

# To tackle the UK health workforce crisis we need evidence-based support for diverse staff

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The English National Health Service (NHS) is facing the biggest workforce crisis in its history with nearly 1 in 10 positions vacant.<sup>1</sup> A 2022 World Health Organisation (WHO) European Region report identified the United Kingdom as having the lowest density per 10,000 population of medical doctors, nurses, midwives and dentists in Western Europe and the third lowest in Northern Europe after Latvia and Estonia.<sup>2</sup> Staff gaps lead to poorer patient outcomes, as does replacing doctors and nurses with other clinical staff.<sup>3,4</sup> High turnover is also very costly.<sup>5</sup>

Current efforts to address NHS staff shortages have a strong focus on recruitment, including from overseas<sup>6</sup> however the WHO estimates a projected shortfall of 10 million healthcare workers by 2030 particularly in low and middle-income countries.<sup>7</sup> There are also frequent calls to increase numbers of ‘homegrown’ staff but the Government has stated this would have a “significant financial implication”,<sup>8</sup> and little is said about how universities and the NHS will find the capacity to provide high-quality training for them.<sup>6</sup> Finding effective ways to reduce the number of staff who leave (attrition) and increase the number who stay (retention) is crucial to reduce the pressures of understaffing and ensure good patient care.

Staff from ethnic minority backgrounds make up 24% of all NHS staff<sup>9</sup> and 42% of doctors.<sup>10</sup> This includes international staff, but also reflects the ethnic diversity of UK healthcare students: in 2019 a third of those accepted to study nursing and half of those accepted to study medicine were from Black, Asian and other ethnic minority groups.<sup>11</sup> In March 2022 Billy Palmer of the Nuffield Trust emphasised the urgent need to understand more about ethnic inequalities and attrition within the NHS workforce, calling for research to “identify the problem to then work out evidence based solutions.”<sup>12</sup> There remains however a lack of empirical evidence about how staff attrition rates and reasons vary by ethnicity and effective ways to encourage and enable staff from diverse backgrounds to stay.

It is known that the main reasons staff from across backgrounds leave the NHS are to do with workload pressures, poor work-life balance, mental ill-health, and poor development opportunities. These have been worsened by understaffing and the pandemic.<sup>13-15</sup> Pay and pensions are clearly very important too, although increasing pay is unlikely to be enough on its own to encourage enough staff to stay without also improving working conditions.<sup>16</sup> It is also known that staff from ethnic minority groups and international staff are more likely than their white British colleagues to experience many of the predictors of attrition, such as low pay and poor career progression, and have also been disproportionately affected by the pandemic.

Staff from ethnic minority and international backgrounds are much more likely to experience racial harassment, which can cause poor physical and mental health.<sup>17,18</sup> It is important to find out if NHS staff from ethnic minority groups are experiencing greater ill-health and if so to address this, and

also to find out whether they experience higher sickness absence or not, given it is a strong predictor of attrition.<sup>19</sup> In a recent survey 51% of ethnic minority NHS leaders said racial harassment made them want to leave.<sup>20</sup> Tackling these inequalities is important for both staff and patients: in NHS trusts where staff experience discrimination and harassment patients are also likely to experience unsatisfactory care.<sup>21</sup>

The NHS urgently needs to find ways to increase retention that are effective and appropriate for staff from diverse backgrounds, and this evidence needs to be included in retention efforts and guidance, such as the NHS Employers retention guide.<sup>22</sup> In its present form, the guide includes a chapter on welcoming international staff such as leaders “learning about different dialects, colloquialisms and cultures” and making them feel they belong in the NHS, however it does not include any information specifically about staff from ethnic minority groups, many of whom are from the UK and not from overseas. The guidance does not explicitly state the problems that are known to affect international staff and staff from ethnic minority groups, such as harassment from staff and patients, unequal career progression, pay gaps, and how these impact on attrition; nor is it explicit about the need to tackle these issues.

The NHS 2022/23 business plan sets out NHS England’s work in leading and supporting the NHS to respond to the challenges it faces. First in its list of key commitments is to “support the NHS to attract and retain more people, working differently in a compassionate and inclusive culture.”<sup>23</sup> To achieve this laudable aim the NHS urgently needs to ensure that efforts to understand why staff are leaving includes an intersectional analysis of whether and why the large proportion of their staff from diverse ethnic minority groups may be more or less likely to leave. The NHS needs to understand how well retention efforts are working for staff from different ethnic minority and white groups. There is an urgent need to ensure evidence-based ways of encouraging and enabling them to stay are found and embedded effectively within NHS organisations.

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### **PPI Statement**

NHS clinical staff were involved in the authoring of this article.

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