidence on how to make recruitment and career progressions fairer' (National Health Service, 2021) and the practitioner guide 'If Your Face Fits' (National Health Service England, 2021), it remains a challenge to employers to ensure that the recruitment process reflects and represents a diverse cultural workforce. However, there continues to be limited evidence available within the NHS workforce both nationally and within the East of England (EoE) on the number of staff identifying as being from an ethnic minority background. The limited NHS data suggests that the number of staff from ethnic minorities working in it remains low; there was a slight increase in 2022 in the percentage of staff (1.8%) from an ethnic minority working in all roles in the NHS in comparison to the previous year. There has also been a slight increase in White applicants (10.3%), compared to the year 2021 (9.2%) (National Health Service Workforce Race Equality Standard, 2022). Similarly, ethnic minorities continue to remain underrepresented in senior leadership positions (National Health Service Workforce Race Equality Standard, 2023). Furthermore, the evidence suggests that there are inequalities in accessing and developing



into senior roles, such as chief executives or directors, within the EoE, and that staff from Black and minority ethnic backgrounds are less likely to access training opportunities compared to White staff (National Health Service Workforce Race Equality Standard, 2022).

To address some of the biases and disparities encountered by ethnic minority staff, national-level policies and procedures have been implemented. The NHS is established on the principle of fairness (Department of Health and Social Care, 2015) and the NHS Constitution for England suggests that it values every person for what they are (patients, families, carers and staff) and that everyone counts (Department of Health and Social Care, 2015). In addition, NHSE recognises the need for open access for all should they wish to be supported to advance in their health care careers. These fundamental principles can aid or boost staff morale and the quality of patient care (Dawson, 2018). However, there is still an inadequate understanding of the barriers that may be affecting ethnic minority groups accessing or developing into advanced practice roles within the EoE.

In order to gain a greater understanding of the barriers that may be preventing ethnic minority groups in the NHS from accessing or developing into advanced practice roles in the EoE, NHSE EoE Faculty for Advancing Practice commissioned this study to explore the perceived barriers to career development of individuals from an ethnic minority who work as advanced practitioners across the region.

## **Aim of the study**

1. Identify perceived barriers to career opportunities for staff who identify as being from an ethnic minority background who are working in advanced practice roles
2. Explore the challenges perceived by advanced practice line managers of managing and developing advanced practitioners who identify as being from an ethnic minority group
3. Explore the perceived challenges of supporting advanced practitioners who identify as being from an ethnic minority group by Advanced Practice Programme Leads working within Higher Educational Institutes
4. Make recommendations, based on the study results, to support the development of ethnic minority advanced practitioners across the NHS.

## **Methodology**

A qualitative phenomenological approach was used to explore these issues as it allowed for the exploration of the perceived barriers and the experiences that were impacting the career progression of advanced practitioners with individuals working as advanced practitioners who were from an ethnic minority, NHS managers who recruited advanced practitioners, and academics who were responsible for the curriculum development of Advanced Clinical Practice master's programmes.



## Sample size

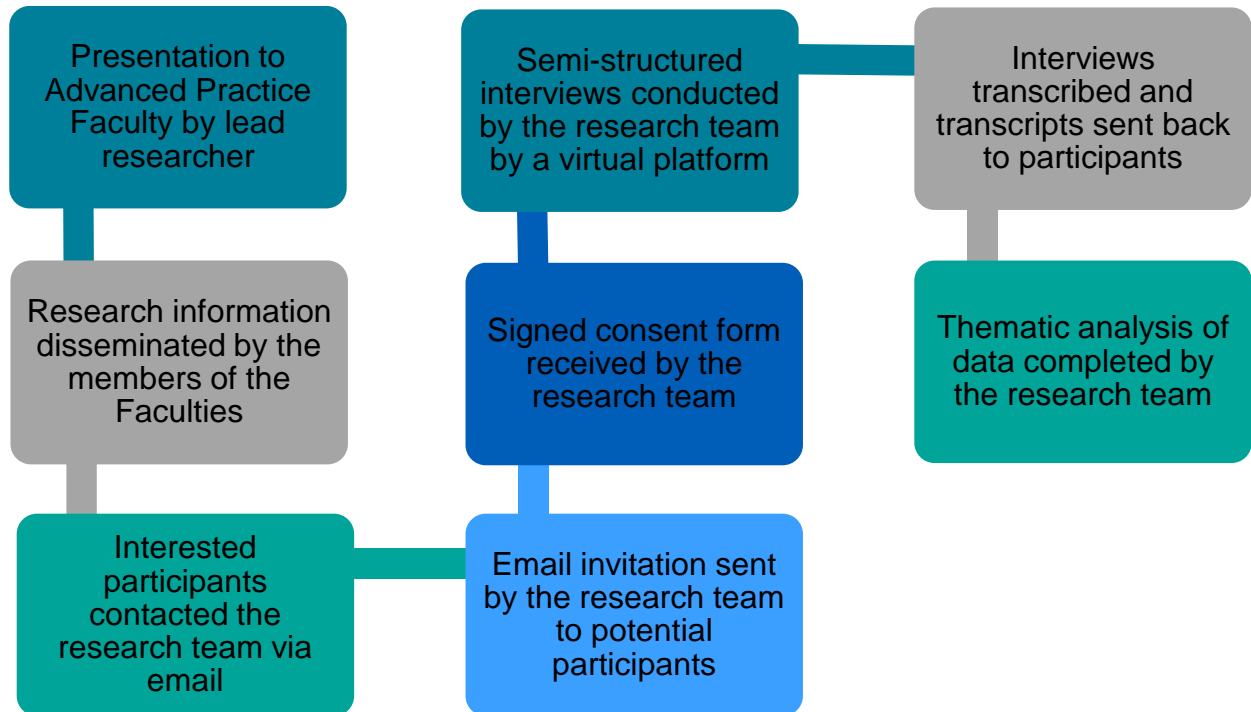
A purposive sample of 25 stakeholders from different roles (advanced practitioners from an ethnic minority, managers supporting advanced practitioners, and academics leading advanced practice programmes within Higher Educational Institutes (HEIs)) were chosen for this study. Several issues were explored when considering the sample size, such as how homogeneous the workforce population were as a general norm, since participants of a study were expected to have similar experiences and knowledge about the research topic (understanding of the role of an advanced practitioner). However, the requirement for 'sameness' among participants on other parameters can change depending on the circumstance (Halcomb *et al*, 2007). Additionally, when investigating sensitive topics, such as the barriers affecting career progression of ethnic minority advanced practitioners, it was important to have homogeneous groups where a more mixed group of participants with diverse backgrounds and experiences were represented (Roller & Lavarakas, 2015). Given that the anticipated participant population to be studied in this research study was reasonably homogeneous, a targeted purposive sample of 25 was chosen. However, it became evident following the transcriptions of the semi-structured interviews that data saturation (Fusch & Ness, 2015) was reached following the completion of 14 interviews. As two other participants had already been invited for interview, a total of 16 participants completed this study:

- Advanced Practitioners from an ethnic minority (8)
- Organisational Advanced Practitioner Leads (5)
- HEI MSc Advanced Clinical Practice Programme Leads (3)

## Recruitment process

The research team had several discussions with the commissioners of the study about the recruitment process, and it was agreed that the lead researcher would present an outline of the study to the EoE Integrated Care Systems (ICS) Advanced Practice Faculties and to the Joint NHSE/HEI Advanced Practice Network. This allowed for the distribution of the study information, which included the participant information form and the consent form, via relevant groups. Individuals who wished to participate in the study contacted a member of the research team via email, and an invitation was then sent for them to take part in a semi-structured interview.

## Recruitment and research process



## Semi-structured Interviews

Semi-structured interviews were used to collect the data because they allow for a guided conversation to take place which was supported by the interests and thoughts of the interviewees (Bryman, 2015). Semi-structured interviews also allow the researcher some flexibility to phrase or order the questions differently depending on the participant and the situation. Based on the literature and the research aims and objectives, a schedule of questions was developed and used to conduct the interviews (see Appendix I).

Interviews were conducted via a virtual platform (Microsoft Teams), and each took approximately 30 minutes to complete. Consent to record the interviews was obtained from the participants and interviews were transcribed by members of the research team. Notes were also taken by the researchers during the interviews, which allowed for comparison of the notes with the transcripts. Following the interviews, and to reduce bias, transcriptions were returned to the participants and cross-checked by the members of the research team and minor revisions were made as requested.

## Data Analysis

A thematic analysis was conducted to identify the emerging themes from the interviews using the framework developed by the National Centre for Social Research (Ritchie & Spencer, 2002), as this is designed specifically for qualitative research projects. While looking at the emergent issues and identifying any emerging themes, a thematic framework was established by revisiting the aims and objectives of the study. Each researcher independently annotated



the interview transcripts and identified the prominent and unifying themes. The differences between the proposed themes were systematically examined to resolve differences in coding. The following overall themes emerged:

- Work experience of advanced practitioners from an ethnic minority
- Factors impacting recruitment and career progression of advanced practitioners
- Suggestions of how to address the issues and encourage more people from an ethnic minority into advanced practice roles.

## Ethical Considerations

Ethical approval was sought from the University of Suffolk Local Ethics Committee (REF: RETH(S)22/050). The researchers ensured that they upheld the domains of the Research Governance Framework (2005) whilst conducting this study. This included always ensuring the dignity and wellbeing of participants, providing appropriate information about the study, and adhering to appropriate health and safety regulations. Details of the participants were not entered on any data sheets. Data was stored on an encrypted file which only the research team had access to. No hard copies of data were held. The principles of the General Data Protection Regulations (Anon, 2018) were upheld.


## Results

### Theme One: Work experience of advanced practitioners from an ethnic minority

The first theme relates to the work experience of advanced practitioners and the observations of Organisational Advanced Practitioner Leads (OAPL), and HEI MSc Advanced Clinical Practice Programme Leads (ACPPL). The following subthemes emerged: recognition and training-related issues, workplace harassment, pay, and supportive factors. For almost all the subthemes there was a significant contrast in the answers provided by the advanced practitioners compared to those from the OAPL and the ACPPL (who did not identify as being from an ethnic minority).

#### 1.1 Recognition and training related issues

Several of the advanced practitioners suggested that they had more difficulty accessing training opportunities, and some of them said they had to work much harder than their White colleagues to get recognition at work and to receive training opportunities.



*“It is challenging. The reason why it is challenging is because for a person of colour, there is too much pressure, and there is a pressure that they must do well. When you are led by White colleagues, you have to give 150% or 200%. What the others don't realise is to be a person of colour, it seems like we have to put a lot of pressure on ourselves and make sure we do well.”*

*Advanced Practitioner 1*

In contrast, the OAPL and ACPPL suggested that individuals from an ethnic minority were not treated differently and had the same training opportunities. Participants noted that there was a lack of information and data regarding the numbers of advanced practitioners from minority backgrounds and they suggested that this information would be helpful for them when recruiting into roles or supporting individuals getting on to academic programmes.

*“From my knowledge, when I've asked about data on individuals from an EDI background, I have been told they don't have that data. So, I think this is a challenge, in fact the whole data around this workforce is, let alone the EDI data, data in general about this workforce is difficult to find. But then also when you do find it, it is difficult to confirm its accuracy, it all seems to be pretty complex.”*

*ACPPL4*

## **1.2 Workplace Harassment**

Advanced practitioner participants spoke about their experiences related to harassment at work, and some of them commented that they were exposed to harassment indirectly and that they had witnessed harassment as a daily experience in NHS settings. Some participants spoke about how they experienced harassment personally from various parties including patients, colleagues, and managers. Some also mentioned that they experienced racism at work.


*“I have not experienced anything as discrimination from the management and colleagues but maybe from patients. Sometimes patients can be rude, and they can make complaints without valid reasons simply because you look like an outsider in their eyes.”*

*Advanced Practitioner 4*

*“Every day we hear racist comments like I want to be seen by an English-speaking person. She needs to go back to the mountains where she belongs, or she needs to go back to her country, or I don't want to be seen by that person with an accent, or I don't want to talk to this nurse because I can't understand her English. Make sure when you use the microwave, clean it up properly because your food smells. I have a Black colleague you know they put their hair differently, even though your White colleagues say racism doesn't exist, microaggression is very much there.”*

*Advanced Practitioner 5*





*“There have been times when I have experienced harassment at work, I recall on one occasion been sneered at in a meeting when I give my opinion on a service improvement.”*

*Advanced practitioner 2*

*‘I wished to pursue my master’s programme and an opportunity to do so was offered to everybody in a team meeting, I spoke to my line manager straight after the meeting about my interest in doing it. I was told I would have to wait and see who else was interested in completing it, a few weeks later the opportunity was offered to two White colleagues without any further discussion with me. However, a week before the master’s was due to start one of the staff members offered the opportunity was unable to commence it and it was offered to me, but I was told I could do it because the place was paid for, and the manager did not want the place to be wasted.’*

*Advanced Practitioner 1*

In contrast, the OAPL and the ACPPL, some of whom were from the same institution as some of the advanced practitioners, suggested that they are not aware of harassment that individuals from an ethnic minority experience due to being from a minority background.

*“I don’t believe that they have found it any more difficult than the rest of us, so I hope.”*

*OAPL2*

*“We get different sort of nationalities and things that people might go and sort of share that culture and engage together. And it blends things together really nicely. And I think that having that and so a friendly nature really to sort of learn and share for each other really makes a difference to it, doesn’t it? I can’t say I’ve seen any situations.”*

*OAPL3*

### **1.3 Pay**

All participants suggested that ethnicity did not impact pay, however, some of the participants commented that as advanced practitioners they struggled financially whatever their background.

*“There’s certainly no difference within our organisation for the pay scales. Again, it’s based on merit of job and performance, and it’s also based on the NHS pay scales, so there’s not a lot of flexibility within that to pay differently really.”*

*OAPL 1*

*“Our salary is set by agenda for change pay scales so there’s no difference in the pay I get compared to my other ACP colleagues.”*

*OAPL 6*

## 1.4 Supportive factors

Participants reported that there were some supportive factors that affected their career progression. They identified supportive factors that included self-motivation, positive and flexible attitudes to work, support received from line managers, good work ethic, and good working relationships. Support from managers was seen as particularly important to the advanced practitioners and seemed to determine whether they had a positive or negative experience.

*“I have supportive line managers which is really important to me, and I am grateful to them for allowing me progress in my career. I am honest, I work very hard and keep my attitudes right, so I make sure that I do things that are needed, I don’t get affected by outside things, but I treat everyone with care, and I am always polite, and do my jobs well, and I am very trustworthy, and my managers have faith in me.”*

*Advanced practitioner 2*

*“We make sure that all our students have wide range of facilitates available, and several kinds of training if they want to develop IT skills, language skills, these facilities are available. We have a multicultural environment within HEIs, and this can benefit people from an EDI background.”*

*ACPPL2*

## Theme Two: Factors impacting recruitment and career progression of advanced practitioners

Participants noted several factors which impacted on the recruitment of individuals from an ethnic minority, as well as on their career progression. These factors are divided into individual factors and organisational factors.


### 2.1 Individual factors

Several participants reported on how language, cultural, and family-related matters can impact the career progression of advanced practitioners from an ethnic minority.

*“I do think if English isn’t your first language for instance, people clinically have got great knowledge and vast experience and ability but find it difficult to then think in multiple languages to get that down on paper, it is often something they can probably talk really well about but really struggle to come across in an academic environment”.*

*OAPL 5*

*“Cultural attitudes that we Asians have can be a barrier, as Asians we tend to back off and become slow to respond to anything, and not speak much. Also, I don’t use social media much, I don’t post on Facebook because I have a busy schedule, at home, I have a husband*



*and three children and these things may be pushing us a bit, that doesn't mean I am not a social person.”*

*Advanced Practitioner 4*

*“There are things that get in the way, all the usual things like you know, family responsibilities, if you feel you've not got the time, the support at home.”*

*Advanced Practitioner 5*

Some participants reported that being motivated and dedicated can also impact the career progression of advanced practitioners from an ethnic minority.

*“Even though I am a person of colour, I was given the opportunities to actually develop myself. Hence, I'm doing this master's pathway in University of .... I was lucky enough to have very understanding, very generous and fair line managers that would, you know, give everybody that equal opportunity. If I look at my own personal experience, I think I have that drive too, because I have that desire to improve myself.”*

*Advanced Practitioner 6*

## **2.2 Organisational factors**

There were several organisational factors that advanced practitioners suggested impacted their ability to develop their career progression within an NHS environment:

- Lack of recognition and validation of previous qualifications
- Very few managers and colleagues from an ethnic minority to serve as role models
- Not enough readily available information about how to progress in your career
- Access to and poor recognition of the advanced practice roles in general
- Ethnic minorities issues, such as cultural differences and language nuances are not considered at the point of recruitment.

There was a contrast between the perceptions of the OAPL and ACPPL and the advanced practitioners regarding recruitment. The OAPL and ACPPL suggested that practitioners are recruited based on qualifications and merit whereas several of the advanced practitioners said they were not considered for roles, within their current organisations, despite having the necessary qualifications.

*“There are many challenges, I think it's bad that there are not many managers from an overseas background.”*



*Advanced Practitioner 4*

*“Yeah, we all know that students from minority background can face more challenges, so that they may struggle with their previous qualifications and getting accreditations comparable to their colleagues who are White.”*

*ACPPL2*

*“For us it would be based on their ability and their willingness to progress, they could choose, it would be based on merits, and not on ethnicity.”*

*OAPL 1*

*“In terms of EDI aspect within that, I guess it hasn't been a conscious process. Decision to include people because of their ethnicity is not the case.”*

*OAPL 2*

*“There is an advanced practitioner organisational governance team, but they have not undertaken an equality impact needs and requirements assessment.”*

*OAPL3*

*“As far as I am aware and what I observe in my place of work EDI is not considered for recruitment.”*

*Advanced Practitioner 5*

## **Theme Three: Suggestions of how to address the issues and encourage more people from an ethnic minority into advanced practice roles**

### **3.1 Support and leadership**

Some participants suggested that improving management practices could contribute to increasing the number of ethnic minority staff, particularly in senior management and strategic roles. Participants noted that having more individuals that identify as being from an ethnic minority group in manager positions would be motivating, possibly provide equal treatment and respect to all staff, provide high quality support, and help to stamp out harassment of individuals from an ethnic minority background within the work environment.



*“Career progression for EDI staff can come when they are given more recognition, and opportunities to develop within their roles by the management, and thus, genuine intentions of management staff can contribute a lot here and recognising values such as providing equal opportunities for senior leadership roles for all.”*

*Advanced Practitioner 3*

*“Managers should proactively act to reduce possibilities of discrimination and harassment happening within all levels of the organisation.”*

*Advanced Practitioner 6*

*“Ideally, all managers should be honest, act as a role model to treat everyone with fairness, honesty, and respect. ...I think there needs to be more transparency and that everyone should have a voice, and equal opportunity to apply for and have access to courses.”*

*Advanced Practitioner 2*

### **3.2 Improved role clarity**

Others suggested that there is a need to increase awareness of both the advanced practitioner role and the inequalities that individuals from an ethnic minority background face when trying to access these roles. The inequalities that the participants identified were accessibility to advanced practice roles, opportunities to enhance their academic qualifications, and more support needed from line managers locally, regionally and from HEIs. Some also suggested that better data was seen as a way to encourage more people into advanced practitioner roles.


*“Lack of information can be an issue for ethnic minority staff, so they should be provided with more information regarding how they can progress into their careers and also provide more funding and opportunities.”*

*Advanced Practitioner 4*

*“Get more Advanced Practitioners from an EDI background so they can be seen as role models, so that they can inspire others, and create more supportive networks showing possible career pathways, specially at regional level and also, I think decolonizing the curriculum can be a contributing factor.”*

*ACPPL2*

### **3.3 Improved training/opportunities**



Some participants suggested that enhancing procedural fairness could allow ethnic minority staff to better progress in their careers. Participants also suggested that there needs to be more training and opportunities for staff from an ethnic minority background.

*“Managers can recruit more minority staff and provide more training for staff from an EDI background, specially train them for senior roles, and allow them to progress to senior leadership positions”*

*Advanced Practitioner 3*

*“Individuals can be supported through regional networking, and more opportunities for career development should be available for minority staff, managers should create more supportive environments to allow this development.”*

*Advanced Practitioner 1*

*“Make sure more funds are available for staff, and that minority staff are given more opportunities, and that they are allowed to attend training programmes, allocate time for that.”*


*Advanced Practitioner 6*

*“I think the big thing is we need to know who our workforce is. I think we need to have a better understanding of who they are and where the gaps are and why we've got those gaps. So yeah, because I feel we've got a massive blind spot in our knowledge at the moment.”*

*OAPL 3*

## **Discussion**

The current study explored the experiences of advanced practitioners with regard to the barriers that may be affecting ethnic minority groups accessing or developing into advanced practice roles in the NHS within the EoE. The qualitative data analysis highlighted three main themes; the work experience of advanced practitioners from an ethnic minority, factors impacting the recruitment and career progression of advanced practitioners, and suggestions of how to address the issues and encourage more people from an ethnic minority into advanced practice roles. The findings suggest that advanced practitioners from ethnic minority backgrounds face discrimination such as not getting recognition of previous work experience, not being appreciated for their contribution to patient care, and not getting equal access to training opportunities. Some participants spoke about how they have witnessed advanced practitioners from ethnic minority backgrounds face harassment from managers, patients, and colleagues and a few participants spoke about their direct experience related to harassment and abuse at work. This reflects previous research which suggests that ethnic minority staff




experience a lack of respect and dignity at work, institutional and structural racism, and unconscious bias (Birks *et al*, 2017; Joseph, 2019; Howells *et al*, 2018). Furthermore, previous studies have suggested that health care staff from an ethnic minority background in NHS settings were more prone to experiencing bullying and harassment incidents from patients (Howells *et al*, 2018; Qureshi *et al*, 2020). Most participants suggested that managers can attempt to minimise such incidences by creating a more positive atmosphere at work through becoming role models and ensuring that everyone is treated with respect and fairness (Patrick *et al*, 2012).

Participants also said that individual factors, such as personal motivation, hard work, a flexible approach to work, and their ability to maintain a good work ethic and positive attitude at work allowed them to succeed and progress in their career. Self-motivation is thought to help individual performance, is a vital factor in organisational psychology, and can have a strong impact on individual performance (Amit & Sagiv, 2013). Therefore, it is vital that senior leaders working within the NHS strive to motivate their advanced practitioners. This requires the cultivation of trust and rapport, the development of self-awareness, meeting ethical and legal professional requirements, developing a connection with others and recognising the importance of self-care (Northouse, 2016). All NHS leaders should challenge unacceptable behaviours whilst ensuring that all policies and guidelines uphold the requirements of an inclusive culture. However, despite good leadership support, insufficient motivation can lead to employee's poor performance despite their advanced skill and knowledge (Thi Diem Vo *et al*, 2022).

Interestingly, all participants said that ethnicity did not have any impact on salary because advanced practitioners' salaries are determined by the NHS agenda for change pay scale. Most advanced practitioner participants said that they were not solely motivated by pay, which is supported by a previous study which found that pay influenced satisfaction but an increase in pay was unlikely to be sufficient to ameliorate the concerns of NHS workers (Bimpong *et al*, 2020).

Having adequate support emerged as an important factor from the data analysis and, overall, participants suggested that having supportive managers, and support from the HEIs, allowed the advanced practitioners from ethnic minority backgrounds to develop further in their careers. Interestingly, many of the advanced practitioners spoke negatively about their experiences of support, but two participants were very positive and frequently spoke about how they felt well supported by their managers. They acknowledged that their line managers encouraged them in their development, and that the culture within their team was generally very supportive of professional development, suggesting that good support may impact on the work experience of an individual from an ethnic minority. The introduction of a compassionate leadership approach for all NHS leaders may help to provide the support necessary for staff as its aim is to encourage leaders to take care of themselves and their people (Dawson, 2018). The compassionate leadership approach can also "help in the management of performance



problems through encouraging the collective responsibility of teams for solving them, helping to promote a culture of learning, where risk-taking (within safe boundaries) is encouraged” (West & Markiewicz, 2016).

Most participants said that they were well supported by their HEIs through a wide range of facilities available for students, such as ‘how to write academically’ workshops, peer support groups, and one-to-one tutorials. Although the participants felt programmes would be more accessible by crediting previous learning, the approval process is determined by individual institutions and consists of taking the previous learning from a proposed student’s profile to a panel to match against the programme content which is usually very prescriptive due to the regulations stipulated by governing bodies such as the Nursing and Midwifery Council.

Within the second main theme the research team explored the factors impacting the advanced practitioners career progression. Several barriers to career progression such as lack of transparency with communicating potential posts, negative conversations with line managers when approached for support when considering applying for promotion and particularly the recruitment process were noted. Heath & Di Stasio (2020) suggest that the reason for differential recruitment is linked to the perceived different characteristics of minority groups of employees by the employer. Ethnic minority staff in the NHS have been shown to face more challenges and a lack of opportunities to progress in their careers (Hussein, 2020). There is evidence to suggest that White applicants are more likely to be appointed from a shortlisting process compared to applicants from minority backgrounds (Kline *et al*, 2017; Heath & Di Stasio, 2020). However, the report published by the NHS (National Health Service, 2021) ‘No More Tick Boxes’ brings together a wealth of research evidence outlining the practical steps that NHS employers could (and should) do to seriously improve staff recruitment and career progression. It focusses on the treatment of women, disabled staff, and staff of Black and minority ethnic origin (Qureshi *et al*, 2020).

Participants also said that individual factors such as family support and financial constraints play an essential role in the career development of advanced practitioners from an ethnic minority. Many said they would have independently paid for their studies to advance their careers, but they were helping to support other family members which prevented them from doing so. This is supported by evidence which suggest that financial pressures emerging due to commitment to family in their home countries is one of the major reasons why migrant workers are willing to undertake low paid jobs within the NHS, although they possess higher qualifications that should entitle them to higher paying positions (Skills for Care 2020, Sahraoui, 2019). Some of the participants said that lack of information regarding training opportunities was a barrier for them because they only heard about training by chance. This was also described by some participants as being treated unfairly by their managers or employers. Participants described how professional development opportunities were disseminated and offered to them as totally lacking transparency and, in some instances, unfair, echoing the suggestion that individual experiences depend on the discretionary powers





of the manager. The example given by a participant in the results section relating to how they were treated when they asked about completing a master's programme highlights the challenges that individuals from minority backgrounds face within the workplace.

The NHS has a long history of welcoming overseas professionals, and the evidence suggests that it relies heavily on this skilled and committed workforce (Hurley, 2023). However, as reported by advanced practitioners in the current study, there are often challenges for individuals and some professions in getting their overseas qualifications validated in the NHS system (Bhat *et al*, 2014). Participants also noted the lack of preparation for working in an unfamiliar health care environment, communication challenges especially with patients (asking to see their medical consultant) and conflict between their normal social and cultural practices, which often provoked insecurities and anxiety meaning that they emotionally withdrew from some situations (for example, not pushing themselves forward for promotion or professional development). Interestingly, the OAPL and ACPPL did not mention or recognise any of these challenges as being a problem for staff from an ethnic minority background as they perceived that everyone was treated the same. Some work has been completed to improve the experience of international professionals, especially nurses. However, the findings of a study by Lanada *et al* (2024) looking at the experiences of internationally educated nurses (IENs) joining the NHS suggest that IENs faced challenges both in the workplace and in settling into an English way of life, and often reported feeling that they were not treated equally to their English counterparts. Therefore, there is a need for all NHS organisations to improve the transitioning of IENs, and other international staff, into their new life and ways of working, to further aid recruitment and retention of the international workforce. One of the perceived barriers reported by some of the advanced practitioners was that they did not have any senior role models, including other advanced practitioners (from an ethnic minority) working in their organisations. They spoke about the isolation that they felt due to a lack of managers and colleagues from a similar background whom they said, if present, would provide them with reassurance and hope that they too could develop into a senior leader/managerial position. There are approximately 1.3 million people employed by the NHS, and out of those staff whose ethnicity is known 74.3% are White and 25.7% are from ethnic minority groups. Almost 69% of professionally qualified clinical staff are White and 15.9% are Asian (National Health Service, 2023). However, a study examining the progression of staff from diverse backgrounds who were promoted to senior roles within the NHS showed that the number of people from an ethnic minority at very senior manager levels in NHS England is at its highest level, having almost doubled between 2020 and 2021 from 153 to 298 (Torjesen, 2022). There were no OAPL or ACPPL in this study from an ethnic minority; all were White British, however, only eight senior participants were interviewed in the current study. There are several initiatives being developed to increase the numbers of advanced practitioners and senior managers from ethnic minorities in the NHS EoE. The findings of Torjesen (2022) suggest that there are more NHS Board members from an ethnic minority now, but this still only represents a total of 12.6%, showing that there is still a long way to go to reach equal representation.



The current study asked the participants for suggestions of how to address the challenges that they face in practice, as well as what would enable more practitioners from ethnic minorities to progress their careers. Advanced practitioner participants said that managers can play a key role in helping them to develop their careers by providing support such as listening to them about their career goals and aspirations. Ideally this would be done as part of their personal development reviews. Interestingly, the appraisal process was implemented in most organisations to help identify individual professional development needs and career aspirations, as well as to monitor organisational performance and the behaviour of individuals (CIPD, 2022). However, it was evident from the responses of the advanced practitioners in the current study that they perceived this process as a tick box exercise, not to clearly identify their individual needs. In contrast, the OAPL described how they actively participated in individual appraisals and identified both organisational and personal goals with their direct reports. This suggests that there are different experiences from a manager and a direct report perspective or that not all managers carry-out appraisals in the same way as those included in the study. This could be improved if there was a review of how professional development conversations are conducted and expectations about the process and outcomes are shared and agreed by both parties.

All participants clearly described what processes would enable individuals from ethnic minorities to feel more included and appreciated as well as advancing in their roles. They identified the important role that line managers can play in setting the behavioural tone for the entire team. Line managers should always encourage, and have the knowledge to educate, each new and existing team member, regardless of seniority, to ensure that the workforce understand and accept inclusivity and act as ambassadors for diversity and inclusivity principles (Smyth, 2018). The participants acknowledged the importance of the role of the line manager in the prevention of harassment at work. Ross *et al*, (2022) found that this is achieved by actively discouraging insults or derogatory jokes, treating everyone with respect, advocating for every employee, and speaking out against injustice, thereby, avoiding contributing to micro-aggressions, leading with bias, or perpetuating unfairness. The OAPL considered themselves to be good role models and felt that they supported each individual in their career aspirations, offering any opportunities for professional development equally to everybody.

Participants spoke about how improving the provision of information and educational opportunities could increase the number of advanced practitioners from an ethnic minority. Previous research shows that White staff have a higher relative likelihood of accessing training opportunities compared to their ethnic minority counterparts (National Health Service Workforce Race Equality Standard, 2023). Increasing the availability or access to HEIs was seen as important to most participants as they felt that it would potentially allow practitioners from ethnic minorities to progress further in their careers, provide more support to develop into senior roles, and support them to fulfil their educational needs across the four pillars (especially research) of the advanced practice role. This has been supported by Dean (2023) who suggests that the close relationship between advanced practice and clinical academic




roles has been identified, and that there is a need to develop the research pillar through doctoral level study to support the development of advanced practitioners into future research leaders. Some participants spoke about how organisations could encourage and support people to see what appropriate career pathway is available to them, and how HEIs could provide more support, broadening access to those who are from an ethnic minority. These suggestions are supported by the literature which states that equal policies were beneficial to facilitating training equality in the workplace (Hudson *et al*, 2017). Some participants suggested that access to HEIs can be broadened by allowing individuals to gain validation for previous qualifications, such as post-graduate specialist courses, and by making the process easier to achieve for those who are from an ethnic minority. However, it is not always possible to validate previous qualifications from international countries due to inconsistencies of programmes, which may have different practice and assessment processes. In the UK, all advance practitioners who qualify need to have trained appropriately to provide safe care to patients. However, decolonizing the curriculum so that curricular culture reflects the variety of experiences and backgrounds of students can also be beneficial (Shahjahan *et al*, 2022). The ACPPL said that they treat all students on their master's programmes the same but have recognised that they may need to offer different support mechanisms for students from a minority group, particularly if English is not their first language.

The data illustrates that there are fewer minority staff working in the NHS on higher pay bands (National Health Service Workforce Race Equality Standard, 2022). Participants said that there is a need to have greater ethnic minority representation in senior positions and in all recruitment and governing committees. This view is supported by evidence showing that ethnic minority staff are underrepresented in senior and leadership roles (National Health Service, 2023). Organisations should consider increasing ethnic minority representation at senior positions and have representation on all recruitment panels since this could enhance the experience of individuals from an ethnic minority and clearly demonstrate commitment to an inclusive culture.

There is a lack of accurate evidence of the actual numbers of people working across the NHS identifying as being from a minority background. Some participants (from all groups) suggested that there is a need to increase the consistency and accuracy of data collection and information about advanced practitioners from an ethnic minority background as this may contribute towards finding more ways to enhance their experience. The relative lack of information may be improved by the publication of the latest version of the Equality and Diversity System (National Health Service Improvement, 2022) which requires NHS organisations to collate evidence against several outcomes relating to equality, diversity, inclusion and health inequalities. In addition, most NHS organisations have EDI steering groups, and these groups are responsible for ensuring that appropriate information is collated.

Although there is a very well-established Regional Faculty for Advancing Practice with good representation within the EoE, participants said that they would like more regional networking



opportunities where they could share and discuss their experiences. However, on closer questioning, it became apparent that they were not all fully conversant with the activities that were available to them from a regional perspective. Although most of them said that the national advanced practitioner conferences (organised by the Centre for Advancing Practice) were extremely helpful, they felt that having more face-to-face networking activities would enhance their knowledge and role. In other areas of work, networking is regarded as invaluable in creating opportunities, exchanging thoughts, collaborating, sharing ideas and research findings, but it is often overlooked or underestimated by health care professionals (Royal College of Nursing, 2023).


The multiprofessional framework for advanced clinical practice in England (HEE, 2017), which aimed to standardise the minimum educational underpinning required of practitioners, and competencies and capabilities of those working at an advanced level, was published 2017, so the role of advanced practitioner is relatively new compared to other roles within the NHS. All of the participants said that there needed to be a more proactive campaign to raise the profile and understanding of the role. They felt that currently, in most of their organisations, the role was poorly understood (regardless of ethnicity) and undervalued, which created barriers to performance and career development.

## Conclusion

Overall, the advanced practitioners said that they had not always been given the training opportunities which would allow them to progress into advanced practice roles and further their careers, however, they really valued and enjoyed their roles. The organisational advanced practitioner leads, and higher education institution advanced clinical practice master's programme leads, agreed that the advanced practitioner role was particularly important and needed to be given the recognition it deserved, and developed further to meet the needs of the NHS Long-Term Workforce Plan (NHS, 2023).

The advanced practitioner participants said that they witnessed incidents related to workplace harassment on a regular basis, and many gave examples of their own personal experiences. All participants said that the salary that advanced practitioners receive is dictated by the NHS agenda for change pay scales and that there was no ethnic disparity. The most common factors that the advanced practitioner participants (who were all from an ethnic minority) felt influenced career development were; self-motivation, positive and flexible attitudes to work, good work ethic, and the ability to maintain good work relationships. Support from line managers and access to higher education were essential for career and professional development. The challenges to their career development that they identified were:

- personal and cultural issues, such as, not understanding the overall culture of the NHS or individual organisations, and having difficulty fitting into the English way of life
- lack of knowledge and awareness of how to develop further along the advanced practitioner pathway

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- underrepresentation of individuals from an ethnic minority in senior management roles
  - lack of recognition in the workplace
  - unfair recruitment processes
  - challenges in accessing higher education.

Having more accurate information regarding the numbers of advanced practitioners from minority backgrounds would potentially identify gaps and help with their further development.

## Recommendations

- All organisations to consider increasing the number of staff from ethnic minorities on trainee/advanced practitioner recruitment panels and other senior governing committees.
- Explore ways to train advanced practitioner line managers to lead compassionately, create a culture of inclusivity, underpinned by an ethical approach within the workplace.
- Ensure there are robust policies and procedures in place in all organisations to ensure that training opportunities are offered fairly to all regardless of ethnicity, and to monitor compliance.
- Within each organisation/region, consider developing a buddy network system to support individual NHS practitioners coming from overseas to navigate the complexity of the NHS healthcare system and the higher education institutions.
- Enhance network opportunities to support advanced practitioners from an ethnic minority to develop their personal confidence and professional competencies.
- Develop a more consistent approach to support ethnic minority staff to access academic support from higher education institutions.
- Nationally and regionally, consider how a national campaign could help raise the profile of the advanced practitioner role, especially those from an EDI background to provide visible role models to the wider workforce.

## References

- Amit A, Sagiv L. (2013) The role of epistemic motivation in individuals' response to decision complexity. *Organizational Behavior and Human Decision Processes*, 121(1): 104–117.
- Anon. (2018) *General Data Protection Regulation*. <https://gdpr-info.eu/> Accessed July 2023.
- Bhat M, Ajaz A, Zaman N. (2014) Difficulties for international medical graduates working in the NHS. *British Medical Journal*, 348: g3120.



- Birks M, Cant RP, Budden LM, *et al.* (2017) Uncovering degrees of workplace bullying: A comparison of baccalaureate nursing students' experiences during clinical placement in Australia and the UK. *Nurse Education in Practice*, 25: 14–21.
- Bimpong KAA, Khan A, Slight R, *et al.* (2020) Relationship between labour force satisfaction, wages and retention within the UK National Health Service: a systematic review of the literature. *British Medical Journal Open*, 10(7): e034919.
- Bryman A. (2015) *Social Research Methods*. 5th edition. Oxford: Oxford University Press.
- CIPD. (2022) *Understanding the basics of performance reviews and how to add value to the organisation*. [www.cipd.org](http://www.cipd.org) Accessed November 2023.
- Dawson J. (2018) *Links between NHS staff experience and patient satisfaction: Analysis of surveys from 2014 and 2015*. <https://www.england.nhs.uk/wp-content/uploads/2018/02/links-between-nhs-staff-experience-and-patient-satisfaction-1.pdf> Accessed January 2024.
- Dean S. (2023) Advanced Clinical Practitioners and the Research Pillar. *International Journal for Advancing Practice*, 1(1). <https://doi.org/10.12968/ijap.2023.1.1.42>
- Department of Health and Social Care (2015) *2010 to 2015 government policy: health and social care integration*. <https://www.gov.uk/government/publications/2010-to-2015-government-policy-health-and-social-care-integration/2010-to-2015-government-policy-health-and-social-care-integration> Accessed December 2023.
- Fothergill LJ, Al-Oraibi A, Houdmont J, *et al.* (2022) Nationwide evaluation of the advanced clinical practitioner role in England: a cross-sectional survey. *British Medical Journal Open*, 12(1): e055475.
- Fusch PI, Ness LR. (2015) Are We There Yet? Data Saturation in Qualitative Research. *The Qualitative Report*, 20(9): 1408–1416.
- Halcomb EJ, Gholizadeh L, DiGiacomo M, *et al.* (2007) Literature Review: Considerations in Undertaking Focus Group Research with Culturally and Linguistically Diverse Groups. *Journal of Clinical Nursing*, 16(6): 1000–1011.
- Heath AF, Di Stasio V. (2020). Racial discrimination in Britain, 1969–2017: a meta-analysis of field experiments on racial discrimination in the British labour market. *The British Journal of Sociology*, 70(5): 1774–1798.
- Health Education England. (2017). *New Framework launched to define the role of Advanced Clinical Practitioners in healthcare*. [hee.nhs.uk](http://hee.nhs.uk) Accessed December 2023.
- Howells K, Bowera P, Hassell K. (2018). Exploring the career choices of White and Black, Asian and Minority Ethnic women pharmacists: a qualitative study. *International Journal of Pharmacy Practice*, 26: 507–514.
- Hudson M, Netto G, Noon M, *et al.* (2017). Ethnicity and low wage traps: favouritism, homosocial reproduction and economic marginalization. *Work, Employment and Society*, 31(6): 992–1009.



- Hurley R. (2023) How do foreign doctors find working in the NHS? *BMJ* 2023; 382: p1618.
- Hussein S. (2020). *The latest size and structure report offers much needed insight at a time of turbulence*. <https://www.skillsforcare.org.uk/News-and-events/blogs/The-latest-size-and-structure-report-offers-much-needed-insight-at-a-time-of-turbulence> Accessed December 2023.
- Hussein S. (2022). Employment Inequalities Among British Minority Ethnic Workers in Health and Social Care at the Time of Covid-19: A Rapid Review of the Literature. *Social Policy and Society*, 21(2): 316–330.
- Joseph E. (2019). Discrimination against credentials in Black bodies: counter stories of the characteristic labour market experiences of migrants in Ireland. *British Journal of Guidance & Counselling*, 47(4): 524–542.
- King R, Tod A, Sanders T. (2017). Development and regulation of advanced nurse practitioners in the UK and internationally. *Nursing Standard*, 32(14): 43–50.
- Kline R, Naqvi H, Razaq SA, *et al.* (2017) *NHS Workforce Race Equality Standard*. London: National Health Services Trusts.
- Lanada JA, Culligan K. (2024) The experiences of internationally educated nurses who joined the nursing workforce in England. *Br J Nursing*. 25;33(2):78-84. doi: 10.12968/bjon.3.2.78. PMID: 38271032.
- National Health Service England. (2021). “*If Your Face Fits*”, *A practitioner guide based on no more tick boxes*. [https://www.england.nhs.uk/east-of-england/wp-content/uploads/sites/47/2021/10/NHS-Practitioners-Guide-If-Your-Face-Fits\\_FINAL-2.pdf](https://www.england.nhs.uk/east-of-england/wp-content/uploads/sites/47/2021/10/NHS-Practitioners-Guide-If-Your-Face-Fits_FINAL-2.pdf) Accessed December 2023.
- National Health Service. (2021). *No More Tick Boxes: A review of the evidence on how to make recruitment and career progressions fairer*. <https://www.england.nhs.uk/east-of-england/nhs-east-of-england-equality-diversity-and-inclusion/publications-and-practical-resources/> Accessed October 2023.
- National Health Service. (2023). *NHS workforce*. <https://www.ethnicity-facts-figures.service.gov.uk/workforce-and-business/workforce-diversity/nhs-workforce/latest/> Accessed December 2023.
- National Health Service Improvement. (2022). *EDI Technical Guidance For service users, patients, staff, stakeholders, leaders, and EDI leads in the NHS*. <https://www.england.nhs.uk/publication/equality-delivery-system-2022-guidance-and-resources/> Accessed December 2023.
- National Health Service Workforce Race Equality Standard (WRES). (2022). *Data analysis report for NHS trusts*. <https://www.england.nhs.uk/publication/nhs-workforce-race-equality-standard-2022/> Accessed December 2023.
- Northouse PG. (2016). *Introduction to Leadership: Concepts and Practice*. 2nd edition. Sage: London.



Patrick HA, Kumar VR. (2012). *Managing Workplace Diversity: Issues and Challenges*. SAGE Open, 2(2). <https://doi.org/10.1177/2158244012444615>

Qureshi I, Ali N, Randhawa G. (2020). British South Asian male nurses' views on the barriers and enablers to entering and progressing in nursing careers. *Journal of Nursing Management*, 28: 892–902.

Research Governance Framework (2005), [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/139565/dh\\_4122427.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/139565/dh_4122427.pdf)/ Accessed Jan 2023

Royal College of Nursing. (2023). *Networking/Careers resources*. rcn.org.uk Accessed December 2023.

Ritchie J, Spencer L. (2002). *Qualitative data analysis for applied policy research*. In: Huberman A (ed.), *The qualitative research companion*. Sage: Thousand Oaks.

Ross, S., Jabbal, J., Chauhan, K., Maguire, D., Randhwa, M., & Dahir, S., (2020) Workforce, race and inequalities and inclusion in NHS providers. *The Kings Fund*

Sahraoui N. (2019). *Racialised Workers and European Older-Age Care*. Springer International Publishing.

Shahjahan, R. A., Estera, A. L., Surla, K. L., & Edwards, K. T. (2022). “Decolonizing” Curriculum and Pedagogy: A Comparative Review Across Disciplines and Global Higher Education Contexts. *Review of Educational Research*, 92(1), 73-113. <https://doi.org/10.3102/00346543211042423>

Stewart-Lord A, Beanlands C, Khine R, *et al.* (2020). The Role and Development of Advanced Clinical Practice Within Allied Health Professions: A Mixed Method Study. *Journal of Multidiscipline Healthcare*, 25(13): 1705-1715.

Smyth Y. (2018). Middle managers: the key to building the reality of a diverse and inclusive workplace. Podcast 1: how can you drive your diversity agenda forward? Viewpoint – careers advice blog. [hays.com](https://hays.com) accessed December 2023

Thi Diem Vo T, Tulliao K, Chen C. (2022). Work Motivation: The role of Individual Needs and Social Conditions. *Behavioural Science*, 12(2): 49.

Torjesen I. (2022). Rising cost of living is worsening NHS workforce crisis and workload. *British Medical Journal*, 378: o2364.

Wang W, Seifert R. (2018). BAME staff and public service motivation: the mediating role of perceived fairness in English local government. *Journal of Business Ethics*, 161: 653–664.







## Appendix

### Appendix 1: Semi-structured interview questions

#### HEI MSc Advanced Clinical Practice Programme Leads Questions:


1. Research has shown ACPs from minority backgrounds face more problems in accessing and developing in their career, what are your thoughts on this?
2. What if any do you think are the barriers or challenges experienced by staff from an ethnic minority in accessing and developing their careers?
3. What do you suggest could be done to promote educational activities to support ACPs from an EDI background to acquire the skills and clinical capabilities needed to practice and develop in their ACP roles?
4. How do you think our HEIs facilitate minority ACPS accessing and developing their careers?
5. What if any suggestions do you think may be helpful to improve the training offered to minority advanced practitioners?
6. Can you tell me about how your ACP programme is developed, what if any considerations do you have to support ACPs from an EDI background?
7. Is there anything you would like to add?

#### Organisational Advanced Practitioner Leads Questions:

1. Tell me a little about your role and what group of patients you care for?
2. How long have you been working as an ACP lead?
3. What if any do you think are the barriers or challenges experienced by staff from an ethnic minority in accessing and developing their careers?
4. What are your views about the training and development opportunities that are available to minority you in the workplace?
5. What if any suggestions do you think may be helpful to improve the training offered to minority advanced practitioners?
6. Within the literature it is reported that there are some differences regarding pay scale/banding for ethnic minority staff, what is your experience of this?
7. What changes if any, do you think the management/leadership team could do to help promote career advancement for ethnic minority staff?
8. Any additional thoughts you would like to share?

#### Advanced Practitioners from An Ethnic Minority Questions:

1. Tell me a little about your role and what group of patients you care for?
2. How long have you been working as an ACP?

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3. How do you describe your work experience as an Advanced Practitioner from an ethnic background perspective?
  4. What are your views about the training and development opportunities that are available to you in the workplace?
  5. What if any suggestions do you think may be helpful to improve the training offered?
  6. How would you describe the training opportunities that are made available to you by the HEE in progressing your career?
  7. What is your experience of the salaries paid to ACP, can you tell us about your pay scale/ band?
  8. What differences if any have you noticed with banding across roles?
  9. Have you ever experienced or observed any workplace discrimination relating to your role?
  10. Within the literature it is reported that there is some discrimination and harassment of ethnic minority staff, what experience if any do you have of this in the workplace?
  11. About challenges some ethnic minorities face in the workplace, can you tell us your thoughts about the disciplinary process?
  12. The literature suggests that staff from an ethnic background are more likely to enter the formal disciplinary process compared to white staff, why do you think this may be and how do you think this gap can be improved?
  13. Can you tell us about the support you receive from your line manager? What or if in any way could the management practices in the workplace be different to support you in developing your career?
  14. What changes if any, do you think the management/leadership team could do to help promote career advancement for ethnic minority staff?
  15. What if any do you think are the barriers or challenges experienced by staff from an ethnic minority in accessing and developing their careers?
  16. What were the supportive factors available to you that enabled you to access and develop your career?
  17. What about any other factors that might help you develop your career?
  18. Any additional thoughts you would like to share?