

Measuring organisational attitudes to workplace discrimination, prejudice and diversity.

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Rationale

Nearly one third of the current medical workforce is made up of ethnic minority doctors, the majority of whom will have qualified abroad. Several studies have suggested that ethnic minority and overseas qualified doctors are more likely to be brought before the General Medical Council for both professional and conduct issues. This is one of three interlinked studies commissioned by the Public Services Programme to improve understanding of these issues. In spite of frequent allegations about 'institutionalised racism' we know less about how to reliably identify or assess organisational factors (for instance in corporate competencies for handling equality and diversity issues) that could contribute to such outcomes within NHS bodies. This project reviewed the instruments that measure attitudes towards diversity, prejudice and discrimination in both individual and organizational settings with a view to adapting a tool for the UK workplace and assessing its suitability in this context.

Methodology

This project carried out an extensive literature review and identified over 90 research instruments which have previously been used in research on racial discrimination, prejudice and organizational diversity. Virtually all of them were developed and tested in the United States. Key stakeholders in the NHS who had organisational responsibility for equality and diversity issues in the NHS were also approached for their views on how organisational attitudes could be measured. Current work that they were carrying out in respect to this area was also assessed. We had hoped to survey up to three organisations in the NHS using several of the instruments that we had identified through the literature review to ascertain the feasibility of using the instruments in the UK context. We also reviewed the secondary data which was collected by the Care Quality Commission (CQC) as part of its annual survey of NHS organisations to see if this could be used to assess organisational attitudes to diversity, using the theoretical insights that we had obtained from the review of the literature.

Implications/conclusions drawn for the GMC Key Findings:

- There are more research instruments that have a focus on individual predispositions relating to discrimination, prejudice and racism and on possible discrimination in health services or outcomes than on institutional or organisational factors relating to discrimination, prejudice and racism. In our view, none of the instruments identified would be suitable (even if they were modified) for use in the UK context. The research base for use of instruments was weak, there was no consistent theoretical framework for assessment and most have been used only once. The most reliable instruments focused primarily on assessing individual predispositions to discrimination and were more useful in populations surveys rather than in assessing individuals and their roles in organisations.
- In order to accurately assess organisational discrimination and performance in terms of improvement of processes, a tool is still needed that will enable monitoring and evaluation with specific reference to how organizations respond to concerns about physicians' performance and conduct. This would require a significant research contribution to develop the instrument because the current research does not usefully contribute to our understanding of the issues in relation to physician performance or in measuring organisational attitudes. The value of developing such an instrument is doubtful based on our assessment of the current literature and the contribution it has made to our understanding of the issues.
- There is scope in using secondary data collected by the Care Quality Commission to develop a more nuanced assessment of organisations and how they deal with wider issues of prejudice and discrimination. Used in conjunction with initiatives which have been developed in the NHS to assess organisational climate in relation to equality and diversity could potentially help the GMC gain a greater understanding of NHS organisations and how organisational factors may contribute to the performance of physicians – especially in relation to equality and diversity issues.
- The fact remains that an individual's performance is affected by their environment and if that environment is one where prejudice and discrimination are prominent, then it may contribute to a negative assessment of a physician's performance. The challenge still remains as to how we can measure these environmental attributes.

Further details of this and other projects commissioned in collaboration with the Economic and Social Research Council under their Public Services Programme are available on our website www.gmc-uk.org

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