

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	"To tell you the truth I'm tired" – A Qualitative Exploration of the Experiences of Ethnically Diverse NHS Staff During the COVID-19 Pandemic
AUTHORS	Chastney, Juliet; Gill, Harmandeep Kaur; Nyatanga, B; Patel, Riya; Harrison, Guy; Henshall, Catherine

VERSION 1 – REVIEW

REVIEWER	Williamson, Iain De Montfort University, Psychology
REVIEW RETURNED	10-Jan-2023

GENERAL COMMENTS	<p>I enjoyed reading this paper which has collected a good amount of data on a topical and very important area of concern, and which is generally well written. I believe the paper to be publishable subject to a number of enhancements which I have detailed below.</p> <p>I feel 3 areas need significant attention:</p> <ol style="list-style-type: none">1. The paper appears to be a companion piece to one on psycho-spiritual support needs of ethnically diverse NHS staff during the COVID-19 pandemic and the data presented here are associated within one or two much more general supplementary questions in the topic guide around experiences of working in the NHS as an 'ethnically diverse' member of . Given the volume of data collected and the very open-ended way of collecting these (important) data, I'm perfectly convinced of the value in a second paper but it would actually be better to disentangle this particular research question from the spirituality/support focus and as most of the topic guide is redundant - I think it would be simply better to present the relevant questions from the topic guide. As these questions were supplementary it would be useful to confirm/clarify that all 16 groups did discuss these?2. At the moment there is something of a disconnect between the themes and extracts provided and the focus in the title of the COVID-pandemic. Whilst data were collecting during the pandemic, only theme 3 contains explicit differences for ethnically diverse staff during the worst of the pandemic - the powerful claim that they had reduced access to PPE which is a clear marker of systemic discrimination - and sadly this is not supported by any extracts. Much of the material in the accounts' extracts predate the pandemic and I think the authors need to either select some extracts that demonstrate how the pandemic exacerbated existing inequalities or lose the COVID-19 focus of the research question. One possibility would be to have one theme that specifically looks
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	<p>at how COVID-19 heightened racism with some clear(er) examples from the data corpus.</p> <p>3. The discussion of racism is essentially atheoretical through the paper and I feel the authors need to try and theorize their findings in the analysis and discussion. This would elevate the analysis which currently feels rather descriptive. The authors might find minority stress, microaggressions or critical race theory potentially helpful here in explaining or interrogating their findings but an article of this nature merits/requires a more developed theoretical thread of some sort.</p> <p>I had a number of other, less fundamental observations that the authors may wish to consider.</p> <p>4. A brief summary of the themes would be helpful at the start of the analysis section would be helpful and I did wonder about the sequencing of the themes which currently feels a bit random. Might it be better to start with the more 'negative' material and move to the more positive material that highlights examples of better practice? If a COVID-context theme is developed, 2, 3 and 5 could be rationalised and reorganised.</p> <p>5. The statement on limitations seems a bit tokenistic and I'd encourage the authors to think more deeply about some of the concerns that staff may have had in a focus group alongside colleagues from the same Trust and how that may have influenced the data collected.</p> <p>6. One of the benefits of a focus group is being able to see how participants concur or challenge each other through interaction. All quotations in the paper are currently single participant statements and it would be beneficial ideally to see some extracts where participants interact.</p> <p>7. I don't disagree with the value of staff networks and speaking up processes and mechanism but there is a growing literature on the need for wider culture change to promote anti-racism and development of psychological safety in large diverse organisations.</p>
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REVIEWER	Woodhead, Charlotte King's College London Institute of Psychiatry Psychology & Neuroscience
REVIEW RETURNED	02-May-2023

GENERAL COMMENTS	<p>Thank you for the opportunity to review this qualitative article on what is an essential and pressing avenue of research and advocacy, ““To tell you the truth I’m tired” – A Qualitative Exploration of the Experiences of Ethnically Diverse NHS Staff During the COVID-19 Pandemic”. Overall, the article has potential but there are some limitations which limit its value, for example, lacking a clear research question and under-developed themes. I have made some suggestions which I hope will strengthen the work to enhance its contribution to the evidence-base.</p> <p>Title Should the title incorporate the word ‘psychospiritual’ experiences to reflect the focus of the topic?</p> <p>Abstract Findings – it would be helpful to present information about the themes that were developed, it currently reads more like a summary of key points</p>
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Conclusions – similarly, this reads as a continuation of the summary of the results and the final sentence making a suggestion for future research is a bit vague.

Introduction/background
Some clarity around and greater engagement with existing relevant research would provide a more rounded background for this work and also evidence the key contribution of this important paper. For example, the introduction states simultaneously that there is a paucity of qualitative work in this area while also referring to a growing body of qualitative research in this area. The authors also state it is one of the first to qualitatively examine experiences of ethnically diverse sample of NHS professionals, but has not cited recent and relevant research on this very topic anywhere in their article e.g., Ramamurthy et al., 2022; Woodhead et al., 2022; Woodhead et al., 2022b, Jesuthasan et al., 2021, nor relevant earlier work on this topic, e.g., Likupe et al., 2013; 2015, Batnitsky 2011 (full citations below)

Introduction p4 lines 48-60 suggests that “The 2020 WRES report highlighted that much racial discrimination experienced by ethnically diverse staff is through subtle processes and behaviours, that are often undetected by others [14]. This indicates that White ethnic observers may not notice the institutional racism and may be unaware of its extent; they may also lack understanding about the precise nature of discriminatory experiences at work and narratives of people’s lived experience.” While this may be somewhat true I wonder if this reads as undermining the role of institutional whiteness, institutional responsibility for eliminating racial and ethnic inequities within its workforce, as well as letting white staff ‘off the hook’ for not noticing racism. The authors may engage more fully with theory in this area, e.g. around racism denial, blindness, deflection, whiteness norms etc.

There is a limited rationale for this research in relation to the extant literature nor to set up the evidence gap that the work fills. Psychospiritual experiences are first mentioned on p5 first paragraph in relation to the aims without an explanation of what this refers to and why this is important, which they are, but more context is needed. Similarly, there is no clear research question(s) which the study aimed to address. Throughout, it is unclear whether the focus is on psychospiritual experiences, experiences of working in the NHS more generally, and/or of experiences during/since the pandemic specifically. This is reflected in the introductory text, the approach to analysis and in the interpretation and synthesis of themes.

Methods
Participants and recruitment – more information on how people were approached – was this opportunistic sampling? Were you aiming to reach any particular type of NHS professional/aim for variation across different roles/levels of seniority etc?

Results
There is a concern about anonymisation. In the participants table, some of the information risks re-identification, especially where there are small cell numbers and more specific groupings (e.g., “Dutch-Somali”). Similarly, in the labelling of quotes there is information which, when combined with the information in the narrative quotes, is at risk of re-identifying that participant.

The themes are very descriptive and thin, with little synthesis or interpretation – if the research question was clear it may help to contextualise the themes and to reframe them in relation to what they tell us about that question.

Discussion
Similarly to the introduction, greater engagement with existing evidence and also commentary on recent initiatives would be helpful, e.g. the NHSE/NHS Confed/NMC recent guidance around Combatting racial discrimination against minority ethnic nurses, midwives and nursing associates:
<https://www.england.nhs.uk/publication/combating-racial-discrimination-against-minority-ethnic-nurses-midwives-and-nursing-associates/>

Strengths and limitations
- As there was no patient and public involvement I would have expected to see some discussion of this in the strengths and limitations section?
- Also, the strengths and limitation section may wish to consider the implications of the research being commissioned by NHS England, might this have influenced what participants were or were not willing to share? Similarly, the use of focus groups rather than one-to-one interview may have influenced how open participants were

	<p>willing to be about their experiences, with limited time to build rapport and when talking about a sensitive topic.</p> <p>- Finally, there is limited consideration of the implications of the strengths and limitations identified in regards to the study findings.</p> <p>References</p> <p>- Ramamurthy et al., 2022 Nursing Narratives: Racism and the Pandemic (https://pandemicandbeyond.exeter.ac.uk/wp-content/uploads/2022/03/nn-report_final.pdf);</p> <p>- Woodhead, Charlotte, Nkasi Stoll, Hannah Harwood, TIDES Study Team, Obrey Alexis, Stephani L. Hatch, Monalisa Bora-White et al. "“They created a team of almost entirely the people who work and are like them”": A qualitative study of organisational culture and racialised inequalities among healthcare staff." <i>Sociology of Health & Illness</i> 44, no. 2 (2022): 267-289. https://onlinelibrary.wiley.com/doi/full/10.1111/1467-9566.13414</p> <p>• Woodhead, Charlotte, Juliana Onwumere, Rebecca Rhead, Monalisa Bora-White, Zoe Chui, Naomi Clifford, Luke Connor et al. "Race, ethnicity and COVID-19 vaccination: a qualitative study of UK healthcare staff." <i>Ethnicity & health</i> 27, no. 7 (2022): 1555-1574. https://www.tandfonline.com/doi/pdf/10.1080/13557858.2021.1936464?needAccess=true&role=button</p> <p>• Jesuthasan, J., Powell, R.A., Burmester, V. and Nicholls, D., 2021. 'We weren't checked in on, nobody spoke to us': an exploratory qualitative analysis of two focus groups on the concerns of ethnic minority NHS staff during COVID-19. <i>BMJ open</i>, 11(12), p.e053396.</p> <p>• Likupe, G. (2015). Experiences of African nurses and the perception of their managers in the NHS. <i>Journal of Nursing Management</i>, 23(2), 231– 241. https://doi.org/10.1111/jonm.12119</p> <p>• Likupe, G., & Archibong, U. (2013). Black African Nurses' experiences of equality, racism, and discrimination in the National Health Service. <i>Journal of Psychological Issues in Organizational Culture</i>, 3(S1), 227– 246. https://doi.org/10.1002/jpoc.21071</p> <p>• Batnitzky, A., & McDowell, L. (2011). Migration, nursing, institutional discrimination and emotional/affective labour: ethnicity and labour stratification in the UK National Health Service. <i>Social & Cultural Geography</i>, 12(2), 181– 201. https://doi.org/10.1080/14649365.2011.545142</p>
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VERSION 1 – AUTHOR RESPONSE

Response to Reviewers' Comments

Reviewer 1 Comments	Response
I enjoyed reading this paper which has collected a good amount of data on a topical and very important area of concern, and which is generally well written. I believe the paper to be publishable subject to a number of enhancements which I have detailed below.	Thank you for your helpful comments and for your suggested improvements to the manuscript. Further details of how these have been addressed are presented below.
<p>I feel 3 areas need significant attention:</p> <p>1. The paper appears to be a companion piece to one on psycho-spiritual support needs of ethnic diverse NHS staff during the COVID-19 pandemic and the data presented here are</p>	Thank you for highlighting the need for a clear separation between “psychospiritual” topics and “general experiences” topics. We have revised the paper to remove any references to psychospirituality or religion (apart from where it has been necessary to explain how the study was initially conceived.) We have just included

<p>associated within one or two much more general supplementary questions in the topic guide around experiences of working in the NHS as an 'ethnically diverse' member of . Given the volume of data collected and the very open-ended way of collecting these (important) data, I'm perfectly convinced of the value in a second paper but it would actually be better to disentangle this particular research question from the spirituality/support focus and as most of the topic guide is redundant - I think it would be simply better to present the relevant questions from the topic guide. As these questions were supplementary it would be useful to confirm/clarify that all 16 groups did discuss these?</p>	<p>the topic guide questions on "general experiences" and put these in a separate table [Page 6 lines 13-33] We can confirm that all focus group members were asked at least some of these questions, and have added a sentence about that.</p>
<p>2. At the moment there is something of a disconnect between the themes and extracts provided and the focus in the title of the COVID-pandemic. Whilst data were collecting during the pandemic, only theme 3 contains explicit differences for ethnically diverse staff during the worst of the pandemic - the powerful claim that they had reduced access to PPE which is a clear marker of systemic discrimination - and sadly this is not supported by any extracts. Much of the material in the accounts' extracts predate the pandemic and I think the authors need to either select some extracts that demonstrate how the pandemic exacerbated existing inequalities or lose the COVID-19 focus of the research question. One possibility would be to have one theme that specifically looks at how COVID-19 heightened racism with some clear(er) examples from the data corpus.</p>	<p>At your suggestion, we have added a theme specifically discussing issues relating to the COVID-19 pandemic [page 13-14] and removed the theme discussing religious/ethnic sensitivity [page 11] (in line with the above point.) We have also included specific extracts that referenced reduced access to PPE. [page 14 lines 17-21, 26-33]</p>
<p>3. The discussion of racism is essentially atheoretical through the paper and I feel the authors need to try and theorize their findings in the analysis and discussion. This would elevate the analysis which currently feels rather descriptive. The authors might find minority stress, microaggressions or critical race theory potentially helpful here in explaining or interrogating their findings but an article of this nature merits/requires a more developed theoretical thread of some sort.</p>	<p>We have added a discussion of Critical Race Theory and how it applies to our findings [page 21 line 9].</p>

<p>I had a number of other, less fundamental observations that the authors may wish to consider.</p> <p>4. A brief summary of the themes would be helpful at the start of the analysis section would be helpful and I did wonder about the sequencing of the themes which currently feels a bit random. Might it be better to start with the more 'negative' material and move to the more positive material that highlights examples of better practice? If a COVID-context theme is developed, 2, 3 and 5 could be rationalised and reorganised.</p>	<p>We have added a brief summary of the themes at the start of the “Findings” section. We have re-ordered the themes into a more logical narrative progression. Given the addition of a new theme, and the removal of one of the themes, we have also rationalised the remaining themes accordingly.</p>
<p>5. The statement on limitations seems a bit tokenistic and I'd encourage the authors to think more deeply about some of the concerns that staff may have had in a focus group alongside colleagues from the same Trust and how that may have influenced the data collected.</p>	<p>We considered this, and our feeling was that the participants spoke very openly and passionately in the main, about oftentimes painful topics. Occasionally there were participants who were more reluctant to share initially, and then spoke up once they had heard some of the others speak. A number of participants expressed relief at having a forum like these focus groups, to discuss some of their experiences and thoughts. We made a point at the beginning of each focus group, to introduce ourselves as facilitators, including our “cultural background” and asked others to do the same if they were comfortable, which we hope helped people to trust the process. We have added more detail around this in the paper [page 7 lines 1-5].</p>
<p>6. One of the benefits of a focus group is being able to see how participants concur or challenge each other through interaction. All quotations in the paper are currently single participant statements and it would be beneficial ideally to see some extracts where participants interact.</p>	<p>We discussed this and realised that interaction between participants was mostly very limited in our focus groups. On reflection we think this is probably a limitation of using Microsoft Teams where conversations tend to be slightly less fluid with participants talking in turn, minimising the natural interruptions and interactions that occur more frequently in face-to-face group discussions. We have now added a point about this in the “Limitations” section [page 3 lines 11-12 and page 25 lines 5-10].</p>
<p>7. I don't disagree with the value of staff networks and speaking up processes and mechanism but there is a growing literature on the need for wider culture change to promote anti-racism and development of psychological safety in large diverse organisations.</p>	<p>Thank you for this helpful comment. We have included more in the “Discussion” about the need for more organisational-level changes [page 23 lines 17-33].</p>
<p>Reviewer 2 Comments</p>	<p>Response</p>
<p>Thank you for the opportunity to review this qualitative article on what is an essential and pressing avenue of research and advocacy, ““To tell you the truth I'm tired” – A Qualitative</p>	<p>Thank you for your helpful comments and for your suggested improvements to the</p>

<p>Exploration of the Experiences of Ethnically Diverse NHS Staff During the COVID-19 Pandemic”. Overall, the article has potential but there are some limitations which limit its value, for example, lacking a clear research question and under-developed themes. I have made some suggestions which I hope will strengthen the work to enhance its contribution to the evidence-base.</p>	<p>manuscript. Further details of how these have been addressed are presented below.</p>
<p>Title</p> <p>Should the title incorporate the word 'psychospiritual' experiences to reflect the focus of the topic?</p>	<p>There is a companion paper already published that discusses the psychospiritual themes [ref: Gill HK, Chastney J, Patel R, et al. 'I never leave my house without praying': a qualitative exploration of the psychospiritual experiences of ethnically diverse healthcare staff during the COVID-19 pandemic. <i>BMJ Open</i> 2023;13:e070409. doi:10.1136/bmjopen-2022-070409.] We have removed nearly all mentions of “psychospiritual” in the current paper to try and avoid confusion, therefore the addition of this word in the title is now not deemed necessary.</p>
<p>Abstract</p> <p>Findings – it would be helpful to present information about the themes that were developed, it currently reads more like a summary of key points Conclusions – similarly, this reads as a continuation of the summary of the results and the final sentence making a suggestion for future research is a bit vague.</p>	<p>We have re-written and restructured the Results section in line with your comments, to show better how the themes link together.</p> <p>We have also re-written the Conclusions in an attempt to link more to the literature and clarify the need for future research.</p>
<p>Introduction/background</p> <p>Some clarity around and greater engagement with existing relevant research would provide a more rounded background for this work and also evidence the key contribution of this important paper. For example, the introduction states simultaneously that there is a paucity of qualitative work in this area while also referring to a growing body of qualitative research in this area. The authors also state it is one of the first to qualitatively examine experiences of ethnically diverse sample of NHS professionals, but has not cited recent and relevant research</p>	<p>Thank you. In the manuscript we are referring to a growing body of <i>quantitative</i> rather than qualitative research in this area. Hence this study's qualitative data enhances much of the quantitative data which has been available for some time and is still growing. At the time of assembling the study and writing this paper, there was very limited published qualitative research in this area. Thank you for providing such a comprehensive list of recent references, many of which have been published since we conducted this research; we have now incorporated most of them into the Discussion section. We have also now removed the claim</p>

<p>on this very topic anywhere in their article e.g., Ramamurthy et al., 2022; Woodhead et al., 2022; Woodhead et al., 2022b, Jesuthasan et al., 2021, nor relevant earlier work on this topic, e.g., Likupe et al., 2013; 2015, Batnitsky 2011 (full citations below)</p>	<p>that this study “is one of the first” qualitative studies.</p> <p>We have added the timescale when the focus groups took place (June – October 2021) to indicate the academic milieu available at the time and also to pinpoint the study’s occurrence during the time of the pandemic. [page 6 lines 10-11]</p>
<p>Introduction p4 lines 48-60 suggests that “The 2020 WRES report highlighted that much racial discrimination experienced by ethnically diverse staff is through subtle processes and behaviours, that are often undetected by others [14]. This indicates that White ethnic observers may not notice the institutional racism and may be unaware of its extent; they may also lack understanding about the precise nature of discriminatory experiences at work and narratives of people’s lived experience.” While this may be somewhat true I wonder if this reads as undermining the role of institutional whiteness, institutional responsibility for eliminating racial and ethnic inequities within its workforce, as well as letting white staff ‘off the hook’ for not noticing racism. The authors may engage more fully with theory in this area, e.g. around racism denial, blindness, deflection, whiteness norms etc.</p>	<p>We have attempted to address this concern [page 4 line 27 - page 5 line 3].</p>
<p>There is a limited rationale for this research in relation to the extant literature nor to set up the evidence gap that the work fills. Psychospiritual experiences are first mentioned on p5 first paragraph in relation to the aims without an explanation of what this refers to and why this is important, which they are, but more context is needed.</p>	<p>We have attempted to reference more of the extant literature and better set up the evidence gap that the work fills. We have also further clarified the research question [page 4 lines 22-26] [page 5 lines 4-15]</p> <p>We have removed nearly all of the psychospiritual mentions (which are discussed in the paper referenced above) to reduce confusion.</p>
<p>Similarly, there is no clear research question(s) which the study aimed to address. Throughout, it is unclear whether the focus is on psychospiritual experiences, experiences of working in the NHS more generally, and/or of experiences during/since the pandemic specifically. This is reflected in the introductory text, the approach to analysis and in the interpretation and synthesis of themes.</p>	<p>We have attempted to clarify this further – namely that this paper is not about any of the psychospiritual questions, but about general experiences of working in the NHS, particularly during the Covid pandemic.</p> <p>We have adjusted the introductory text, approach to analysis, and the themes accordingly.</p>
<p>Methods</p>	<p>We have attempted to clarify how participants were recruited – they were volunteers who</p>

<p>Participants and recruitment – more information on how people were approached – was this opportunistic sampling? Were you aiming to reach any particular type of NHS professional/aim for variation across different roles/levels of seniority etc?</p>	<p>initiated contact with the research team, rather than opportunistic sampling [page 6 lines 5-7].</p> <p>We were aiming for a diverse sample incorporating a range of professions, pay bands, ethnic and religious backgrounds, and levels of seniority. We have attempted to clarify this, and this is hopefully reflected in the Table of Demographics, and in a reported “Strength” of the diversity of the sample.</p>
<p>Results</p> <p>There is a concern about anonymisation. In the participants table, some of the information risks re-identification, especially where there are small cell numbers and more specific groupings (e.g., “Dutch-Somali”). Similarly, in the labelling of quotes there is information which, when combined with the information in the narrative quotes, is at risk of re-identifying that participant.</p> <p>The themes are very descriptive and thin, with little synthesis or interpretation – if the research question was clear it may help to contextualise the themes and to reframe them in relation to what they tell us about that question.</p>	<p>We acknowledge the concerns about anonymisation and have adjusted the demographics table, and removed two of the identifiers accompanying each quote to assist in this (we removed ‘religion’ and ‘gender’).</p> <p>We have attempted to improve the interpretation of the themes and how they link together. We have removed one theme: “Ethnic and religious insensitivity towards ethnically diverse NHS staff” and added a new one: “Intersectionality of ethnicity and experiences as a healthcare worker during the Covid-19 pandemic.” We have also changed the order to help the themes link together more rationally.</p>
<p>Discussion</p> <p>Similarly to the introduction, greater engagement with existing evidence and also commentary on recent initiatives would be helpful, e.g. the NHSE/NHS Confed/NMC recent guidance around Combatting racial discrimination against minority ethnic nurses, midwives and nursing associates:</p>	<p>We have included more of the existing literature and some commentary on recent initiatives.</p>
<p>Strengths and limitations</p> <ul style="list-style-type: none"> - As there was no patient and public involvement I would have expected to see some discussion of this in the strengths and limitations section? - Also, the strengths and limitation section may wish to consider the implications of the research being commissioned by NHS England, might this have influenced what participants were or were not willing to share? Similarly, the use of focus groups rather than one-to-one interview may have influenced how open participants were willing to be about their experiences, with limited time to build rapport and when talking about a sensitive topic. 	<p>We have added a note about PPI in the Strengths and Limitations section [page 25 lines 15-18].</p> <p>We discussed as a team how openly the participants may have felt they could talk about the often sensitive topics in the focus groups. We felt that conducting the groups remotely inhibited some natural flow of conversation, but that overall, most participants talked openly and passionately, and some were encouraged to speak after hearing some of the other group members. A number of participants expressed relief at having the opportunity to discuss such topics openly in this group format. We have</p>

<p>- Finally, there is limited consideration of the implications of the strengths and limitations identified in regards to the study findings.</p>	<p>added some sentences about this [page 7 lines 1-5].</p> <p>Some participants did express reservations about being funded by NHS England, but we assured them that all discussion would remain anonymous, and NHS England, although reviewing and approving the final draft of the paper, would not be permitted to compromise the ethical and scientific integrity of the study. (As it was, NHS England did not try and change anything except a few technical details.) We have added a note about this [page 25 lines 11-14].</p> <p>We have added relevant information about the implications of the strengths and limitations in regard to study findings to the Strengths and Limitations section [page 24 line 31 - page 24 line 4].</p>
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VERSION 2 – REVIEW

REVIEWER	Williamson, Iain De Montfort University, Psychology
REVIEW RETURNED	04-Aug-2023
GENERAL COMMENTS	Thanks for allowing me to re-review your paper. I'm happy with the changes you have made in response to the concerns raised by the other reviewer and myself. Through increasing the coherence of the paper and strengthening both theore I think the paper makes a very useful contribution.

VERSION 2 – AUTHOR RESPONSE