(Workforce diversity training and ethnic minorities: The case of the UK National Health Service)

Abstract

National equality legislation in the UK entitles people of all ethnic backgrounds to be treated equally. However, public sector organisations in the UK consistently underperform in terms of experience and outcome for ethnic minority service users. There appears to be a dearth of literature which focuses on the perspective of organizations (and people working in these organization) on how they respond to the policy expectation with regard to providing quality service delivery to ethnically and culturally diverse service users. This study presents findings related to two main interventions, namely workforce diversity (ethnic-matching) and diversity training, in a large National Health Service (NHS) organization which has undertaken these interventions to make their staff responsive to the needs of culturally diverse service users. Data was collected by conducting semi-structured interviews with twenty participants from three hierarchical levels of the organisation. Findings revealed that the current interventions of workforce diversity (ethnic-matching) and diversity training did not appear effective in providing a quality service delivery to the ethnic minority service users, who have complex identity patterns. The findings of this study questioned the usefulness and operationalizability of the typical 'ethnic-matching' approach, often propagated in the literature and commonly practiced in the organisations operating in multicultural societies. The paper concludes by recommending more profound HRM interventions for providing equitable and quality service delivery to ethnic-minority service users, such as value-based recruitment and person-centred training, which go beyond the superficial interventions undertaken by organisations, in a 'policy compliance' mode.

This research studied an NHS organization as a case to explore how it is responding to cross-cultural issues against a backdrop of policy expectations about equitable and good quality mental health service provision to service users of a minority ethno-cultural group in the UK. Data were collected by conducting semi-structured interviews with twenty participants from three hierarchical levels of the organization. The research found that the concepts of culture and ethnicity are used in a fixed way in the interventions (staff diversity training and ethnic matching) taken by the case organization. It is argued that this fixed understanding of cultural concepts and related interventions may not be helpful in meeting the needs of service users, especially in the context

of United Kingdom, which is characterized as a super-diverse society. It appears that the interventions are developed and implemented on the conceptualization of cultural identity as generic and fixed. Organizations working in a multicultural society, or where they have service users from a variety of ethnic and cultural backgrounds, need to develop and implement interventions based on individualized and fluid understanding of such concepts.

The findings of this study contribute to cross-cultural management scholarship by taking a critical stance on the concept of culture, as it is operationalised by a large organisation. We show how, even when required by national policy, this one-dimensional model of culture causes human resource management interventions, intended to address cultural diversity, to be perceived as ineffective.

Keywords – Cultural identity, cross-cultural issues, mental healthcare, NHS, cultural diversity training, ethnic-matching

Introduction

The population profile of the United Kingdom (UK) is culturally and ethnically superdiverse. A decade ago Vertovec (2007:1024) noted that 'Britain can…be characterized by 'super-diversity,' a notion intended to underline a level and kind of complexity surpassing anything the country has previously experienced. Such a condition is distinguished by a dynamic interplay of variables among an increased number of new, small and scattered, multiple-origin, transnationally connected, socio-economically differentiated and legally stratified immigrants who have arrived over the last decade'. Furthermore, it was observed that there are over 200 ethnic groups in the UK (Vertovec, 2007), suggesting the current population profile is likely to be even more diverse.

The ever-increasing superdiversity in the population has resulted in huge challenges for service delivery organizations, especially public sector organizations, as equality legislation in the UK requires public sector organizations to deliver equal quality services to all, irrespective of racial and ethnic background (HMSO, 2010). Therefore, responding to the diversity of service users has become one of the most important areas of reform in public sector organizations (Wilson and Iles, 1999). These reforms call upon public sector organizations to change their organizational culture to meet the needs of service users on an equal basis (e.g.Department of Health, 2005). While there is a social justice case for responding to superdiversity, there is also a sound business case for doing it (Tomlinson and Schwabenland, 2010). A business case which responds to diversity

in service provision on an equal basis means improved organizational efficiency and an improved image in the eyes of service users.

By collecting data from one NHS organization, this study explores the perspectives of those involved in the planning, development and implementation of interventions for addressing mental health service quality issues in cross-cultural contexts. In particular, this study contribute to how the interventions taken by the NHS (staff diversity training and ethnic–matching) are perceived with regard to the provision of equitable and good quality mental health services to service users of a minority ethno-cultural group in the UK, the Pakistani-origin community of the United Kingdom. As well as our empirical contribution, the contribution to CCM is to take a critical stance on 'culture' (Jackson 2018) as that concept is mobilised by an organisation. We show how the concept was used in a one-dimensional way, in the context of a super-diverse community of service users. Further, we show that even when attention to cultural diversity is mandated by national and organisational policy, how it is implemented and understood at the different levels of an organisation is of central importance in assessing whether it can create meaningful change, or is merely an exercise in rhetoric and box-ticking.

Cultural and ethnic diversity in service users

The biggest challenges concern the basic level of social interaction when there are differences between the language of a service user and the individuals working for a service provider organization. Differences in language between a service user and a service provider can result in miscommunication and misunderstanding of needs of a particular service user. If a service user's needs are not understood by a provider, the possibility of delivering a quality service is limited. This challenge is more critical in services which require enhanced communication between a user and provider, such as healthcare (Binder et al., 2012).

The second important challenge in delivering a good quality service to ethnically diverse service users is meeting the cultural preferences of each service user. Taking cultural differences, such as the expectation of being served by the same gender, into consideration when developing and delivering services contribute towards a user's satisfaction (Donthu and Yoo, 1998). Enhanced racial and ethnic diversity in service users requires a variety of cultural preferences to be met by a service provider. However, organizational systems, processes and resources (including workforce) may not have the ability and flexibility to understand these differing cultural

preferences and meet them at the expected level of quality. The organization can experience challenges in addressing the multiple perspectives users of a service may have and this affects their perceptions of its quality.

Human resource management interventions for responding to cultural and ethnic diversity

Given that an organization's diversity practices are embedded within a broader human resource system, research to examine the interplay between diversity and human resources practices may provide scholarly and practical guidance on how to capitalize on pertinent human resource interventions, systemically (Roberson,2019). These interventions include enhancing the racial and ethnic diversity of the organizational workforce. The second major intervention implemented by organizations is the provision of diversity training to organizational members (Agocs and Burr, 1996), especially those working at the frontline. In both these interventions, a generic ethnicity based approach is apparent (Ahmad and Craig, 2003). Below we consider these two interventions in more detail, in relation to organizational performance in delivering quality services to diverse service users.

Workforce ethnic diversity

In an attempt to achieve ethnic diversity in the workforce, organizations recruit people of similar social identity (to service users) based on a similarity attraction logic (Leonard et al., 2004); if a staff member has a similar social identity to that of the customer then it helps in promoting better customer relationships, enables the organization to deliver a good quality service, and hence increase its customer base and profit (Lichtenthal and Tellefsen, 2001) . Recent evidence also suggests that a diversity aware, multiculturalist ideology, which recognizes and celebrates social group differences, is likely to generate more positive outcomes than a diversity-blind ideology for racial-ethnic minorities, such as better performance outcomes, increased psychological engagement, inclusion, and job satisfaction, enhanced leadership self-perceptions and reduced perceptions of bias and turnover intentions among ethnic minorities (Gundemir *et al.,* 2019).

However, the similarity attraction logic, when used to respond to a diverse customer base, has mixed results in developing better customer relationships, better service quality and increased sales (Scroggins et al., 2010). One strand of researchers favour an ethnic-matching approach, especially in the healthcare context. Their arguments, ostensibly, rest on notions that the service providers of the same ethnicity as the client are more likely to understand the culturally-specific values, norms and attitudes and, therefore, the intervention may be more effective (Field and

Caetano, 2010; Block, 1992). Ethnic concordance between patient and provider may prove to be an effective intervention for reasons such as shared cultural scripts, ethnic-specific perceptions pertaining a particular illness, especially illnesses associated with social stigma and ethnic-specific preferred channels of communication (Field and Caetano, 2010) However, there is no simple link between social similarity in a service provider and service user that results in better quality services. There are other mediating factors in the social transaction of service delivery, including the technical and social skills of the service provider (Benbow and Julian 1982; Binder et al., 2012; MacDonald 2018). Furthermore, there are challenges associated with operationalising ethnic-matching across all the frontline teams of a complex and highly professional organization (such as health services) in an era of super-diversity in the populations these organizations serve (Maxwell et al., 2001). From the supply side, the organization may not find qualified people from a particular ethnic group, and also people from that ethnic group may not want to join the organization (Foster and Harris, 2005). It is also observed that professions such as nursing are not regarded in high esteem by some groups, such as South Asians in the UK (Darr et al., 2008). All these issues limit the organization's capacity to create a diverse workforce. Not all racial-ethnic minority individuals decide to join an organization solely on the basis of race, ethnicity or culture (Shin et al., 2005). A further question is whether diversity in staff precisely reflects the local population. For example, an organization might end up having more African staff when the preponderance of service users is from an Indian or Pakistani background. Hiring to enhance diversity is difficult because organizations frequently struggle to find talented people from a specific ethnic group to perform specific roles (Davidson, 2011) .

The organization aspiring to have ethnic diversity in its workforce needs targeted recruitment practices centred around ethnicity. Ethnic diversity in the workforce cannot come by chance or compulsion. A targeted ethnic recruitment strategy requires resources and meticulous planning, which may be difficult for many organizations who struggle to meet day to day operational costs (Metcalf and Forth, 2000, Dickens, 2000). Recent evidence also points towards the variation in the perception regarding diversity management within same organization (Bacouel-Jentjens & Yang, 2019). Therefore, workforce diversity might be helpful in manufacturing, or in certain services contexts, but it does not seem helpful in the context of socially stigmatised services such as drugs, prostitution and mental health. In such instances, ethnic matching, instead of helping the service users as assumed, may actually deter the service users from accessing the services or openly sharing information about their needs. This suggests that the social context and nature of the service also influence a service transaction. A service user may have trust and privacy

concerns in disclosing personal and private information needed to receive a service (Moses and Oloto, 2010, Bansal et al., 2016). For instance, mental illnesses are relatively more stigmatised in ethnic minority population groups in the UK (Knifton, 2012), so service users from this community may not feel they can trust the confidentiality of professionals from their own ethnic background. This can result in underutilisation of services, which is counter-productive for organizational performance.

There are further issues relating to recruitment practices of an organization. Managers who are involved in hiring may vary in interpreting the concept of workforce diversity (Foster and Harris, 2005). Managers may have stereotyped perceptions about race, age, disabilities and other differences (Kalev et al., 2006). Some of these biases are unconscious and implicit psychological biases that influence decisions about whether to hire an applicant for a position (Kanter, 1993). It is not only hiring for diversity which is challenging; retaining a diverse workforce is also a challenge for the organizations. Individuals working in a diverse organization may not have positive views on increased workforce diversity (Ernst Kossek et al., 2003). Staff participants from a minority ethnic background in an organization may experience racism on institutional, interpersonal and internalised levels, leading to marginalisation and being overworked yet undervalued for their cultural skills (Huria et al., 2014). For example, it is noted that increasing racial or female diversity in workgroups can lower the organizational attachment of the white and male team members (Tsui et al., 1992), and consequently they may leave the organization. These dynamics can make it difficult to retain a diverse workforce in organizations.

Cultural diversity training

The second human resource management intervention responding to super diversity is training and development, especially cultural diversity training. Diversity training is “a distinct set of programs aimed at facilitating positive inter-group interactions, reducing prejudice and discrimination and enhancing the skills, knowledge and motivation of people to interact with diverse others” (Bezrukova et al., 2012:208). Therefore, the main aim of cultural diversity training is to increase the cultural knowledge of the workforce to enable them to better serve their culturally diverse customers (Alhejji et al., 2015; Dass and Parker, 1999). However, empirical evidence on the outcomes of diversity training on organizational performance is limited (Anand and Winters, 2008, Curtis and Dreachslin, 2008). A study in financial services found limited evidence on the effectiveness of diversity training at individual and organizational level performance (Ely, 2004).

Similarly, evidence for the effectiveness of diversity training on intended behaviour or practice change of the attendees is weak (Rudman et al., 2001, Ferguson et al., 2003).

Diversity training often has a narrow focus and emphasises 'what not to do' to promote legal compliance (Foster and Harris, 2005:15; Kalinoski et al.2013). Furthermore, the usefulness of diversity training is usually studied using self-reported satisfaction, awareness change and intention to bring about behavioural change, rather than measuring actual behaviour change among the attendees. Consequently, the assertion that diversity training 'actually changes behaviour in a significant way is lacking' (Curtis and Dreachslin, 2008:121). On the basis of a comprehensive review of the research on the outcomes of diversity training, Alhejji *et. al*. (2015) concluded that the research base in this area is fragmented, theoretically and methodologically flawed. This recent and solid evidence suggests that current approaches to diversity and cultural training are not helping organizations to build their cultural capabilities and perform better. There are many reasons which contribute to making diversity training ineffective in changing individual and organizational performance. The concept of culture used in such training is fixed and generalized, and this training is said to generate a superficial understanding of a specific culture and inculcate cultural and ethnic stereotyping. This superficial understanding of culture and ethnic stereotyping on the part of staff can even result in negative consequences for organizations (Pendry et al., 2007). Importantly, learning about the whole culture of an ethnic group with all its complexity and nuances seems very challenging, if not impossible. Training design such as whether the training is optional or mandatory, which staff attend the training, whether training is delivered online or face to face and who delivers it all play an important role in determining the effectiveness of diversity training (Bendick Jr et al., 2001). There is a weak link between diversity training with passive forms of instructions such as lecturing and online delivery and positive outcomes for individuals and organizations in relation to behaviour change for achieving diversity goals (Kalinoski et al., 2013). It appears that a generic approach to ethnicity is commonly adopted by the organizations to address service needs of ethnicaly diverse users. Phillimore (2013), on responding to superdiversity in housing service provision in the UK, has argued for 'understanding the ways in which diverse residents conceptualise home and home making, offers potential for policymakers to understand how residents' needs can be met' (Phillimore (2013: 682).

Gap in the literature:

There is a dearth of literature which focuses on the perspective of organizations (and people working in these organization) on how they respond to the policy expectation with regard to

providing quality service delivery to ethnically and culturally diverse service users – in particular, what interventions they have adopted and importantly what views they have regarding the usefulness of such intervention in their daily practice and in meeting policy objectives. This study endeavours to address this gap. Using a qualitative case study approach, this study presents findings related to two main interventions a large National Health Service (NHS) organization has undertaken to make the staff responsive to the needs of culturally diverse service users, having complex identity patterns, within their own broader racial and ethnic backgrounds - namely workforce diversity (ethnic-matching) and diversity training. In doing so, it becomes particularly important for researchers to move beyond the traditional interpretations of diversity to fully assess the nuances of cultural identity and its consequences (Roberson, 2019; Thomas *et al* 2011). Multidimensional conceptualizations of diversity may also be useful for capturing the complexity of cultural identity. Identity is considered to represent the compilation of attributions and experiences embedded in such settings. Hence, aggregating people into social categories for the purposes of research limits the sensitivity of measurement by overlooking intraindividual identity constructions (Roberson, 2019).

Methodology

This study aimed to explore views of the individuals working at different levels of the case organization on two main interventions the case organization has implemented to achieve legislative and policy objectives on equality and diversity. These interventions include workforce diversity (ethnic-matching) and cultural diversity training′. The study used the NHS as an example of a large public sector organization. The UK NHS is the third largest public sector organization in the world. Millions of service users, from an ethnically diverse background, are served every day and being a public sector entity, the NHS is operating in a regulatory climate, which requires high standards of quality. The context for this study is the adult mental health service delivered by a mental healthcare NHS Trust in England. (We will use the pseudonym ‘TRUST’).

Given the exploratory and sensitive nature of the study it was decided to adopt an interview-based qualitative approach. Selection of the NHS staff to be interviewed was done through purposive sampling by ensuring that the respondents were selected on the basis of their relevance to the phenomenon under study. The key aim was to interview participants with particular role (e.g. Head HR, Equality & Diversity lead, Community Nurse) to gain their perspectives on the usefulness and practicability of ethnic-matching approach as well as the efficacy of diversity training offered by NHS. Therefore, key staff in the development and delivery of services to people from Black and

Minority Ethnicity (BME) groups were identified and selected for inclusion in the study (Creswell 2017). For example, the role of the CEO is to have an organizational vision on the development and delivery of services including meeting the needs of diverse users. Similarly, the role of the Head of Equality and Diversity is to develop an organizational strategy and recommend interventions to effectively deliver services to BME groups. We use the Office for National Statistics (2011) definition of BME; Indian, Pakistani, Bangladeshi, Chinese, Any other Asian background; African, Caribbean, Any other Black / African / Caribbean background; Arab).

Besides reaping the general benefits of a triangulation of respondents' approach, the study deliberately focused on the three levels (executive, middle manager, front-line) to understand both the strategy underpinning the interventions and their design, as well as understand effectiveness from the standpoint of front-line staff. Twenty semi-structured, face to face, interviews were conducted with respondents drawn from across the three hierarchical levels of the TRUST. Data collection from the TRUST started by interviewing the CEO, progressing to middle-level management, and then to the lower levels of the Organizational hierarchy. This included eight executives, termed as Strategic Leaders (SL), six Middle Managers (MM) and six Frontline Staff (FS) members. All the interviews were digitally recorded, with the consent of the participants, and were subsequently transcribed. Given data collection and analysis was done concurrently, it was found that data saturation was happening after the completion of first fifteen interviews. This became more evident after the completion of twenty interviews and it was thus decided to halt further interviewing. Data saturation was determined due the repetition of codes in the data which emerged recurrently by this stage. For example, data collected from frontline participants indicated that almost all participants kept alluding to the ineffectiveness of online equality and diversity training.

Written consent was obtained from the participants in advance and their anonymity and confidentiality was strictly maintained. Details about the study participants is provided below in Table 1.

Table 1: Participants' Profile

Organization level	Professional role

Strategic Leaders (SL)	Chief Executive Officer (SL-1) Operational Director (SL-2) Director, Nursing Quality & Patient Experience (SL-3) Head of Human Resources (SL-4) Head of Learning & Development (SL-5) Equality & Diversity Lead (SL-6)
Middle Management (MM)	General Manager, Adult Mental Health Services (MM-1) Clinical Director, Adult Mental Health Services (MM-2) Deputy Clinical Director, Adult Mental Health Services (MM-3) Modern Matron (MM-4) Manager of Substance Misuse Services (MM-5) Manager of Recovery College (MM-6)
Frontline Staff (FS)	Team Leader & Chair of Equality & Diversity, Adult Mental Health Services (FS-1) Occupational Therapist (FS-2) Assistant Occupational Therapist (FS-3) Consultant Psychiatrist (FS-4) Community Psychiatric Nurse (FS-5) Staff Nurse (FS-6) Lead Professional, Assistant Practitioner (FS-7) Instructor, Recovery College (FS-8)

Given this was an exploratory study, the interviews were largely steered by the responses of the participants. Data were analysed through thematic approach (Braun and Clark, 2006). An inductive approach was used in the analysis of data by identifying patterns and themes, which emerge organically from the data instead of imposing any existing framework, and finding evidence to confirm or reject it (Patton 2015).

Findings

The findings highlighted a number of challenges associated with workforce diversity (ethnic-matching) and diversity training approaches adopted by the case study organization. Findings revealed that the current interventions of workforce diversity (ethnic-matching) and diversity training may not be particularly successful in achieving a culture of equality and diversity and may not prove to be effective (in this case study) in providing a quality service delivery to the ethnic minority service users having complex identity patterns. Findings are presented thematically with

illustrative quotes. The abbreviations used for respondents are as Strategic Leader (SL), Middle Manger (MM), Frontline Staff (FS). Strategic Leaders particularly aimed to promote a culture of equality and diversity in all aspects of the organization, which means giving equal opportunities to people from BME backgrounds in the workforce, as well as meeting their specific needs in service provision. The detailed findings related to these two interventions are discussed below.

Managing workforce diversity in the organization

Ethnic diversity in the workforce was viewed by the interviewees at all levels of the TRUST as a key intervention that could help achieve organizational goals on diversity. The interviewees noted that workforce diversity could bring cultural and linguistic capability in the organization and help in meeting the needs of diverse service users. However, interviewees had different views with regard to the current level of diversity and recruitment for diversity. Strategic leaders reported that they were keen to diversify the workforce. These interviewees identified various steps the organization had taken to this end. This include a BME mentoring scheme, recruitment of community development workers from BME groups to work as a link between the TRUST and BME communities, and planned recruitment from these communities in the future. As a result, the CEO observed more diversity in the workforce.

> *'I think as a public sector organization we need to represent the community we serve… I noticed in induction sessions that there is more difference in the room. If you look at our staff we have more people claim themselves from BME communities, different communities in the workforce. I promoted various junior, middle managers into more senior management positions through a BME mentoring scheme which again has been nationally commended.' (SL-1)*

However, the views of frontline staff were different to that of the strategic leaders. For example, a participant from the front-line staff category expressed a lack of ethnic diversity in the team:

> *'None of the staff [is BME]. All the staff are white, middle class, one man as Occupational Therapist (OT) staff in my team. So, it is not ideal.' (FS-5)*

Since the accounts of practitioners and middle managers repeatedly referred to the recent loss of specialist BME posts, it was decided to interview the Head of Human Resources (HR) to know if there was any targeted plan to recruit people from BME groups. The response was not encouraging.

> *'I do not think that policy [Equality and diversity] actually make it clear that you know sometimes positive discrimination is needed. If you prove, when you are recruiting that you need someone from a certain ethnic background or male or female you can actually recruit just for that group of people. But you cannot do that. So I do not think the policy actually covers it' (FS1)*

When asked what was hindering targeted recruitment, the Head of HR hurriedly identified '*just time and capacity (SL-4)'.* This suggests a lack of focus and priority to achieve workforce diversity in the organization. It was felt that the community-related barriers are not just related to stigma and culturally specific expectations of services, but the organization also struggles to engage with local communities because of the internal dynamics of the community This respondent identified challenges in recruitment from the 'supply' side:

Barriers to operationalize workforce diversity

It appeared particularly challenging for the organization to operationalize this strategy and actually achieve ethnic- matching, which might cater better for all minority groups. This primarily emanates from a variety of complex social and tradition-based factors such as diverse career aspirations among the Pakistani community, whereby certain professions are considered more esteemed and worthwhile than others. Moreover, in the absence of any statutory support for positive recruitment, it becomes difficult for organizations to recruit people from a particular ethnic group.

> *'Certain cultures typically will not go into certain job types, or job roles and vice versa. And certain people from particular background will be more proactive about wanted to go into you know engineering, medicine as oppose to something else'. (SL-4)*

'sometime people just do not want to talk it at all because they do not want to. They worried about confidentiality… Sometimes they did not want to go to any Asian specific services because they do not want the rest of the community to know the business' (FS2).

'Because we do not have people from Asian backgrounds as nurses, occupational therapist and clinical psychologists. They are all doctors. There is high aspirations and expectations to be doctors. Whereas the other professions in the healthcare do not have that level of aspirations and prestige in that community' (SL2).

The managers noted that existing recruitment practices in the organization tested the competencies of the candidates, instead of any deliberate effort to recruit with an aim to diversify the team:

'We interview for the best person, the person who scores best against the questions, we ask and appoint that way. So, we do not say "oh, we have not got anyone of an African Caribbean background in our team, we need somebody", so we only, only advertise and attract people of African Caribbean origin to apply to this post, we do not do that.' (MM-4 with nursing role*)*

In the recruitment process, only limited questions were asked to assess the cultural capability of the candidates. For example, when a team leader was asked how the cultural capability of the candidate is judged, the participant responded that candidates are asked only one scenario question about any of the BME groups, bearing in mind that the person being judged for the post would be working with diverse communities and that candidate tend to come from the white majority:

'We tend to only ask one cultural question because obviously, we have a range of things we have got to assess so they tend to only be, sort of like, we might ask about a Pakistani gentleman but if we are doing that there will not be for an African Caribbean person, so there will be only one question.' (FS-1)

During the data collection, it was reported by two participants that there was not a single mental health nurse of Pakistani background working in the local adult mental health service. The reported ethnic diversity in the workforce seemed to be by chance. As reported by one of the practitioners, there is some ethnic diversity among the psychiatrists, but less among the nurses. According to this practitioner, psychiatry is not a popular profession among white British medical graduates, which compels the TRUST to recruit psychiatrists from abroad. This recruitment is concentrated in a few locations such as India, Pakistan and Africa.

However, having BME diversity in the team might not always be helpful. The issues of stigma within the community was raised:

> *'One of the things that really interests me: for a while we knew that we were not really offering the service that we wanted to offer to Asian communities in X area, and we employed a woman to work specifically supporting families around their community needs, and we actually found a bit of naivety and what was actually interesting was that it did not work, and it did not work because that woman came from within the community, and that community then became concerned about whether or not they would be known and talked about within their community, and so there was concern about their level of shame and things like that.' (MM-5)*

The participants identified that ethnic diversity in the workforce is helpful in bringing cultural understanding for the practitioners. However, the participants also indicated that ethnic-matching may not be helpful due to the high stigma attached to mental illnesses in minority groups such as British-Pakistani.

Ethnicity – Not a Fixed Entity

While the strategic leaders appear to be satisfied with the ethnic diversity of the workforce, and its positive influence on the service delivery, views from middle managers and frontline staff reflected a number of operational challenges associated with this approach to addressing the

service needs of diverse service users. This is reflected in a number of different responses presented below;

> *'I know one of the service users [of Pakistani ethnicity] he likes jacket potatoes and does not want to go to Pakistan centre [for lunch], because it is like in aeroplane [food served there is bland]. I got another guy who loves the Pakistan centre, so very different. Other guy who likes jacket potato does not like to have people around from Pakistan because he feels they are judging him' (FS7).*

> *'It [Pakistani ethnic category] is a great generalization, is not it, you know somebody who has come in to this country fairly very recently with somebody who is first, Second, third generation, that is very different as well .it is all very individual. I think you cannot make judgement based on race or ethnicity' (MM3).*

To encapsulate the above, the NHS has adopted ethnic-matching as an important strategic intervention to help achieve equality in the service provision. Arguably, this ethnic–matching strategy is potentially failing on two counts. On the one hand, it is challenging for the organization to operationalize this strategy and actually achieve ethnic- matching, which would cater for all minority groups. This is primarily because people from some ethnic groups may not willing to work in certain professions. For example, mental health nursing is particularly not a favoured profession among members of the Pakistani ethnic group. Secondly, our understanding of ethnicity is that it is a fluid concept and cannot be treated as fixed. People from same ethnic group have different attitude and behaviours. For instance, first generation Pakistani ethnic identity in the UK tends to be very different from the third generational members of the Pakistani community. Therefore, a generic and over-simplistic approach to ethnic matching is not necessarily helpful in providing a quality service delivery to the ethnic minority service users.

Diversity Training

The main training provided by the TRUST on the subject is Equality and Diversity training, which is mandatory for all staff. Any staff member could access this training online, and there is refresher training every three years. The strategic leaders considered this training an important way to

develop cultural sensitivity in the TRUST. Below quotations showcase the level of confidence these strategic leaders had on the effectiveness of online training provisions the case organization offered

> *'Obviously, we have whole host of well thought trainings opportunities for staff. All our staff will have online mandatory training around BME equality and diversity issue' (SL3).*
>
> *'They (staff) certainly should be culturally aware and sensitive to different cultural expectations and experiences and presentation. We do provide background training in that. Staff can do this training online. We do not necessarily expect the staff to learn languages, but we do make translator and other stuff available' (SL2)*
>
> *"If we found that a staff is not meeting these (equality and diversity) responsibilities , then action is taken and that is where X (HR Head) might have mentioned. The staff might not having meeting patient needs , they have to leave the organization or have gone through disciplinary action, but that is not the case , sometime it is a case of staff are uniformed. So with the amount of training and the work we do with the staff, it is difficult to see how that would happen. But sometime it is the case of training need to be provided. People are very clear about what this organization goals are in terms of race" (SL6)*

The Chief Executive speaks on behalf of strategic leaders in claiming that currently the organization has a good reputation and is culturally sensitive. However, despite the fact that the TRUST has mandatory training on equality and diversity, a number of participants from middle management and the practice level considered this training unhelpful in their practice with BME service users. The practitioners were of the view that the content of the training did not provide them with an in-depth understanding of different cultures.

> *'In terms of training … I think it would be touched on. I do not think it goes into sufficient depth to make people confident that they would understand and even if you took the major groups.' (MM-1)*
>
> *'I do not think it is because I actually cannot remember it (laugh). I know I did it last year. I was due to do it and I did it and I passed it but I cannot remember what was in it as now when I am talking to*

you So it cannot be that helpful unless It confirms things I already know May be that is the reason I cannot remember it' (FS2).

Thus, practitioners thought that the training provided was not helpful in practice and through their language of compulsion (e.g. 'have to do') they indicated that they did not choose to attend the training willingly. All the participants from the practice staff expressed dissatisfaction about the usefulness of the training. The participants considered training '*very tokenistic' (FS-5)* and *'very boring' (FS-7).*

'It is not a very kind of detailed training. It is not that it tells you in this ethnic minority these are the things you should do. It is more kind of legislative, corporative responsibility about what you need to be aware of and respect and that kinds of things and just informative really. It is not effective.' (FS-4)

The possibility of understanding various cultures was also viewed as challenging, because '*there are so many'. (MM-3, with a clinical role).* Similarly, another participant noted:

'I think it [learning about different cultures] is a hard thing. It is impossible to know all the different nuances, different issues, and dos and don'ts of each cultural background.' (FS-1)

[I have training but] my knowledge of different [cultural] groups is broadly the same in each group, it is a little understanding of everything but not a deep understanding (FS6).

It could be this lack of training that resulted in practitioners making assumptions about BME clients. These assumptions related to different aspects of the service users such as gender relations among a specific community, responses to illness and coping behaviours. The participants recognised that a lack of specific knowledge about ethnic background hindered their ability to meet individuals' needs.

'I think assumptions can lead us to interpret certain behaviours or responses as meaning that a person is ill when they are not and

getting that label. I think that happens quite a bit and just general misunderstanding, I think it can lead us to either mistrusting of people and sometimes to be frightened to relate to people to come alongside them to try and understand people. Because you are trying to fit in, they're saying the wrong things and … making an assumption of people's needs, or wanting to be treated in a certain way when that might not be the case.' (FS-1)

'[Due to current superficial training] we may be in the danger of making assumptions about, certain clients, issues, through ignorance of their individual culture (MM4) Learning about different culture is mind blowing. It's hard to know all cultures'

In summary, the methods used to bring cultural understanding in the workforce was through generic equality and diversity training and a few ethnic-specific sessions. However, this intervention did not help the staff at the frontline to provide good quality services.

Issues Surrounding E-Learning

The online diversity training tool, the e-learning package, was reviewed. The package apparently offers introductory-level training on equality and diversity, which is apparently meant to foster basic awareness on issues surrounding diversity. This package is rather brief with only 34 pages covering 6 strands of equality and diversity (age, disability, sexual orientation, gender, race, religion). It has slides format including content and pictorials. The training package introduces itself as:

'This training package provides an introduction to equality and diversity issues. It provides a basic level of awareness and explains why these issues are important in your role as an employee of the TRUST'.

The training package does not have content on culture. It has defined racial groups and noted the institutional duty (for the TRUST) to eliminate un-lawful racial discrimination. When asked about the effectiveness of the e-learning, one respondent expressed her views as following;

'The equality and diversity training, I think we can do that on e-learning now, which seems very tokenistic' (FS5)

On the basis of this evidence gathered from the e-learning training package, it can be argued that it offers only a very basic level of awareness to staff on issues surrounding ethnicity and diversity and, ostensibly, fails to address the more complex diversity challenges for NHS given the super-diverse nature of the British society.

Discussion

Our research question focuses on HR organizational interventions to respond to superdiversity in service users, and how useful and practical these interventions may be in meeting the needs of the diverse service users. It appears that the studied organization is pursuing an 'ethnic-specific' strategy to respond to ethnically diverse service users in its catchment area. As revealed by the findings, the 'ethnic-specific' strategy may not be helpful in achieving the vision and aspirations of the policy and organizational leaders. The concept of ethnicity appears to be understood as static. An 'ethnic-specific' approach does not take differences within specific group into account (Crul, 2016). Also, ethnic culture and practice changes over time, creating a further challenge for the organization to match the pace of change in the social characteristics of population (Crul, 2016). It is argued that a context-specific understanding of superdiversity is required, which takes into account the power relationship between social groups of service providers and service users (Meissner and Vertovec, 2015). Furthermore, 'the stratifying power of demographic characteristics in the workplace is related to the relative match between the cultural meanings people attribute to a given characteristic and the perceptions of desirable workers in a particular context' (Rivera and Tilcsik, 2016:1122).

On workforce diversity, the organization studied was experiencing challenges in operationalising ethnic-matching across all the frontline teams. These include the TRUST's inability to find qualified people from particular ethnic groups, and a lack of interest from individuals in some ethnic groups in working for the TRUST. The TRUST aspired to have ethnic diversity in its workforce, but there were no targeted recruitment practices around ethnicity. There is an emerging body of literature highlighting challenges in achieving workforce diversity. For example Davidson (2011) has noted that there are many challenges associated with the efforts to diversify the workforce, based on social identities such as race and ethnicity. The staff data points towards this, where the organization had a view that they are unable to find people from (e.g.) a Pakistani

background to work as mental health nurses. It was also observed that certain professions are not regarded in high esteem by certain groups (Darr et al., 2008). Recruiting for diversity is challenging because of the biases that hiring managers invariably hold. Research has identified gaps of managers in recruiting and hiring people who are different (Kanter, 1993). For example, this study found that managers are only asking one question on cultural understanding (Dobbin and Kalev, 2016). These dynamics can make it difficult for managers and leaders to hire enough diverse people.

The UK society struggles to co-exist especially on the backdrop of public opinion towards immigrants and the resultant threat to their cultural identity. Societal challenges for cross-cultural coexistence will appear in the workplace as well (Montesino, 2011). Staff participants from a BME background in the TRUST supposedly experienced racism on institutional, interpersonal and internalised levels, leading to marginalisation (Huria et al., 2014). This can make it difficult to retain a diverse workforce in the organizations. The benefits of workforce diversity stated in the literature 'cannot be achieved with isolated interventions…[rather] a complete organizational culture change is required, in order to promote appreciation of individual differences' (Martín-Alcázar et al., 2012:511). Furthermore, intergroup relationship factors such as prejudice, stereotyping and discrimination (as found in this research) can lead to the provision of a low quality service (Seeleman et al., 2015) or underutilization of services (as found in the case of stigmatised services). These findings highlight the importance of taking service and organizational context seriously when embarking on workforce diversity for organizational performance (Song, 2018).

On diversity training, this research supports Foster and Harris (2005), Pendry et al., (2007), Curtis and Dreachslin (2008) and Kalinoski et al., (2013) as it found that while generic equality and diversity training by the TRUST might be helpful in making the workforce aware of the existence of difference, and 'what is needed', it may not develop enough competencies among the practitioners about 'how to meet these needs' or how to be equal in service provision. Similar arguments can be made for the delivery of 'ethnic/cultural/religious specific' training sessions. Firstly, these sessions were limited in number. Secondly, and more importantly, they provided only superficial information about various ethnicities, cultures and religions. A superficial level of knowledge might help the staff in some instances, but could also result in stereotyping and making broad generalisations about the cultural identities of the target group. Therefore, such superficial training, instead of being helpful for the organization in achieving policy objectives on equality, actually makes staff perform with cultural stereotyping and bias. A similar argument is made by

Guttormsen (2018) who suggested that the construction of identity during intercultural encounters such as otherness or othering have the potential to develop cultural misunderstandings and conflicts. Guttormsen (2018) argued that, it is challenging to understand and address such misunderstanding and conflicts by offering simple training to the participants about the '"dos and don'ts" of any culture.

The issue of training is not only confined to the content, and the way equality and diversity training is conducted, but more importantly, the limited ability of individual staff of one culture to learn about other cultures, to the extent that it helps him or her to work comfortably with service users of diverse backgrounds. The idea that staff could learn about diverse cultures to the extent that they became at ease with every possible culture, in the era of superdiversity, is simply not realistic (Phillimore, 2016). While the experiences of the case study organization in this study cannot be said to paint a complete picture of organizational responses to diversity in service provision, this example does illustrate an interesting pattern. A vision to weave equality and diversity into the culture of the organization is potentially failing, which is revealed by the apparent ineptness of the strategy.

Policy Implications

A number of serious policy concerns are raised in this study. It seems that the generic approach of the TRUST is potentially inept in addressing the individual needs of service users, who are diverse in many ways. Having a 'one-size fits all' approach results in 'category fallacy' (Iliffe and Manthorpe, 2004), where for example the universality of the validity of specific ways of description of symptoms or responding to illnesses of a social category like ethnicity is taken for granted (Corin, 2017).

Ethnic Matching

One of the ways the TRUST is attempting to respond to the needs of the minority ethnicity is through recruiting and promoting people of similar background, with the aim to match the ethnicity of service users and practitioners. It is assumed that ethnic matching helps a practitioner and a service user to understand each other's perspective and needs. However, staff simply sharing a similar language or ethnic background may not automatically warrant trust or cultural similarities. Trust is developed through a sense of respect that staff demonstrate within a cultural context (Chow and Wyatt, 2004). Furthermore, demographic profiles of areas change, with changing social identities. Therefore, this approach may not be sustainable in the long run. A cultural

understanding can be provided by people who come from different backgrounds, but require curious approaches to learn these new understandings. This seems to be a more sustainable solution than ethnic-matching (Maramba and Nagayama Hall, 2002; Karlsson, 2005).

Diversity Training

Organizational approaches to cultural training for frontline staff appears to be based on the 'cultural awareness' model (Downing *et al*. 2011). The training based on the 'cultural awareness' model might help the staff to become 'aware' of certain things, but it may not seem effective in providing staff with the necessary 'skills/competencies' to perform their role confidently and to deliver a quality service to individual patients from different ethnic groups. In other words, this kind of training is unhelpful in developing cultural intelligence among staff – which is important for providing a system of interacting abilities in a cross – cultural backdrop (Thomas et al 2008). One of the ways of improving the cultural competence of the healthcare workforce is to incorporate cross-cultural curricula in education. The goal of these curricula is to prepare students to care for patients from diverse social and cultural backgrounds, and to recognise and appropriately address racial, cultural, and gender biases in health care delivery

Medical errors influence negatively on the service experience of the users. It is especially relevant in a mental health setting, where it can lead to misdiagnosis due to misinterpretation of the description of symptoms or misunderstanding of cultural practices as symptoms of mental illnesses. To address the above issue, practitioners should avoid generalising their own cultural practices as symptoms for mental illnesses for all service users. Rather, professionals should be curious, open and reflexive in making sense of different descriptions of symptoms and cultural practices. Hence, the claim that staff from similar backgrounds may be helpful in overcoming identity barriers needs to be treated with caution. It is, therefore, important to bring public policy in line with workplace reality by shifting the focus from category fallacy to person-centred and individualised care approach (Iliffe and Manthorpe, 2004).

Managerial Implications

In the era of super-diversity, service organizations need to have an approach which is not just focused on a single social characteristic or an aspect of social identity such as ethnicity. Rather, there should be more inclusive approach which signifies the need to take cultural, and social characteristics into account, to better respond to the needs of service users (Seeleman et al.,

2015). Therefore, superficial interventions, undertaken by organizations in a 'policy compliance' mode, may not be beneficial in meeting the needs of each and every service user. This research suggests the need for shifting the focus away from a fixed, generic 'ethnicity' based approaches to considering population diversity ' as a collective feature that influences social life and public service provision of the whole population, not just racialized or otherwise visible minorities or new immigrants ' (Bradby *et al*., 2017:6).

The generic approach of the organization is also evident in the way it provides compulsory 'equality and diversity' training to its staff. The strategic leaders view equality and diversity training as an important intervention to address cross - cultural issues. However, the generic training may not provide staff with the competencies required to respond to the diverse needs of the people of a specific ethnic group. A critical perspective identified pro-diversity unconscious bias training as unhelpful in changing behavior (Noon 2017). Therefore, service provider organizations, through their HR systems, should train and encourage their workforce to focus on the culture and needs of an individual, rather than treating a service user as a member of a generic ethnic group. This suggests managers to focus on recruiting and training staff with active negotiation and invention when it comes to promoting inter-cultural behaviour (Romani et al 2018).

As revealed in this study, ethnic matching is potentially a flawed approach in dealing with highly diverse clientele of the NHS trust primarily due to a complex patterns of multiple identities within each ethnic minority. One way the TRUST can address this issue is through adopting the Value Based Recruitment (VBR) practices. Recruiting staff for their equality values is a very important step towards providing equal and good quality services to all, including minority ethnic groups. Rather than recruiting people based on their ethnicity (for the sake of ethnic matching) staff should be recruited based on their individually held values such as cosmopolitan orientation and ethos rooted in empathy and genuine care. These healthcare service providers should not have preconceived notions about different service users based on their ethnic and cultural background. Instead, the staff should be more open and have a learning attitude in their interaction with the service users of different cultures. Furthermore, in addition to the current online equality and diversity training, the staff should be trained along these lines for having a flexible and non-generalized approach towards the service users.

It is, therefore, crucial for NHS to draw managers' attentions to the importance of recruiting people at every level, based on their values for providing best quality services to the people

of all social backgrounds. Furthermore, staff can be trained to become non-stereotypical, non-judgemental, and able to switch and flexibly work with service users of diverse cultures (Mahadevan, 2015). This will then foster the values, which are needed to be more accommodative to a diverse group of people, NHS clients. This is potentially one of the important intervention, which the NHS TRUST may adopt to achieve its vision of having a culture of equality and diversity in its service provision. These recommendations are in line with the locus of human values approach identified by research in addressing issues in a cross-cultural context (Jackson 2002, Jackson 2009).

Limitations and Future Research Directions

Given the sample was collected from a single public sector organization, the NHS, these findings cannot be generalized to the wider public sector of the United Kingdom. Future diversity-conscious researchers could attempt to collect data from a cross-section of public sector organizations in the UK to make a more robust case for training the workforce on the cultural and social aspects of their clients, so they develop a more holistic approach, which goes beyond the policy compliance mind-set.

Social identity is a very fluid concept and response to diversity needs to be studied in various contexts. This study used semi-structured and narrative interviews for the collection of data. While this approach provided useful insights on how service providers are addressing the issue of race and how service users view mental health services, other methods could elicit a more holistic account by triangulating the data sources, such as observation and documentation, which may be useful in providing insights during real-life interactions of service providers and users.

Conclusion

This study broadened our understanding of organizational interventions undertaken to respond the cross- cultural issues in public service delivery in a multicultural setting. It identifies potential flaws in the traditional cultural diversity training and workforce diversity (ethnic-matching) approach, often propagated in the literature and commonly practiced in the organizations, operating in multi-ethnic and multiracial societies. By taking account of the perspectives of the frontline teams of a complex and a large public sector organization in the UK, findings of this study questioned the usefulness and operationalizability of the typical ‘ethnic-matching’ approach in

responding to the diversity in the service users. Our study supports the context-dependent (Jackson 2011) and constructed nature of culture in intercultural encounters (Ybema and Byun 2009).

This is an era of super-diversity (Vertovec, 2007) which has changed the demographic and social landscape of the UK (Ram et al., 2013). Superdiversity implies complexity in the social characteristics of the population, thus challenging the old multicultural model of service provision, which views immigrants coming from, and settling in, limited geographical places (Phillimore et al., 2010). There are over two hundred ethnic groups, which the case study organization is ostensibly required to respond to on an equal basis. It seems impossible for an organization to diversify and train its workforce for all these ethnic groups in every functional team. Moreover, service users from ethnic backgrounds may, at some time, carry some sort of protected characteristic through age, gender, disability and so on, and many will carry more than one of these protected factors at any time. Individuals with more than one cultural identity such as Pakistanis in the UK are active and self-reflexive social agents, and they can have multiple cultural identities and value system (Magala, 2009). It is thus not possible to provide a generic approach that meets every possible need. Furthermore, the demographic profiles of areas change, with changing cultural identities. Organizations working in cross-cultural contexts or where they have service users from a variety of ethnic and cultural backgrounds need developing/implementing interventions based on fluid understanding of social identity concepts such as cultural identity.

Therefore, a generic approach to cultural and ethnic identity is not going to be a sustainable solution in a culturally super-diverse context such as the UK. Scholars in cross–cultural management have suggested specific individual characteristics (personality, skills, and cultural experiences) of an employee when delivering training to work in multicultural settings (Hong 2010, Pekerti et al 2015). The staff providing services to a different cultural group than their own, can (develop multicultural competence by having respecting, curious and reflexive approach and learn from their service users. The processes through which cultural identifications develop have potential to develop both conflict and accommodation in intercultural encounters between individuals and groups (Lauring, 2008). Accepting and respecting diversity of cultural practices are considered initial steps in responding to diversity effectively (Sambajee, 2016). Similarly, staff self- awareness and reflexiveness is considered an important competency in cross-cultural encounters (Kumari and Nirban 2018) .

This humanistic and individualised approach can allow employees to have greater access to unique needs of each individual service users and also learn how to meet them satisfactorily in growing multi-cultural settings (Brannen and Thomas, 2010). This seems to be a more sustainable solution than ethnic and cultural matching (Karlsson, 2005, Maramba and Nagayama Hall, 2002) and cultural diversity awareness training. Our contribution is, therefore, to show how an impoverished and one-dimensional conceptualisation and operationalisation of 'culture' within the context of an organisation is likely to limit the effectiveness of human resource management initiatives designed to address diversity, even when mandated by statute and policy.

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