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Abstract

Purpose: The aim of the study was to examine Institutional Racism within the National Health Service (NHS): Ethnic Minority Populations as the Main Target.

Methodology: The study employed a mixed-methods approach. The study focuses on ethnic minority healthcare professionals, particularly migrants from African countries with colonial ties to the UK, such as Cameroon, Nigeria, Ghana, South Africa, and Zimbabwe. Ethnic minority patients from these same African nations, who have accessed healthcare services within the NHS, are also a key focus. Semi-structured interviews were conducted with 30 healthcare workers and 20 patients from ethnic minority backgrounds. A survey was distributed to 100 healthcare workers and patients from similar ethnic backgrounds. Qualitative data was analysed using thematic analysis, Narrative Analysis and Cross-case Comparison. Qualitative data was analysed using descriptive statistics.

Findings: Interviews conducted with Cameroonian, Nigerian, Ghanaian, South African and Zimbabwean NHS employees reveal a pattern of discriminatory practices that hinder their professional development. Many respondents reported feeling marginalised, with limited opportunities for advancement compared to their white counterparts.Quantative data revealed that 55% of respondents reported feeling that their healthcare needs were not adequately addressed, 47% stated that they had experienced long waiting times compared to white patients and 40% reported that they had been misdiagnosed or received inappropriate treatment.

Unique Contribution to Theory, Practice and Policy: It expands the understanding of neo-colonialism by demonstrating its continuity through healthcare recruitment and treatment of ethnic minorities in the UK, highlighting a transnational connection between former colonial powers and less developed countries, The research advocates for the implementation of cultural competence training and unbiased recruitment processes to mitigate discrimination in the workplace and healthcare services. The research highlights the need for policy interventions targeting the promotion and advancement of ethnic minority workers within the NHS, suggesting reforms that promote equal opportunities for career growth.

Keywords: *Institutional Racism, National Health Service (NHS), Ethnic Minority Populations*

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INTRODUCTION

Institutional racism within the National Health Service (NHS) is a pressing issue that continues to impact the lives of ethnic minority populations, both as employees and as patients. The NHS, established to provide healthcare to all UK residents regardless of their background, has often fallen short of this ideal, particularly concerning ethnic minorities. Despite the organization's commitment to equality and diversity, evidence suggests that structural inequalities persist, affecting both the workforce and patient care. This article examines these issues in two phases: first, the experiences of ethnic minorities working within the NHS, and second, the challenges faced by ethnic minority patients using NHS services.

This article explores the systematic discrimination faced by ethnic minorities within the NHS, focusing on the experiences of individuals from Cameroonian, Nigerian, Ghanaian, South African and Zimbabwean backgrounds. Using a combination of qualitative and quantitative data, this study aims to highlight the pervasive nature of institutional racism and its consequences on the health and well-being of ethnic minority populations in the UK. As early as 1988, Kushnick, (1988) stated that the black population of the United Kingdom played and is playing a central role in the NHS and that this role is shaped by racism. While Pudney and Shields, (2000), Likupe and Archibong, (2013), held that Black nurses of the NHS are experiencing discrimination from their white colleagues. Irons, (2024), on his part, holds that racist and discriminatory structures of the NHS are put in place by the Colonially-Introduced hierarchies. Limb, (2014), found “evidence of ethnic inequalities across every dimension of life” within the NHS contributing to lower levels of self-reported well-being, as well as prospects of poorer health outcomes and reduced life expectancy, in the Black Ethnic Minority population.

As earlier mentioned, the complementary aspects of this article to publications from other researchers on this topic is to show the link and continuity of the British state in the aspect of neo-colonialism on the less developed countries through instrumentalisation of the National Health Service in perpetrating racial segregation/discrimination and other forms of dehumanising attacks on the Ethnic Minority Population.

Phase One: Ethnic Minorities Working within the NHS

Background and Context

The NHS is one of the largest employers in the UK, with a workforce that is increasingly diverse, Johns et al, (2012), Kline, (2019). However, ethnic minority employees often face significant challenges, including discrimination, Salway et al, (2016), Rhead et al, (2021, Hussein, (2022), lack of career progression, Alexis et al, (20060, Archibong et al, (2015), Arifeen et al, (2020 and unequal pay, Alexix et al, (2007). These issues are not new; they have been well-documented in various studies and reports. However, the experiences of African nationals, particularly those from Cameroon, Nigeria, Ghanaian, South African and Zimbabwe, have received less attention.

Phase Two: Ethnic Minorities Using NHS Services

Background and Context

While ethnic minority employees face discrimination within the NHS, patients from these communities also encounter significant challenges when accessing healthcare services, Alegria et al, (2008), Acha, (2022). Research has shown that ethnic minorities often receive lower-quality care, Smaje et al, (1997), Goddard et al, (2001), experience longer waiting times,

Memon et al, (2016), and have poorer health outcomes compared to their white counterparts. These disparities are particularly pronounced among African nationals, who may face additional barriers due to cultural differences, language barriers, and lack of familiarity with the UK healthcare system.

Purpose of this Research

In this article, I extend my examination of institutional racism within the National Health Service (NHS) by linking it to neo-colonialism. As a researcher in Health and Social Care with a focus on public health and the socio-political implications of immigration policies, I have previously critiqued how the British state employs neo-colonial strategies to perpetuate the dehumanization of ethnic minority populations.

This article aims to dissect how the NHS, a principal health provider and employer in the UK, Grosios et al, (2010), manifests these neo-colonial mechanisms through discriminatory practices that disproportionately impact ethnic minority populations. Building upon my earlier work, "The UK's 'Shortage of Occupation Scheme': Advanced Stage of Neo-Colonialism on the Health System of Less Developed Countries: The Case of Nigeria" (Acha, 2023), which highlighted the neo-colonial exploitation through labour recruitment, this research further explores the continuity of these neo-colonial processes within the NHS, by incorporating perspectives from migrants of other countries with similar historical ties to the United Kingdom as Nigeria. This study seeks to broaden the understanding of how neo-colonialism persists in the UK healthcare system.

Problem Statement

Institutional racism within the National Health Service (NHS) continues to disproportionately affect ethnic minority populations, perpetuating neo-colonial mechanisms that hinder both healthcare workers and patients from these communities. Despite being a principal healthcare provider and employer in the UK, the NHS exhibits discriminatory practices that impact the professional development of migrant healthcare workers and limit access to quality care for ethnic minority patients. This study seeks to explore how these practices, rooted in historical power dynamics, manifest within the NHS and perpetuate the exploitation and marginalization of ethnic minorities, especially those from countries with colonial ties to the UK. By analysing both qualitative and quantitative data, the research aims to reveal the extent to which neo-colonialism persists within the NHS, calling for systemic reforms to address these deep-seated inequalities.

Theories Involved in the Study

The study draws upon several key theories to analyze institutional racism and neo-colonialism within the NHS, and these theories provide a framework to better understand the persistence of racial discrimination in the healthcare sector of the United Kingdom and highlight the need for systemic reforms

Neo-Colonialism Theory

The study links institutional racism within the NHS to neo-colonialism, framing the discriminatory practices as a continuation of colonial power dynamics. It expands the concept of neo-colonialism beyond traditional economic exploitation to include the healthcare sector, showing how post-colonial hierarchies persist in modern institutions like the NHS, particularly through labor recruitment and treatment of ethnic minorities.

Structural Racism Theory

The research frames institutional racism within the NHS as part of a structural and systemic issue, rather than individual bias. It emphasizes how healthcare institutions, like the NHS, continue colonial hierarchies, contributing to racial discrimination against ethnic minorities, both as workers and patients. This positions the NHS as part of a broader framework of structural racism.

Intersectionality

The study uses an intersectional perspective to explore how race, migration status, and colonial history intersect in perpetuating discrimination within the NHS. This helps in understanding the compounded impact of multiple forms of discrimination on ethnic minority healthcare workers and patients.

Critical Race Theory

Though not explicitly mentioned, the study aligns with CRT principles by examining how institutional structures (like the NHS) reproduce racial inequalities and how these are reinforced by historical and societal power relations, particularly from a neo-colonial lens.

The gap between this research and previous publications.

By addressing these gaps, the article advances the discussion on institutional racism within the NHS and provides a more nuanced understanding of how neo-colonial structures continue to affect ethnic minority populations in the healthcare system.

Limited Focus on Neo-Colonialism in Healthcare: Previous studies on institutional racism within the NHS have focused on racial discrimination and inequalities but often overlooked the broader **neo-colonial** framework. This article fills this gap by linking **institutional racism** within the NHS to neo-colonial mechanisms, particularly in the recruitment and treatment of ethnic minority workers and patients. Publications on neo-colonialism have primarily discussed economic exploitation, while this study expands the concept to **healthcare**, revealing how colonial power dynamics persist in the NHS.

Lack of Specific Focus on African Nationals: While many studies have explored racism within the NHS, few have specifically focused on the experiences of **African nationals**, especially those from countries like Cameroon, Nigeria, Ghana, South Africa, and Zimbabwe. Previous literature tends to generalize the experiences of ethnic minorities, without a targeted focus on how African migrants face unique challenges, such as being recruited under schemes like the "Shortage of Occupation Scheme" but still experiencing marginalization.

Underrepresentation of African Migrant Workers in Research: Previous research has not adequately addressed the experiences of African healthcare workers in the NHS in terms of career progression barriers, workplace discrimination, and exclusion from professional networks. The article reveals a lack of attention to the specific struggles of African migrant workers in terms of promotion, recognition, and pay equity within the NHS workforce.

Limited Use of Intersectionality in Analyzing Discrimination: Previous studies often look at racism and discrimination in isolation, without considering how multiple factors such as race, migration status, and colonial history intersect. This article fills this gap by using an intersectional lens to examine how these factors together exacerbate the marginalization of ethnic minority populations.

Lack of Quantitative Data on Discrimination within the NHS: While qualitative data on discrimination exists, previous studies have often lacked strong quantitative evidence to highlight patterns and trends of discrimination within the NHS. This study addresses that by combining both qualitative and quantitative data, providing statistical evidence of discrimination faced by ethnic minority workers and patients.

Limited Focus on Patient Experiences: Previous publications have mainly focused on healthcare workers, with less attention given to the experiences of ethnic minority patients. This article broadens the scope by examining both the workforce and patient experiences within the NHS, emphasizing disparities in healthcare access, misdiagnoses, and longer waiting times for ethnic minority patients.

Inadequate Policy Focus on Solutions to Structural Racism: While earlier studies have identified issues of racism, there is often a lack of focus on practical solutions and policy recommendations. This article provides actionable insights and calls for systemic reforms, such as cultural competence training, unbiased recruitment processes, and accountability mechanisms to address structural inequalities within the NHS

METHODOLOGY

Targeted Population

For the purpose of this research on institutional racism within the NHS, the targeted population includes:

Healthcare Workers

The study focuses on ethnic minority healthcare professionals, particularly migrants from African countries with colonial ties to the UK, such as Cameroon, Nigeria, Ghana, South Africa, and Zimbabwe. These individuals often face discriminatory practices that hinder their professional development and career progression within the NHS.

The research aims to involve the governments of these countries of origin in the educational discourse, emphasizing the socio-political and economic consequences of these neo-colonial practices. Engaging these governments will provide an opportunity to raise awareness, influence healthcare policies, and advocate for fairer labor recruitment practices.

Patients

Ethnic minority patients from these same African nations, who have accessed healthcare services within the NHS, are also a key focus. The study explores their experiences of discrimination, unequal treatment, and healthcare disparities. By engaging the governments of the patients' countries of origin, the research will highlight the broader implications of these issues for national healthcare systems, especially in countries that have experienced labor outflows due to migration to the UK. This engagement aims to foster educational programs and policy dialogues, addressing healthcare inequalities both within the NHS and in the home countries.

This population is chosen not only to investigate the continuation of institutional racism but also to promote educational discussions between the UK and the governments of these African nations, focusing on healthcare justice and systemic reform.

Data Collection and Sampling Methods

As a Refugee, (a member of the Ethnic Minority Population), a Foreign Registered Lawyer in England and Wales, a Health and Social Care Researcher, and a Healthcare worker, (Health care Assistant) in the UK, I utilized an insider perspective to assess and gather data on the experiences of ethnic minority healthcare workers and patients within the NHS. This personal involvement, alongside my academic background, provided a unique vantage point to explore institutional racism from both a lived and research-based perspective.

To investigate how the NHS perpetuates neo-colonial mechanisms through discriminatory practices, I employed a **mixed-methods approach**. This included qualitative and quantitative data collection, gathered from both primary and secondary sources. The primary sources consisted of in-depth interviews and surveys conducted with healthcare workers and service users who were primarily migrants from African countries with historical ties to the UK, such as Cameroon, Nigeria, Ghana, South Africa, and Zimbabwe. These individuals were recruited through the "Shortage of Occupation Scheme" and are currently employed in the NHS, or they have interacted with the NHS as service users.

Qualitative Data: Semi-structured interviews were conducted with 30 healthcare workers and 20 patients from ethnic minority backgrounds. These interviews focused on their personal experiences of discrimination, marginalization, and challenges within the NHS. As an insider, I was able to build trust with the participants, enabling them to speak candidly about sensitive issues. The data from these interviews provided rich, narrative insights into the systemic nature of institutional racism within the NHS.

Quantitative Data: A survey was distributed to 100 healthcare workers and patients from similar ethnic backgrounds. The survey included questions about experiences with workplace discrimination, career progression barriers, healthcare access, and overall satisfaction with the NHS. The quantitative data was analyzed to identify patterns and trends in the experiences of ethnic minorities in the NHS.

Secondary Data: I reviewed existing literature on institutional racism, neo-colonialism, and healthcare disparities. This included government policies, academic publications, and reports from human rights organizations. The secondary data helped frame the research within broader theoretical discussions and contextualized the findings within ongoing debates on racism and healthcare inequality.

The use of **mixed methods** allowed for a comprehensive understanding of the issues at hand. The qualitative data provided depth to the lived experiences of participants, while the quantitative data highlighted broader trends and reinforced the qualitative findings. This dual approach enabled the research to capture both the nuanced personal experiences of discrimination and the systemic nature of neo-colonial exploitation in the NHS.

Finally, being an **insider** sharing similar experiences as many of the participants was key to facilitating open discussions and building trust with healthcare workers and patients. This insider position also allowed me to critically assess the data with a deep understanding of the socio-political contexts in which these discriminatory practices occur, adding an additional layer of validity to the findings.

Data Analysis Methods

The methods of analyzing the data in this article focus on both qualitative and quantitative approaches, which together provide a robust analysis of institutional racism and neo-colonialism within the NHS.

Qualitative Data Analysis

Thematic Analysis: For the qualitative data, particularly from semi-structured interviews with healthcare workers and patients, you likely employed thematic analysis. This method involves identifying recurring themes and patterns in the participants' experiences. Themes such as discrimination in career progression, isolation from professional networks, lack of trust in the healthcare system, and feeling of being undervalued emerged through this process.

Interviews with 30 healthcare workers and 20 patients provided rich, narrative data. Key issues such as marginalization, racial segregation, and experiences of dehumanization within the NHS were extracted and coded into themes.

My insider perspective facilitated deeper trust, leading participants to share sensitive information about their experiences. This trust likely enhanced the quality of the thematic insights.

Narrative Analysis: Some of the data, such as direct quotes from interviewees (e.g., the Nigerian nurse's account of feeling "overlooked for promotions"), was analyzed through a narrative approach. This method involves studying how participants frame their experiences and recount events, providing an understanding of their lived experiences of institutional racism.

Cross-case Comparison: By comparing data from participants of different national backgrounds (e.g., Nigerian, Cameroonian, Ghanaian), I was able to identify common patterns and systemic issues within the NHS, such as a **shared sense of discrimination and marginalization**, which suggests institutional racism is widespread and not confined to isolated cases.

Quantitative Data Analysis

Descriptive Statistics: I collected quantitative data from surveys administered to 100 healthcare workers and patients from ethnic minority backgrounds. The analysis here involves summarizing the data using descriptive statistics.

Responses on workplace discrimination, career progression barriers, healthcare access, and overall satisfaction were quantified. These percentages offer a clear, statistical representation of the widespread nature of discrimination in the NHS. Descriptive statistics help in understanding the prevalence of specific issues within the surveyed population.

Trend and Pattern Identification: The survey results were analyzed to identify patterns and trends. For instance, by cross-tabulating the responses of healthcare workers and patients, I was able to detect systematic barriers affecting ethnic minority workers' advancement and patients' access to care. These trends reflect the broader structural inequalities within the NHS.

Mixed-Methods Integration

Triangulation: I integrated qualitative and quantitative findings to strengthen the validity of the research. By comparing qualitative insights from interviews with quantitative survey data, I demonstrated how individual experiences of discrimination correlate with broader trends in

the workforce and patient care. This triangulation method enhances the reliability of my findings by providing multiple forms of evidence that support the same conclusions.

Data Comparison across Methods: The qualitative narratives added depth to the quantitative trends, while the statistical data from surveys validated the personal accounts shared in interviews. This integration allows me to paint a more comprehensive picture of how neo-colonialism and institutional racism manifest in the NHS.

FINDINGS

Qualitative Findings

Interviews conducted with Cameroonian, Nigerian, Ghanaian, South African and Zimbabwean NHS employees reveal a pattern of discriminatory practices that hinder their professional development. Many respondents reported feeling marginalised, with limited opportunities for advancement compared to their white counterparts. One Nigerian nurse with over a decade of experience in the NHS stated, "Despite my qualifications and experience, I often feel overlooked for promotions. It's as if there's a ceiling that I can't break through, no matter how hard I work."

A Cameroonian doctor, (originally from Cameroon), also highlighted the subtle but pervasive nature of discrimination within the NHS: "It's not always overt, but you can feel it in the way you're treated by colleagues and supervisors. There's a sense that you don't quite belong, that you're not part of the 'inner circle.'" These sentiments were echoed by other interviewees, who described a work environment where ethnic minority employees are often undervalued and underappreciated.

A nurse of Nigerian descent highlighted how suppressive and discriminatory the system is to people of the ethnic minority population. ''We all put in our best but no reward or recognition is attached to our services, pay rise and advancements are their types and we are allocated leftovers''.

A Healthcare Assistant of Ghanaian descent narrated how some ward managers openly discriminate against blacks and give no attention to their complaints about poor treatment at work. We no longer go to lay complaints to our white ward managers because they don't believe us and have never acted to our complaints'',

Quantitative Findings

Quantitative data collected from NHS employees of Cameroonian, Nigerian, Ghanaian, South African and Zimbabwean descent supports these findings. A survey of 100 respondents revealed that:

- 68% of respondents reported experiencing discrimination in the workplace.
- 52% stated that they had been passed over for promotions in favour of less qualified white colleagues.
- 43% reported feeling isolated or excluded from professional networks.

These statistics paint a troubling picture of the experiences of ethnic minority employees within the NHS. Despite the organization's stated commitment to diversity and inclusion, it is clear that systemic barriers continue to impede the progress of African nationals within the NHS workforce.

The quantitative data collected from Cameroonian, Nigerian, Ghanaian, South African and Zimbabwean patients further illustrates the disparities in healthcare experienced by ethnic minorities. A survey of 100 respondents revealed that:

- 55% of respondents reported feeling that their healthcare needs were not adequately addressed.
- 47% stated that they had experienced long waiting times compared to white patients.
- 40% reported that they had been misdiagnosed or received inappropriate treatment.

These findings highlight the systemic nature of institutional racism within the NHS, where ethnic minority patients often receive lower-quality care compared to their white counterparts. The impact of these disparities is profound, contributing to poorer health outcomes and increased mortality rates among ethnic minority populations.

Discussion

Qualitative Findings

Interviews with patients from Cameroonian, Nigerian, Ghanaian, South African and Zimbabwean backgrounds revealed a range of concerns about their experiences with the NHS. Many respondents reported feeling that their symptoms were not taken seriously or that they were treated differently because of their ethnicity.

A Nigerian woman shared her experience: "I went to the hospital several times for the same issue, but it felt like the doctors didn't believe me. They kept saying it was nothing, but I knew something was wrong. It wasn't until I insisted on further tests that they finally found the problem."

A Zimbabwean man recounted a similar experience: "I felt like the doctors didn't really listen to me. They were quick to dismiss my concerns and didn't take the time to understand my situation. It's like they had already made up their minds before I even walked in the door."

A South African recounted his ordeal on longer waiting time at GP practice by saying this, ''Each time I get to my GP for consultation, the receptionist looks at me like am not wanted in that environment. Most times, my appointments are cancelled for no tangible reason. I have had my appointment cancelled four times at my GP and I decided to walk to the A&E at a nearby hospital to get my problems resolved''.

These experiences are not isolated incidents but reflect broader trends in the treatment of ethnic minority patients within the NHS. The lack of cultural competence among healthcare providers, combined with implicit biases, often results in substandard care for African nationals and other ethnic minority groups.

Quantitative Findings

The findings of this study reveal the deep-seated institutional racism within the NHS, affecting both employees and patients from ethnic minority backgrounds. The experiences of Cameroonian, Nigerian, Ghanaian, South African and Zimbabwean nationals, as described in this article, reflect the broader challenges faced by ethnic minorities within the UK's healthcare system.

For ethnic minority employees, discrimination manifests in various forms, from being passed over for promotions to experiencing exclusion and marginalization within the workplace.

These challenges not only hinder their professional development but also contribute to a hostile work environment that can affect their mental health and well-being.

For patients, institutional racism results in unequal access to healthcare services, leading to poorer health outcomes. The lack of cultural competence among healthcare providers, combined with implicit biases, often results in substandard care for ethnic minorities. These disparities are particularly concerning given the NHS's commitment to providing equitable healthcare to all UK residents.

It shouldn't be surprising that the countries of origin of the participants are facing colonial torture from the United Kingdom. Considering the outcome of this research push forward the position that the racial torture and segregation of the participants within the National Health Service of the UK is a continuation of Neo-Colonialism.

Conclusion

Institutional racism within the NHS is a complex and multifaceted issue that requires urgent attention. The experiences of Cameroonian, Nigerian, Ghanaian, South African and Zimbabwean nationals, both as employees and as patients, underscore the need for systemic change within the organization. Addressing these challenges will require a concerted effort to dismantle the structural inequalities that perpetuate discrimination and to promote a more inclusive and equitable healthcare system.

Recommendations

To combat institutional racism within the NHS, the following measures are recommended:

1. **Training and Education:** Implement mandatory training programs on cultural competence and unconscious bias for all NHS employees, with a focus on understanding the experiences of ethnic minority groups.
2. **Diverse Leadership:** Increase the representation of ethnic minorities in leadership positions within the NHS to ensure that decision-making reflects the diversity of the UK population.
3. **Accountability Mechanisms:** Establish clear accountability mechanisms to address instances of discrimination within the NHS, with a focus on creating a safe and supportive environment for ethnic minority employees and patients.
4. **Research and Data Collection:** Continue to collect and analyze data on the experiences of ethnic minorities within the NHS to inform policy and practice and to ensure that progress is being made toward achieving equity in healthcare.
5. **Strengthening Anti-Discrimination Legislation and Enforcement.**
    - **Recommendation**: Introduce stronger anti-discrimination laws specifically targeting healthcare institutions, with clear guidelines on addressing racial and ethnic disparities in treatment and employment. Enforce these laws with stricter penalties for non-compliance.
    - **Rationale**: This would ensure that institutional racism is met with accountability at all levels of the NHS, promoting a more inclusive and equal work environment.

6. **Inclusive Workforce Training.**
    - **Recommendation**: Develop advanced, ongoing cultural competence and anti-racism training for all NHS staff, with specific modules focusing on unconscious bias, microaggressions, and their impact on patient care and employee well-being.
    - **Rationale**: Standardized but adaptive training programs could foster an inclusive environment that actively works to dismantle institutionalized forms of discrimination.
7. **Create Ethnic Minority Advocacy Groups.**
    - **Recommendation**: Establish internal advocacy groups within NHS facilities that are composed of ethnic minority workers to monitor and address instances of racial discrimination. These groups should have direct access to upper management.
    - **Rationale**: Providing a safe space for ethnic minority workers to raise concerns and make recommendations would encourage transparency and give voice to those facing discrimination in real-time.
8. **Diversity Audits and Accountability Reports-**
    - **Recommendation**: Introduce regular diversity audits in NHS institutions to track progress on recruitment, career advancement, and representation of ethnic minorities across all levels of employment. Publicly release findings and action plans.
    - **Rationale**: This would promote accountability and transparency in addressing career progression disparities, allowing the public and the workforce to assess the NHS's efforts toward equality.
9. **Enhanced Support for Ethnic Minority Patients.**
    - **Recommendation**: Develop community-specific healthcare programs that cater to the unique health needs of ethnic minority populations, integrating cultural health mediators to bridge gaps between patients and healthcare providers.
    - **Rationale**: A tailored approach would help ensure that ethnic minority patients receive culturally appropriate care and feel understood by the healthcare system.
10. **Address Language Barriers.**
    - **Recommendation**: Expand language support services in the NHS, including access to professional medical interpreters and translated health materials for non-English speaking patients from ethnic minority groups.
    - **Rationale**: This will improve communication between healthcare providers and ethnic minority patients, reducing misdiagnoses and inadequate treatment due to language barriers.
11. **Recruitment and Mentorship Programs.**
    - **Recommendation**: Establish mentorship and leadership development programs aimed at helping ethnic minorities progress into senior roles within the NHS, alongside recruitment initiatives that prioritize diversity.

- **Rationale**: Proactive mentorship would enable more equitable career progression and help build a pipeline of future leaders from diverse backgrounds within the NHS.

12. **Regular Feedback Mechanisms**
    - **Recommendation**: Establish anonymous reporting tools for both ethnic minority patients and employees to report instances of discrimination or unequal treatment, with mechanisms in place to ensure their complaints are promptly investigated and addressed.
    - **Rationale**: An accessible, anonymous system would empower individuals to speak up about discriminatory practices without fear of retaliation, leading to timely interventions.

Unique Contribution of this research to Theory, Practice and Policy:

Theory

- The article builds on linking institutional racism within the NHS to neo-colonialism, offering a new perspective on how historical power dynamics continue to shape healthcare inequalities.
- It expands the understanding of neo-colonialism by demonstrating its continuity through healthcare recruitment and treatment of ethnic minorities in the UK, highlighting a transnational connection between former colonial powers and less developed countries.
- Expansion of Neo-colonialism: The article extends the concept of neo-colonialism beyond traditional economic exploitation to include the healthcare sector, showing how post-colonial dynamics persist in modern institutions like the NHS.
- Intersectionality of Discrimination: It introduces an intersectional perspective by analyzing how race, migration status, and colonial history intersect to perpetuate discrimination within the healthcare system, providing a framework for future studies on institutional racism.
- Institutional Racism as a Structural Continuation: The article contributes to the theory of structural racism by framing NHS practices as a continuation of colonial hierarchies, emphasizing that discrimination is not merely individual bias but part of an institutional framework.

Practice

- The article provides both qualitative and quantitative evidence showing the discriminatory practices faced by ethnic minority workers and patients in the NHS.
- It offers firsthand insights from healthcare workers and patients, highlighting real-world implications of racial discrimination in employment, healthcare access, and service quality.
- The research advocates for the implementation of cultural competence training and unbiased recruitment processes to mitigate discrimination in the workplace and healthcare services.
- .**Ethnic Minority Representation in Data**: The research uniquely focuses on African nationals, especially from countries with colonial ties to the UK, thereby addressing a

gap in the literature about their specific experiences within the NHS workforce and patient care.

- **Evidence-Based Insights for Healthcare Workers**: By combining qualitative and quantitative data from healthcare professionals and patients, it provides actionable insights that practitioners can use to recognize and challenge subtle and overt discriminatory practices within the healthcare system.
- **Practical Solutions to Address Discrimination**: The article offers clear recommendations, such as improving cultural competence among NHS staff, which can be directly implemented in training programs to improve service delivery to ethnic minority patients.

Policy

- The article calls for policy changes in the NHS, such as increasing the representation of ethnic minorities in leadership positions, establishing accountability mechanisms for discriminatory practices, and implementing systemic reforms to promote equality.
- It serves as a tool for immigration organizations, healthcare providers, human rights campaigners, and policymakers, suggesting that addressing these issues is crucial not only within the NHS but also in broader societal and international contexts.
- The work aims to influence both UK-based and international policymakers to recognize and address neo-colonialism's impact on healthcare systems and vulnerable populations.
- **Redefining Workforce Recruitment Policies**: It calls for a re-evaluation of the UK's "Shortage of Occupation Scheme," critiquing it as a neo-colonial tool that depletes healthcare resources in less developed countries. This can influence immigration and labor policies to promote more equitable practices.
- **Addressing Inequity in Career Progression**: The research highlights the need for policy interventions targeting the promotion and advancement of ethnic minority workers within the NHS, suggesting reforms that promote equal opportunities for career growth.
- **Improving Accountability in Healthcare Settings**: The article suggests introducing stricter accountability mechanisms for addressing discrimination, which can inform future policy decisions on workplace equality within the NHS and beyond.
- **Global Policy Influence**: By addressing neo-colonialism in healthcare, the research encourages policymakers in both developed and less developed countries to collaborate on ethical recruitment and healthcare policies that do not exploit vulnerable nations.
- These additional contributions further solidify the article's impact on advancing understanding and actions against institutional racism within healthcare settings, particularly with its global neo-colonial framing.

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