

"This is the peer reviewed version of the following article: Likupe, G. (2015) Experiences of African nurses and the perception of their managers in the NHS in Journal of Nursing Management 23(2) pp.231-241, which has been published in final form at <http://dx.doi.org/10.1111/jonm.12119>. This article may be used for non-commercial purposes in accordance with [Wiley Terms and Conditions for Self-Archiving](#)."

Experiences of African nurses and the perception of their managers in the NHS

Gloria Likupe, Lecturer, Faculty of Health and Social Care, University of Hull, United Kingdom Tel 014824600, Fax 01482464695 email G.Likupe@hull.ac.uk

Abstract

Aim:

This study aims to explore experiences of racism, discrimination and equality of opportunity among black African nurses and their managers' perspective on these issues.

Background: International nurse migration has brought increased diversity in the nursing workforce internationally. These nurses have reported negative experiences associated with their integration in host nations. The United Kingdom has a long history of international nurse recruitment which has been associated with experiences of racism and discrimination of these nurses despite different equality acts. Experiences of black African nurses and perceptions of their managers are good indicators of how effective these equality acts have been.

Method:

A qualitative approach was used to gain an insight into black nurses' experiences and those of their managers in the United Kingdom National Health Service.

Findings: Nurses and managers reported that black African nurses face racism, discrimination and lack of equal opportunities in the British National Health Service.

Conclusions: Racism and discrimination of black and ethnic minority nurses are present in

the NHS despite race. Robust measures to combat racism and discrimination are urgently needed.

Implications for nursing management: Managers need to be aware that good policies can be misinterpreted and disadvantage minorities and take steps to promote good practice

Key words: Black African, overseas, nurses, racism, discrimination, equal opportunities, NHS, United Kingdom

Background

Recruitment of international nurse continues to grow worldwide although it has now slowed in the United Kingdom (UK) (NMC 2008). Despite this the need for overseas nurses continues to grow with the Wanless Review of the NHS (Wanless, Appleby, Harrison and Patel 2002) suggesting that over the period up to 2020, the NHS in England would have to increase its workforce by 108,500 whole time equivalents. Yet the expansion of UK trained workforce appears to be slowing down with the number a recent survey showing that the 20,092 nursing places funded in 2010-11 fell to 17,741 in 2011-12 and it has dropped again to 17,546 during the current financial year (Hernandez 2012).

Overseas nurses that have settled in the UK have benefited the British National Health Service (NHS) and also have individually benefited themselves. However despite the positive effects overseas' nursing recruitment has brought to the NHS and to the nurses themselves, many internationally recruited nurses experiences of the NHS are negative. Although research into the experiences of overseas nurses tends to categorise them as a homogeneous group, some authors acknowledge that their experiences may be different depending on place of origin, race, culture and other factors (Kenny and Briner, 2007, RCN and 2008). However, few authors have taken this difference into account in the design of their studies (Withers and

Snowball, 2003, McGregor, 2006, Aboderin, 2007 and Chikanda, 2005, 2008 , Henry, 2007, and Okougha and Tilki 2010). However, these authors only studied nurses' experiences from the nurses' perspective. Their managers' perspectives on those experiences were not investigated.

Overseas nurses frequently cite racism and harassment as distressing experiences in their working lives in NHS hospitals (Sheffield, Hussain and Coleshill, 1999, Culley 2000, Allan and Larsen, 2003, Alexis and Vydelingum, 2004, Taylor, 2005 Lemos and Crane, 2001, Shields and Wheatley Price, 2002, Allan, Larsen, Bryan, and Smith, 2004, Larsen, 2007 and Nichols and Campbell 2010). Others have cited Bullying, discrimination and lack of equal opportunities (Allan, Cowie and Smith, 2009; Alexis, Vydelingum and Robbins, 2006, Likupe, 2006; Larsen, 2006; Alexis and Vydelingum, 2005 and Alexis, Vydelingum and Robbins, 2007).

Alexis et al (2007) reported that nurses blamed themselves for their treatment because of the colour of their skin. Alexis and Vydelingum (2009) suggest that individuals who do not feel valued because of their backgrounds are likely to feel disenfranchised in their chosen careers. In addition they point to a widely held view that Asians are generally regarded as model minorities who are successful, hard working, loyal and do not complain and, therefore their career progression is unlikely to be affected. Alexis and Vydelingum (2009) also found that African nurses reported being passed over for promotion more than Asian nurses and suggest that this could be because African nurses perhaps did not understand what was expected of them and Asian nurses perhaps did. It also suggests that consistent bullying can result in loss of self confidence and self blame. These assertions call for further investigation into the experiences of black African nurses and the perceptions of their managers. The present study addressed this by interviewing black African nurses and ward managers about their experiences with black African nurses.

The present study

In this study experiences of discrimination, racism and equal opportunities for black African nurses in the UK NHS were explored. Experiences of managers who were working with black African nurses were also explored for their perspectives on the issues. The study is underpinned by Richmond (1994) and Hall (1999) ideas on power and stereotyping respectively. Richmond (1994) asserts that an understanding of sociological dimensions of international migration and related questions of race and ethnic relations requires an understanding of concepts of power, conflict, agency, structuration, security, identity, and communication. Power is defined by Richmond (1994) as ‘the capacity to achieve individual or collective goals through co-operation and, if necessary, by overcoming opposition’ (p.4).

Richmond (1994) states that power is implicated in all forms of action, whether co-operative or conflicting, and that it requires mobilisation of resources as a means of achieving goals. Resources are divided into material and symbolic resources. Material resources are allocative and include energy, raw materials, and property as a means of production, while symbolic resources include language and the capacity to communicate (Giddens, 1984). Resources are not distributed equally between individuals and groups, and this gives rise to structures of domination. Exploitation can result where there is a difference in power. This exploitation can be both physical and psychological, implying manipulation of others through ideological indoctrination as well as material deprivation (Giddens, 1981).

Hall (1999) contends that stereotyping maintains a social symbolic order by differentiating between “normal” and “abnormal”, “acceptable” and “unacceptable”, “insiders” and “outsiders”, “Us” and “them” and facilitates the “binding” or bonding together of all of us who are “normal” into one imagined community, and it sends into symbolic exile all of them

– “the others” – who are in some way different “beyond the pale” (p. 258). He further explains that stereotyping tends to occur where there are gross inequalities of power, which is usually directed against the subordinate or excluded group.

Research Design and Methods

This study is part of a larger qualitative study aimed to explore experiences of black African nurses in the UK. Data for this part of the study was collected between July 2008 and January 2009. A qualitative research design was adopted for this part of the study using focus group discussions and semi-structured interviews. Research data was collected using audio -taped focus group interviews and individual semi-structured interviews. Individual interviews were used to collect data from those participants who were not able to participate in focus groups because of personal and time issues. This was also the best method to collect sensitive information. Four focus groups comprising a total of fifteen nurses were conducted in this study. This enabled each participant to have an opportunity to share his or her experiences (Stewart and Shamdasani, 1990, Morgan, 1997, and Krueger and Casey, 2000). The remaining fifteen nurses were interviewed individually. Eight managers were interviewed individually and two managers were interviewed together. One of these managers was male, one black Caribbean (female) and the rest were white females. Managers had managing experience ranging from 1-6 years.

Sample

Sampling was on two levels, first NHS hospitals in the North east England known to have high concentrations of ethnic minorities were chosen. Second Black African nurses from these NHS trusts were invited to join the research. Non -Probability or purposive sampling was chosen for this research as the researcher was seeking specific experiences from the participants. Adverts were placed in various wards in the selected NHS trusts asking black

African nurses to come forward and talk about their experiences of working and living in the UK. Additionally nurses who came forward following the initial advertisement were asked to inform their friends of the research and ask them if they would like to participate in the research. Thirty nurses from sub-Saharan Africa working in four NHS trusts in the North-East of England came forward to participate in the study. The sample comprised of nurses who came from Malawi, Kenya, Ghana, Nigeria, South Africa, Zambia, Zimbabwe and Cameroon and had been in the UK between 2-5 years and were all at staff nurses grade. There were 26 females and 4 males, 27 were married with children one was a single mother and two were single. Respondents were aged between 25 and 48 years with an average age of 35 years. Nurses' had experiences ranging from 5-20 years from their countries. Two nurses had been lecturers in their country of origin while the rest had been sisters and staff nurses.

Ethical consideration

The study proposal was first presented to the Central Office Research Ethics Committee (COREC), which was responsible for allocating the responsibility to Multi-Centre Research Ethics Committee (MREC). It received approval as a justifiable investigation under reference number 05/MRE00/29. After this approval the protocol was sent to research and development committees of the four selected trusts and also received approval in all four cases. Before commencement of interviews and focus group discussions an information sheet was given to every nurse that showed willingness to participate in the study. Participants were given at least a week after reading the information to decide whether they wanted to participate in the study. This meant that they could discuss this with friends and family but it also gave them time to ask questions if they wanted any clarification.

On the day of the focus group or individual interview participants were given consent forms to sign as an indication that they had agreed to participate in the study. Before the interview nurses were reminded that interviews would be audio-recorded and that their consent included this. They were assured that the tapes would be destroyed after transcription.

Data collection and analysis

Data were collected using focus group discussions and semi-structured interviews and were tape recorded. These lasted 90 to 130 minutes. Fifteen nurses were interviewed in 3 focus groups while the remaining 15 were interviewed individually. Nurses who were interviewed individually could not get to the focus groups. This was also seen as an opportunity for the interviewer to probe more sensitive issues which could not be done using focus groups. For both focus group and individual interview participants, interviews took place at the time and place selected by the participants.

The taped data was transcribed verbatim and Van Manen's (1990) selective or highlighting approach was used to isolate themes. Statements (or phrases) that seemed particularly essential or revealing about the phenomenon were highlighted. This approach involves immersing oneself in the data to understand its meaning and to retain participants' view point while allowing an understanding of the subject under scrutiny (Moustakas 1990).

The analytic hierarchy described by Spencer, Ritchie and O'Connor (2003) was used as a platform for initial ordering of the data. The process enabled the researcher's thoughts to move forward and backwards in the initial process of data analysis which involved assigning data to refined concepts, refining and distilling abstract conceptions, assigning meaning and generating themes and concepts. The main findings relate to perceptions of discrimination and racism from managers; colleagues and patients and lack of equal opportunities.

Stereotyping was observed from managers' statements about black African nurses.

Racism

Under this theme, nurses' experiences mirrored the perspectives narrated by managers. On the part of nurses, racism was perceived as emanating from white colleagues and other overseas nurses, managers and patients and their relatives. Discrimination was mainly concerned with equal opportunities and the daily work of nursing on the hospital wards. The racism perceived by nurses was in most cases covert but in some cases it was quite obvious and it caused them considerable distress and confusion. Black African nurses felt that their experience and knowledge in nursing was not respected. Nurses blamed this partly on ignorance about their nurse education and also on inaccurate portrayal of Africa by the media.

A nurse from one focus group recounted this experience:

Nobody recognises any black no matter how intelligent you are. If you are intelligent they would rather prove you to be too confrontational. So I tell you I cannot hide , I told my manager last week I said I'm not happy. (M Ghanaian 28)

While a manager from a different hospital said:

They all have a bit, because you know some people have given her "she's crap" and as a manager I've said this is not on. (Charge nurse medical ward)

The data also revealed that different types of racism are in operation. First black African nurses felt they were the object of racism from their white colleagues and managers.

Secondly black African nurses felt that they were the object of racism from other overseas nurses as a result of recruitment practices which favoured nurses from the Philippines and India, for example. One of the participants commented:

When the Indian nurses were recruited there was this thing about recruitment and retention so you find that the kind of treatment that they were given is that kind of treatment that would want to keep people where they are and then after a while it all worn off and that's why they came up with this attitude that they are better than you because they were given the impression that they were needed more than you are. (F Kenyan 47)

The Code of Recruitment Practice (DoH, 2001, 2004) advised against recruitment of nurses from countries with nurse shortages of their own. Most of these countries were sub-Saharan countries although the Caribbean was also included. The code was advisory and not prohibitive, therefore recruitment agencies continued to recruit from Africa and some African nurses were recruited from individual applications. Through the code, government policies created a division among overseas nurses which seems to have left African nurses feeling inferior to other overseas nurses. On the other hand it could be that racial perception influenced the behaviour of other overseas nurses toward black African nurses in keeping with the racialised idea that black Africans are at the bottom of the racial hierarchy (Rex, 1999). Simple competition among overseas nurses may also have been in operation.

Managers also displayed stereotyping between different groups of overseas nurses and seemed to be divisive by treating other overseas nurses more favourably than black African nurses:

We had one Hungarian lady who was working with us but you won't believe this lady was treated differently. At the end we say the work she was doing wasn't the right thing but she was treated like... you know because of the colour as if she knows what she is doing (M Ghanaian 25)

This feeling was mirrored in managers' statements:

She is Filipino and she is an excellent staff nurse and I think she would be excellent as a junior sister but she is not interested she doesn't want the aggravation, doesn't want the responsibility. I would probably say that (name of black African nurse) knowledge of hospital policies it is probably very limited, because again they focus on patients. (manager medical ward)

This could confirm black African nurses' suspicion that they were regarded to be of low motivation compared to others. This could also legitimate racism perpetrated by other overseas nurses. Some nurses appeared to have lost confidence in their abilities because they were told that they were not good enough, and some even internalised this and accepted that there must be something wrong with them.

Some black African nurses said they were perceived as arrogant if they voiced any dislike of their treatment by their colleagues, confirming the stereotype that an assertive attitude is not expected from Africans (Hall 1999). One of the nurses put it like this:

I worked on this ward, the sister sat down with me at my appraisal and I said this is what I can do, I know how to do it, but because of the policies, if you need documents I can try to get them for you. She never believed. (M Ghana 25)

A nurse from a different hospital said:

With my senior colleagues there was of course that feeling that I was under scrutiny all the time and it took time for them to understand that I can do the same things they do just as well as they do. (F Kenyan 47)

This point was corroborated by data from managers. They described observing black African nurses especially as they could be lying to them regarding their experiences.

...but it's good that they can come into our area and say I've seen this before, I know this kind of operation and I know what kind of things to look out for, because that is good for me as a manager because the confidence is already there. I still observe because they could fib to me. They might say yes I can do this but I've still got to be aware that they could be telling me a few mistruths. So, I still watch. It's not only my eyes but somebody's eyes as well, and they are monitoring as well. (Charge nurse colorectal ward)

Here it seems that ward managers did not trust black nurses' ability to perform certain duties and therefore applied excessive and probably unnecessary scrutiny when working with and supervising these nurses. In the case of the charge nurse above, other staff members were also instructed to do the same. Black African nurses described racist attitudes towards them from patients and their relatives. Elderly patients were especially singled out as having the most racist attitudes:

Some of the residents accepted me but some were not happy to be looked after by a black person and I was told by the manager that room 40, room 43 and room 18 you should not go there because they don't like to be looked after by a black person. (F Malawian31)

Managers echoed this perception and corroborated the fact that some patients had racist attitudes but thought that the racist attitudes probably resulted from the way nurses approached patients:

I think part of it is also the way patients approach the African nurses as well because a lot of our patients do have racist tendencies. (Charge nurse1 medical elderly)

Some nurses said that they avoided attending to patients with racist tendencies as they feared that these patients would make false accusations which in turn could jeopardise the nurses' jobs. Some nurses recounted the behaviour of patients' relatives towards them which they described as making them invisible.

Even relatives, they see that you are the nurse; they have seen your badge, because we have similar uniform with the health carers but you can still see the difference. If they are enquiring something about their relative, they will bypass you, even if you are the first person they see, they will go to the health carer and then the carer will say no you go to that one, that's when they will come. (F Zambian 29)

Apart from racism from their colleagues and patients, black African nurses also perceived racism coming from managers. They described how other nurses from overseas were allowed to perform certain procedures even when they were not competent but black African nurses were prevented from performing the same procedures even when they were competent:

...someone had chest pain and we had to do an ECG and I did it because I know how to do it although there is a pack that you should have which I don't have. She (the ward manager)said what you did was wrong and you don't have the pack so don't do it again. I said ok. She called an Indian lady to do it and she said sister but I don't have a pack as well and she said go and do it. I said what you are doing is discrimination. (M Zambian 40)

Another nurse concurred:

The best word I can use is racism or discrimination, as long as you come from Africa you are not one of them, you are not a white person, you are looked down upon in every way, there is racism, even when you are in a meeting, like a suggestion, they won't take it into account because to them you are black and you don't know anything, you know, that's the thing. (F Zambian 31)

Discrimination and lack of equal opportunities

Black African nurses saw racism and discrimination as going hand in hand and described how they were discriminated against in terms of promotion, professional development, supervision of duty rotas and even the way mistakes were dealt with, echoing Archibong and Darr (2010) who reported that mistakes made by ethnic minority nurses were treated disproportionately and that these nurses were likely to be disciplined. Black African nurses described being passed over for promotion. They said that their experiences were not taken

into account even when they had been on a ward for some time promotion was given to junior British nurses instead:

Whilst I have been there more than a year now, but there was a white nurse who came to work there after finishing her training, she just worked for six months and now she has been promoted to E grade. And you can imagine what impact it has on us. (F
Zambian 31)

Another said

There are times when I have asked to go for a course, like me and another person want to go for the same course, they will choose their own people. We should feel that we've got the same qualifications and we contribute the same skills like white nurses and I think they should put equal opportunities in practice otherwise its of no use. (F
Zambian 29)

These statements were echoed by managers in their interviews. Some managers admitted that it was difficult if not impossible to apply equal opportunities as applicants could be identified from application forms:

We know that on the application form you have to write down where you had your education or professional qualifications so you can identify individuals who were not educated in this country according to that. I also know that at the interview they have got some kind of a point scoring system. I am not suggesting that people don't work within equal opportunities but I am saying if somebody knows that person whether they can be truly objective I don't know. (Charge nurse renal ward)

Richmond (1994) has stated that it is a mark of a racist society that classifies people according to certain attributes. The statement above shows how data which was meant for good could be used to discriminate minority candidates. The only ethnic minority (black) manager interviewed in this study offered some insight on how difficult it is or it may be for Black African nurses to develop and advance their careers. She related her own experience and how it had been difficult for her to develop and advance in her career:

To get the sisters post I have applied about three times before I got the sisters position and before and I was convinced am going to leave the unit because I had to go off and do a masters degree, I had to do a lot of courses, did everything and then when I applied for the job I realised that am just banging myself against a brick wall then I thought I am going to leave and see if I can work with the consultants to do some sort of research. (Charge nurses critical care)

This charge nurse explained that black nurses have to prove themselves beyond the usual requirement if they wanted to move up the career ladder. They have to get extra qualifications. She added:

It's just a fact of life that if you come from abroad you have to prove yourself. Then you've got to prove yourself a bit more because of your colour.

Black African nurses' experiences in the present study felt that they had to work twice as hard and have better qualification to get a similar post to a white British nurse. However even with extra experience and qualification black African nurses still found it difficult to move up the career ladder and have the same opportunities as their white counterparts. In some cases they felt their qualifications made a negative impact as their white colleagues resented them and called them arrogant. Pilkington (2003) notes that minority groups are under-represented among employers and managers of large establishments. He argues that this suggests there is a glass ceiling inhibiting upward mobility beyond a certain point. In addition he argues that a comparison of educational qualifications between Whites and minority groups at comparable job levels reveal that possession of qualifications does not always allow minority groups to have access to the more desirable jobs on the same terms as whites. Pilkington (2003) points out that this may result from racial discrimination which prevents minority groups receiving the same return from investment in education. This statement from a charge nurse explicates the point:

I think that is where the problem lies. They do the courses and then afterwards they don't always get the responsibility. I think because of the nature of them they are bothered. Some of them have applied for the courses the ones we got here are quite good so they have been applying for the courses but soon after they finish the courses but they are not bothered some of them just do the courses and not use them (Charge nurse renal ward)

This lack of recognition can result in withdrawal from engagement in practice and lack of commitment. The charge nurse above describes this as not bothering, nurses just want to come do their work and go home as they see no real rewards for their efforts in terms of career development.

Black African nurses explained that often they were not given information of equal opportunity policies. Nurses said that managers were especially not forthcoming with information on graduate or post graduate courses if they were not graduates themselves. This suggests that managers may have been discriminating black African nurses by withholding information on equal opportunities in addition to not putting the policy in practice. If this is the case, it is direct contravention of the Equality act 2010.

Stereotyping

Although managers recognised that black African nurses were facing racism they failed to recognize that they were contributing to it themselves. Racism from managers came in the form of stereotyping as they indicated that other overseas nurses were better than black African nurses.

A charge nurse said:

Like Filipino, there was one that was there for three years and was extremely good and I had jobs on ward 19A, an E grade post came up and I said why you don't go for it. But it took a good two years of bullying in a nice way, saying there is an E grade coming up; I want to see you go for it. But like I said for (black African nurse) there

hasn't been an opportunity on this ward, but there have been on other wards. I know she likes it here, she likes the people, she likes the work, and it works out well within her home life (Charge nurse colorectal ward).

Different managers made similar remarks about overseas nurses from different areas:

I mean if you look at Filipino nurses are pretty quick and they are quite good. African nurses are not bothered about developing themselves honestly, they just want to go back to Africa. (Charge nurse renal ward)

These statements show the same theme that somehow black African nurses have low motivation and less capable than other overseas nurses and it is not worth encouraging them to develop professionally. Nurses interviews revealed that they felt that they were treated as if they did not know anything and, if managers and colleagues found their stereotype challenged, they blamed black African nurses and called them arrogant. This leads to discrimination as can be seen from the preceding statements that black African nurses were not being informed of development opportunities as it was perceived that they were not interested. They were also not being provided with training for interviews.

Some managers thought that black African nurses were not motivated due to cultural reasons and had to be forced to do courses but when asked about promoting nurses to higher grades managers said that either nurses were not ready or there were no posts available.

Discussion

Overseas nurses have always been essential to the running of the NHS since 1948. However these nurses have often endured discrimination (Beishon, Virdee and Hagell, 1995, Daniel, Chamberlain and Gordon, 2001, and Alexis and Vydelingum, 2005). Studies on the experience of overseas nurses in the UK NHS have mostly tended to be descriptive.

Therefore our understanding of why racism and discrimination occurs in the NHS is patchy.

The data in this study indicates that migrant nurses and specifically black African nurses in

this study are affected by powerlessness which, stems from their employment at the lowest level of the nursing hierarchy in the NHS as a result of their immigrant status (Phizacklea and Miles, 1980).

Black African nurses experiences can be articulated as a function of history due to the fact that sub-Saharan countries were former colonies of Britain and from a political and economic perspective and may be rooted in racism. The racism experienced by black African nurses results from their position in the nursing hierarchy as immigrants and also from stereotypes of Africans presented by different sources of the media of African as inferior (Hall, 1999).

Black African nurses in this study felt that they were objects of racist discrimination from managers, white UK nurses and other overseas nurses. Racism was both overt and covert but nurses were reluctant to report incidents as they felt reporting would threaten their positions.

This finding is similar to Giga, Hoel and Lewis (2008) on black and minority ethnic employee experiences of workplace bullying. Racism from managers was articulated by the way they ignored black African nurses and labelled the nurses confrontational when they voiced concerns. Black African nurses were constantly bullied, undermined and called names. Managers acknowledged this observation and added that some nurses felt that their practice was under constant observation. However, some managers applied excessive scrutiny on black African nurses and encouraged other staff to do the same. This is not new in the NHS. In 1965 Goodland observed that ...these nurses face prejudice and disbelief or at the very least an intense interest to see if they “shape up” (p.241). He noted that African nurses were aware of the intense interest and observation and adds that when a person is the subject of that kind of interest and attention it requires a tremendous act of bravery to carry out his/her normal duties without letting it worry her. Nurses described that mistakes made were blown out of proportion which, seem to be a direct result of lack of trust from managers.

Furthermore, managers displayed a reluctance to take reported instances of racism which resulted in black nurses' reluctance to report incidences of racism. In some cases, nurses feared reprisals.

Hall (1992) and Pilkington (2003) argue that in Britain, a period of economic and political decline has coincided with increasing European integration and formation of minority enclaves within the nation state. This is felt by the some members of the dominant group to be a threat to the British way of life. One response to this has been the creation of a closed and exclusive definition of "Englishness" as a way of refusing to live with difference. These sentiments have created hostility both in the workplace and in the neighbourhood.

Hall (1992) contends that European contact with other people involved a process of representation and with European expansion, a construction of the West's sense of self through its sense of difference from others. This resulted in a discourse which divided the world between West and the rest. In this dichotomy European and Western culture is viewed as superior to other cultures and the adoption of Western culture is termed civilisation. In support of this Pilkington (2003) states that " While it is important to recognise representations which ground differences in colour and culture do not operate in a similar manner, it is equally important not to overstate the opposition between a discourse which privileges biological markers like skin colour and a discourse which privileges cultural markers like religion." (P.180). He points out that the two discourses are essentially the same as they confer disadvantage to a group of people. However, Hall (2000) had already explained that a discourse which privileges cultural markers often indirectly contains a biological reference. In Hall's (2000) view "biological racism and cultural differentialism therefore, constitute not two different systems, but racism's two registers" (p. 223).

Managers said that they felt that overseas nurses in general were exploited in some cases. This was discussed by black African nurses themselves and it is consistent with employment of migrant labour in undesirable occupations shunned by locals. In the case of nursing, this situation was created by nurse shortages. According to Richmond (1994), 'asymmetrical distribution of resources (including information and knowledge) gives rise to structures of domination embedded in political, economic and social institutions that can be oppressive' (p. 7). Giddens (1981) adds that exploitation is more than purely economic in form. It can occur whenever power is used for sectional interests at the expense of other individuals or groups. People can be manipulated through ideological indoctrination as well as material deprivation. Managers in this study appeared to have used their power in this way. Black African nurses were denied professional development on the premises that they were less motivated. This could be termed asymmetrical distribution and material deprivation.

Managers often displayed prejudice and stereotyped attitudes toward black African nurses. Nurses were often said to be abrupt and less motivated than other overseas nurses. Managers said that black African nurses were bullied and white nurse expectations of them were high. Black African nurses were not trusted regarding their skills and were closely watched by both managers and white nurses. Managers appeared to be divisive by favouring other overseas nurses over Africans.

This management approach seems to be embedded in institutional racism and consistent with treatment of migrant labour described by Phizacklea and Miles (1980) and Rex (1999).

Managers recognised that black African nurses faced prejudice and racism from colleagues and patients but failed to recognise that they contributed to by their management style. In the current study prejudice as practiced by managers ensured a divisive tool among overseas nurses and among the nursing staff as a group.

Although managers said that equal opportunities were implemented through the knowledge and skills framework. But very few actually admitted informing nurses about this framework and how it worked in practice. In one case a ward manager admitted that she never discussed with black African nurses about their professional development needs. An insightful comment was given by a black manager who said that nurses from abroad have to prove themselves and black nurses had to prove themselves a bit more. One manager admitted that it is possible to identify candidates applying for promotion from the data provided on the interview form and doubted whether equal opportunities are carried out the way they are intended to work.

Although equal opportunities forms are intended to eliminate discrimination they can also be used by some managers to discriminate against minorities. Black African nurses recounted experiences of being discriminated against and said that equal opportunities were rarely implemented in practice.

Managers discriminated against black African nurses and other overseas nurses in the way they provided support for personal development and preparation for interviews. This ensured a nursing hierarchy in which black African nurses were at the bottom and is consistent with Rex's (1999) race structuration.

Implications for practice

The study recommends that managers and nurses should acknowledge that racism may exist in the work place and that black African nurses may be affected by it. Following this recognition, managers need to be in the forefront of condemning acts of racism and harassment in the work place. A culture of zero tolerance to racism should be the norm rather

than the exception. Where managers are perpetrators of racism a system needs to be in place where such managers are cautioned or disciplined.

Managers need to promote an environment where black African nurses are encouraged to report acts of harassment and racism without fear of retribution. This study suggests that there is need to monitor development and promotion for black African nurses in the UK to ascertain the implementation of the Equality Act 2010. It also suggests that managers need training on how to interpret and put the act into action.

Strengths and limitations of the study

A particular strength of this study is that both individual interviews and focus groups were conducted by the researcher, herself a black African nurse. This provided common ground between the researcher and the participants. The participants were therefore more free to talk about their experiences than they would have been had a white interviewer been used. The findings of this study are of course limited to the 4 NHS trusts in the North-east of England where the study was carried out. However, considering that the structure of the NHS is similar throughout the UK, it is possible that black nurses and managers in other areas may have similar experiences and the findings of this study could therefore be relevant in those situations.

Recommendations for further research

It is recommended that educational programmes designed to educate nurses and managers on different cultures could be implemented and evaluated to assess their effect on relationship dynamics between African nurses and white British nurses and nurse managers. Also career

progression of black African nurses needs to be investigated, to establish if there is correlation with NHS equal opportunities policies. Research is also required to investigate the effect of the equalities act 2010, since it is acknowledged that despite several equal opportunities legislations discrimination is still present in the NHS. Barriers to implementation of equal opportunities legislation need to be investigated.

References

Aboderin, I. (2007), Contexts, Motives and Experiences of Nigerian Overseas Nurses: understanding links to globalisation, Journal of Clinical Nursing Vol.16, 2237-2245

Alexis, O. and Vydelingum, V. (2004), The Lived Experiences of Overseas Black and Minority Ethnic Nurses in the NHS in the South of England, Diversity in Health and Social Care, Vol.1, 13-20.

Alexis, O. and Vydelingum, V. (2005), The Experiences of Overseas Black and Minority Ethnic Registered Nurses in an English Hospital, Journal of Research in Nursing, Vol.10, (4) 459-472.

Alexis, O. Vydelingu, V. and Robins, I. (2006), Overseas Nurse' Experiences of equal opportunities in the NHS in England, Journal of Health Organisation and Management, Vol.20, (2), 130-139.

Alexis, O. Vydelingum, V. and Robins, I. (2007), Engaging with a New Reality: experiences of overseas minority ethnic nurses in the NHS, Journal of Clinical Nursing, Vol. 16, 2221-2228.

Alexis, O. and Vydelingum, V. (2009), Experiences in the UK of National Health Service: the overseas nurses' Workforce, Health Policy Vol. 90, 320-328.

Allan, H. T. and Larsen, J.A. (2003), "We Need Respect": experiences of internationally recruited nurses in the UK, London, Royal College of Nursing.

Allan, H.T, Larsen, J.A, Bryan, K., and Smith, P. (2004), The Social Reproduction of Institutional Racism: internationally recruited nurses in the British health services, Diversity in Health and Social Care , Vol. 1 (2) ,117-125.

Allan, H. T. and Cowie, H., and Smith P.A. (2009), Overseas Nurses' Experiences of Discrimination: a case of racist bullying? Journal of Nursing Management Vol.17, 898-906.

Beishon S., Virdee, S. and Hagell, A (1995), Nursing in a Multi-ethnic NHS. London: Policy Studies Institute.

Chikanda, A. (2005) Nurse Migration from Zimbabwe: analysis of trends and impacts, Nursing Inquiry Vol.12, (3), 162-174.

Chikanda, A. (2008), the migration of Health Professionals from Zimbabwe, in Connell, J (ed) (2008), The International Migration of Health Workers pp110- 128 Oxon: Routledge

Culley, L. (2000), Equal Opportunities Policies and Nursing Employment with the British National Health Service, Journal of Advanced Nursing Vol. 33, (1), 130-137.

Daniel, P., Chamberlain, A. and Gordon F. (2001), Expectations and Experiences of Newly Recruited Filipino Nurses, British Journal of Nursing Vol. 10, (4), 255-265.

Department of Health (2001), Code of Practice for NHS Employers Involved in International Recruitment of Healthcare Professionals. London: DH Publications.

Department of Health (2004), Code of Practice for the International Recruitment of Healthcare Professionals. London: DH Publications.

Equality Act (2010) available from:

http://www.legislation.gov.uk/ukpga/2010/15/pdfs/ukpga_20100015_en.pdf (14th September 2012).

Giddens, A. (1981), The Class Structure of Advanced Societies (2nd Ed). London: Hutchison,

Giddens, A. (1984), The Constitution of Society, Cambridge: Polity Press,

Giga, S., Hoel, H. and Lewis, D. (2008) Dignity at Work: The Costs of Workplace Bullying. Unite and BERR Partnership Project Working Together for Dignity at Work. London: Unite the Union/ BERR.

Goodland, N. L. (1965), Nurses from overseas, Nursing Mirror, pp. 241-242

Hall, S. (1999), The Spectacle of the 'Other,' in Hall, S (ed) (1999) Representation: cultural representations and signifying practices, pp 223-279. London: Sage Publications in association with the Open University.

Hall, S. (1992), The West and the Rest: discourse and power, in Hall S, and Gieben, B (eds) (1992, Formations of Modernity pp.275-320. Cambridge: Polity Press.

Hall, S. (2000), Conclusion: the multi-cultural question, in Hesse, B. (ed) (2000), Un/settled Multiculturalism: diasporas, entanglements, transruptions, 209-241 pp. London: Zed Books.

Harnandez, N. (2012), Lack of nurses would lead to 'national disaster' Nurse net available on line at <http://www.nursenet.co.uk/articles/lack-of-nurses-would-lead-to-national-disaster.html> (accessed 26/11/2012)

Henry, L. (2007), Institutionalized Disadvantage: older Ghanaian nurses' and midwives' reflections on career progression and stagnation in the NHS, Journal of Clinical nursing Vol. 16, 2196-2203.

Kenny, E. J. and Briner R. B. (2007), Ethnicity and Behaviour in Organisations: a review of British research, Journal of Occupational and Organisational Psychology Vol. 80, 437–457.

Krueger, R .A. and Casey, M. A. (2000), Focus Groups: a practical guide for applied research, 3rd Edition, London: Sage Publications.

Larsen, J .A. (2006), Overseas Nurses: tackling discrimination, Nursing and Residential Care Vol.8, (8), 368-370.

Larsen, J .A. (2007), Embodiment of Discrimination and Overseas Nurses, Career Progression, Journal of Clinical Nursing Vol.16, 2187-2195.

Lemos, G. and Crane, P. (2001), Tackling Racial Harassment in the NHS: evaluating black and minority ethnic Staff's attitudes and experiences [online]. Available: <http://www.doh.gov.uk/raceharassment/evaluatingreport.pdf> (10th December 2011).

Likupe, G. (2006), Experiences of African Nurses in the UK National Health Service: a literature review, Journal of Clinical nursing Vol. 15, 1213-1220.

McGregor, J (2006), Professionals Relocating: Zimbabwean nurses and teachers negotiating work and family in Britain [online]. Available: <http://www.geog.rdg.ac.uk/report/papers/GP178.pdf> (26 April 2012).

Morgan, D. L. (1997), Focus Groups as Qualitative Research, London: Sage Publications.

Moustakas, C. E. (1990), Heuristic Research: design, methodology and applications. Newbury Park: Sage Publications.

Nichols, J. and Campbell, J. (2010), The Experiences of Internationally Recruited Nurses in the UK (1995-2007): an integrative review, Journal of clinical nursing Vol. 19, 2814-2823.

Nursing and Midwifery Council, (1998-2008), NMC Annual Reports, London: NMC

Okougha, M. and Tilki, M. (2010), Experiences of Overseas Nurses: the potential for misunderstanding, British Journal of Nursing vol. 19 ,(2), 102-106.

Pilkington, A. (1984), Race Relations in Britain. Slough: University Tutorial press Limited.

Pilkington, A. (2003), Racial Disadvantage and Ethnic Diversity in Britain, Basingstoke: Palgrave Macmillan.

Phizacklea, A. and Miles, R. (1980). Labour and racism London: Routledge & Kegan Paul.

RCN (2008), The Work-Life Experiences of Black Nurses in the UK, London: RCN.

Rex, J. (1999), The Concept of Race in Sociology in Bulmer, M. and Solomos J, (eds) (1999), Racism, pp 335 -343, Oxford: Oxford University Press

Sheffield, J. Hussain, A. and Coleshill, P. (1999), Organisational Barriers and Ethnicity in the Scottish NHS, Journal of Management in Medicine Vol. 13, (4), 263-284.

Shields, M. A and Wheatley Price, S. (2002), Racial Harassment, Job Satisfaction and Intentions to Quit: evidence from the British nursing profession. Economica Vol.69, 295-326.

Spencer, L. Richie, J. and O'Connor, W. (2003), Analysis: practice, principles and processes, in Ritchie, J. and Lewis, J (eds) (2003), Qualitative Research Practice: a guide for social science students and researchers, Pp 199-218 London: Sage Publications.

Richmond, A. H. (1994), Global Apartheid: refugees, racism, and the new world order
Oxford: Oxford University Press.

Stewart, D. W. and Shamdasani, P.M (1990), Focus Groups: theory and practice, London:
Sage Publications.

Wanless, D., Appleby, J. , Harrison, A, and Patel, D. (2002) Our Future Health Secured?
A review of NHS funding and Performance, London, Kings Fund.

Withers, J. and Snowball, J. (2003), Adapting to a New Culture: a study of the expectations
and experiences of Filipino nurses in the Oxford Radcliffe hospitals NHS Trusts, Nursing
Times Research Vol. 8, (4), 278-290.

Taylor, B. (2005), The Experiences of Overseas Nurses Working in the NHS: results of a
qualitative study, Diversity in Health and Social Care, Vol. 2, 17-27.

Van Manen, M. (1990), Researching Lived Experience: human science for an action
sensitive pedagogy, London: State University of New York Press.