Research Article

It is like "Chasing Your Tail": The Experiences of Black African Nurses Working in the National Health Service

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Abstract

Objective: The National Health Service (NHS) is made up of diverse workforce, however, not much is known about the experiences of black African mental health nurses working in NHS health care setting. The aim of this research is to unravel the experiences of black African mental nurses working in the NHS.

Methods: A qualitative method and interpretative phenomenological analysis was used. Semi-structured interviews were used to collect data from five experienced registered mental health nurses from sub-Saharan Africa actively practicing in England.

Results: Three subordinate themes emerged namely: A little bit shocking, am I valued? and team dynamics and diversity. The analysis highlights explicit insights into participants' experiences of working in clinical settings in England.

Conclusion: It is essential for every nurse to feel valued and realise their full potential, it is essential that we develop holistic and innovative strategies for encouraging diversity and inclusivity in the clinical environment.

Keywords: experiences, black African nurses, diversity, NHS, interpretative phenomenological analysis

1 INTRODUCTION

Presently, healthcare workers in industrialised countries are becoming more diverse and this trend is projected to continue due to a global shortage of healthcare workers, and overreliance on migrant nurses. It is estimated that 3.7 million nurses (or one in eight) are practicing in a country other than the one in which they were born or trained[1]. Chronic nursing shortages still plague the UK's healthcare system and recruiting from abroad has been the only source to meet the required staffing levels for most National Health Service (NHS) Trusts[2]. Data show that as of June 2022, 25.7% of NHS staff were from ethnic minority

groups[3]. Looking into the past will show that the NHS was established on a diverse workforce and still depends on it now[4,5]. When it comes to diversity, it has been suggested that black African mental health nurses (hereinafter black African nurses) are offering immeasurable contribution, strength, and diversity to the NHS[6]. The contribution of black African nurses can be traced to the recruitment of nurses from several former British colonies after the Second World War[7]. Nurses from the British colonies were recruited for roles in mental health and elderly care that were difficult to fill because indigenous people rejected them. However, they were subjected to discrimination[8].

Historically, black nurses in the UK have been subjected to racial abuse, despite their significant contributions to the country's health care system[6]. Thus, Black History Month was introduced in the UK in 1967 to recognize the contributions of black people to all aspects of British life, but the work of black African nurses is still not as well-known as it should be. This is because their stories have often been overshadowed by the dominant narratives of the Windrush generation[9].

As a black African and mental health nurse with many years of experience working in the NHS, I have been privileged to witness the knowledge, skills, and dedication to providing compassionate and quality care that black African nurses bring to the NHS. Despite the challenges and barriers that they may face, black African nurses continue to excel and make a positive impact in the NHS[2,10-12]. However, researchers have not studied their experiences in much detail. Therefore, the primary aim of this research is to unravel the experiences of black African mental health nurses working in NHS health care setting. Before proceeding to address the aim of this study, it will be necessary to examine the concepts of diversity and the effects of diversity in the workplace.

1.1 Concepts of Diversity

Diversity is a complex and dynamic concept. As a result, the metaphor of an "iceberg" has been used to describe it[13,14]. Diversity is defined as differentiation between groups of people along primary, secondary, and tertiary dimensions[14]. Race, ethnicity, gender, age, and disability are the primary dimensions of diversity. Religion, culture, sexual orientation, language, nationality, education, work experience, geographic origin, and so on are secondary dimensions of diversity. Beliefs, assumptions, perceptions, attitudes, feelings, values, and group norms are examples of tertiary diversity dimensions[14]. These three diversity dimensions are not static but are intertwined and overlapped. Mazur[15] for example, claims that while secondary dimensions of diversity are less visible, they have an impact on individuals' self-esteem and self-definition, and add a more subtle richness to the primary dimensions of diversity. Mazur[15] goes on to say that, while race may be more dominant than age in some social situations, it may be less dominant than education in

the workplace. Also, Arredondo[16] contends that experiences of historical moments, such as the beliefs, assumptions, perceptions, attitudes, feelings, values, and group norms of a given culture can be classified as another dimension of diversity[14].

1.2 Effects of Diversity in the Workplace

Perhaps, the most overarching manifestation of diversity in the workplace is acceptance, respect, and understanding of the unique differences of individuals[17]. However, diversity has been perceived as a "double-edged sword", because if not managed properly, it can have both positive and negative consequences[15]. Positive effects include resource integration, creativity, cost-cutting, innovation, eradication of culture shock, and symbol of equality[18,19]. Culturally diverse organisations have an invaluable advantage in attracting the best talent, providing better services, quickly resolving complex problems, and adapting to changes[15]. In contrast, poorly managed workplace diversity can lead to psychological disharmony, absenteeism, high workforce turnover, conflicts, inefficiencies, and financial constraints[15,18,20].

Workforce diversity in the health sector is essential in providing culturally competent service[21]. Despite this, focusing solely on diverse workforce without addressing the underlying systemic issues of inequality and exclusion can be counterproductive[22]. For example, minority cultures in a workplace are often not given a fair chance to participate and heard. Moreover, cultural conflicts are typically resolved in favour of the dominant culture[15]. Accordingly, an inclusive and collaborative organizational culture are essential for effective teamwork and overall improved patient outcomes in the healthcare sector[2].

The NHS has recognized that a diverse and inclusive workforce is essential for delivering high-quality patient care. A diverse workforce can bring different perspectives and experiences to the table, which can lead to better decision-making and patient outcomes. Additionally, a culture of inclusion and belonging can create a more supportive and welcoming environment for patients and staff alike[23]. However, the experiences of black African mental health nurses working in diverse NHS environments have been underexplored. This paper aims to fill this gap by exploring the perceptions of these nurses working in the NHS.

2 MATERIALS AND METHODS

This paper is part of a broader study exploring the marginalisation and discrimination experienced by black African mental health nurses working in England. The study used qualitative method and interpretative phenomenological analysis (IPA). IPA was chosen because it provides a versatile and diversified framework for analysing lived experience by incorporating the writings

of notable phenomenological theorists[24,25]. Access to participants was gained in three steps. First, the research information sheet was distributed to key personnel in two trusts in the West Midlands and south-central regions of England. Second, these key personnel introduced the study to potential participants through internal emails. Third, prospective participants who responded to the emails expressing interest in the research were contacted by the researcher to negotiate date and time for the interviews. Prior to the interviews, the participants were provided full details about the study, and their informed consent was obtained.

2.1 Study Participants

Consistent with IPA methodology, a relatively small number of participants were purposively selected for the study[24]. This included five experienced registered mental health nurses, one female and four males who are now working in England (see Table 1). Three of the participants were from Zimbabwe, and one each from South Africa and Sierra Leone. Except for one, all participants received their nursing education in England.

2.2 Data Collection

Face-to-face semi-structured interviews aided by an interview schedule were used to gather the data. Open-ended questions in the interview schedule included: Could you describe what it is like for you working in diverse clinical environment? For you, what are some of the challenges you have experienced working in diverse clinical environment? Can you describe if you have received any recognition for your accomplishment in your clinical work? The interviews which lasted between 30min and 1h were recorded and transcribed verbatim. To maintain anonymity, pseudonyms were used for all the participants.

2.3 Trustworthiness

This study's trustworthiness was evaluated using Yardley's four evaluation criteria for qualitative research[26]: Sensitivity to context, commitment and rigour, transparency and coherence, and impact and importance. This study showed sensitivity to context and commitment and rigour by using IPA as the research methodology, which is concerned with the lived experience of purposively selected research participants. The researcher has demonstrated transparency and coherence through a reflexive examination of his multiple positionalities as a sub-Saharan African and a mental health nurse that might have influenced the research process[27].

2.4 Statistical Analysis

Data were analyzed manually using the idiographic and iterative process of IPA. This involved shifting from the specific to the shared and looking for divergent viewpoints across transcripts superordinate and subordinate themes that were anchored to the interview scripts were grouped in a table[24,27].

2.5 Ethical Consideration

The Ethics Committee of the University of Wolverhampton approved the study (REDACTED) (approval reference number: 0419ITUOWHEA). The Health Research Authority's ethical guidance and safeguarding principles protecting the dignity, rights, safety, right to withdraw and wellbeing of the participants were adhered to throughout the study[28]. The research and the research procedure were explained to the participants, and their consent to participate in the research obtained. It was explained to participants that the decision to participate in the research was voluntary and that their decision to participate or not participate would have no bearing on their future employment in the NHS. Moreover, participants were informed that they were free to withdraw at any time without explanation.

3 RESULTS

As outlined in the previous article[27], four superordinate themes: Glimpses of personal experiences, working in England, "judging a book by its colour", and opportunities emerged from the data analysis. This study solely focuses on the second superordinate theme, "working in England" and its three subordinate themes: A little bit shocking, am I valued? and team dynamics and diversity. The analysis embeds explicit insights into participants' experiences of working in clinical settings in England.

3.1 A Little Bit Shocking

Collectively, participants presented diverse and multi-faceted comparative accounts about their senses of bewilderment upon commencing their nursing career in England. This was reflected when Joe stated:

"*There were difficulties in terms of adjusting to a different culture…different working environment… The learning process here was one of them…and upon qualification, the work environment is also different. In Africa nursing is not something that is appreciated for a man. So that gender thing was quite a challenge for me to become a nurse as a man…It was a culture shock for me, it was challenging*".

The narrative above illustrates that Joe who is originally from Sierra Leone with over 20 years clinical experience began his nursing career by breaking the cultural norm of nursing which he claims is predominantly female in Africa. He appears to suggest that men are underrepresented in nursing, a gendered occupation stereotypically reserved for women. Second, he appears to highlight harrowing difficulties he experienced upon becoming a student and a registered mental health nurse in England which were overwhelming for him. Similarly, Salim narrated the personal disorientation he experienced after being recruited from South Africa:

"*The experience was a little bit of a shock because the*

Table 1. Participant Background Information

Name	Sex	Country of Origin	Country of Training	Years of Clinical Experience
Amber	Female	Zimbabwe	England	5
Ekon	Male	Zimbabwe	England	15
Imani	Male	Zimbabwe	England	3
Joe	Male	Sierra Leone	England	20
Salim	Male	South Africa	South Africa	15

training in the two different countries are not the same. What we did most there as the responsibilities for the nurse is what is dedicated to junior doctors in this country. So, when I first came in, I found myself very much de-skilled; things that I trained to do and used to do daily I couldn't do anymore because it's not within our remit…I find it a little bit shocking…I was taken aback because I was expecting them to be more advanced than us".

Here, Salim highlights how the reality of nursing practice in England did not tally with his perceptions. As an experienced nurse recruited from South Africa, he thought that he was coming to one of the most advanced countries to practice and advance his nursing skills, but to his disappointment he soon found out that his work environment did not match up with his accumulated skills. Despite his knowledge and experience, he was assigned roles which did not march his skills. He found his skills being underutilised and all these were disconcerting to him. In sum, the participants were dumbstruck, amazed at the conditions of mental health nursing practice in England. Such experiences engendered feelings of bewilderment. The next section examines the participants' experiences and perceptions of their work environment.

3.2 Am I Valued?

The participants reflected on their perceptions of the work environment and the due regard accorded to them by their colleagues. For example, Imani reflected his experience at work in a positive context:

"*I am valued because I felt I brought a lot of skills to the team and they recognised that, they valued me as an individual. I was able to build quite a good rapport with staff from different levels. Which made things easier for me at work, as well in my current role*".

With only three years of working as a nurse, Imani is relatively inexperienced, compared with other participants, but his narrative suggests that he feels contented at work because his skills are valued, and he feels a sense of camaraderie with his colleagues. However, one may wonder if his experience at work would be different if he did not have "a lot of skills" to offer. Similar feelings of being valued at work was expressed by Ekon:

"*I feel valued. I am allowed to work autonomously, and my colleagues usually value my ideas, and suggestions.*

They tend to sort of give feedback to say, my judgements are correct".

Ekon's 15 years of clinical experience have allowed him to practice autonomously and earn the respect and approval of his colleagues. He is content with his career and feels fulfilled by his work. Similar feelings were expressed by Joe when he stated:

"*I have abundant respect for my colleagues, and they have respect for me…We interact at professional and personal levels. I have autonomy over my case load… I see my clinical supervisor every two weeks and my line manager every month, also there's an opportunity for me to offload if there is any problem, even between my supervisions*".

For Joe, regular clinical supervision provides him with the opportunity to develop his practice, in addition to the perceived autonomy and respect he commands from his colleagues. Similarly, Amber who has five years clinical experience stated how she has benefited from clinical supervision:

"*I do feel supported. For example, in supervisions there's a section on our paperwork where they ask about your wellbeing, I think it's really a good thing because if you're not supported mentally or emotionally it affects the way you practice clinically*".

Amber's narrative suggests that being valued at work goes beyond clinical supervision and includes mental or emotional support. It is evident from the participants' narratives that job satisfaction and perceptions of appreciation were expressed in countless ways. These accounts are evocative of the participants' sense of gratitude for the respect, acceptance and empathy shown to them in accomplishing their day-to-day duties in a diverse work environment. Despite this, Joe bemoaned the difficulties and frustrations he encountered in the previous job:

"*My previous experience wasn't good…There were lots of challenges, lots of confusion. You didn't know what to do on daily basis and sometimes you are put in the deep end, either to sink or swim*".

The above extract suggests that Joe was habitually put in a completely new situation without any help or preparation and was required to show his competency or be tagged as

incompetent. Such experience triggered mixed emotions which was echoed by Imani:

"*I have been in environments where I have felt really inspired and empowered, where I felt valued, where I felt people recognised my potentials. I've also had experiences where you feel you're kind of like chasing your tail, where you feel there is no career progression, where you feel stuck, where you find there is a lot of gaps in terms of what you signed up for and what is actually happening on the ground. But I suppose what I've learned from all that is trying to maintain a positive mentality…and what I can achieve in that environment*".

The partly positive and partly negative emotions Imani express about his experience is telling. His use of the metaphor "chasing your tail" is intriguing, as he appears to suggest that despite being competent and hard-working, he has been cast in the mould of not worthy of recognition or promotion. But he remains resolute, resilient and tries to adapt himself to the situation. On the contrary, Salim reflected that he has contemplated leaving his current job due to difficulties he is encountering, but he has terrible dilemmas to consider:

"*It's a bit difficult because I'm used to it…I know the people I work with. Then you also have to think if you go somewhere else do I have to go through this again. At least these ones I am now used to them. So, if you go the other side you have to try and come with a clear conscious try to accept everybody and then be subjected to the same thing…you have to think twice and weigh the balance, which one weighs better do I stick with it or move on?*".

Salim is caught up with uncertainty. Whilst he faces precarious situation at his current place of work, he feels uncertain to change jobs, as he is almost certain that he will be subjected to same pejorative treatment. His experience is defined by fight, flight or freeze moment. Such quandary can be daunting for any black African mental health nurse who are always assessing the options available to them at work, despite their hard-working ethics and a clear conscience.

3.3 Team Dynamics and Diversity

The participants used the interviews to reflect on the diversity and team dynamics at work. Amber and Joe spoke about their perceptions of the work environment:

"*This place is a very good working environment. We are diverse team from different walks of life, and we work together very well*" [Amber].

"*We can interact with each other, meet and talk. We normally go out for drinks together and when there are people leaving, we have leaving do that we all go together. When people have ceremonies…we do come together and support them…when people are off sick, we do express our compassion together as team*" [Joe].

For these participants, working in a diversified and intimate environment where social support is the hallmark. However, Imani described that for him, the relationship at work is superficial:

"*I think sometimes it takes a while to form relations… it's kind of like work-based relations…we tend to use text rather than calling someone…There's no socialisation that goes on outside work. I've had one or two colleagues who my days off text me…that's about it… our relationships are work based and all is nothing else…when I was back home working, it's like family…if somebody's bereaved, sometimes you could even go to the person's house just to console, support them throughout that period. But when you come to this society all you can say is 'I'm sorry', and that's it. Sometimes it's even difficult to know what to do*".

It is evocative from the extract above that for Imani, relationship at work should not only be professional, but personal and social as well. He seemed to sentimentalise the communal life existing in his native country. It appears that not being able to build strong and meaningful relationships like what transpired at his native country is disappointing and not easy for him to comprehend. Other participants reflected those relationships at work is polarized along racial lines:

"*Even on the aspect of the medical doctors, we've got two kinds (Caucasian and non-Caucasian). It's very obvious when the non-Caucasian is on duty it's very different from when his counterpart is. You feel the support the from the Caucasian is very scanty. You have to really beg for it. You will be going to see a patient complicated issue, come back on to discuss and yes, I know it's a good thing to say, oh, but what do you think but why do you think by the end of the day, you don't give me an idea. So, it's like, why did I tell you this problem. Whereas if I speak to the other doctors, he will say, okay, you need to look for this, you need to look for that. So, I've done this, I've done that. And so okay, let's go down back together and see the patient. It's very clear it's different. So sometimes you don't even want to go and ask the other doctor because you know you won't get anything anyway*" [Salim].

Salim appears to suggest that even support from medical staff is dependent on racial lines and being a black African nurse means being regarded as less credible as well as getting less favourable treatment from white British doctors. If the claim is factual and not imagination, then one can imagine how it could impact on the ability for him to be effective in their jobs. Furthermore, Salim explained that some white British medical staff often distance themselves from black African nurses:

"*When the Caucasian staff members are on duty, this other doctor will spend the whole shift here. When they are not, he's always in the other office. Whereas the other*

doctor [non-Caucasian] is always with us here. He doesn't care who's on duty. He's always with you all the time. But that one just comes in the morning and realise you are on duty; you'll will never see him again".

The extract above suggests that in Salim's perspective, he often had to deal with white co-workers ignoring or distancing themselves from him because he is not like one of them. A feeling of "them against us" is evoked. This is not surprising for Salim who grew up during the apartheid era in South Africa. It appears that the feeling of separation is still subconsciously engrained in his mind. Imani described his wishes were always brushed aside because of his identity:

"*The environment was predominantly white people and then looking at our experiences, our backgrounds, our interest, our priorities…it was just apart…it was just completely miles and miles away from each other. I remember if I went to supervision and say this is what I would like to do, this is my career path, I will quickly be shut down. They'll say, look, we don't think this is something you'll be able to achieve…the supervision wasn't appropriate*".

Here, the hegemony of white people in the clinical area is clearly spelt out by Imani. He appears to suggest that power was unfairly wielded to block his dreams and aspiration. Nothing could be more disconcerting than for one's career aspirations to be thwarted by powerful people. Imagine being in a clinical environment, full of actions and stories and yours seem not to count. A similar theme of tension at the workplace was echoed by Salim:

"*Culturally, we're not the same. And we're not treating each other the same anyway. We have to accept that, unfortunately. Most times we feel side-lined*".

The impression from the extract from Salim is that there is kind of cultural misfit between black and white staff and there is a mismatch of their personalities, approach, and values in the workplace. Moreover, the narrative suggests a mutual lack of respect existing between black and white staff, but there is a sense that black African nurses experience more marginalisation. This makes the so-called cultural diversity existing in the NHS is an illusion. Joe used an analogy of hidden and inaccessible fruits and vegetables in a basket to describe the work environment:

"*You get lost in just like when you have potatoes, mangoes, tomatoes, and oranges in one basket. To search just for the potato will be difficult because of all these things. If you don't search properly, you will not be able to see that it's hiding somewhere in the basket. You really have to search harder*".

Seemingly, Joe is using the metaphor of salad bowl to describe the diversity in his work environment. Moreover, he appears to use potato as a metaphor for the black African

nurses who are seemingly marginalised, and their skills go identity unnoticed. Joe suggested the following to provide equal opportunity for everyone:

"*You have to provide the means for every potato to be identified easily. It feels crushed in a small basket. So, there are no opportunities or potential to shine, to show their identity. So, you need to make the basket bigger. You need to make the team very open for people and conducive for people to shine, to say 'yes, I can do this', and you'll be allowed to do it. But when people are suppressed, they find it difficult to shine, and they begin not to bother*".

Here, Joe is providing philosophical reasoning that advocates for a level playing field that provides a sufficient capacity for everyone to perform to the best of their abilities. Whilst the intention to create a work environment which gives equal opportunity to all is admirable, there was a sense that participants had already become apathetic and emotionally detached from their work environment. This was evident when Imani stated:

"*One thing that I am beginning to understand…in the environment that we're working is not to get too much attached…because people come and go…like I said, I was in a previous job where I didn't feel I belonged. But then when I was living…there was a part of me that stayed in the job and really didn't want to go. But there was also a part of me that wanted to move*".

There is a sense that Imani is going through career crisis arising out of feeling not belonging. Perhaps, with no hope of professional development or opportunities he feels stuck, but he dithers to act. The extract is evocative that some black African mental health nurses have sentimental attachment to their work. They rely on emotions more than reason to go to work in an environment.

4 DISCUSSION

This study set out to uncover the experiences of black African mental health nurses working in NHS health care setting. The findings will be put into context in view of the existing theory and literature. This study has found that, the participants experienced sense of bewilderment upon commencing their nursing career in England. According to Choi et al.[29] and Pressley et al.[30], nurses from other countries may experience stress during the transitioning period due to the challenges of their unique learning requirements. In addition, the fact that some participants perceived that their skills are being underutilised despite their accumulated experiences and knowledge, is consistent with studies that have reported that black African nurses are disadvantaged and experience loss of status working within the NHS[31-35]. However, this problem is not unique to black Africans. Many studies, have found that people from all ethnic and minority backgrounds are marginalised, disadvantaged or face career advancement challenges in the NHS[5,10,34,36,37].

The participants in the current study reported both positive and negative professional experiences to integrate in the clinical work environment. This corroborates the findings from West and Nayar[33], who found that black, minority, and internationally recruited nurses in the UK encounter both positive and challenging experiences. Participants expressed emotions as though they were going through phases in their careers. Such feelings have been captured by Willis and Xiao[38] and Choi et al.[29], who use the concept of liminality to describe the process of feeling like an outsider, somewhere in-between, or an insider that many nurses with foreign backgrounds experience at during their nursing professions.

Some participants spoke positively about the opportunity to progress in their careers. To a certain degree, the opportunity for career progression is a step in the right direction, as a recent data analysis report within NHS trusts revealed that 35.4% of staff from a black background believed their trust provides equal opportunities for career progression or promotion, though these levels are below those of other ethnic groups[39]. On the other hand, Isaac[40], who coined the term "British cultural capital" to depict the hegemony of British cultural influence of language fluency and mannerism resonates with some participants' perception that they felt disadvantaged due to their cultural differences in the workplace.

The data indicated that while participants cherish working in a diversified and supportive environment, they routinely suffered discrimination and microaggression. This has been highlighted by many authors who have suggested that African nurses experience more discrimination than other ethnic minority groups in the NHS[10,11,13,32,37,41]. Such unpleasant encounters will inevitably lead to internalised racism and prejudice concerns that will hinder any possibilities for career advancement[35].

4.1 Recommendations for Practice, Policy, and Research

One of the key issues raised in this study is that black African nurses like working in a diversified and supportive environment. Black African nurses, however, frequently experienced prejudice and microaggressions, which presents psychological and emotional difficulties[28]. Cultural differences and cultural capital are two major causes of these problems[40]. Therefore, it is incumbent on NHS employers and managers to develop holistic and innovative strategies for promoting inclusivity in a diverse work environment. One effective strategy is diversity training[42]. Yet, Noon[43] warns against futility of workplace diversity and unconscious bias training. Others have argued that diversity and inclusivity are not just about attracting a diverse workforce, but it is about creating an environment where every individual can feel valued and feel that they can reach their full potential regardless of their background[22]. This is critical because a

valued and diverse workforce benefits both service users and services providers[37].

Another key issue identified in this study is that participants perceived that inclusive work environment could help them to thrive. It is important for policy makers to recognise that promoting a diverse NHS working environment also requires building equality, diversity, and inclusion (EDI) atmosphere. However, promoting EDI involves taking meaningful and intentional actions such as developing an inclusive culture, inclusive approaches to employment policies and practices, and training employees to understand and engage with EDI[22].

Although though this study provided some crucial insights into the experiences of black African nurses working in a diverse NHS environment, it had a few limitations that may be considered in other studies. First, due to the subjective nature of qualitative research, there is a risk of inadvertent bias influencing the findings. Nevertheless, acknowledging that qualitative research is inherently subjective, researchers cannot completely disregard their own values, preconceptions, and perspectives[44]. Second, the study was limited by the small number of participants. A cross-sectional study that includes the perspectives of black African nurses as well as those of NHS managers and service providers would provide a more comprehensive knowledge of the experiences of black African nurses working in the NHS.

5 CONCLUSION

This study has revealed that black African nurses working in the NHS often reported facing unequal treatment, such as being assigned menial tasks or being given fewer opportunities for career development compared to their white counterparts. These disparities can lead to a lack of recognition or rewards for their hard work which may result in lowered self-esteem and motivation. Moreover, the perception that African nurses are excluded from leadership positions can lead to a lack of representation and voice in decision making, which can perpetuate the cycle of discrimination against African nurses. These challenges, however, could become more important than ever in the years to come as more nurses are recruited from sub-Saharan Africa and beyond because of the nursing shortage in the NHS[35].

Conflicts of Interest
The author declared no conflict of interest.

Author Contribution
Tuffour I confirms sole responsibility for the following: Study conception and design, data collection, analysis

and interpretation of results, and manuscript preparation.

Abbreviation List

IPA, Interpretative phenomenological analysis
EDI, Equality, diversity, and inclusion
NHS, National Health Service

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