

**Women of Colour conference**

**Applying an evidenced based lens to equitable  
recruitment and career progression**

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# “Like pushing water up a hill.....”

## • NHS data (2022)

- Women are three quarters of NHS workforce but half of provider boards
- Differentiation into lower level and “female-friendly” roles with multiple glass ceilings
- White staff much more likely (1.54x) to be appointed from shortlisting than staff of colour staff
- Twice as likely BME staff (compared to White staff) will **not** believe there are equal opportunities for promotion and career progression
- Steep ethnicity gradient remains

## • Broken Ladders

- 75% of women of colour reported having experienced one or more forms of racism at work –
- 61% of women of colour (compared to 44% of white women) had performed the ‘mental gymnastics’ of changing something about themselves
- Women of colour are more likely than white women to report a manager having blocked their progression at work (28% compared with 19%)
- Being a woman of colour was significantly associated with being seen as a less acceptable leader

## Small differences in race discrimination can make a big difference (2022 data)

Current pay band	Pay band promotion sought	Cumulative effect
Band 5	Band 6	1.54
Band 6	Band 7	2.37
Band 7	Band 8a	3.65
Band 8a	Band 8b	5.62
Band 8b	Band 8c	8.66
Band 8c	Band 8d	13.34
Band 8d	Band 9	20.54

# Why is progress so slow on race equality?

## 1. Avoidance and denial

“There lurks within the system an institutional instinct which, under pressure, will prefer concealment, formulaic responses and avoidance of public criticism.....an institutional culture which ascribed more weight to positive information about the service than to information capable of implying cause for concern. ” *Robert Francis. 2013 Mid Staffordshire Public Inquiry report*

**2. Many managers and leaders struggle to talk about race or with BME staff – “protective hesitancy”** (*David Thomas 2004*)

**3. Flawed methodology: False assurance from policies, procedures and training** <https://bmjleader.bmj.com/content/early/2023/04/20/leader-2022-000729#block-system-main>

# False assurance from policies, procedures and training: the failings of methodological individualism

- “In sum.....research has generated no evidence that, in isolation, this approach can work to reduce the overall incidence of bullying in Britain’s workplaces”.

*Seeking better solutions: tackling bullying and ill-treatment in Britain’s workplaces. Justine Evesson Sarah Oxenbridge, David Taylor (Acas)*

“attempts to reduce managerial bias through diversity training and diversity evaluations were the **least** effective methods of increasing the proportion of women and people of colour in management”

*Kalev A, Dobbin F, Kelly E. Best practices or best guesses? assessing the efficacy of corporate affirmative action and diversity policies. Am Soc Rev 2006;71:589-617.*

- *See also Atewologun et al: Unconscious bias training: An assessment of the evidence for effectiveness. EHRC. (2018)*

# Bias in recruitment & career progression is ubiquitous

- Rudman, L. (1998) found that men who promoted their own accomplishments during an interview were judged to be more competent and were more likely to be hired than men who did not. Women, who self-promoted, on the other hand, were personally disliked, reducing their odds of being offered a job.
- Norton, Vandello, & Darley (2004) reported that when a man had more experience, people tended to choose to hire the man because he had more experience but when the man had more education, people again chose the man because he had more education. Both education and experience counted less when women had them.
- Correll (2004) found that in assessments, the performance of women and black and minority ethnic staff — when objectively equal to that of their white male counterparts—is judged as lower both when individuals evaluate others and when they evaluate themselves.
- Greenhaus and Parasuraman (1993) found that the achievements of black managers were more likely to be attributed to help from others (rather than ability or effort) than were the achievements of white managers

# Precondition 1: An effective narrative

- **Improvement.** In hospital settings, managing staff with respect and compassion correlates with improved patient satisfaction, infection and mortality rates, Care Quality Commission (CQC) ratings and financial performance. (*Dixon Woods et al 2014. Cf Dawson 2014 and 2018*)
- Where organisational leadership better represents staff diversity, there is more **trust**, stronger perceptions of **fairness** and overall better **morale** of staff. (*King (2014)*)
- Demographic diversity improves **performance** so long as it is underpinned by inclusion. (Guillaume 2017)
- Discrimination impacts both **staff mental** and **physical health** (*Nazroo et al 2022*)
- Discrimination impacts **patient safety** – team working, raising concerns, admitting mistakes
- Discrimination undermines **social justice** contrary to NHS values and NHS Constitution
- Equity and inclusion are key to **psychological safety** (Shore 2018, Edmondson 2021)

## Precondition 2: Debias processes not just people

**Debiasing processes** is more effective than relying on debiasing people (Iris Bohnet (2018), Daniel Kahneman (2021), Dobbin, Kalev, Schrage (2006)).

Bias impacts

- **How a job is designed** Men will apply for jobs they cant do, women wont (Mohr 2014)
- **How a job is advertised** – challenging, fast paced macho ads deter women (Gaucher 2011).
- **Informal and unstructured processes** more prone to bias (HEE literature review 2016)
- The “tap on the shoulder” is ubiquitous especially for “**stretch opportunities**” (70:20:10)
- **Selection tests** prone to bias - testing past opportunities to learn not future potential
- Recruiters prone to **affinity bias** (Rivera 2012) and conformity bias – hence Google’s approach (Bock 2015)
- Cognitive shortcuts lead to **bias under stress** (Frieda 2015)
- Selection decisions may be made in the **first 4 minutes** of an interview (Barrick et al 2012)
- Panels confuse **confidence and competence** (Chamorro Premuzic 2013)
- How **references (and CVs)** written or read likely to be biased (Correll 2003)



## Precondition 3: Insert accountability

- Awareness of accountability acts to pre-empt the introduction of bias into hiring decisions before it happens and helps challenge stereotypes when making decisions *Valian (1999)* .
- Individuals required to justify their decisions to a more senior person are likely to undertake more thoughtful evaluations *Foschi (1996)*.
- Leaders tasked with accomplishing diversity goals are more likely to be effective when clear accountability existed. (Dobbin et al (2016))
- Support from top management is a key factor in determining the success of diversity programmes. (Rynes, S. et al 1995))
- Where diversity interventions lack the involvement of top managers and fail to address overall work processes, their long-term effectiveness in transforming organizational culture is likely to be limited. (West. M. (2015))

## Precondition 4: inclusive leaders

- Inclusive leadership is needed to manage the psychological responses of individuals arising from social categorisation processes and can enable effective team working in diverse teams. (*Ashikali, T. et al (2021)*).
- Relational intelligence (kindness, emotional intelligence) can be as important as rational intelligence (regulation, measurement and efficiency) (Unwin J. (2018)).
- They are proactive, preventative, problem sensing not comfort seeking
- Understand challenging disadvantage cannot be left to the disadvantaged
- Actively seek out inequity, not waiting for those impacted to raise concerns
- Understand **they** have to change to change discrimination
- They insist on evidenced interventions not just good intentions

## A new paradigm: some practical steps

<b>Process</b>	On average, over time, the interview outcomes of men and women, white and BME staff should be about the same
<b>Appraisals</b>	Bell curve with even distribution
<b>Stretch opportunities</b>	No informal access. Accountability for access.
<b>Interview outcomes</b>	Panel chairs to justify decisions and put talent plan in place for unsuccessful candidates
<b>Patterns of disadvantage</b>	Dashboard enables check, challenge, accountability and support with an improvement lens
<b>Positive action</b>	Helpful but must accompany dismantling institutional bias
<b>Early, informal, preventative action</b>	End the primary reliance on individuals using formal processes to challenge inequity

## Evidence summary

- **Base decisions on evidence that what is proposed has a reasonable likelihood of bringing about change we want to see.**  
**End performative actions**
- On average, over time, the outcomes for staff in appraisals, access to stretch opportunities and interviews, are the same for staff irrespective of their protected characteristics
- Policies, procedure and diversity training may be helpful but, in isolation, will not bring about the change we need
- Early progress on tackling discrimination is possible but sustainable change requires inclusion driven by improvement, not just compliance, and it must be led from the Board

# If you would like to read more....

- No More Tick Boxes
- <https://www.england.nhs.uk/east-of-england/nhs-east-of-england-equality-diversity-and-inclusion/publications-and-practical-resources/>
- Paradigm Lost
- <https://bmjleader.bmj.com/content/leader/early/2023/05/17/leader-2022-000729.full.pdf>
- The web site where I store my article and blogs
- <https://www.rogerkline.co.uk/>