



NHS Race and Health Observatory
“Fair Futures: Regional Roadshows on
Ethnicity Pay and Progression in Healthcare”

**“The Heart of Healthcare: Embracing
Diversity, Building Belonging for
Migrant Healthcare Workers”**

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**"The Heart of Healthcare:
Embracing Diversity, Building
Belonging for Migrant Healthcare
Workers"**

Overview

- ❑ Research expertise and interests
- ❑ "Many rivers to cross": history of nurse migration to the UK
- ❑ New and not so new challenges
- ❑ Embracing diversity, building belonging
- ❑ Key takeaway points: how to better foster belonging, recognition and retention

<https://www.istockphoto.com/en/photo/young-cheerful-female-student-clapping-her-hands-after-report-of-speaker-gm1823543522-550247109>

- ❑ **Expertise:** Sociologist (background in social work); migration of healthcare professionals (NHS and social care sector), also return migration; feminist theories (intersectionality)
- ❑ **Previous work:** Identity and belonging for migrant rural care workers (PhD thesis); opportunities and challenges for return for Filipino migrant nurses; retention and recruitment of EU and non-EU migrant nurses post-Brexit; and working for different funders (UK Home Office, OXFAM, ESRC, NIHR, UKAID, English local authorities)
- ❑ **Most recent project:** NIHR-funded project ('LISTEN') on ethnic minority healthcare staff speaking up for patient safety

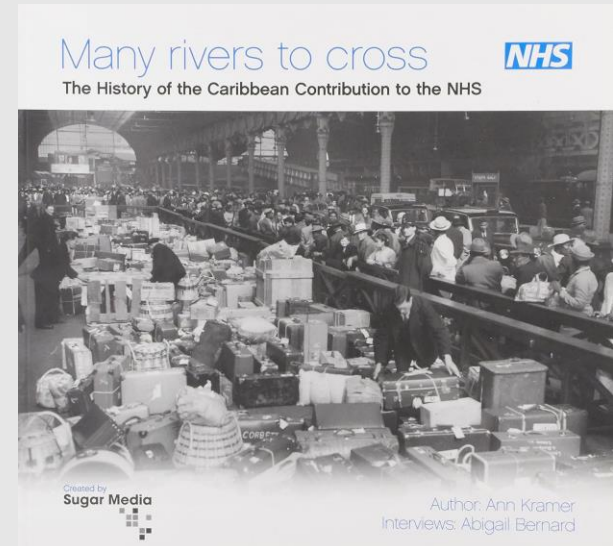
Research interests and expertise





- ❑ Historical **overreliance** on international nurses and other professionals – ‘collective amnesia’ (Simpson et al., 2010)
- ❑ **International recruitment** of nurses and carers is politically and financially driven; seen as a ‘quick fix’
- ❑ Embedded practices of **discrimination** and **exploitation**, e.g. IHS (2014), Health & Care Visas (2024)
- ❑ **‘Hostile environment’**; migrant nurses **‘tolerated’** citizens (Spiliopoulos & Timmons, 2022)
- ❑ **Positioning** of migrant care workers – low pay, high turnover of staff, limited opportunities for social mobility (Spiliopoulos et al., 2021)

‘Many rivers to cross’ : history of healthcare migration to the UK





New and not so new challenges

You are not allowed to give medication, [...] they assess you, to give drugs or do other procedures. It wasn't easy, **we had to step back because we had to wait.** It took about six months, there were loads of us and the facilitators were very busy, six, seven facilitators for the whole hospital. I completely understand but if there were more of them, they would have had more competent nurses straightaway
(Sofia, Italian nurse)

People will treat you always differently. **They will never respect you like the English.** [...] Like I'm working here few months now and I've done the handover lots of times and the nurse who works once a week, she can't understand me and every five minutes she was asking me 'what is that?' and I thought I can't speak English
(Tristana, Polish nurse)

...that is a big theme for us in our organisation, staff continually feel **bullied, harassed**, or bullying based on their ethnicity background. [...] Definitely **ethnic minority staff still don't feel confident speaking up or raising concerns.** If they do that then they tend to do it more confidentially or anonymously but not very open
(Jessica, Indian nurse)



Embracing diversity, building belonging

So one thing that's helped me overcome this issue of imposter syndrome, and in everything else that comes with being a minority ethnic group, is joining an outside, like a **diaspora group**. I'm a member of the (community) and the support is great, and you see **role models** actually
(Castana, Filipino nurse)

We try to take **equal attention to the clinical aspect as we do the integration into the wider society perspective**. . . . We can't underestimate the impact of the pastoral aspect on the positive outcomes of integration of international nurses into the organization
(British NHS Manager)

I spoke to my **educational supervisor**, who I had a good standing relationship with... that **reassured me** [and] pacified my concerns when I managed to speak up to that person
(Mahmoud, Middle Eastern Resident Doctor)

Key takeaway points: how to better foster belonging, recognition and retention



- 1) **Integration of migrant staff:** onboarding, recognition of skills and experience
- 2) **Psychological safety:** speaking up avenues, supportive colleagues
- 3) **Providing positive role models:** career progression, speaking up
- 4) **Representation:** ethnic diversity in leadership positions
- 5) **Importance of community:** inside and outside the workplace

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Thank you for your attention!

**Interested in continuing this
discussion?**

Please email me:

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