Influencing & Supporting Religious Identity in the NHS through Faith Competency

Report by
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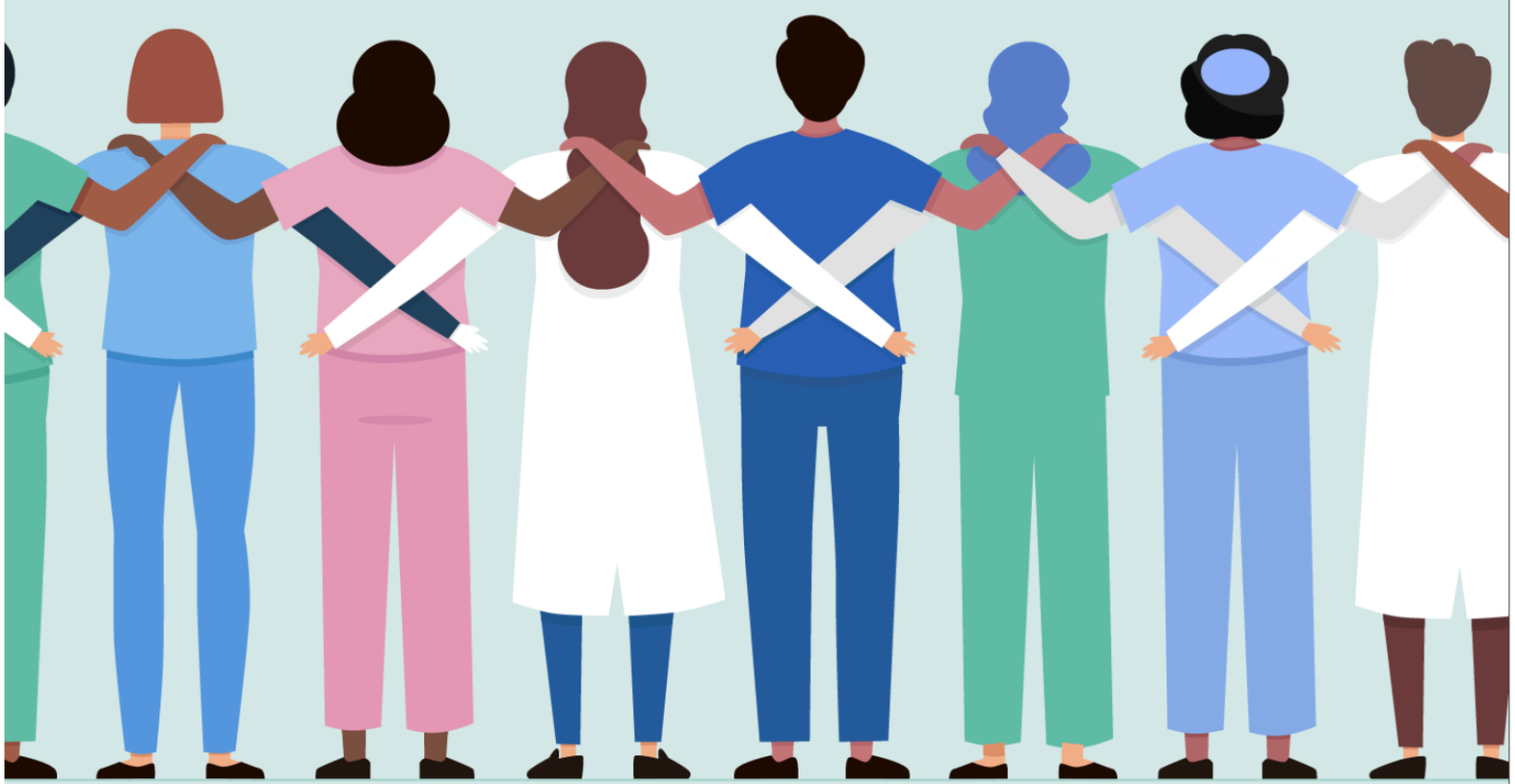
March 2022



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FOREWORD

Reverend Simon Moult

Chaplain & Co-ordinator of Faith Services
Coventry & Warwickshire Partnership Trust

As a chaplain with 20 years of NHS experience in acute, community and mental health settings, it has been a privilege to work alongside Dr YingFei Héliot over the past few years as she has explored and investigated the Equality Act's protected characteristic of religious identity in the NHS.

Her first paper ‘religious identity in the workplace' encouraged the NHS to challenge how it enables its staff to bring their whole selves to work, including their religious and spiritual beliefs. This theme was developed further as her research revealed that providing a safe place for staff to be themselves increased not only staff productivity, but wellbeing and reductions in sickness absence.

Her latest research paper ‘religious identity and working in the NHS’ stimulates creative conversations in which those of faith and those who do not hold a religious belief, can encounter one another in inclusive, non-prejudiced and productive ways. This has been found to remove tension amongst staff, which in the past has affected their ability to share what is important to them in the workplace.

At Coventry & Warwickshire Partnership Trust our collaboration with Dr Héliot has contributed to the development of ‘Let's Talk’ sessions, raising awareness of religious & cultural themes. Within these, staff have shared their beliefs openly in an environment which has encouraged dialogue between all, and conversations have both enlightened and raised awareness of both cultural and religious beliefs. Dr Héliot's faith competency conversational workshops have given staff confidence to share their stories, and feedback has been extremely positive.

As part of our Wellbeing Week, staff were invited to a join a ‘spiritual meditation’ journey, which concluded in a sharing of themes that arose from the time spent together. We have also introduced twice weekly ‘protected time’ sessions, offering half an hour of mindfulness through our Trust YouTube channel which staff can access at any time, including spiritual themes.

Using findings derived from Dr Héliot's research papers, the Spiritual Care department has developed guidelines for staff on how they can share their beliefs at work, a guide to Spiritual, Cultural and Religious Assessment, and staff networks where conversations are shared openly regardless of religious affiliation, by all those who believe that ‘Spirituality Matters’.

We have been fortunate to have been supported by members of our Trust Board in the development of these new initiatives. The research workshops have brought together senior HR, our Chairman, clinical and non-clinical staff and have resulted in a networking dialogue from all areas of the Trust. This has enabled us to position ourselves well for introducing the recommendations from Dr Héliot's report.

The workshops, held across various NHS Trusts, have also stimulated further discussions, enabling an environment which promotes a ‘psychologically safe workplace’. Dr Héliot's latest report paves the way for the NHS to facilitate and enable her vision of inclusivity and tolerance, creating an NHS culture where staff can truly say; 'I bring my whole self to work'. I look forward to seeing all this research being put into practice and wholeheartedly commend this report to everyone in the NHS who strives to make it a truly inclusive place to work.

Dr Latifa Patel

Interim Chair of the Representative Body and
Chair of Equality, Diversity and Inclusion Advisory Group
British Medical Association (BMA)

Faith and belief are for me, as for many people, a source of strength and peace. For those of us who are healthcare workers, we are often confronted with pain and grief - with hardship - with new life and with death. That source of strength becomes all the more important in those moments when our personal resilience is tested and shaken in the face of tragedy or amplified and celebrated when we bear witness to joy.

It is the core of our profession to care for others when they need us. This has been especially true over the course of the coronavirus pandemic, which threw healthcare professionals into a new reality that we never expected. It forced many healthcare workers, under the pressures and restraints of an overwhelmed service, to make decisions that tested us, our faiths, and made many of us consider the burden of our professions.

That faith can be such a pillar of personal strength in these circumstances but can also be a source of discrimination for NHS workers is distressing, yet true. NHS staff from all religions report experiencing discrimination because of their faith or belief, despite the diversity of the NHS's workforce. A diversity which reflects that of our patients. Of societies.

Unfortunately, diversity is not in and of itself a guarantor of an understanding culture which celebrates difference and all the value it can bring. This is why it is essential that we do not simply accept but renew our commitment to challenging discrimination and prejudice in all its forms.

As Dr Héliot demonstrates in this report, at the core of the faith and belief competency framework are education, conversation, and care. Where there may be an absence of understanding, through respectful interaction and dialogue we can overcome difference and truly value diversity. Even the smallest courtesy can have a transformational impact – checking in with colleagues who are observing religious fasting or wishing one another well on days of spiritual significance may just promote a feeling of inclusiveness among colleagues. As recommended in this report, induction, workshops, and networking events are all valuable points which can enhance our awareness and organisational inclusivity.

As a chief officer of the British Medical Association and chair of our equality, diversity, and inclusion advisory group, I know that our organisation is focussed on improving the daily lives of our members. Equality, diversity, and inclusion are key to professional fulfilment and organisational performance. When staff feel respected, they thrive. We welcome the findings of this report and fully appreciate the collective need to promote awareness and inclusivity amongst NHS healthcare workers for their benefit and the greater benefit to their patients.

Our professional behaviour towards one another holds up a mirror to our diverse and multifaith population. A health service which values the differences between colleagues will increasingly value the personal dignity of its patients and the communities it serves. Ultimately, by becoming healthcare professionals, we committed ourselves to providing the very best care possible, for all who need us.

That we can accomplish this by increasingly treating one another with understanding and dignity is not a burden but a blessing.

EXECUTIVE SUMMARY

Purpose

A research project commissioned by the NHS on 'religious identity and working for the NHS' found *high levels of religious discrimination and a lack of faith competency among NHS employees* (Héliot, 2020). As a consequence of this, colleagues *reported conflict in decision making, in job performance and experienced poor wellbeing*. The report also showed the need for faith competency and highlighted its absence within NHS Trusts (Héliot, 2020). This may offer an important explanation as to why religious discrimination is a pressing issue within the NHS.

Evidence, such as that shown in the King's report (West, Dawson and Kaur, 2015) indicates that religious discrimination is highest among Muslims (8 per cent), followed by those of other religions (all religions not including Christians, Muslims and Hindus) (1.9 per cent), Hindus (1.3 per cent), Christians (0.4 per cent) and staff of no religion (0.2 per cent). More recently, in the 2020 NHS Staff Survey, 13% of staff reported experiencing discrimination at work. This rise suggests that inequality between NHS staff groups is persisting, and crucially, the NHS lacks the fundamental tools required to tackle discrimination (Limb, 2021). In addition, the recent review undertaken by NHS Employers of the Health Care Chaplaincy guidelines indicated the need for supporting faith literacy within the context of the NHS.

Héliot's (2020) findings point to the importance of building capacity for staff in the NHS in terms of faith and belief literacy to help practice their faith and carry out their job roles on a day-to-day basis. The problem of religious discrimination and lack of faith competency affects, at the individual level, the wellbeing of NHS staff. At the organisational level it affects the retention of staff which is both costly and detrimental to the NHS. At the patients' level, the decisions being made by doctors and nurses based on their faith affect the treatment patients receive, for example in life events such as End of Life care (Carminati and Gao Héliot, 2021).

The purpose of this project is to improve the wellbeing of NHS staff with a specific focus on one of the nine protected characteristics (Equality Act 2010). Religious identity is also an overlooked area in the NHS (Héliot, 2020).

Scope

This report is an analysis of a series of conversational workshops and questionnaires with five piloted NHS Trusts. These five NHS Trusts (27 hospitals) are King's College Hospital NHS Foundation Trust (3 hospitals), NELFT NHS Foundation Trust (10 hospitals), Coventry & Warwickshire Partnership Trust (7 larger inpatient units & many smaller LD units across the region), Sheffield Teaching Hospitals NHS Foundation Trust (5 hospitals), and Croydon University Hospital (2 hospitals, 14 community hubs, district teams for paediatric, health visiting and community nursing).

The NHS participants consist of diverse religious identities including Christian (Anglican, Roman Catholic), Muslim, Hindu, Sikh, Jewish, Agnostic, Humanist, Non-religious; and diverse occupational identities including HR professionals, Junior Doctors, Consultants, Pharmacists, Nurses, Administrators, Governors, Discharge officers, Staff Psychological Support Services Professionals, Chaplains, Equality, Diversity, and Inclusion (EDI) professionals.

The analysis sought to answer the following key questions:

1. How do faith competency conversational workshops affect religious and professional identities at work, reduce conflict and increase wellbeing?
2. What impact can a series of faith competency conversational workshops have upon NHS staff confidence in dealing with issues between their religious and professional identities?
3. What are the mechanisms or factors that can support the NHS to address religious discrimination and its consequences?
4. What are the mechanisms or factors that can support the NHS to increase the understanding of religious identity in the NHS?

NHS Sheffield Teaching Hospitals NHS Foundation Trust
NHS King's College Hospital NHS Foundation Trust
NHS Coventry and Warwickshire Partnership NHS Trust
NHS Croydon Health Services NHS Trust
NELFT NHS NHS Foundation Trust

Key Findings

- The faith and belief competency framework is a useful conceptualised intervention toolkit and guide to faith and beliefs at work for conversations and practice, connecting all levels of a diverse workforce and enabling the creation of a psychologically safe environment in the NHS. It consists of four key components: identity, awareness, emotion, and interaction. In the findings these results are modelled.

- Over time, faith and belief competency conversational workshops can positively impact NHS colleagues' perception and practice of faith and belief in the workplace.

  There is clear evidence of the positive impact of the faith competency conversational workshops over time (see Figure 1). In all three workshops, the NHS participants were asked to rate themselves both *within* the context of the NHS and *outside* the NHS, on a scale of 1 (least comfortable/confident) to 7 (most comfortable/confident) in terms of identity, emotion, awareness, and interaction.

  A one-way ANOVA test compared the difference between NHS participants working within the NHS and being outside the NHS. It shows a F (2.97, 4.01) and P value <0.05, which means a statistically significant effect. In all four components, NHS participants scored higher when they were *outside* of the NHS than *within* the NHS. For those NHS colleagues to truly bring their whole self to work they need to feel safe to be who they are as a whole person.

  The NHS participants were also asked, after each workshop, to rate on a scale of 1 (least comfortable/confident) to 7 (most comfortable/confident) these last four indicators:

  1. I know faith competency is important.
  2. I am beginning to think it is ok to have a conversation with people who have different beliefs/faith.
  3. I am more confident to have a faith conversation in the workplace.
  4. I will support activities in changing policy and allowing a faith competency policy.

  Figure 1 shows that there is an increase in all four indicators, hence the faith competency conversational workshops manifested positive and encouraging effects in all NHS Trusts. As the study shows, the workshops positively contributed to NHS colleagues' faith competency and consequently, their wellbeing.

- Religious identity is a source of resilience, motivation, and coping mechanisms which makes a significant contribution to the performance and wellbeing of NHS staff and those who they serve and interact (e.g., patients).

- Creation of a psychological safe space/environment is highly desired by NHS staff at all levels.

- Increasing visibility of senior leaders plays a crucial role in developing a healthy psychological contract with NHS colleagues at all levels.

- Policy/guidance on the nature and boundaries of explicit expression related to religious identity will provide practical support to reduce conflict and increase confidence for staff to bring their whole self to work.

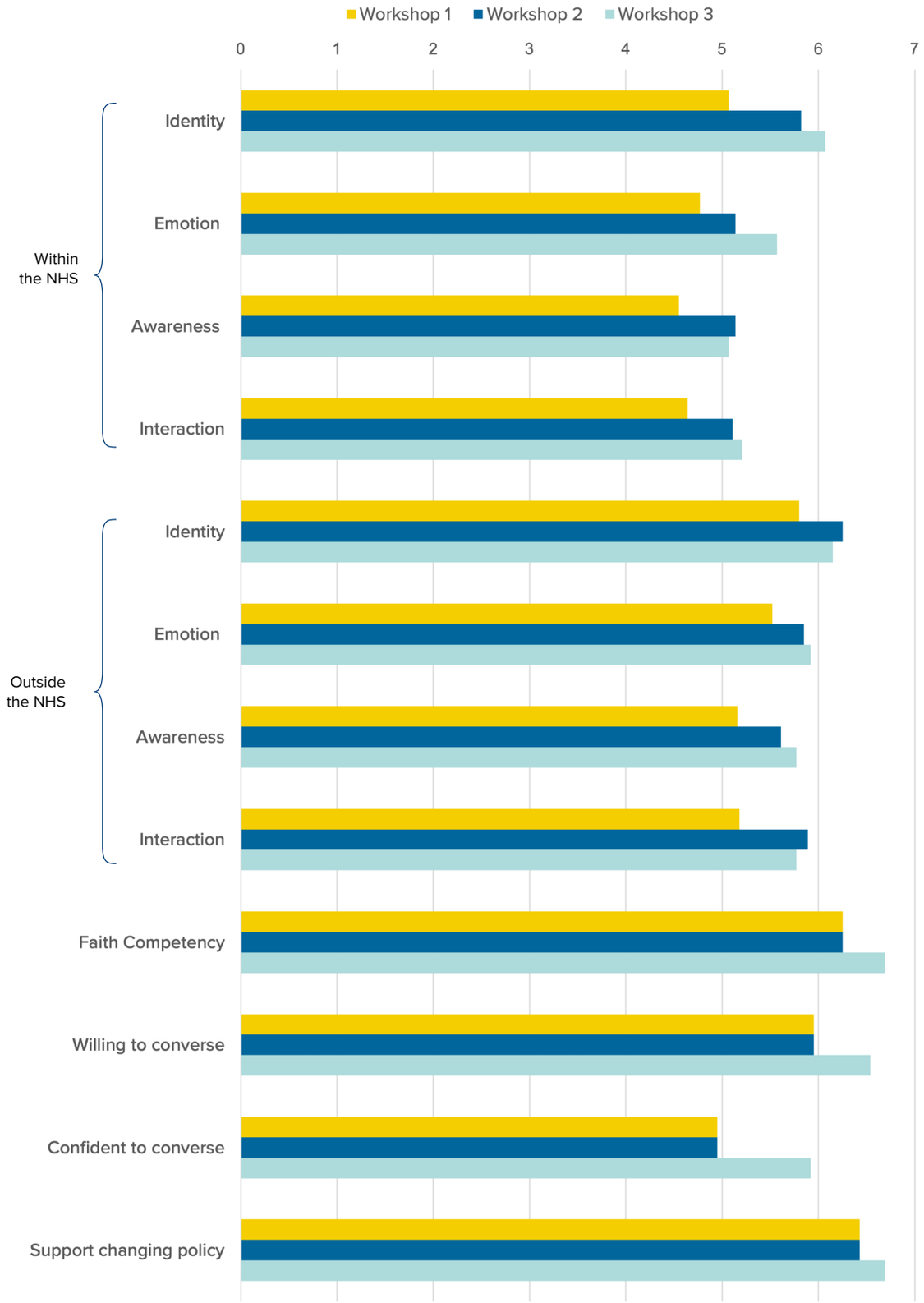


Figure 1: Faith Competency Conversational Workshops Over Time

KEY RECOMMENDATIONS

- Build religion and belief competency frameworks into medical education and international recruitment and local recruitment.
- Introduce faith and belief competency conversational workshops as a regular activity for all NHS colleagues.
- Include the Faith and Belief Competency Framework in staff inductions and cultural and spiritual assessment.
- Establish and support faith and belief networks/forums across all NHS Trusts.
- Increase visibility of senior leaders in faith competency conversational workshops.
- Clear and consistent statement on the position of all NHS Trusts on the expression and behaviour of faith and belief at work.
- Develop a mechanism to support champions in faith and belief competence at work.
- Continuous conversations between HR, faith and belief groups, and senior leaders with the aim to champion faith competency at all levels.

IMPLICATIONS FOR PATIENT'S OUTCOME

When NHS staff are feeling comfortable and safe expressing their faith and belief, it will allow them confidence to ask patients about their faith and beliefs.

This in turn will help NHS staff to better understand how to support patients who hold a faith or belief system with their recovery.

Conclusion

There is a strong desire to see concrete actions in creating and enhancing psychologically safe spaces/environments across all NHS Trusts for colleagues from all faith and belief backgrounds. Such actions require clarity from senior management in the NHS, and conversations to bring together HR, EDI, Chaplaincy, representatives from the frontline medical teams and support staff within the NHS.

This faith and belief competency framework is a useful conceptualised intervention toolkit to aid and enable this critical enhancement to the quality of work-life for NHS staff and their patients. This framework will enhance NHS Human Resource Management and reputational value as an employer.

INTRODUCTION TO THE STUDY

The ‘Influencing & Supporting Religious Identity in the NHS through Faith Competency’ report has been funded by ESRC Impact Acceleration Account and supported by five participating NHS Trusts with 27 hospitals. This report is a follow up impact study to Héliot (2020)'s NHS report.

A compelling case has been made in a comprehensive systematic review (Héliot et al., 2020) and studies into the NHS (Héliot 2020) which calls for actions to understand and appreciate the important role of religious identity in the workplace.

In the NHS, there has been an effort to cultivate diversity and inclusion since the Equality Act 2010 came into effect and specified nine protected characteristics. There have also been recognitions of religious diversity in the NHS. However, the action and systemic practice and mechanism is still largely missing (Héliot, 2020).

This report assesses what and how NHS staff’s religious identity and wellbeing impacted by 1) the intervention of faith competency conversational workshops 2) existing NHS practice and policy.

It does so through two main research activities:

First, a series of faith competency conversational workshops which:

- Offer understanding of the practice of existing religious diversity policy (e.g., what is happening in the NHS Trust?).
- Identify the consequences of current NHS practice in religious diversity management (e.g., what are the positive and negative consequences?).

Second, the use of a follow-up questionnaire to:

- Offer a useful measure of the impact of each workshop.
- Gain further insight into qualitative comments of the impact of each workshop.
- Identify any missing key issues which were not discussed in the workshops.

This report is structured into four main sections. First, the methodology is described. Second, the findings are presented. Third, a research agenda for the NHS is put forward for consideration. Finally, the conclusion is drawn.

METHODOLOGY

The methodology used for this study consists of 1) a longitudinal workshop and a follow up questionnaire over a period of October 2020 to October 2021, and 2) two key stakeholders' events with diverse NHS medical, NHS admins, NHS HR professionals, NHS Employers and NHS Chaplains: first, in January 2020 and second, in January 2022.

Faith Competency Conversational Workshops

In order to gain a deeper understanding of what and if any NHS policies and practice on religious inclusion impacted on the NHS colleagues' religious self and practice in the NHS, a qualitative methods approach was employed by inviting volunteering participants with diverse faith backgrounds to in-depth faith conversational workshops.

The study was designed to measure changes in the faith competency of the participants as experienced through their attendance at all three workshops. Participants were purposefully sampled based on their occupational and religious diversity. They were recruited by email through participating Trusts' local networks and communications. The invitation was emailed to NHS staff in the five participating Trusts and their twenty-seven hospitals.

The faith competency conversational workshops were conducted by the author and guided by the work of Héliot (2020) and Krueger and Casey (2014). The workshop was conducted by the author. Given the Covid situation all workshops took place online via zoom and each lasted 90 minutes. They were open and semi-structured in nature, allowing participants to direct the flow of conversations as to what was important to their own experiences, and creating opportunities for conversations between participants.

The workshops were recorded and transcribed. These transcripts were then coded and analysed using thematic analysis, in line with the method suggested by Braun and Clarke (2006). In this way, key themes that were expressed by the participants were developed. Both manual and NVivo 11 software were used to aid the analysis. Ethical approval was provided by the University of Surrey board.

Follow Up Questionnaire

The aim of the follow up questionnaire was to immediately capture NHS participants faith competency feelings and learning after each workshop. This longitudinal methodological approach (Miller and Frisen, 1982) helps to answer the question of 'what has been changed as a result of attending the faith competency conversational workshops?'

The NHS participants were asked, after each workshop, to rate on a scale of 1 (least comfortable/confident) to 7 (most comfortable/confident) both *in* and *outside* the context of the NHS in terms of:

1. Identity: who am I?
2. Emotion: how do I feel?
3. Awareness: what do I know?
4. Interaction: how comfortable am I?

Next, the NHS participants were asked to rate on the same scale with the following four indicators:

1. I know faith competency is important.
2. I am beginning to think it is ok to have a conversation with people who have different beliefs/faith.
3. I am more confident to have a faith conversation in the workplace.
4. I will support activities in changing policy and allowing a faith competency policy.

Limitations of the study

The current study offers clear evidence and illustrates common findings from five piloting NHS Trusts and twenty-seven hospitals. However, like all scientific work this study is not without limitations. Several areas could be strengthened. First, the inclusion of a full range of demographic information such as participants' ethnicity, nationality, and education, which would offer a fuller explanation to the interactions between religious and occupational identities. Second, inclusion of a wider representation of all religious backgrounds. For example, there was 1% Jewish and 2% Hindu and no Buddhists in the sample. Finally, a study replicated in all the NHS Trusts would greatly increase generalisibiltiy.

FINDINGS

Sample Characteristics

A total of 82 participants took part in the workshops. Figure 2 below shows the differences in gender (68% female, 32% male).

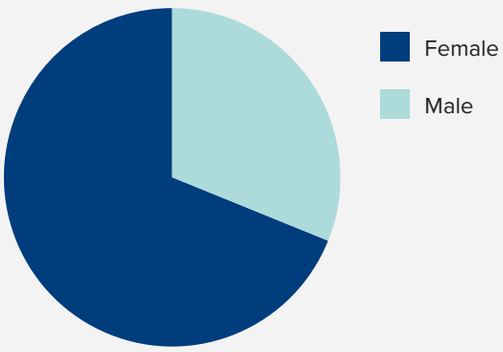


Figure 2: Gender Profile

The sample's religious affiliation is presented below in Figure 3. Religious identity was grouped into the following six groups:

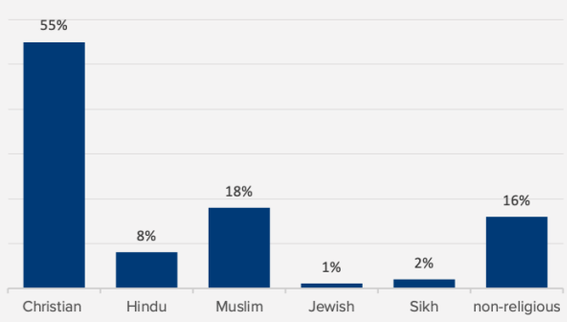
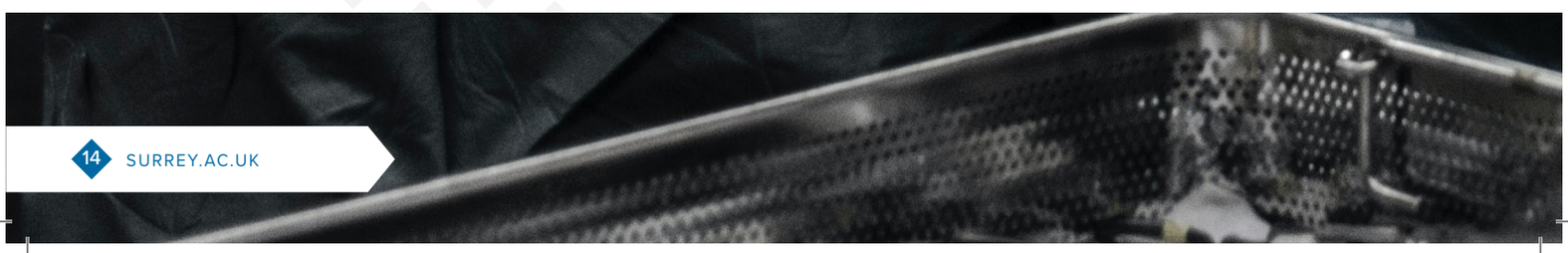


Figure 3: Differences in Religious identity

non-religious (16%) which included Humanists, Agnostic, and non-religious; Sikh (2%); Jewish (1%); Muslim (18%); Hindu (8%); Christian (55%) including Roman Catholics, Anglican, Baptists and born-again Christian. The summary acknowledges that the Equality Act (2010)'s definition of religious includes non-religious. For the purpose of this report, the key distinction between religious and non-religious was based on the belief in God or the divine, or a belief in a value or belief system.



In regards to different occupational identities, Figure 4 gives a clear sense of the varying occupational identities represented in the sample. These categorisations were guided by the NHS (2022) in their explorative roles.

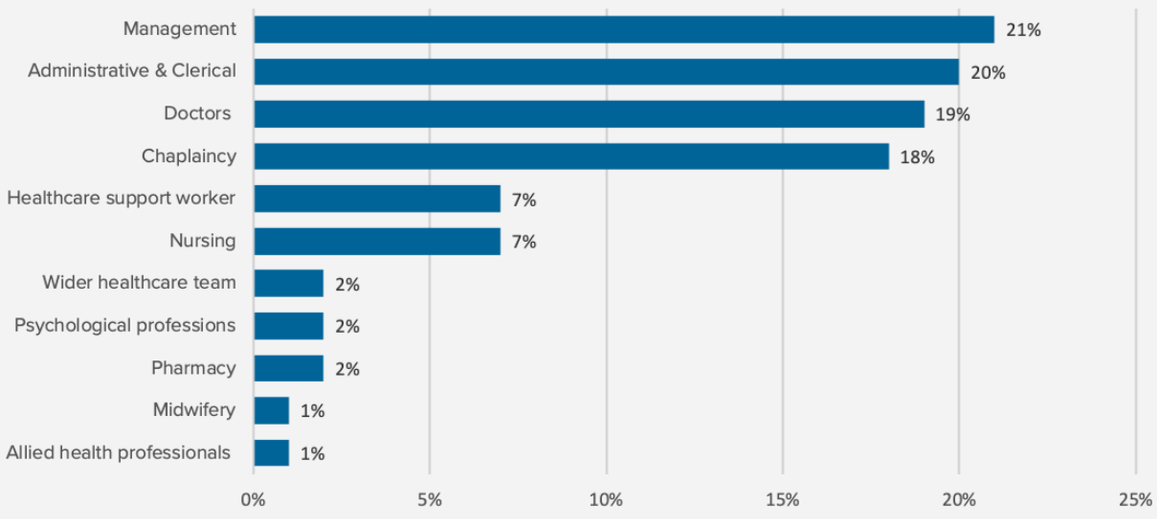


Figure 4: Differences in Occupational Identity

FAITH COMPETENCY CONVERSATIONAL WORKSHOPS FINDINGS

The workshops were designed to facilitate a psychologically safe environment for the participants to freely share their experience and stories. The participants represent a considerably diverse faith and occupational background which offers rich insight to address the questions and highlight gaps in the NHS. The findings below show common themes across three workshops and are presented as themes under each of the key questions. A representative sample of quotes is included to illustrate the development of the themes in responding to the four key components of the faith competency framework. The guiding questions corresponding to each key component are:

Identity:

1. What does bringing your religious or non-religious identity to work mean to you?

Awareness:

2. How aware are you that your own religious beliefs affect the way you do your job?
3. What NHS policies relating to managing religious or non-religious staff are you aware of?

Emotion:

4. What makes it hard for you to be religious or (non-religious) self in your Trust?
5. What make it easy for you to be religious self or non-religious self in your Trust?

Interaction:

6. How does your religious or non-religious belief influence the processes of care?
7. Is it possible to see in others that their religious or non-religious belief influences the way they work?

IDENTITY

1. What does bringing your religious or non-religious identity to work mean to you?

Meaningful expression: explicit or implicit

Identity developed into a strong theme as NHS participants spoke passionately about what bringing their religious or non-religious identity to work means to them. Bringing the whole self to the NHS workplace has diverse meanings to NHS participants.

For this Equality, Diversity, and Inclusion Officer, it is about awareness of their whole self:

'I take bringing your whole self to mean for me to have an awareness of my whole self. So i.e., what drivers am I pulling on from my belief systems, from all the other boxes that I tick and all the other characteristics that I belong to. What are those things that are influencing and shaping the way that I behave, the way that I interact, the way that I respond to my, to colleagues, to patients in my work setting.'
– EDI Officer, Sikh

For a Chaplain, it is about humanity:

'The idea of love, which for me as a as a religious person, my respect for people and the dignity I would want to fight for them comes really from my faith or my humanity, which is kind of informed by my faith rather than following a legal framework.'
– *Chaplain, Christian*

For a radiologist it is a form of worship:

'Work is a form of worship for me.'
– R*adiologist, Hindu*

The importance of bringing the whole self to work is reiterated by other NHS participants:

'Say in terms of bringing my whole self to work, I think it's impossible not to, because being a Christian is who I am. And I don't think you can separate that and just leave that side of you at home just like you wouldn't leave your arms or your legs at home.'
– *Staff Engagement Officer, Christian*

'Being Sikh gives me sense of professionalism in my appearance and the way others view me'
– *Consultant, Sikh*

Interestingly, it is seen as an inner motivator and strength:

'My faith is private and seen as the motivator in the workplace, it is my wellspring of calm, confidence and resilience. It is a raft in the turbulent waters of my daily activity'
– *Doctor, Hindu*

Clearly, the above representative quotes illustrate how religious identity and work identity are inseparable.

Importantly, it is worth noting that there are two different preferences for NHS participants to bring their whole self to work; *explicitly* expressing who they are through conversations, accommodations, and recognitions; and *implicitly* expressing who they are through the excellence in their work. These attributes are illustrated by the representative quotes below:

'I have kept my religious identity as something private, but I often use the religious principles to practice.'
– Pharmacist, Hindu

'I don't necessarily need the labels or the external presence in the workplace. I think it's for me to process how I'm doing my work just to counterbalance that, highlighting the need to have an awareness and the need to have the language just as an individual. I feel it's about being kind and doing my duty better, but I don't particularly feel that other people need to know the labels and know the language for me... I don't want to start labelling myself necessarily. But it might be that other people feel that there's certain things about their tradition that they feel others should know. I don't necessarily personally feel that's always the case for me. You're a counterbalance.'
– Junior Doctor, Hindu

These are important findings as it raises questions on the appropriate faith identity culture change framework for the multiple levels of individual, team, and organisation. It is vital to integrate in creating an inclusive culture both the desire for explicit and implicit expression of religious identity in the workplace.

AWARENESS

2. How aware are you that your own religious beliefs affect the way you do your job?

At an individual level, it is apparent that NHS participants' actions and behaviour are influenced by their religious identity. Common themes include:

Religious identity strengthens professional identity

'My religion, just like I think everybody's beliefs, has to make me kinder and more loving and patient and has to make me a better doctor is not the only thing that can make me a better doctor. But since I was born as a Hindu and I'm a practising Hindu, for me, that's what helps me. But my clinical decisions are always going to be exactly what I think is the best. I would like to think that if my religion brings anything to my daily life, it's that it makes me cope with things better and it just makes me kinder and, you know, a better colleague. If so, if it ever happened that someone felt, you know, why is this guy always calm and getting on with this and conscientious, then perhaps at that point I can credit my beliefs. I think that is the place of my religion in the workplace is to make me a better doctor.'

– Junior Doctor, Hindu

'[my religion] makes me more efficient, I think, as an employee I am more mindful of how I spend my time.'

– Consultant, Muslim

Hide behind my profession: Compromise made for faith actions in the NHS

NHS participants who manifest a religious identity are aware of the need to compromise or adjust their faith actions in the NHS. They 'hide' their religious identity behind their professional identity. The assumptions they hold a result of their perception of the environment in which they work. The representative quotes below illustrate NHS participants with diverse occupational and religious identities:

'[when a patient asked her to be dishonest at work, she does not agree to this] I don't say it is because of my faith. I just say ...within my profession as a social worker, I'm expected to be honest, and therefore I'm not going to collude with my patient to put some incorrect information to the to the application form. So, it is normally my faith which is leading, or that, I don't bring that. I sort of maybe hide behind in my profession'

– Renal Social Worker, Christian

'Years ago, when I used to work for R, even though I wore the scarf I wouldn't read at the appropriate times. What I would do is save up all the prayers, the five prayers, the ones that came in work, which were like two. And when I used to get home and I used to pray ... Now I do pray on time. Even if I have a meeting, I would tell the chair before, if my prayer time falls in, that I will leave the meeting and go even if I am taking minutes. And that's to do with me being very confident now of being a Muslim'

– Programme Administrator, Muslim

'And rather than asking for us to have a non-alcoholic event which people might sort of turn their nose up to doing, it's just easier for me to just not go, which is what I tend to do'
– Junior Doctor, Muslim

'The type of therapy that I do, being CBT is coming from a different world view to the one that I have. So yeah, that's a conflict. But I, I chose this, I chose this type of work and this is what I do. And I do see a lot of, it has a lot of benefits for other people, but it is very much a secular world view. … I'm looking from a faith perspective; I feel that CBT is teaching people to look to themselves rather than to God …which is at odds with what I believe … So, yeah, I think about what I'm teaching. I'm kind of taking others down the road of self-reliance, that is a conflict, and I haven't reconciled that because I do think the overall CBT is helpful to a lot of people. And I heard CBT described as a compassionate stop gap for people who don't know Jesus. So, I do see that it is a compassionate stop gap. I can see it that way. And it is a compassionate approach'
–CBT Therapist, Christian

'So as a counsellor, when I was working privately, I was also a Catholic priest at the time, but I could not disclose that at all. Because that would totally flavour the therapeutic relationship and it would bring in a power differential, it would just bring in so many complexities'
–Chaplain, Roman Catholic

Interestingly, this is also reflected in non-religious participants:

'It's difficult to then apply and bring in your own faith and beliefs into those situations. Whereas actually there are situations upon reflection, where I feel I could have maybe brought in my own beliefs or of faith into conversation. That might have been helpful in doing so. But because we are so…, it's ingrained into the HR profession, that we are neutral parties, there for the business. So, it's difficult to do'
–Senior HR Advisor, non-religious

3. What NHS policies relating to managing religious or non-religious staff are you aware of?

At the policy level, the shared perceptions of NHS policies and practices on managing religious or non-religious colleagues point to the importance of good practice and sensitivity. It can positively or negatively influence staff retention, wellbeing, and performance.

Current NHS policies/practices that accommodate for religious identity

'Muslim women were being bullied because of their bare below the elbows policy. And to the extent that they were leaving Trusts. The other issue was head coverings, that people were taking off the hijab or not wanting to choose non-surgical careers, medical careers because of dress code policies and because it's very policed in hospitals. And so, we developed a national dress code policy, which was multi-faith and inclusive with NHS England. It was approved by the Infection Prevention Society and the Health Convections Society. So, it was safe as well as inclusive and multi-faith.'

– Microbiologist Consultant, Muslim

'In terms of our Trust, I think the NHS is different to private sector organisations and that we embrace spirituality enough to actually have a resident Chaplain.'

– HR Officer, non-Religious

'We do have a Chaplaincy team, which is great. [Our chaplain] works hard to be visible in a large organisation. And we do have things like carol services and not you say there might be a memorial and different thing. ... on a corporate level, we do bring some positive and good things to the table.'

– Administrative Coordinator for IAPT, Christian

'During Ramadan, managers are told to take that into account and make sure staff are allowed a lot of breaks and do shorter shifts, ... the chaplain will lead a celebration, ... at the end of Ramadan. They'll provide the food and share ... awareness and appreciation of that ... We've got one chaplain. We've got a prayer room for the Muslim people. However, I can imagine I don't know whether the chapel is for everyone else all faith, the non-faith, whether that is the only space we've got.'

– Renal Social Worker, Christian

The NHS participants also shared how their individual faiths were accommodated under current NHS Religious policies/procedures:

'Annual leave, I could take ... all the religious holidays off as annual leave. I don't have to work specific dates. I mean, it's sometimes a bit annoying to have to take religious days as annual leave. But I know that the option is there, and I can work flexible hours. So, if I needed to finish early, I could start early. So, I definitely find that makes it easier.'

– Paediatric Speech Therapist, Jewish

'I just find it that there's no time allocated [for faith], because I was told I had to use my half an hour dinner for prayer. And by the time I had bathed, got ready and set the mat up and everything, the half an hour is up'.

– Spinal Injuries Unit Worker, Muslim

'Whereas I don't fully keep [to] everything [my faith dictates]. So, I will still say drive on a Friday night so that I could go and spend time with family, but I wouldn't necessarily socialise out of my family on a Friday night. But that makes me think, well should I do it for this one occasion just so that I can still be part of the team? And so there has been times when I would go to that Christmas-do on a Friday night, but I won't go to kind of that weekly social every week, every Friday.'

– Paediatric Speech Therapist, Jewish

Polices or guidance to fit the purpose in managing faith at work?

A very interesting question was raised on whether the use of the term 'policies or 'guidance' are more effective in managing faith and belief at work.

'People have actually said to me, there doesn't seem to be anything written in a policy hence [she] says what you can do or what you can do [with regards to faith at work]. And I remember going back a few years ago, and we used to have a spiritual health care policy because of the advice that was given. And it was advice and not mandatory policy. It stopped becoming a policy and became guidance notes. And people actually said to me, you'll be able to say far more without it being a policy than being a policy. ... we've got to come up with some sort of guidance policy that allows everybody to know potentially what they can say and what they can't say.'

– Chaplain, Christian

From an HR perspective, the fact that there is no policy or guidance to guide faith at work opens the potential to explore this unknown territory:

'...we don't actually go into what it is like on a day-to-day basis about what you can and can't talk about [regarding faith at work]. I mean, I'm always up for exploring new policies because I love writing policies in terms of what it would look like. ... I'm not religious myself, I don't normally think about it in a religious way that makes sense in terms of I don't look at it through the eyes of someone who has a strong belief and in a particular religion. So, yeah, I mean, I don't know. It's an unknown territory in that sense now'

– HR Officer, non-Religious

Favouritism in protected characteristics was also noticed in the Trusts:

'we've got equality act, the equalities acts, but, yeah, I've got a sneaking suspicion that there are some particular characters who are more important than others. ... I wonder if religion is, in fact a lesser form of a characteristic .... Because let me give you an example, ... there was this email last week sent out about those rainbow badges. And the idea was to make people who are sexually attracted feel confident, to use trust services, all that is an honourable intention. But what about making patients who identify as religious feel confident?

– Senior Commercial Contracts Manager, Christian

'Being in HR I do think religion identity is somewhere towards the bottom of our focus. And it really shouldn't be because it is often cause of conflict that I see and an area that we should strive to improve upon and share our ideologies and workings.'

– HR Advisor, non-Religious

Lack of resources/awareness

Lack of resources have been frequently voiced by the NHS participants. There is a need and desire to have access to facilities that would support the religious practices of staff that occur during working hours.

'I find it difficult because obviously I have not been able to find a prayer room. I did ask my manager, who obviously looked into it, and she found a prayer room somewhere on this corridor. ... [but] there was a long queue of both men and women waiting to pray. ... there is only access for one person ... So, I decided to come back to the department, and I said to my manager ... 'in my previous place [of work] ... the facilities were there, men separate, and women separate. I feel that I'm not following the religion. And I feel that there's a lack of resources if that makes sense in terms of like praying rooms, rooms for praying and bathing facilities.'.

– Spinal Injuries Unit Worker, Muslim

As from a non-religious perspective, the lack of awareness of the Trust on the nine protected characteristics (that includes non-religious) has negative consequences:

'When I was first was appointed at my previous Trust, me being non-religious was quite challenging from a chaplaincy perspective. So, I had that challenge myself and I didn't get that support from my previous Trust at all because it was seen as I'm not religious, so I don't fall within the protective characteristics. So, it was not something that was protected from what their views were.'

– Chaplaincy service, *non-Religious*

The NHS participants question the current approach:

'The generic space provided by the NHS. But I don't know, it feels more tokenistic.'

– Renal Social Worker, Christian

Growing desire to improve religious policies and practices

There is a growing desire amongst healthcare professionals within the NHS for religious policies/practices to be improved in the future:

'And I think we could all do with a bit more training and learning around that - religion, perhaps on a bigger level gets missed out.'

– Chaplain, Christian

'I'd be keen to make sure that if this [religion policy] is an area that does require more guidance and it's causing people concern within their day-to-day jobs, I'd be keen to provide some kind of toolkit guidance. And if it needs to be a policy, we can explore that.'

– HR Officer, non-Religious

HR also show support for the growing desire to improve religious policies and practices:

'We [at the NHS] celebrate all the religions, all the festivals. Staff engagement will often publicise different events that are taking place. And you know, it's we're not ignoring it or embracing it. That's really good.'
– HR Business Partner, non-religious

EMOTION

4. What makes it hard for you to be your religious or non-religious self in your Trust?

NHS participants expressed uncertainty, fear, and struggle in bringing their whole selves to work. Several common themes emerged around emotion:

Uncertainty and battles to bringing whole selves to work.

The NHS participants frequently report their struggles at work under current NHS Religious policies/practices. This was depicted clearly by this Chaplain:

'I think that [current religious policy] leads to a lot of people not wanting to bring their whole selves to work because they feel extremely vulnerable and there's no safety net [i.e., a policy] guaranteed for them to feel safe in.'
– Chaplaincy service, *non-religious*

Similarly, current policies were also perceived as a barrier which affect the NHS participants' confidence as expressed by this EDI Officer:

'So, there's something about a culture that's created there that despite somebody getting something wrong, despite belonging to the same faith structure. There is something about not having the confidence in the system to feel like that poor behaviour or decision can be called out.'
– EDI Officer, Sikh

Again, it was echoed by a Consultant:

'The bit I struggle with at the moment actually is policies around concepts like contraception that kind of have some conflicts with the Catholic, with my faith and it was quite a prescriptive policy.... with this particular policy [regarding the contraceptive pill] I don't know who to go to, where to go to in the Trust with it really. In terms of, you know, in terms of I don't really feel comfortable just sort of trying to get by. You kind of want to have a sort of agreed way of how, because you could keep worrying. Like if someone could, if you don't do something right, we could get reported on whatever. And that's a very uncomfortable place to be.'
– Consultant, Roman Catholic

Such struggles were also shared by a Spinal Injuries Unit Worker who holds Muslim faith:

'It's a struggle sometimes because sometimes it's like I can have feelings or my experience or my religious identity, but I just need to be confident and I need to, like, kind of separate them out.'
– Spinal Injuries Unit Worker, Muslim

'When you come into work in a sense you sometimes, ... and because of the boundaries that you work with, and you leave a part of you behind. And because you cannot be as open. ... um I push against that, I just I just see it more in others. sometimes I've been in situations where I've had to leave some of myself behind because obviously everybody's got their own opinions and experiences of certain situations.'
– Spinal Injuries Unit Worker, Muslim

Implicit role restrictions

There was also a strong sense of role restrictions which makes it hard for NHS staff to bring their religious or non-religious self:

'In my current role, I'm not able to, like, be who I am as a Muslim and obviously incorporate that into my role. I just don't feel comfortable.'
– Spinal Injuries Unit Worker, Muslim

'Whilst others come in in their free times, but I suspect others find it harder to justify that. As a nurse, can I really just justify an hour and a half out of my days [for personal faith], is my line manager going to give me that time off? Generally, that might be difficult. I suspect that's incredibly hard currently given the pressures on staff in the hospital.'
– Chaplain, Christian

It is important to note, this feeling persists across different religious affiliations for the NHS participants as illustrated by a Chaplain and Pharmacy Technicians:

'I was a nurse for 20 years before I was a chaplain. And although my faith was important to me as a nurse, I felt much less able to express my faith as a nurse because primarily my role I saw was a practical, physical thing.'
– Chaplain, *Christian*

'Some members of this conversation, their actual role is explicitly about providing spiritual, psychological, emotional care. So naturally, their day is filled with opportunities to engage with that. For others of us in this conversation, if you're a doctor or a nurse, your first duty is to provide clinical care. So, if you're talking about what other ways I can express my religious belief in the workplace, it's different to the opportunities the reverend has because it might be that my only external religious expression is in a lunch break, in a passing comment.'
– Pharmacy Technician, Muslim

'Different people feel the need to express their religion in different ways and each of our roles gives us different opportunities to do that'.
– Pharmacy Technician, Muslim

Fear and struggles to express faith in the NHS workplace

NHS participants spoke clearly about their fear and struggles to express faith in the NHS workplace. There is a strong desire for a safe place to express faith in the workplace. As voiced by this Nurse who holds a Christian faith:

'But sometimes I don't feel it's safe that I'm going to be scrutinised or I'm going to be picked on.'

– Nurse, Christian

Similarly, this is strongly echoed by this NHS Consultant who holds the Muslim faith:

'I find that the secularisation of the workplace means that I can't express ideas that I want to express or draw upon kind of the richness that my faith brings. You know, there may be examples or stories or ideas that I would otherwise bring it to a meeting because it's all linked. I can't then bring this great [religious-based/inspired] idea or I feel like I can't like I don't have permission to sometimes... I want to have the freedom to express it [ideas] in the way in which it naturally occurs to me without feeling like I have to filter it...but I don't want to have to filter it.'

– Microbiology Consultant, Muslim

This feeling of being unsafe also led the NHS participants to the development of self-consciousness:

'I'm very aware when I come to work in terms of my religion, having that discussion with colleagues or even very much aware when it comes to patient about my religion. So there is always this like watching your back or just that self-consciousness which have developed over the years, especially working in an institution.'

– Kidney Nurse, Muslim

'We struggle as practitioners. I think talking about religion, talking about sexual sexuality. And I think, you know, when we think of holistically, then we have to address the whole lot. And there were times when I was there would be some staff who would feel very uncomfortable, and consultants and part of the MDC would feel uncomfortable talking about people's religious aspects or attitudes or views and their faith. And often because they didn't feel they had it wasn't important to them as a member of staff. So, it was then, well, how could they then address that with the client? And I would often help them to look at some of that.'

– Safe-Guarding Officer, Christian

'There was a nurse who prayed with a patient. And then it seems that they got into trouble, and they were seen as if they shouldn't have done that. And that really made me quite wary of is like I say to me or watch yourself, you don't just bring religion to the patient.'

– Renal Social Worker, Christian

For individuals to feel psychologically safe means feeling free to express elements of themselves without fear of adverse implications (Héliot et al., 2020). The above quotes clearly show the lack of such a psychologically safe environment in the current NHS.

Lack of right atmosphere and culture

The lack of faith expression amongst healthcare professionals employed by the NHS were perceived as largely due to a lack of the right atmosphere and culture. Notably, this was shared across different faith and occupational identities as shown in the representative quotes below:

'I don't think the atmosphere is there to start talking [about faith at work]. I don't think that atmosphere, that room or that space is there to talk about it [religion]. Really. I think that's one of the obstacles or one of the blocks that we're just not there's no room for that, I should say. There's no room for discussion.'
– Kidney Nurse, Muslim

'What makes it hard is when my line manager doesn't understand my spiritual needs. So, for example, if I for instance, I work Christmas and wanted to take Eid off, but I didn't have the sense that my line manager really understood how important it was [for me] to be off for Eid.'
– Microbiology Consultant, Muslim

'On a personal level, I am cautious, and I do identify with that culture that we kind of have, you know, the dinner party rules that, well, you don't talk about religion and you don't talk about politics, you know, and finance and things like that. You know, it's almost like we have that. That unconscious bias that, oh, it's not polite to talk about religion and politics sometimes.'
– Administrative Co-ordinator for IAPT, Christian

The role of awareness and competency is again raised by the NHS participants:

'But there's a few people who said sometimes I feel embarrassed in asking the question about faith and talking about what they did at home.'
– Chair of the Trust, Sikh

'Oh, I don't know what to say. I don't know how to respond to it. So, then there's a panic on that side as well. Well, I don't want to cause offence and I don't want to do this. So, it's like panic stations. I'll just say nothing.'
– Administrative Co-ordinator for IAPT, Christian

This appears to also be the case for non-religious NHS participants, as noted by this HR Officer:

'It's the reluctance of … wait for them to mention it [religion], and then it's almost like, oh, it's OK, we can talk about it [religion] now.'
– HR Officer, non-Religious

'I worry that people might kind of label me. And not give me that freedom, because, you know, I mean, I put down, I think 15 out of 20 things on the list. One of them was my religious identity. But there's lots of other things I think are really important about me. And I wouldn't want to be just known for my religious identity alone, because I think that could be quite constricting. But I kind of feel it's important for me to integrate with my interests and my connections with my faith. That's a kind of a wide thing, and I think that can be difficult because we do label, we do put people in boxes we want to categorise. And I think that can be dangerous.'
– Chaplain, Christian

'I wouldn't have those conversations with colleagues about kind of what I believe and what God's plan is, but partly because nobody else I work with is religious at all. So, I just don't I think that would be something that they'd even consider [talking to her about]. It just isn't a conversation we would have.'
– Paediatric Speech Therapist, Jewish

5. What makes it easy for you to be your religious or non-religious self in your Trust?

Ability to navigate between religious or non-religious and professional identities

The ability to navigate between faith and professional identities was described by the NHS participants as a key skill because this enabled them to balance their emotions. This is reflected in the representative quotes below:

'You don't bring your religion to work. So, it's easier for me to say because this [decision] is my job as a social worker, then it's easier for me to say, I'm working within the social worker values instead of saying, oh, also as a Christian, honestly, I'm expected to be honest and follow the Ten Commandments.'
– Renal Social Worker, Christian

'... religion doesn't feature much in my personal life and therefore I come to work and I'm very kind of. I just apply all the professional guidance ... I have an awareness of religion and the impact that it can have on people in the workplace. ... for me, I just I come to work as a professional. I don't bring any spiritual element personally because it doesn't feature strongly as part of my, um, my lifestyle, really'
– HR Officer, non-Religious

In situations when you share the same religion with patients:

'For it to be easy as a Muslim working in the Trust, I feel that if I'm dealing with patients who are Muslims I kind of like know how to signpost them or I'm able to support them better. If that makes sense because I am obviously of the same religion. And I think that's kind of a benefit. If that makes sense - to the patient and myself, because I know from the bottom of my heart that I support this patient in terms of their religious identity, in terms of getting them to move forward with what's out there, how I can best support them in terms of what we believe, what should be done in certain situations.'
– Spinal Injuries Unit Worker, Muslim

'If a patient comes to me and say oh, I'm depending on my Christian faith and this and I believe in God and I want a prayer, and one occasion a patient said to me they were going for the attendant say, I am a practising Roman Catholic and he said to me, Say, can you pray with me? I was, first of all, very terrified because I was thinking am I doing something I shouldn't be doing with a patient. Then I said he asked me to pray for him and that made me I said I am [doing the right thing]. ... so, I prayed with them'
– Renal Social Worker, Roman Catholic

Caring and inclusive leadership

Sensitive local leaders can make a positive impact on the growth and wellbeing of staff who desire to bring their whole selves to work:

'Really great consultants, they've been very positive about my faith. I remember one of them loves the light. He was very spiritual, and he was into meditation. It wasn't necessarily faith specific, but, you know, he'd say 'oh I'm really jealous of your prayers. You know, this is a really nice time in your day to just kind of be mindful and reflective'. And he would sort of offer me to take my break? And actually, I progressed really well with work and he was just a really nice person. And that was probably my best rotation in 10 years of microbiology.'
– Microbiology Consultant, Muslim

Such emphasis on caring and inclusive leadership reflects that compassionate leadership is vital for creating cultures of compassion in health and care organizations (West, 2019).

Religious identity being a source of resilience, motivation, and coping mechanisms

NHS participants spoke passionately about how their religious identity was advantageous to their performance and wellbeing. The representative quotes below show that religious identity can be experienced as a strength that enhances empathy:

'Because the reason I come to work is my religion. That's my why. So, in the thing that kind of gets me out of bed in the morning and my purpose for kind of even coming into the NHS, and there have been times when I wanted to leave the NHS, but it was my faith that actually brought me back.'

– Microbiology Consultant, Muslim

'But my perception at the moment is that I'm very much on a steep learning curve and therefore my beliefs fulfil that that need for helping me go up that steep learning curve... in my first week when I didn't know what was going on and I was really stressed, my religion kind of helped me cope with that.'

– Pharmacy Technician, Muslim

Such a benefit has also been recognised by non-religious colleagues as making a positive impact:

'And I see that I think her resilience comes from her religion. And I think she has an energy within her that I don't understand where she gets from in terms of honestly, she's very, very high-pressure job. But her spirituality is what drives her on sometimes. And I think that I can see the difference because I think she goes further than I potentially could because I think she gets strength from her religion. So, I see that in her that I think her resilience is very impressive. And I think it's because she has that faith within her drives her on... She's really compassionate, really, really inspirational person to work with.'

– HR Officer, non-Religious

The benefit of religious identity is also enabling healthcare professionals to gain insight within their job roles in the NHS:

'Like me, I'm a Christian, but then B is a Muslim, if there is a Muslim patient on the ward, we are getting that information from B and say, what? How am I supposed to provide care, which is respectful to that person? Because I've got less understanding of the culture or less of the patient. we have male HCAs? But somebody like B have been able to say, 'that's a Muslim woman, do not allocate a male person to work with her', with a woman or whatever. So, it is in our, in a ward level you see it in a positive manner because you have different people or staff, the biggest, at least from the staff perspective at our Trust we are very lucky because we are very, very diverse in that diversity. How broad is the richness like that? If I had a Hindu patient, I've got a staff member who can advise me the best, but as you say, because we are all, the main interest for us here is for the patient. So, the patient in that way they'll get good care because of the knowledge we've got of colleagues ... see you'll see that the staff come together and get information from each other to provide key information and then provide good care.'

– Renal Social Worker, Christian

INTERACTION

6. How does your religious or non-religious belief influence the processes of care?

The findings reveal the intertwining of the religious and professional self, amongst healthcare professionals working for the NHS.

Religious and NHS value alignment is perceived as advantageous to the roles of healthcare professionals in the workplace

It influences attitudes and behaviour in the process of care:

'How I live my life as a Christian is going to influence my behaviour, my attitudes towards my work, towards, you know, giving people the best possible care because I'm serving that person to the best of my ability. You know, I'm being kind to them, loving towards them if I can offer them the best care. So, this then gets in line with our trust values. So that's for me why this Trust is a good fit for me personally.'

– CBT Therapist, Christian

It influences how time is spent at work across different faith affiliation and occupational roles:

'One of the principles in Islam is the idea of halal. So, I think people maybe they've heard about that in the context of like food, but it applies to lots of other things, and it also applies to time. So, my income is halal, which means permissible if I actually invest my time appropriately, if I waste a lot of time on the job or if I'm not doing things efficiently, then that basically ... that that kind of puts that in question. And so, one of the things that we do as Muslims is, we pay zakat, which is the charity once a year to purify your wealth. But I'm aware kind of as I come in every day of the need to utilise my time effectively so that my income is halal. [halal concept] Makes me more efficient, I think, as a as an employee and more mindful of how I how I spend my time'

– Microbiology Consultant, Muslim

'The core of my faith, the way Guru Nalik set up Sikhism. It's one about gender equality... and therefore, when I'm at work, gender equality is absolutely crucial. Part of ... fit the values of the Trust, as well as my own personal faith values... Christianity's got lots of good, in Islam [it] has got a lot of good in it. It's the values of those religions you ought to look at, not the way individuals practise. So, again, when you bring that [religious values] to work, as somebody just said already, it's, our Trust values very much align with that kind of principle and philosophy.'

– Chair of the Trust, Sikh

It positively influences the interaction with colleagues:

'If my religion brings anything to my daily life, it's that it makes me cope with things better and it just makes me kinder and, you know, a better colleague... why is this guy always calm and getting on with this [work] and conscientious, then perhaps at that point I can credit my beliefs.'

– Pharmacy Technician, Muslim

Religious identity brings confidence to disclose religious identity to patients

Religious identity also plays a positive role in NHS participants' interaction with their patients. As noted by a Discharge co-ordinator:

'I kind of like talk to them [patients who are Muslim like her] about religion at that time. But I wouldn't feel confident speaking to somebody who's not Muslim [about faith].'

– Discharge Co-ordinator in Spinal Injuries Unit, Muslim

Similarly, this was expressed by a Christian Chaplain:

'[a patient] was saying to me how reassuring she found it that a number of the nurses on her ward were Christian and how comforting she found that.'

– Chaplain, Christian

Informal socialisation brings positive influence and awareness

An interesting practice, informal socialisation, has been described by the NHS participants as a positive influence on their interactions in the workplace. As illustrated by this Programme Administrator and Pharmacy Technician who hold the Muslim faith:

'My colleagues have actually taken the time out to see me as a Muslim, she does this. But, you know, I'm part of their team and they have included me, so I'm really quite looking forward to that. And that makes me feel really, really good. And I think, you know, my team now, I can be very open with and I'll tell them the things I do and things I don't do.'

– Programme Administrator, Muslim

'We do come up sometimes in conversation, with regard to religion matters. And I mean, we do point out our opinions and without we were really crossing boundaries, which makes the conversation quite interesting.'

– Pharmacy Technician, Muslim

Similarly, this is also shared by a Christian colleague:

'a few of my friends are Muslim, I'm in WhatsApp group with my Muslim friends. And if they start discussing things that is Muslim related, I would join in the conversation. I would. I wouldn't feel offended by what they're saying. I chose them as my friends, I chose to be in the group, I could have left the group and it's a predominantly Muslim conversation. So I go in and I ask questions. I try to learn more about their faith.'

– Senior Accounting and Business Manager, Christian

FAITH AND BELIEF COMPETENCY FRAMEWORK

The findings of the faith competency conversational workshops offer a rich account of the lived experience of NHS participants regarding their religious and occupational identities. It highlights the critical importance of appreciating individual differences and personal preferences in terms of their religious/faith affiliation, and interestingly the expression of their religious identity takes two forms: explicit expression (through recognition and accommodation at work) and implicit expression (through actions at work). Both require a good level of faith competence in the four key components: identity, awareness, emotion, and interaction.

Individuals differ in their personal preferences regarding the integration of non-work roles (e.g., religious identity) into the workplace (Ramarajan & Reid, 2013). These preferences are influenced by prior experiences, norms for religious expression, and the strength of religious identification. People for whom religious identity is salient tend to prefer to express that identity at work (Gebert et al., 2014). Such personal preferences have implications for career choice and perceived fit with the job and organization (Héliot et al., 2020).

The Faith and Belief Competency Framework (Figure 5) summarises the key findings from the workshops. It can be used as a helpful conceptualised intervention toolkit to guide conversation in faith and belief, hence increasing spiritual intelligence.

An important contribution of this Faith and Belief Competency Framework is to illustrate the foundational importance of self and other awareness in four critical emotional/spiritual intelligence components. For example, when a conversation is about religious identity, the question one needs to contemplate is ‘who am I’ and 'who is the other person'. This increases awareness and appreciation of the differences between other religious or non-religious colleagues. This approach of interaction between self and others can be useful to gain competence in areas of awareness, emotion, and interaction.

The Faith and Belief Competency Framework can be used as a conceptualised intervention toolkit to guide and shape these sensitive conversations in, for example, induction, recruitment, conflict management and spiritual assessment. By understanding and applying the four key components of the faith and belief competency framework, awareness of the spiritual identities of NHS colleagues will be raised at all levels of the Trusts and a more positive and inclusive culture will be built. In some instances, it can repair relationships or enhance the psychological contract between NHS management and frontline teams.

Figure 5: Faith and Belief Competency Framework

FOLLOW UP QUESTIONNAIRE FINDINGS

In the context of the NHS, the NHS participants were asked to rate themselves on a scale of 1 (least comfortable/confident) to 7 (most comfortable/confident) in terms of identity, emotion, awareness, and interaction, both in the NHS and outside the NHS. Below (Figure 6) is an illustration of the mean score compared of each component:

The mean score of identity (within the NHS) 5.61 out of 7 compared to identity (outside the NHS) 6.09 out of 7, suggests NHS colleagues feel more comfortable and confident to be who they are outside the NHS than within the NHS. The mean score of emotion (within the NHS) 5.09 out of 7 compared to emotion (outside the NHS) 5.73 out of 7, indicates NHS colleagues feel more comfortable and confident to express their emotions outside the NHS than within the NHS. The mean score of awareness (within the NHS) 4.98 out of 7 compared to awareness (outside the NHS) 5.49 out of 7, clearly shows NHS colleagues have a higher level of awareness outside the NHS compared to within the NHS. In term of interaction, the mean score for within the NHS 4.98 out of 7 compared to interaction (outside the NHS) 5.65 out of 7, such an increase suggests NHS colleagues are more comfortable with their interaction outside NHS than within the NHS.

It is important to note, that in all four components, there is a clear difference between the NHS participants in the context of performing their jobs within the NHS compared to being outside of the NHS. That is, their level of confidence increases when they are outside of the NHS. This is both interesting and intriguing. It raises the question of why the NHS participants feel more comfortable in terms of their identity, awareness, emotion, and interaction outside the NHS than when they are in the NHS. One explanation lies in early qualitative findings that uncover the sense of fear and uncertainty of bringing their religious self to work.

Next, analysis was carried out on the impact of the workshops over time through comparing the differences between all three workshops (see Figure 1). In all three workshops, the NHS participants were asked to rate themselves both within the context of the NHS and outside the NHS, on a scale of 1 (least comfortable/confident) to 7 (most comfortable/confident) in terms of identity, emotion, awareness, and interaction. There is clear evidence of the positive impact of the faith competency conversational workshops over time (see Figure 1).

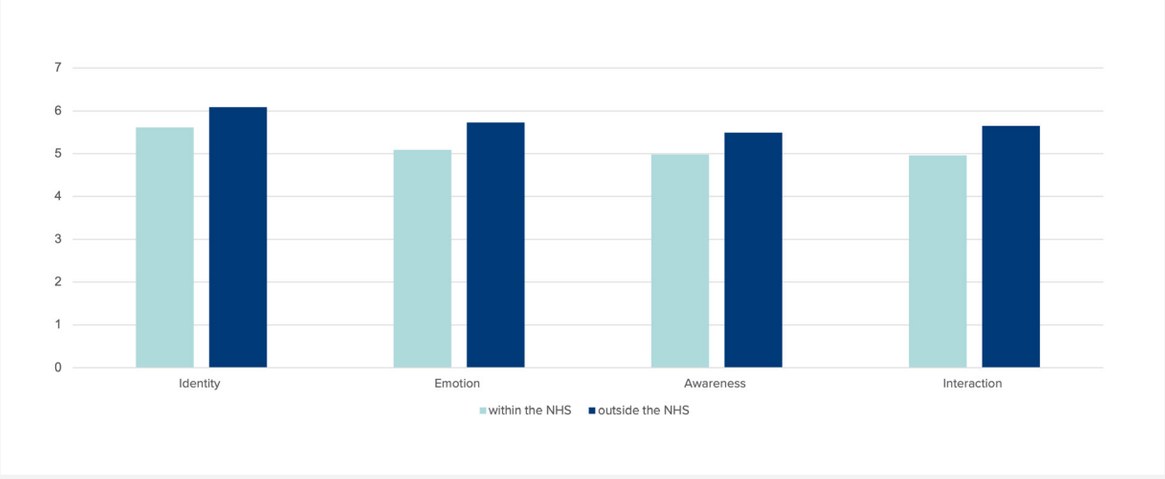


Figure 6: Identity, emotion, awareness and interaction compared within and outside the NHS.

A one-way ANOVA test compared the difference between NHS participants working within the NHS and being outside the NHS. It produced an *F* value of (2.97, 4.01) and a P-value <0.05, a statically significant difference. These findings suggest that NHS staff identity, awareness, interaction, and emotion are different within and outside the NHS. The implication is that the intervention, the i.e., faith conversational workshop, significantly and positively impacts self/other awareness within the NHS and outside the NHS.

The NHS participants were asked to rate on a scale of 1 to 7 (least comfortable/confident) to 7 (most comfortable/confident) after completion of each of the workshops the following items: 1) I know faith competency is important, 2) I am beginning to think it is ok to have a conversation with people who have different faith/belief, 3) I am more confident to have a faith conversation in the workplace, and 4) I will support activities in changing policy and allowing a faith competency framework. Figure 7 below shows a clear increasing trend in all areas supporting the efficacy of attending faith competency conversational workshops.

This is also in line with Allport (1954)'s Contact Hypothesis which states that social contact between social groups is sufficient to reduce intergroup prejudice.

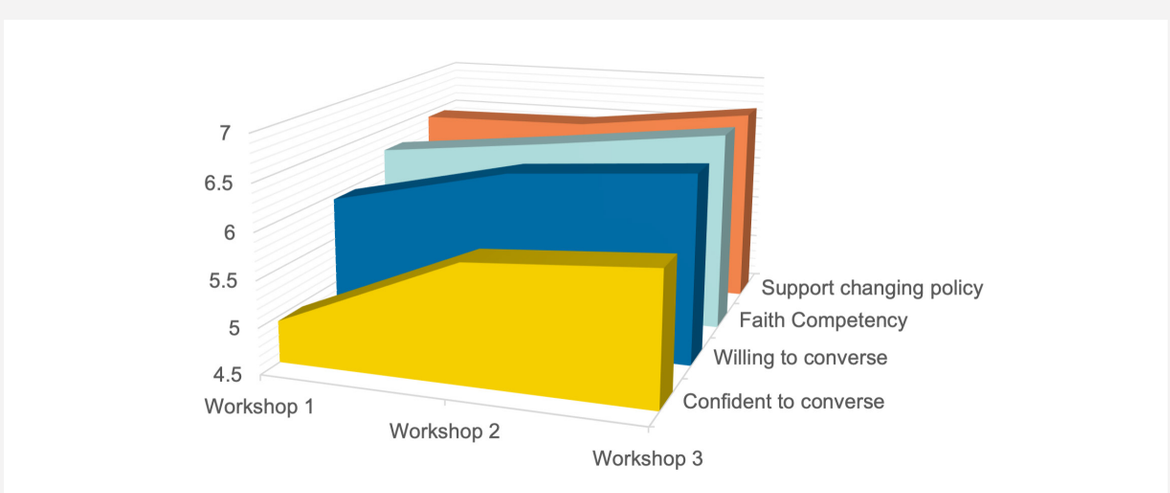


Figure 7: The efficacy of attending the faith competency conversational workshops.

AGENDA OF FUTURE RESEARCH FOR THE NHS

This current study is an important pilot study with a specific focus in researching the impact of faith competency conversational workshops. The findings point to the importance of undertaking future research and practice in the following areas:

A scoping review of existing faith and belief networks. It will help to identify current approaches and practices across all NHS Trusts. Such insight and understanding of the current practice and existing policies in faith and belief networks will help design supporting mechanisms to enable a consistent approach across all NHS Trusts.

Informants focus groups on each Trust. This will complement the above findings regarding the scoping review, gain further insight into what and how the faith and belief networks worked well, and identify the success enabling factors.

Longitudinal studies to measure change over time of NHS participants. This will offer rich insight into the personal journey of NHS participants regarding their day-to-day religious and professional and identity interactions. And, to what extent does the faith competency framework and network increase overall wellbeing. The use of photography and the ethnographic method (Perera, 2019) can aid and enrich such longitudinal studies.

KEY RECOMMENDATIONS
TO ENHANCE SAFETY IN EXPRESSING RELIGIOUS IDENTITY

Build a faith and belief competency framework into medical education and international and local recruitment.

It is worth noting the importance of working with medical schools and medical education settings to build religion and belief into the curriculum. This will allow early development of faith and belief competency frameworks. Working with medical schools and learning and development departments in the NHS would sow an important seed to prevent conflict and bring faith and belief competency into the NHS workplace. There is a real requirement for supporting international recruitment and local recruitment. The inclusion of a faith and belief competency framework in international recruitment would help to guide the conversation and raise awareness at early stage of building up the inclusive NHS workforce. This requires work in partnership with the General Medical Council.

Introduce faith and belief competency conversational workshops as a regular activity for all NHS colleagues.

The findings of this study demonstrate the positive impact of the faith competency conversational workshops over time (e.g., a minimum three times a year). Such evidence points to the importance of regular conversations between NHS colleagues of diverse faith, belief, and occupational backgrounds. This will, in turn at the individual level, *prevent* conflict, *promote* the appreciation of individual differences, and *increase* overall wellbeing; at the organisational level, it *reduces* staff turnover, *gains* trust, and *improves* the overall performance of the NHS colleagues. This will further encourage equality of access, address health inequalities and empower patients. Hence, it will ultimately make a positive contribution to the quality of patient care and the desired inclusive NHS culture.

Include a faith and belief competency framework in inductions and cultural and spiritual assessments.

Including this in inductions and spiritual assessments will facilitate a healthy conversation at the start of the employment relationship. Raising awareness of a staff member's competency framework enables a greater confidence in addressing and exploring the spiritual, cultural and religious identity and needs of a patient during their assessment. The competency framework can be used as a conceptualised intervention toolkit to guide the conversation and identify areas of support needed or any potential issues regarding the conflict between religious identity and occupational identity and working in the NHS.

Establish and support faith and belief networks/forums across all NHS Trusts.

It is crucial to try to establish and support faith and belief networks/forums across all NHS Trusts. This will send a consistent and powerful message to all colleagues that the NHS actively promotes an inclusive NHS culture. In establishing such networks/forums, both formal and informal networks/forums should be supported and encouraged. These faith and belief networks can assume the form of a single or/and multi-faith composition. Faith and belief networks in a formal form refer to the ones that the Trust establishes. Faith and belief networks in an informal form refer to those established informally by a colleague within the Trust. Importantly, both forms of faith and belief networks should be supported and encouraged by the Trust, e.g., HR, EDI, Chaplaincy.

Increase visibility of senior leaders in faith competency conversational workshops.

This is a critical factor for successfully transforming the NHS into a truly inclusive culture. Senior leaders within the Trust need to be visible in getting involved in these workshops (e.g., attending the workshops and engaging in conversations). This will send a powerful message and, therefore, positively impact the psychological contract of NHS colleagues.

Have a clear and consistent statement on the position of all NHS Trusts on the expression and behaviour of faith and belief at work.

This requires the involvement of HR, EDI, Chaplaincy, and Senior Leaders in the NHS. Clarity in the expression and behaviour of faith and belief at work requires a clear and consistent statement from the NHS across *all* NHS Trusts. This approach and practice will reduce unnecessary conflicts and offer much-needed support to middle management in equipping them to address such conflicts.

Develop a mechanism to support champions in faith and belief competence at work.

Working with the EDI, HR, senior management, and frontline representatives to develop a support mechanism that offers a clear, transparent process and guidance. For example, identify several faith and belief diversity champions in each Trust who can engage the conversations with EDI, HR, senior management, and frontline representatives. This requires the support of the communication channels of the Trusts.

Continuous conversations between HR, faith and belief groups, and senior leaders with the aim to champion faith competency at all levels.

Such conversations can occur through faith and belief networks/forums or conversational workshops. A dedicated colleague on a rotation basis is needed to work with the Trusts' communication channels/departments to create a webpage where the highlights of these conversations can be captured as a series of mini stories. All colleagues will have access to the webpage at their own time. This approach of story sharing will continue the conversations between HR, faith and belief groups, and senior leaders at all levels.

Develop a concrete resource plan to address the needs of those needing a sense of increased spiritual resilience/ recovery in their soul.

NHS colleagues have experienced moral injury, burnout, often described as 'a lost soul' especially through the pandemic period. By developing a resource plan/ spiritual recovery plan to allow, for example, a number of quiet spaces in each Trust for all NHS colleagues, religious or non-religious, beliefs or non-belief, would not only provide a feasible support to NHS colleagues but also contribute to the inclusive culture of NHS. This spiritual recovery plan would work alongside the already successful Schwartz rounds (Point of Care Foundation, 2009), and compassionate circles in allowing colleagues to express their feelings in a psychologically safe environment.

IMPACT OF THE STUDY

The impact of the study at both the individual and organisational levels is visible in terms of change, particularly in awareness, attitude, culture, and policy.

NHS Workshop Participants: Faith and Belief Competency Benefits and Change

In closing, the NHS participants were asked the following two questions about the benefit and impact of the workshops:
1) What has been the benefit for you attending these workshops?
2) What impact have they had on you?

The following are some of the example voices from each of the participating Trusts:

'I was introduced to experiences of colleagues which were thought provoking and insightful. I was able to reflect on how religion could be embraced much more to improve working lives as well as the experience and care of our patients. Having attended the workshops will allow me to do so with an increased awareness of the reality of having, celebrating and living a religious belief and working at King's.'

– Katie Gudgeon, Associate HR Business Partner, non-religious, King's College Hospital NHS Foundation Trust

'The workshops provided a rare opportunity to openly explore and discuss faith issues in our NHS and speak candidly as a person of faith in healthcare. I was able to share both the opportunities and the challenges of working in a healthcare setting whilst subscribing to a faith. I was fascinated to hear the perspectives of colleagues from other faith groups and reflect upon the diversity of opinion and practice. It was also interesting to hear how those who do not subscribe to a faith perceive those who do.

I believe through dialogue new shared understanding can emerge that enable us to make sense of difference and embrace it as the birthplace of creativity, growth and innovation. I believe that every NHS workplace would benefit from an active programme of spiritual nourishment, the creation of quiet spaces for the soul and regular gatherings for interfaith dialogue like these. I hope and pray that these workshops will be the spark that lights the spiritual hearth we've all been missing in our NHS'

– Dr Emma Wiley, Consultant Microbiologist, Muslim, Croydon University Hospital

'The workshops have been an eye opener with regards to religious identity and how this can influence an individual's behaviour. Again, for me this was of great benefit because it makes one think differently, in particular if there is a certain religion that we follow, then we want to be ourselves and not leave half of us at home. The workshops gave me confidence to be myself and take lead with regards to my behaviour and the impact this has on my religion.

The workshops are excellent, and I can honestly say it has helped me understand my religious identity and how to behave when at work.'

– Discharge Co-ordinator, Muslim, Sheffield Teaching Hospitals NHS Foundation Trust

'The workshops brought to light a greater understanding of the NHS Trust culture and the resulting issues for people of faith. They helped us to consider the contribution that people of faith can make to an organisation in terms of enrichment.

The workshops have impacted on my resolve to develop and support the Trust's work to develop a faith competency and to assimilate religion and belief as part of its character in terms of diversity and inclusion.'

– Paul McNamara, Spiritual Care & Chaplaincy Team Lead, Roman Catholic, NELFT NHS Foundation Trust

'The benefits of these workshops for me have been exploring the place of faith, beliefs and religion in health care; Good to know that other people share my views about health workers and patients' religious needs in our hospitals.

The impact on me is that my religion/faith is important to me and has made me think about the comfort that faith and beliefs bring to my life and to the life of others. Medical sciences and religion can coexist.'

– Joseph Saverimoutou, Governor, Roman Catholic, Sheffield Teaching Hospitals NHS Foundation Trust

'It has been beneficial to interact with members of the other faith communities in a structured way and understand some of the issues for different faith communities in the NHS and outside the NHS in this multicultural society. It has impacted my awareness of the faith related issues resulting in better understanding.'

– Dr S. Maheshwaran, Consultant Radiologist, Hindu, Croydon NHS Trust

NHS Trusts: Faith and Belief Benefits and Change

The first key stakeholders' event took place in January 2020. Key stakeholders consist of NHS HR professionals, Heads of NHS Employers, Chairs of NHS Trusts, NHS frontline medical colleagues and support colleagues, EDI leads of NHS Trusts, Chaplains, Governors of NHS Trusts, and long serving retired Nurses.

In closing the project, the key stakeholders were asked to response to these two questions:
1) How do you see the recommendations of this project would benefit your Trust and in what ways?
2) How would you be working together to moving this agenda forward?
Some of the example voices are:

'In NELFT we launched the Religion & Belief network as a result of Dr Héliot's last project on 'religious identity and working in the NHS', and at the time we set up the workshops for this pilot study, as these colleagues were interested parties on the subject matter, but most importantly, they were addressing particular challenges and barriers in "bringing whole self to work", sharing their knowledge and skills of their belief and religion and feeling that the Trust was allowing them a safe space to talk about these. The recommendations from this pilot study, will be key in the network developing the Religion and Belief Strategy, and its implementation will be evidence for the success of the network. I am really appreciative that NELFT were able to be part of this study and its contribution to the conversations.

I think the EDI team in collaboration with the Chaplaincy team will be instrumental in supporting this agenda, and the recommendations from the report, in engaging key stakeholders, developing accountable structures, sharing lived experiences, and personal stories, challenging status quo and brining religion and belief at the forefront of everything we do, going forward. Both our lead Chaplain and I would likely write up a business case to secure some funding and resources, once we have developed our action plan based on the recommendations.'

– Harjit K Bansal, Head of EDI, NELFT NHS Foundation Trust

'I see the recommendations of this study can benefit Croydon Trust by ways of Symbolism: a) Feeling sense of pride that Croydon has been involved in innovative research on faith and identity in the NHS b) Grateful for opportunity to invite and support staff, chaplaincy and HR to attend and express views on faith c) Grateful trust and chief executive has supported piece of work/advertised via trust comms. Meaning: Opened up the organisational dialogue on faith perhaps for the first time and invited all to attend Starting to put faith on an equal footing to other protected characteristics.

We will share this report with faith and belief forum together with highlights/ recommendations locally and nationally, the EDI committee, The Trust Comms/Webinar, submit as poster at Croydon research and development day. We will also be discussing in our Trust and making action plan according to the recommendations. Our local recommendations could include addressing organisational culture and faith, faith environment/structure and addressing policy.'

– Dr Emma Wiley, Consultant Microbiologist, Croydon University Hospital

'The findings of Dr Héliot's research, the outcomes and engagement with other Trusts will help to make a case for the EDI committee about why we should have a staff belief network and note the importance of recognising colleagues' beliefs and to have a platform for this.

Often with developing a belief network it is chaplaincy who leads on this, the faith competency conversational workshops show that we can learn from each other about how other Trusts implement the findings of the results of this research through various ways- such as the chaplaincy networks/ bodies/for a as well as future Integrated Care Structure structures to give chaplaincy a voice and with this the need of belief expression of colleagues.'

– Lindsay van Dijk, Head of Chaplaincy, Humanist Pastoral Carer, Sheffield Teaching Hospitals NHS Foundation Trust

'As senior HR executive I know CWPT look forward to embedding the proposals made in this paper into our organisation.

We can see the difference they will make in improving our colleagues' wellbeing and ultimately service user experience by working alongside our other policies to make our Trust an inclusive psychologically safe place for everyone to work in.'

– Jennifer Lamont, Human Resources Business Partner – Projects and Policies, Coventry and Warwickshire Partnership Trust

'Participating in this study has allowed our Trust to understand the potential impacts that our faith can have in the workplace. Not only in worship but in our behaviours and expectations. Our faith provides the very foundations of our understanding of what is important to us and our faith. By talking about our beliefs with others we are able to share how this affects us at work, interacting with others and the decisions that we make when undertaking the duties of our profession.

The outcomes of this study will provide a platform for our Trust to build on in identifying with others the implications of our beliefs but also to share an understanding of the faith so that others can be tolerate and allow people of all faiths and beliefs to work together'.

– Revd. Andrew Dovey, Lead for Chaplaincy & Spiritual Care with Bereavement Services, Croydon Health Services NHS Trust

'Despite the progress that has been made in some areas of the equality agenda in recent years, there is still a general acceptance that more needs to be done to move towards a truly intersectional approach. Employers need a more comprehensive understanding of equality issues across all the protected characteristics and a better insight into the data underpinning those categorisations. This is why the research that Dr Héliot at the Surrey Business School have undertaken into Influencing & Supporting Religious Identity in the NHS through Faith Competency is so critical – as it starts to overlay the importance of an individual's faith and spirituality in the workplace on top of the more "visible" aspects of equality such as gender, race and disability. By doing this, this research will also contribute to our understanding of what is referred to in the NHS People Plan as "belonging" – and how we can begin to move towards creating workplaces where all staff can feel genuinely safe to be themselves at work. This will hopefully then lead us to the next phase of research – identifying those workplaces that have taken that step towards becoming a psychologically safe environment where staff are treated as multi-dimensional entities.'

– Paul Deemer, Head of Diversity and Inclusion, NHS Employers

'As chairman of an NHS Trust and someone who was fortunate to lead the chaplaincy project for NHS Employers I know how important this topic is and how important it will be for this report to be shared widely and the learning embedded. I look forward to embedding the proposals made in this paper in my organisation and wider in the NHS via my many networks.

I am confident if the recommendations and learning is taken on board in the NHS and wider we will see the difference in improving our staff wellbeing and ultimately service user experience and providing an inclusive psychologically safe place for everyone to work in.'

– Jagtar Singh, Chair of Coventry & Warwick NHS Partnership Trust

CONCLUSION

The impact of the study is that it demonstrates how individual concerns and organisation interests can be openly articulated and shared to mutual benefit. There is a strong desire to see concrete *actions* in creating and enhancing a psychologically safe space and environment across all NHS Trusts for colleagues from all faith and belief backgrounds. Such actions require clarity from senior management in the NHS and conversations to bring together HR, EDI, Chaplaincy, representatives from the frontline medical teams and support teams within the NHS.

It also requires work in partnership with NHS religion advisory group, British Medical Association equality and General Medical Council equality group. This faith and belief competency framework is a useful conceptualised intervention toolkit to aid and enable this important enhancement to the quality of work-life for NHS staff and their patients. This framework will enhance NHS Human Resource Management and consequently, the reputational value as an employer. Only when values are in *action* can we then experience a truly inclusive NHS culture, see a thriving NHS workforce, and bring the best possible NHS to serve the patients.

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She uses both qualitative and quantitative research methods. Her research has been published in leading international journals including *Work, Employment and Society*, *Human Resource Management, Journal of Business Ethics, International Journal of Management Reviews, Studies in Higher Education, Frontiers in Psychology* and received several awards, most notably the Best Paper Award from Academy of Management Conference, and Australian and New Zealand Academy of Management Conference.


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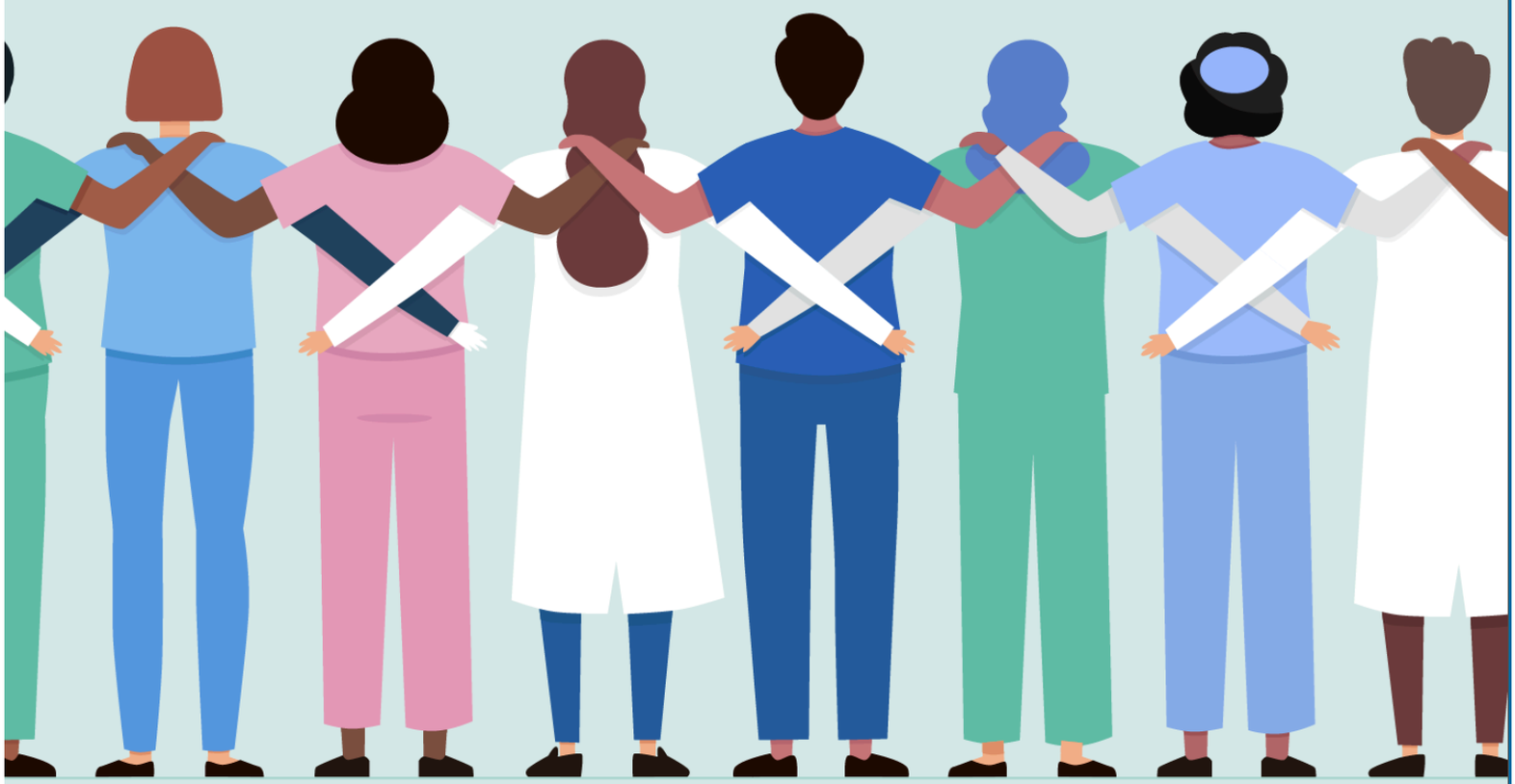

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