

## London NHS Partnership Conference Position Paper Addressing Bias & Promoting Inclusion

### Background

On 15<sup>th</sup> October 2013 HR for London, London's HRD network were addressed, amongst others, by Caroline Alexander, Chief Nurse (London) NHS England and Bernell Bussue (RCN London).

Part of their presentation was to share information from London's Staff side indicating that in London the percentage of BME staff involved in disciplinary action is significantly higher proportionately than their white colleagues.

HRDs confirmed that they would be willing to take part in a confidential piece of work to examine why this may be the case and from that to understand the appropriate response/responses.

A sub-group of the network was organised. The terms of reference of this group are attached as appendix i.

This paper represents a précis of the research papers and reports considered in their efforts to better understand the possible mechanisms at work in causing the disproportionality and its impacts on staff wellbeing and patient care and possible effective interventions from organisations and research on the subject.

This paper is intended to assist HRD's and Partnership in highlighting the key findings and in ascertaining which of the papers and reports are of most interest to them personally. It includes slide presentations and outcome summaries from researchers and organisations at the HRfL meetings on 2<sup>nd</sup> September 2014 and 16<sup>th</sup> December 2014.

This work culminated in the 4<sup>th</sup> London NHS Partnership Conference 2015's theme being 'Partnership Matters – Addressing Bias & Promoting Inclusion.

All research papers and reports can be obtained from Diwura Olayinka or Janine Prever at NHS Employers; [seniorengagementsupportofficers@nhsemployers.org](mailto:seniorengagementsupportofficers@nhsemployers.org)

## History – Conscious and Unconscious Bias and the NHS Workforce

There is research going back to the 1990's suggesting that staff from black, Asian and other minority ethnic (BAME) backgrounds are disproportionately more likely to be involved in employee relations processes (disciplinary, capability or grievances) than their white colleagues. There is also some evidence that women and people with disabilities suffer from poorer performance feedback, competency appraisal and possible discrimination in similar ways.

Below is a digest of some of the key pieces of research on this topic.

The nature of discrimination today is dramatically different to the pernicious and overt discrimination which existed before the passage of the raft of anti-discrimination and equality legislation from the late 1960s culminating in the Equality Act 2010.

There is a growing body of empirical evidence from psychological, neurological and management research highlighting the existence and wide prevalence of 'unconscious bias'. This type of discrimination acts through the mind's cognitive processes for receiving and storing information.

Researchers have shown that individuals tend to process new information coming to them through cognitive shortcuts – stereotypes. Negative or prejudicial stereotypes are culturally acquired from an early age and are often re-enforced by dominate media portrayals of different social groups. Bias against or towards others can occur at the point of first contact and at a sub-conscious level.

On the positive side it is possible to mitigate this natural human tendency, but it requires the development of conscious awareness and effort.

This briefing note sets out

1. Some of the evidence for unconscious bias operating in the NHS and wider public sector
2. Evidence of how it works
3. Evidence of successful interventions

# The evidence for the operation of conscious or unconscious bias in the health and wider public sector

## The involvement of Black and Minority Ethnic Staff in NHS Disciplinary Proceedings – Bradford University March 2010

### What they did

- Research carried out June 2008 – November 2009
- Web audit of 396 NHS trusts (but only 80 had clean enough data).
- Examined disciplinary policies and practices through workshops with
  - 11 HR managers
  - 9 representatives of health professions regulatory bodies
- Analysed experiences and views of 91 staff and 5 BME networks/forums
- Undertook a literature review
- Two workshops with 30 service managers to validate the solutions suggested by research participants

### What they found

- BME staff almost twice as likely to be disciplined compared to white counterparts
- BME staff significantly overrepresented in disciplinary proceedings
- Very poor data – unable to identify whether some ethnic groups/some areas of employment where staff are more likely to be disciplined
- Perception that managers lack confidence in applying informal stages to BME staff and that performance issues were not addressed in a timely fashion with poor appraisal, feedback, monitoring of progress and disciplinary policy used to address performance issues. Managers unable to manage a diverse workforce and deal with conflict.
- HR managers perceived to not always deal with matters fairly and equitably.
- BME staff more reliant on formal structures of support and tended to play down perception of discrimination for fear of losing access to internal support.
- Position in organisation may be a factor e.g. 'clocking in' requirement can lead to time keeping disciplinarys.
- Different styles of communication and the way individuals from some BME backgrounds express themselves could be open to negative interpretation.
- Possible disadvantage of staff who were trained differently overseas.
- Possibly more BME staff in lower bands and perception that staff in lower bands less committed to the organisation less appreciative of implications of working below standard.

### What they suggested

- Improve data quality
- Toolkit to help managers plan disciplinary procedures
- Develop and define core values and replicate throughout organisation
- Impact assess all disciplinary processes/actions
- Innovative programmes to create better understanding of cultural differences
- KSF diversity competences to be used as essential criteria for recruitment and selection and training
- Competency frameworks to ensure clarity in terms of behaviours, values and skills expected to be exhibited at all levels
- Staff experience to count towards Trusts score for talent management

- TU to work with BME staff to constructively address issues that could lead to disciplinary action
- More personalised induction, particularly for staff from overseas
- Better communication of organisational policies
- Opportunities to learn English
- Advocacy or counselling services for those subject to disciplinary action
- Reverse mentoring, access to mediation, clearer performance appraisal systems, simplification of disciplinary policy, improved training around equality and diversity.

## **Royal College of Midwives FOI – Midwives and Disciplinary Proceedings in London – November 2012**

### **What they did**

- FOI requests to 24 London Trusts in September 2011

### **What they found**

- 60.2% of midwives subject to disciplinary proceedings were black/black British however only 32.0% of midwives in London were black/black British
- There were 10 midwives who were dismissed during the time period; every midwife who was dismissed was black/black British; 15.4% of the black/black British midwives who were subject to disciplinary action were dismissed
- 33.9% of black/black British midwives were suspended compared with 17.2% of white midwives
- 26.2% of black/black British midwives had no further action taken compared to 31.0% of white midwives
- 6.2% of black/black British midwives had an informal warning compared to 10.3% of white midwives

### **What they suggested**

- RCM to work with stakeholders to investigate the issues further and find solutions at national, regional and local level
- Work with all Trusts in London to develop best practice

## **Place of medical qualification and outcomes of UK General Medical Council “fitness to practise” process: cohort study**

BMJ 2011; 342: (Published 5 April 2011) Charlotte Humphrey, professor of health care evaluation, Shaista Hickman, research associate, Martin C Gulliford, professor of public health.

### **What they did**

This research used doctor related and inquiry related data for a cohort comprising all inquiries about registered doctors received between 1 April 2006 and 31 March 2008. The start date was the earliest feasible one after the introduction of the new management database in 2005; the end date allowed at least a year for cases to have been investigated by the GMC before the dataset was extracted for analysis in April 2009.

They measured the;

- proportion of inquiries referred for further investigation at initial triage by the GMC,

- proportion of inquiries investigated that were subsequently referred for adjudication, and
- proportion of inquiries resulting in doctors being erased or suspended from the medical register; relative odds of higher impact decisions, by country of qualification, adjusted for doctors' sex, years since primary medical qualification, medical specialty, source and type of inquiry, and nature of allegations.

### **What they found**

These analyses suggest that non-UK qualified doctors are more likely to receive “high impact” decisions at each stage of the General Medical Council’s fitness to practice process.

The results point to two different potential explanations for the findings of this study.

- One explanation might be that real differences exist in fitness to practice between groups of doctors who are referred to the GMC, even when measured inquiry related characteristics have been taken into account.
- A second potential explanation is that the GMC processes tend to discriminate against certain groups of doctors.

### **What they suggested**

The finding of an increased risk for non-UK qualified doctors (and for male doctors at earlier stages in the process), which is not fully accounted for by adjustment for inquiry related variables, raises questions about the role of other influences.

- One possibility is that more subtle differences of substance or presentation exist between inquiries involving UK qualified and non-UK qualified doctors than were manifest in the broad-brush categorisations of inquiries that we used for this analysis.
- Another possibility is that inquiries involving UK qualified doctors are assessed as being in some way “less serious” than those involving a non-UK qualified doctor with the same inquiry details. Against this suggestion, we note that an independent audit of recorded documentation about decisions on fitness to practice taken at the request of the GMC in 2007 by a team involving one of the authors (CH) found no evidence of assessment criteria being inconsistently applied.
- A further possibility might be that some non-UK qualified doctors may be less well placed than those trained in the UK to defend themselves or challenge decisions, perhaps because of fewer resources and connections or less confidence or external support.

## **A multilevel study of the relationships between diversity training, ethnic discrimination and satisfaction in organisations – 2010**

**Eden B King<sup>1</sup>, Jeremy F Dawson<sup>2</sup>, David A Kravitz<sup>3</sup>, Lisa M Gulik<sup>1</sup>  
George Mason University US <sup>1+3</sup>, Aston University UK <sup>2</sup>,**

### **Introduction**

The prevalence of diversity training has not been matched by empirical research on its effectiveness. Among the most notable gaps are an absence of attention to its impact on discrimination and limited consideration of organisational-level factors. Results from employee surveys across 395 healthcare organisations reveal an effect of the extent of diversity training in organisations on ethnic minorities’ experiences of discrimination.

In addition, the results demonstrate that the consequences of ethnic discrimination for individuals' job attitudes are influenced by organisational-level phenomenon. These findings highlight the importance of attending to ethnic discrimination as an outcome of diversity training with implications for employee attitudes.

### **What they did**

Tested 5 hypothesis using the data from the NHS staff survey. These were:

- Hypothesis 1: The per cent of employees who participate in diversity training is negatively associated with the likelihood that individual employees experience ethnic discrimination.
- Hypothesis 2: The negative relationship between the per cent of employees who participate in diversity training and the likelihood that individual employees experience ethnic discrimination is stronger for ethnic minority employees than for White employees
- Hypothesis 3: Personal experience of ethnic discrimination is negatively associated with job satisfaction.
- Hypothesis 4a: The negative relationship between personal experience of ethnic discrimination and job satisfaction strengthens as the extent of organisational ethnic discrimination increases.
- Hypothesis 4b: The negative relationship between personal experience of ethnic discrimination and job satisfaction weakens as the extent of organisational ethnic discrimination increases.

They measured at individual level Diversity training, Ethnic discrimination, Job satisfaction, Minority status. They measured at organisational level Diversity training, Ethnic discrimination, Ethnic composition.

### **What they found**

- Hypothesis 1 + 2: The results for hypothesis 1 fail to reveal a direct link between the degree to which diversity training regarding racial issues were implemented and individual experience of discrimination and thus there is no support for Hypothesis 1. The probable reason for this, however, becomes clear when looking at hypothesis 2. The analysis reveals that there is a significant cross-level interaction between organisational prevalence of diversity training and individual minority status, such that the expected negative relationship between training and discrimination occurs for non-white members of staff only. When displayed graphically it can be seen that the expected level of ethnic discrimination for majority (White) members of staff remains constant and small (less than one per cent) regardless of the level of diversity training; as these staff account for the vast majority (89 per cent) of staff across the sample, this explains why the direct relationship was not found. However, the effect for minority (non-White) members of staff is clear and substantial. Thus Hypothesis 2 is supported.
- Hypothesis 3: Is concerned with the direct effect of experiencing discrimination on the grounds of ethnicity on job satisfaction. As expected, there was a significant, large, and negative relationship between experiencing discrimination and job satisfaction, so that individuals who experienced such discrimination had, on average, a job satisfaction

score 0.65 lower than those who did not. This compares with a standard deviation across the entire sample of 0.71 for job satisfaction, indicating that this is a substantial effect.

- Hypotheses 4a and 4b look at the moderation of this relationship by two organisational level variables: Prevalence of discrimination and ethnic composition. When displayed graphically, it is notable that the signs of the interaction effects are in opposite directions: For organisational prevalence of ethnic discrimination the positive coefficient indicates that the negative effect of discrimination is attenuated when the prevalence of discrimination in the organisation is higher, i.e., when individual experience of discrimination occurs in a setting where discrimination is more common, there is less of a negative effect—the negative coefficient indicates that in settings where there are more ethnic minority employees, there is a greater negative effect of individually experienced ethnic discrimination on job satisfaction—albeit admittedly a modest one.

### **What they suggested**

- Overall, this research suggests that diversity training can have a positive effect on individuals and organisations by reducing the likelihood that ethnic minorities experience discrimination. In addition, the results suggest that the negative consequences of personal experiences of ethnic discrimination depend on the prevalence of organisational discrimination and on ethnic composition.
- The reduction of discrimination toward ethnically diverse individuals is a primary goal of most diversity training programs yet has been virtually ignored as a measured criterion. Therefore, the design and assessment of diversity training programs must address the issue of discrimination, as the reduction of this behavioral manifestation of prejudice is a worthy and attainable goal for diversity training efforts.
- Individuals' experiences are affected by the combination of personal and organisational ethnic discrimination. Although previous research has demonstrated that individuals' attitudes about their jobs are affected by their experience of discrimination, the extent to which the pervasiveness of ethnic discrimination is associated with individual levels of satisfaction has not previously been tested. The results suggest that individuals who personally experienced ethnic discrimination were less satisfied than those who did not personally experience ethnic discrimination. Importantly, the pervasiveness of ethnic discrimination in the organisation buffered the negative effect of personal discrimination on job satisfaction. These findings could be interpreted to suggest that the psychological processes of self verification and group identification can help organisations to avoid the consequences of discrimination. An alternative interpretation (that we endorse) is that people are striving to make sense of their experiences at work and will use whatever cues are available to them. When individuals personally experience mistreatment, they will use contextual cues to inform their attributions.
- Personal discrimination may be particularly detrimental when it happens to ethnic minorities whose experience is not verified through comparison to other ethnic minorities in their organisation, and when individuals' expectations of fair treatment that are shaped by the representation of ethnic minorities in the organisation are shattered. Indeed, the results suggest that organisational discrimination buffered and ethnic diversity enhanced the negative effects of personal discrimination on satisfaction. Together, these findings imply that organisations have an opportunity to affect employee attitudes by carefully shaping cues and messages about the degree to which the organisation genuinely values diversity.
- The current findings suggest that diversity training can have positive implications for organisational experiences in part through its effects on discrimination. Thus, an important step toward garnering the potential benefits of diversity may be to design

diversity programs that reduce discrimination.

- The current findings also contribute to understanding of the role of ethnic diversity in affecting organisational processes and outcomes. Evidence on the effects of diversity yield equivocal conclusions; diversity has been linked with positive outcomes such as decision-making and idea generation, but also with negative outcomes such as increased conflict and decreased cohesion. The results of this research suggest that diversity (as indexed by the ethnic composition of the organisation) can affect job experiences by strengthening the effect of discrimination.

## **Getting diversity at work to work: What we know and what we still don't know - 2013**

Yves R. F. Guillaume<sup>1\*</sup>, Jeremy F. Dawson<sup>2</sup>, Steve A. Woods<sup>1</sup>, Claudia A. Sacramento<sup>1</sup> and Michael A. West<sup>3</sup>

Aston University UK<sup>1</sup> University of Sheffield UK<sup>2</sup>, Lancaster University UK<sup>3</sup>

### **Introduction**

Diversity has the potential to significantly benefit organisations by leading to positive work outcomes when diversity 'works'. Unfortunately, not only is our knowledge limited as to the necessary conditions and the mechanisms by which diversity affects individual, work performance and organisational outcomes, but we still know very little about which diversity management practices are most effective in promoting positive outcomes.

### **What they did**

They analysed the literature on diversity and its management, and described how the seven papers advance our understanding of what organisations can do to get diversity at work to work. They considered four key areas:

- Simple demographics: How does the demographic background of a person affect their work outcomes?
- Relational demographics: How does being demographically dissimilar from peers affect a person's work outcomes?
- Work group diversity: How does work group diversity affect work outcomes?
- Diversity management: How does diversity management affect work outcomes?

### **What they found**

- It is shown across two studies (one field and one experimental) that tardy Black people in the United States are penalized harsher than their White counterparts in terms of unfavourable personnel outcomes. Findings from their first study, a national US survey showed that Black, but not White or Hispanic, employees perceive fewer advancement opportunities the more often they are late. The follow-up experimental study with full-time working adults from the same population replicated and extended these findings. Tardy Black, but not White, people received fewer advancement opportunities. The effects were fully accounted for by performance appraisal ratings. Independent of rater race, tardy Black unlike White people received less favourable performance appraisals that translated into less favourable advancement opportunities. These results imply that it is not so much racial differences in objective performance that lead to fewer advancement opportunities among Black compared with White employees, but biased appraisals of their objective performance.

- A key point is that organisations can act to create climates for diversity and as a consequence attract greater diversity in recruits while at the same time maintaining the morale and satisfaction of the present workforce – often a great challenge for organisations that diversify their workforce. Through the processes of induction and training of new recruits, a dynamic and reciprocal developmental process may be set up by which recruits both influence and are influenced by organisational culture. From the organisation’s perspective, perpetual increases in homogeneity can be addressed by active management and promotion of diversity.

#### Relational demographics

- Discussion of the seven papers suggests that creating a climate where older workers are viewed positively is an important way of getting diversity at work to work. The work also shows that diversity might not only undermine employee morale and decrease individual performance when mismanaged but might have a negative effect on employee well-being also.

#### Work group diversity

- For every study describing a positive effect of group or team diversity on outcomes such as performance, innovation or cohesion, there is (at least) one suggesting the effect is in the opposite direction and there are others which find neither effect. Meta-analyses have produced similarly equivocal findings.
- According to the social categorization perspective, group members categorize themselves and others into groups based on salient attributes, and the resulting subgroups create divisions that lead to poorer group processes and worse outcomes. In contrast, the information/decision-making perspective argues that variance in group composition can have a direct positive impact on outcomes. This is derived from the greater skills, abilities, sources of information and knowledge that diversity brings, and it is argued that the benefits of increased knowledge and improved decision-making create a process gain that compensates for any decrease in coordination or integration due to dissimilarity between individuals.
- In terms potential moderators of diversity effects, one study found that the occupational context of an attribute could be important: gender diversity had a significant, negative effect in majority of male occupational settings, but a positive effect in gender-balanced settings. Likewise, racial diversity had a negative effect in majority white occupations, but a positive effect in more balanced occupations. Industrial settings were also important: relations-oriented diversity had a significant positive association with performance in service industries, but a negative effect in manufacturing and high technology industries. Task-oriented diversity was positively related to performance in high-technology settings, but not significantly related in any other setting. Team interdependence was also a significant moderator: relations-oriented diversity was positively linked to performance when interdependence was low, but negatively when interdependence was high (contrary to the authors’ predictions). Relations-oriented diversity was also more positively associated with performance when teams were short term in nature, as opposed to long-term or stable teams.
- In one study the authors propose that the extent to which this impact will be positive or negative is dependent upon whether the emerging status configuration truly represents different levels of expertise or competence present in the team that are relevant to the task(s), is perceived by team members as being legitimate and is perceived as being stable. The authors develop a set of propositions and suggest ways to test them,

concluding that to understand work group diversity, it is not enough to consider social categorization and information-elaboration processes, but instead the role of status needs also to be taken into account, as it allows us to explain findings that cannot be accounted by the two dominant approaches. A clear implication for managers is that a major aspect of managing diversity involves managing status and status differences between team members. Managers should seek to ensure that status distributions in their teams are veridical, legitimate and stable, and intervene when this is not the case. They should also avoid any structural differentiation in terms of status based on different values or subcategories of demographic, job-related or deep-level member characteristics.

#### Diversity management

- The overall conclusion is that aside from some noteworthy efforts, there is little research assessing the effectiveness of diversity interventions. Even so researchers agree that a successful diversity strategy must address culture change to create an inclusive work environment that embraces diversity and integrates differences. This concern is heightened by the recognition that many interventions fail, that progress is often slow and that the damage caused by the failure to create positive diversity climates in human and economic terms is immense. Indeed, there is ample empirical evidence supporting the idea that a diversity climate or culture leads to positive work outcomes, such as higher performance, less absenteeism and more customer satisfaction.
- One study proposes psychological safety as an underlying mechanism linking diversity climate to employee performance. The authors found that when individuals perceive the existence of a positive climate for diversity, they experience a stronger sense of psychological safety; in other words, they feel more confident in expressing their ideas and beliefs without fear of negative consequences. This in turn is associated with both in-role performance and organisational citizenship behaviours. In addition, the authors also found that these relationships are stronger for minorities than for White employees: minorities benefited the most from the existence of a strong climate for diversity, while White employees were less affected by it. These findings suggest that managers should be mindful of creating a positive diversity climate so that employees can feel psychologically safe by implementing human resource policies that encourage open communication among all the employees. This is particularly important when dealing with individuals from a minority background.
- It is important to consider the influence of top management team values upon organisational climate and culture for diversity. Three dimensions suggest themselves – the demographic profile or group composition of the top management team; the espoused values of the top management team in relation to valuing difference and diversity (both quantity of espousal and quality of their rhetoric); and the actions of these leaders in modeling positive diversity values. Organisational culture perspectives would also suggest we need to examine the artifacts, practices and procedures within the organisation that emphasize the value of diversity and enlightened approaches to diversity management. These might include diversity training, recruitment, promotion, retention and reward policies within the organisation. But they should also be reflected in the extent to which clear objectives are set at every level relating to diversity management and creating a positive culture or climate for diversity. Such objectives can be interrogated to determine the extent to which they are clear, negotiated, agreed, challenging and progress fed back at each relevant unit of analysis (individual, team, department, site, organisation).

### **What they suggested**

Their discussion points to the need for more research on how diversity at multiple levels affects work and organisational outcomes; the development of integrative theory which takes into account that diversity might not only engender separation and variety but also disparity; as well as to the need for more empirical attention to the climates or cultures that facilitate the positive effects of diversity on work and organisational outcomes. We suggest that future research should also identify those people management practices that are most powerful in the creation of a positive diversity climate, and the factors that moderate and underlie its effects on work and organisational outcomes.

### **Why Organisational and Community Diversity Matter: Representativeness and the Emergence of Incivility and Organisational Performance – 2011**

**Eden B. King (George Mason University), Jeremy F Dawson (Sheffield University), Michael A West (Lancaster University), Veronica L Gilrane, Chad I Peddie (George Mason University) Lucy Bastin (Aston University)**

#### **Introduction**

Integrating sociological and psychological perspectives, this research considers the value of organisational ethnic diversity as a function of community diversity. Employee and patient surveys, census data, and performance indexes relevant to 142 hospitals in the United Kingdom suggest that intraorganisational ethnic diversity is associated with reduced civility toward patients. However, the degree to which organisational demography was representative of community demography was positively related to civility experienced by patients and ultimately enhanced organisational performance. These findings underscore the understudied effects of community context and imply that intergroup biases manifested in incivility toward out-group members hinder organisational performance.

#### **What they did**

This study has three primary goals. First, they examined effects of intraorganisational ethnic demography on incivility in service interactions. This examination extends findings from a very small number of studies that have empirically tested the organisation-level effects of diversity (e.g., Richard, et al., 2004) by focusing on incivility as a potential consequence of challenges that arise in intergroup interactions in diverse organisations. Second, this research goes beyond examining organisational consequences of intraorganisational diversity to examine the consequences of the degree to which organisational demography represents the demography of directly served stakeholders. Third, extending previous theoretical rationale, we reason that incivility toward service recipients can manifest when demographic characteristics are not aligned and that this incivility impedes organisational success. Thus, the current study not only clarifies the mechanisms through which diversity and representativeness affect performance, but also provides the first empirical test of organisational outcomes of incivility.

- Undertook an extensive international literature search
- Utilised data from the NHS national staff survey, UK census data, NHS acute inpatient survey CQC annual health check

#### **What they found**

Literature search included findings that suggest:

- The dynamic nature of (NHS healthcare) environments, in which team composition

frequently changes as a result of continually changing professional roles (e.g., medical students, residents, fellows) and schedules may affect intergroup interactions. In addition, interactions between patients and providers are constrained in length. When individuals do not have the opportunity to get to know one another owing to time constraints, observable differences in social identities (such as ethnic diversity) are likely to be salient and problematic. This in health care organisations (where the work itself) creates intergroup challenges (and where) the high level of risk involved in tasks and decisions require substantial cognitive and psychological resources.

- (It can be) further proposed that the civility that emerges in service organisations facilitates organisational performance.

Overall findings suggest:

- Three primary contributions emerge from this research. First, adding to a small number of studies empirically testing the effects of organisation-level ethnic diversity their results suggest that ethnic diversity in hospital staff was negatively associated with civil treatment of patients. However, considering diversity of frontline health care providers relative to community diversity points to different interpretations: demographic representativeness was positively associated with civility experienced by patients (even when intraorganisational and community diversity were controlled for). Third, the data suggest that enhanced civility toward service recipients facilitates organisational performance. Together, these results have implications for theoretical and practical questions regarding diversity in organisations.

### **What they suggested**

The results of the current study suggest that when organisations do not reflect the demography of the communities in which they are embedded, dysfunctional social categorization processes and manifestations of negative intergroup behaviors can emerge. In light of global trends toward increasingly diverse communities and workplaces, it is imperative that management scholars and practitioners attend to demography both within and outside of organisations. Ultimately, organisations may be most successful when the challenges that arise from diverse interactions are overcome through civility.

### **Managing diversity in organisations: An integrative model and agenda for future research - 2014**

**Yves R. F. Guillaume<sup>1</sup>, Jeremy F. Dawson<sup>2</sup>, Vincenza Priola<sup>1</sup>, Claudia A. Sacramento<sup>1</sup>, Stephen A. Woods<sup>1</sup>, Helen E. Higson<sup>3</sup>, Pawan S. Budhwar<sup>1</sup>, and Michael A. West<sup>4</sup>  
Aston University Birmingham <sup>1+3</sup>, University of Sheffield<sup>2</sup>, Lancaster University<sup>4</sup>**

### **Introduction**

The literature on policies, procedures, and practices of diversity management in organisations is currently fragmented and often contradictory in highlighting what is effective diversity management, and which organisational and societal factors facilitate or hinder its implementation. In order to provide a comprehensive and cohesive view of diversity management in organisations, we develop a multilevel model informed by the social identity approach that explains, on the basis of a work motivation logic, the processes by, and the conditions under which employee dissimilarity within diverse work groups is related to innovation, effectiveness, and well-being. Building on this new model, we then identify those work group factors (e.g., climate for inclusion and supervisory leadership), organisational factors (e.g., diversity management policies and procedures, and top management's diversity

beliefs), and societal factors (e.g., legislation, socioeconomic situation, and culture) that are likely to contribute to the effective management of diversity in organisations. In our discussion of the theoretical implications of the proposed model, we offer a set of propositions to serve as a guide for future research. We conclude with a discussion of possible limitations of the model and practical implications for managing diversity in organisations.

### **What they did**

Explored the empirical evidence of organisational (WOP) research and compared and contrasted it with HRM research in aiming to extend our understanding of effective diversity management in organisations. In this article they integrate both literatures within a multilevel framework and explain how being dissimilar from peers in a demographically, functionally, or otherwise diverse work group affects an employee's effectiveness, innovation and well-being. They focus on these individual-level outcomes because they believe they are essential ingredients of effective teamwork and organisational effectiveness and because these outcomes are usually the main focus of research in WOP and HRM .

To address this lack of integration, they assimilated the WOP and HRM literatures and developed a new model that explains the effects of diversity on individual innovation, effectiveness, and well-being by reference to employees' work motivation, work group factors (i.e. climate for inclusion, transactional and transformational leadership), organisational factors (i.e. diversity management policies and procedures, and top management support for diversity) and societal factors (i.e. legislation, socioeconomic situation, and culture).

They made 11 propositions and considered the theoretical and practical implications of their model upon these.

### **What they found**

#### **Theoretical and practical implications of the model**

Proposition 1: There will be a positive relationship between an employee's dissimilarity and work group identification when the work group satisfies a work group member's identity concerns (i.e., the needs for a positive and distinctive identity, uncertainty reduction, and belongingness); when it does not, the relationship will be negative.

- Existing measures in the tradition of the relational demography approach, which are frequently used to capture employee dissimilarity, have been criticized on multiple grounds. The development of refined dissimilarity measures might therefore help deepen our understanding of how and when dissimilar employees identify with diverse workgroups, and also help clarify how and when employee's dissimilarity will benefit their innovation, effectiveness, and well-being.
- It could be interesting to explore whether the identity concerns we know from the literature (i.e., concerns for distinctiveness, positive identity, belongingness, and uncertainty reduction) are the only ones that are raised when diversity is rendered salient, or whether there are other concerns we do not yet know of, but which are of great importance to employees in diverse work groups.

Proposition 2a: There will be a stronger positive relationship between work group identification and intrinsic work motivation when performance standards are strongly rather than weakly accepted.

Proposition 2b: There will be a stronger negative relationship between work group identification and extrinsic work motivation when performance standards are strongly rather than weakly accepted.

- Unlike the social categorization perspective, the model can also account, like the literature on HRM, for the finding that people sometimes contribute to diverse work groups for more instrumental reasons that is, even when they do not identify with their work group.
- The model is also in line with the information/decision making perspective in that it suggests that diversity might lead to more innovation when employees' identity concerns are met, when they accept the performance standards of their work group, and when they are highly dissimilar.
- The model is able to explain others findings; diverse work groups with an inclusive climate will promote employee well-being because they facilitate workgroup identification and intrinsic work motivation. In light of the model's potential for achieving greater predictive validity and theoretical integration, they believe it may be worth while for future research looking at the effects of diversity on work-related outcomes to build on our model's work motivation logic, particularly when the main objective is to explain the effects of employee dissimilarity on individual work related outcomes.

Proposition 3a: When self-efficacy is high, intrinsic and extrinsic work motivation will have a positive effect on effectiveness. When self-efficacy is low, intrinsic and extrinsic motivation will have a less positive effect on effectiveness; this effect will be further weakened when employee dissimilarity is high rather than low.

Proposition 3b: When self-efficacy is high, intrinsic work motivation will have a stronger positive effect on innovation than extrinsic work motivation; the effect will be further strengthened when employee dissimilarity is high rather than low. When self-efficacy is low, intrinsic and extrinsic work motivation will have a less positive effect on innovation; this effect will be further weakened when employee dissimilarity is high rather than low.

Proposition 3c: When self-efficacy is high, intrinsic work motivation will have a stronger positive effect on well-being than extrinsic work motivation. When self-efficacy is low, extrinsic and intrinsic work motivation will be less positively related to well-being; these effects will be further weakened when employee dissimilarity is high rather than low.

- The model considers employees' self-efficacy beliefs as an important contingency factor in explaining diversity's effects on work-related outcomes because people with high-self efficacy beliefs should engage more frequently in task-related activities and persist longer in the face of obstacles, whereas inefficacious people in the aforementioned situations should be more likely to exert little or no effort. Given that the predictive validity of self-efficacy is a function of its specificity and there are no diversity specific measures of self-efficacy available. Future research might want to develop such a measure and model it as a moderator of the relationship between diversity and work-related outcomes.

Proposition 4: Employee dissimilarity will be positively related to employee innovation, effectiveness and well-being in work groups that have a climate for inclusion.

Proposition 4a: Integration of differences will alleviate employees' identity concerns.

Proposition 4b: Equitable employment practices will facilitate the acceptance of performance standards.

Proposition 4c: Inclusion in decision making will facilitate employees' self-efficacy.

- Based on the model we would expect that the predictive validity of existing models might be further increased by conceptualizing diversity climates not only in terms of how much an organisation or a work group values diversity, but also in terms of its efforts to address employees' identity concerns and the extent to which it assures the acceptance of high performance standards and enables employees to meet these expectations. They speculate that a work climate for inclusion is likely to fulfil all these functions, but it will be ultimately up to empirical research to test these ideas.

Proposition 5: Organisational diversity management policies and procedures that are reinforced using a transformational and transactional leadership style and that signal to work group members that differences between employees are integrated, employment practices are equitable, and everyone is empowered to contribute to the decision-making process, will lead to a strong work climate for inclusion.

Proposition 6: Societal culture, socioeconomic factors, as well as a country's legal and political systems, will affect an organisation's diversity management policies and procedures, contingent on the diversity beliefs of top management leadership.

- So far there is very little known about which specific organisational or work group factors evoke favourable climates for inclusion in organisations or work groups. They believe that the diversity management policies and procedures initiated by top management and implemented as practices at the work group level by supervisors or team leaders play an important role here. Even though they have speculated which actual diversity management policies and procedures this could be, empirical research will have to corroborate these ideas, and, maybe in a more inductive way, explore whether there are other policies and procedures they have not yet considered. In turn, this could lead to the development of a scale that captures diversity management policies, procedures and practices.
- It remains unclear which specific societal factors influence an organisation's diversity management policies, procedures, and practices. Using data or measurement instruments from the Globe project might aid in the examination of how societal culture influences an organisation's diversity management policies, procedures, and practices. In a similar vein, data from existing data bases such as the World Bank or OECD could be used to examine the effects of socioeconomic indicators on such policies, procedures, and practices. To capture top management attitudes or support towards diversity, existing measures on diversity beliefs or attitudes could be adapted and then used to test whether they indeed interact with societal factors, as they propose, in shaping an organisation's diversity management policies and procedures.

### **What they suggested**

So far we know relatively little about how organisations should be managing diversity effectively. The model clarifies when and how individuals are likely to react positively towards diversity, and when and how this translates into favourable work-related outcomes. They believe that the generic nature of the identified processes (identification and work motivation) and boundary conditions (identity concerns, acceptance of performance standards, self-

efficacy) might aid in the development of assessment tools that can be used in diversity audits to evaluate to what extent an organisation's leadership, structure, and culture, as well as its human resource management practices, contribute to the effective management of diversity in organisations. Accordingly, this might help organisations and practitioners to build work systems that harness diversity for innovation and effectiveness and at the same time facilitate well-being of all employees in a diverse work group or organisation. Last but not least, the model might also help inform policy makers and strategic human resource management to assess the potential impact that societal culture, socioeconomic differences, and legislation might have on employees' perceptions of diversity, work motivation, innovation, effectiveness, and well-being in diverse organisations.

## Examples from other sectors

### **The Disproportionate Impact of Employment Procedures on Black Employees in Nottingham City Council - Final Report. The Institute for Employment Studies 2002**

#### **What they did**

The Institute for Employment Studies conducted research into the reasons why black employees in Nottingham City Council were being disproportionately subject to disciplinary action and selection for redeployment; and why black employees on the redeployment register had less favourable outcomes than white employees in a similar situation.

The research was carried out mainly through (qualitative) in-depth interviews and a repertory grid exercise, was used to investigate how individuals make attributions about the work performance of different ethnic groups.

#### **What they found**

The analysis of the repertory grid (rep grid) data showed that the ethnicity of individuals has a significant effect on the way that people either assess the performance of others, or the way their performance is assessed.

On the whole, white interviewees tended to describe other white rep grid individuals using a cognitive skills cluster of competencies, such as decision-making, flexibility and clear understanding of corporate goals. By contrast, white interviewees tended to describe ethnic minority individuals using a personal attributes cluster of competencies, such as inter-personal skills, reliability and trustworthiness.

White raters also placed more white individuals in the category of good performers than they did ethnic minority individuals. Conversely, white raters placed disproportionately more ethnic minority individuals in the category of poor performers.

#### **What they suggested**

The research team believed that; 'cognitive processing philosophy and group membership theory provide the intellectual explanatory framework for some of the observed differences in the assessment of performance between white and minority ethnic employees.'

They put forward suggestions for a strategic approach to eliminating discrimination in the management of people.

- 1. Planning:** the sense of what the organisation is trying to achieve. This will require the Council to set out a clear philosophy of its intentions, clarify what it wishes to address, and ensure there are enabling systems and procedures in place

2. **Doing:** what is likely to get the organisation where it wants to go, and what might stop it. The Council needs to be more precise about what is required of both managers in managing poor performance, and staff in standards in the job. This means linking aspects of performance management practice into managers' appraisals.
3. **Reviewing:** how the organisation knows where it is as a result of its initiatives. The Council should develop a strategy for consulting more widely internally, particularly on issues of ethnicity and discipline, and the general assessment of performance. It is imperative that the Council undertakes a review of careers and career paths of employees to understand better whether and how black and minority ethnic employees are disadvantaged in their progression.

## Perceptions and prospects diversity issues in local government management.

IDeA 2004

### What they did

The IDeA commissioned two studies conducted and co-funded by Leadership Research and Development Ltd into diversity issues concerning managers in local government. Perceptions looks at perceptions of managers according to ethnicity and gender, derived from 360-degree 'multi rater' feedback. Prospects look at the career progression of managers according to ethnicity, gender, age and disability.

### What they found

Black and Minority Ethnic managers rated themselves higher in seven out of eight competencies than their bosses – principally White males – rated them.

White male bosses were likely to give White male managers, followed by White female managers, a higher competency rating than Black and Minority Ethnic male and female managers.

Black and Minority Ethnic managers reported significantly less constructive critical feedback and less specific, high quality feedback as well as an increased likelihood of receiving unexpected critical feedback in performance appraisal situations.

### What they suggested

The findings conclude that diverse groups of managers will continue to face barriers to their career progression in a number of ways in local government, until organisations that are interested in their senior management structures effectively commit to managing diversity fairly and consistently.

**Prepared by: Deborah O'Dea and Jide Odusina for HR Directors meeting 02.09.2014**

**NB: What is unconscious bias, how does it work, what interventions mitigate its effects?**

Everyone, often without realising, harbours unconscious views about people with certain characteristics that may be influencing choices in recruitment, promotion and performance management. We tend to prefer people who look like us, sound like us and share our interests. Social psychologists call this phenomenon "social categorisation" whereby we routinely and rapidly sort people into groups. Brain imaging scans have demonstrated that when people are shown images of faces that differ to themselves, it activates an irrational prejudice in the brain's alert system for danger; the amygdale. This happens in less than a tenth of a second.

There is a mechanism for asserting conscious control to prevent ourselves acting on these instinctive feelings. People can be trained to identify and then manage the feelings. The brain has a limited capacity to control bias. Stressors in the workplace such as fear, frustration or tiredness use up these resources, so weakening our ability to manage bias.

People can be trained to assess their level of bias using the Harvard University Implicit Association Test (<https://implicit.harvard.edu/implicit/takeatest.html>) and then learn to see the mis-match between their stated goals (e.g. to be fair, or to comply with policies) and their instinctive people preferences.

## Unconscious Bias Session 1 from HRD Network Meeting 2 September 2014

An Unconscious Bias survey was carried out in 10 trusts in London comparing how different ethnicity groups impacted on different ethnic groups. Responses were received from 6 trusts.

### Action Points

- A wider pan-London survey in advance of December HRD network meeting.
- There should be deeper analysis to look at bandings. Staff at lower bands are more likely to be dismissed and there is a disproportionate number of BME staff in the lowest bands.

### Supporting our Equality Duty through a revised ESR

Key proposals:

- Addition of fields to identify the source of the trigger for ER action – patient, another member of staff or member of public. This should help identify the source of any bias.
- Ability to pull information from various fields without having to conduct manual look ups that are open to human error. This will enable better reporting on patterns against action and outcomes by protected characteristics.
- Develop a standard operating procedure to be used consistently across all NHS Trusts.

How can HRD's help?

- Ask their Trust ESR lead to consider the details of the proposal and feedback to the project lead. Commit in principle to using the revised module if it is to the agreed specifications.

### Roger Kline - NHS staff race discrimination: an issue for patients – and for HR

What role for HR?

- Collect data
- Must achieve measurable outcomes
- Sanctions where necessary
- Tackle unconscious bias

HR's ethical and strategic challenge?

- 4.1 demonstrate and promote fair and reasonable standards in the treatment of people who are operating within their sphere of influence.
- 4.2 challenge others if they suspect unlawful or unethical conduct behaviour. (CIPD Code of Professional Conduct 2012).

Deb called for good case study examples to be highlighted to Deb or the Engagement team.

Prof. Michael West noted data from the national staff survey.

BME Staff Experience across the NHS score lower in a number of areas including:

- Equal opportunities
- Diversity training

And score higher in a number of areas including:

- Discrimination from colleagues
- Discrimination from patients
- Engagement

Collective Leadership

- Leadership of all, by all and together with all
- Leadership is the responsibility of all – anyone with expertise taking responsibility when appropriate
- Addressing bullying and harassment
- Create a culture where everyone has a leadership role
- Create shared leadership
- Leaders agree to work together to achieve high quality care
  
- Developing leadership strategies
- How can we attract BME staff to leadership positions?
- By ensuring mentoring, developing and supporting leaders
- Transforming cultures is at the heart of the issue.

The presentations from table 1 below will be available for you to view, please go to the following link: <http://www.socialpartnershipforum.org/regional-spf/london-spf/annual-partnership-conference-2015/> available from 12 March 2015.

**Table 1**

<b>Event &amp; Presenter</b>
HRfL Presentation 2 September 2014 – Roger Kline
HRfL Presentation 16 December 2014 - Prof Michael West
HRfL Presentation 16 December 2014 – Denise Milani, Met Police – Part 1
HRfL Presentation 16 December 2014 – Denise Milani, Met Police – Part 2
HRfL Presentation 16 December 2014 – Jane Farrell, Equality Works (TfL)
HRfL Presentation 16 December 2014 – Andrew Foster, Chief Exec, WWL
HRfL Presentation 16 December 2014 – Dr Umesh Prabhu, Medical Director, WWL

## Appendix 1

### Scope & Terms of Reference

#### Sustainable action to address unconscious bias and its affects in the London NHS workforce

There is now a strong evidence based service quality case for more inclusive leadership, better staff engagement and fairer treatment for all sections of the diverse NHS workforce as research is showing that these are markers and promoters of quality patient care.

HR directors in London are keen to respond positively to this new thinking and to address recent research showing:

- BAME NHS staff almost twice as likely to be disciplined compared to white counterparts
- BAME NHS staff significantly overrepresented in disciplinary proceedings
- In London, 60.2% of midwives subject to disciplinary proceedings were black/black British however only 32.0% of midwives in London were black/black British
- All ten of the midwives dismissed during that period was black/black British
- Non-UK qualified doctors are more likely to receive “high impact” decisions at each stage of the General Medical Council’s fitness to practice process.
- At every stage in the recruitment and selection process BME staff disadvantaged.
- Unpublished research in London shows similar patterns

These are corporate challenges to the whole health economy of London as England’s most diverse city. NHS organisations will be serving ever more diverse communities and drawing staff from an increasingly diverse labour pool. The HR for London network therefore established a working group in September 2013 to address this challenge.

#### The Mission

- To support the NHS in London with a range of effective, evidence-base tools to identify, quantify, understand and address unconscious bias and its negative impacts on staff and the quality of patient care.

#### The Objectives

- To survey a cross section of London Trusts to gain a sense of the degree to which national research indicating disproportionate impacts on BAME staff nationally in the NHS and across other sectors existed in London
- To research the possible mechanisms at work in causing the disproportionality and its impacts on staff wellbeing and patient care
- To advise on changes to ESR which would support effective collection and review of employee relations, career progression and equality data so that Trusts would be fully compliant with their duties under the Equality Act
- To identify possible effective interventions from organisations and research on the subject
- To advise the London HR Directors on the group’s findings with a view to them approving:
  - A set of diagnostic and remedial interventions which are evidence based and effective, to address the issues in ways that could be readily implemented within the London NHS health economy

- An implementation plan for supporting individual and clusters of trusts to work in partnership with third parties who have successfully made change in this area to adapt and adopt various elements of the set of diagnostic and remedial interventions
- A process to monitor the impact of the various proposals so that over time, not only can trusts benchmark their progress relative to comparable peers, but they will know which are the most effective interventions.

## Appendix 2

### Workforce Race Equality Indicators

**Workforce metrics. For each of these three workforce indicators, the Standard compares the metrics for white and BME staff.**

1. Percentage of BME staff in Bands 8-9 and VSM compared with the percentage of BME staff in the overall workforce
2. Relative likelihood of BME staff being recruited from shortlisting compared to that of white staff being recruited from shortlisting across all posts
3. Relative likelihood of BME staff entering the formal disciplinary process, compared to that of white staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation Note. This indicator will be based on data from a two year rolling average of the current year and the previous year.

**National NHS Staff Survey findings. For each of these five staff survey indicators, the Standard compares the metrics for each survey question response for white and BME staff.**

For 4. below, the metric is in two parts

4. Q 3. In the last 12 months, have you had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review? If so e) Were any training, learning or development needs identified? f) Did your manager support you to receive this training learning and development?
5. KF 18. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
6. KF 19. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
7. KF 27. Percentage believing that trust provides equal opportunities for career progression or promotion
8. Q 23. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues

**Boards. Does the Board meet the requirement on Board membership in 9.**

9. Boards are expected to be broadly representative of the population they serve.

## WRES Milestones

<b>Milestone</b>	<b>Activity</b>
April 1 <sup>st</sup> 2015	Baseline data for comparison with April 2016
July 1 <sup>st</sup> 2015	Publication of 1 <sup>st</sup> April 2015 data including identification of any essential shortcomings
April 2015 – March 2016	Work to start to address any data shortcomings and to understand and address shortfalls identified by the WRES indicators
April 2016	Baseline data for comparison with April 2015 should be completed including steps underway to address key shortcomings in data, or significant gaps between the treatment and experience of white and BME staff.