GENDER PAY GAP SUMMARY

NHS REPORT

RESEARCH OVERVIEW

The purpose of this research was to provide NHS Trusts with actionable insights into the cultural factors contributing to the Gender Pay Gap. The assessment was designed by Assessment Psychologists at Conflux and delivered through Questback, the leading employee feedback and reporting platform provider.

The Talent Parity Assessment measures both the behavioural and cultural factors that influence decisions and ways of operating, along with the expectations of employees and the wider organisation. This provides data which can be used to understand what is really happening within NHS Trusts when it comes to gender inequality, to allow cultural barriers can be addressed to help to narrow the Gender Pay Gap. Employees across 15 NHS Trusts were invited to respond to the online survey in February 2019 and this summary of results is based upon the 5,754 completed responses.
Expectations Regarding Equality are Not Being Met

When asked to rate the level of commitment to equal opportunity for their current employer, 34% of men and 35% of women indicated their current Trust was “fully committed to equal opportunity for all staff” with 36% of men and 33% of women believing that people succeed on merit at their Trust. These figures are significantly below those for other employment sectors. These findings are largely consistent irrespective of sexuality or ethnicity, while respondents reporting a disability were least positive.

**KEY ACTION:**

Encourage the board to systematically and regularly talk about equality diversity and inclusion.
Masculine Traits are Valued and Rewarded in Leadership

Respondents identified the key leadership traits they felt were most valued and rewarded within their Trust when it came to decisions regarding hiring, promotion and performance management. Separately, respondents also rated these traits as perceived masculine, feminine or gender-neutral.

The relationship between the value placed on these traits and their association with gender, indicates a very high correlation at 0.67. Traits identified as being typically masculine such as confidence and assertiveness and competitiveness were seen to be valued in leadership far more than feminine traits such as patience, compassion and empathy. These findings are true for both male and female respondents and the strength of association increases with seniority.

KEY ACTION:

This preference for characteristics perceived as masculine in hiring, promotion and performance management is likely to unconsciously reinforce the gender gap and could be a major factor in preventing the creation of more balanced senior teams. Challenging stereotypical views of leadership and supporting the advancement of women in the workplace is required to create more balanced teams, especially at senior levels.

WHO?

HR and recruitment and learning and development specialists should look at ways of addressing.
Far Greater Emphasis on Feminine Traits is Required

**Feminine Traits:**
- Open-mindedness
- Compassion
- Empathy

**Masculine Traits:**
- Competitiveness
- Assertiveness
- Confidence

When asked what traits should be most valued and rewarded if their Trust is to perform at the highest possible level, respondents placed a much greater emphasis on traits perceived as feminine. These included traits such as open-mindedness, compassion and empathy. Masculine traits such as competitiveness, assertiveness and confidence were actually considered to be some of the least desirable in leadership.

**Key Action:**

Challenging the status quo is required if Trusts are to achieve gender parity. These findings indicate that while the dominance of masculine traits in leadership may be the deeply-rooted norm, there is a significant appetite for change across participating Trusts.

**Who?**

HR and recruitment and learning and development specialists should look at ways of addressing this.
Prevailing Culture Impacts Attitudes and Career Choices

Female respondents were less confident than their male counterparts that if promoted, they would be readily accepted within the senior community at their (41% for women vs. 47% for men).

This discrepancy was greatest for employees in the higher pay bands. Women earning over £60,000 pa were significantly less likely to believe that the values of senior leadership matched their own (24% for women vs 32% for men).

**KEY ACTION:**

As women progress, the impact of perceptions of leadership culture on attitudes and career decisions increases.

**WHO?**

Talent management specialists.
Mixed Evidence for Ethnicity and Disability Pay Gaps

Demographic profiling of the respondents reinforces the view that the NHS gender pay gap is largely due to a lower proportion of women in the most senior and better paid roles. There is no consistent evidence for an ethnicity pay gap within this sample. The percentage of employees self-identifying as disabled decreases in a linear fashion with increasing pay band. While 22% of all respondents identified themselves as having a disability, 27% of those earning less than £20,000 pa identified as disabled, falling to 17% for those earning over £60,000. The proportion of women with a disability in the lowest pay bracket is more than twice that in the highest. These figures suggest that there is likely to be a very significant disability pay gap across the participating trusts.

Conclusions and Recommendations

Before any action can be taken to close the pay gap, Trusts need to recognise that there is a problem and appreciate that addressing it is an imperative. Unlike research conducted in other employment sectors, these results show a consistent view of the prevailing culture and the change required within the NHS. This provides a very good starting point taking meaningful steps to address the cultural biases underpinning the gender pay gap.

KEY ACTION:

Greater understanding of other potential pay gaps is needed, particularly with regard to intersectionality.

WHO?

Workforce analysis and workforce planning specialists and HR.
Constant scrutiny of procedures and decisions around recruitment, performance management and promotion is needed. Critical evaluation of the language and tone of all materials related to recruitment, competency frameworks, performance management and career development will help to eliminate gender bias such as around the language and tone within job descriptions and the channels used in recruitment.

Informal and unstructured recruitment and assessment procedures are a major source of bias. Ensure structured, skills-based assessments are in place for recruitment and promotion decisions. Rigor in selection based on clear, transparent criteria that stand up to further scrutiny help to eliminate bias.

To drive lasting change, best practice processes need to be in place and enforced. All managers with responsibility for talent management should commit to following simple established best practices, such as providing feedback to unsuccessful applicants. These need to become the expected norm. This will support the creation of an open, meritocratic culture across the NHS.