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A mixed methods study of the biopsychosocial and economic impacts of workplace racism among Black professionals in the United Kingdom

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Abstract

Purpose

Workplace racism is increasingly recognised as a social determinant of health, yet its interconnected psychological, social, and economic consequences for Black professionals in the UK remain underexplored. This study examines how workplace racism operates as a biopsychosocial-economic (BPSE) stressor, shaping mental health, organisational engagement, and career precarity, while identifying pathways of coping and resistance.

Methods

A convergent parallel mixed-methods design was employed. An exploratory online survey (n = 53) assessed experiences of workplace racism, reporting confidence, perceived inclusiveness, and policy effectiveness. Semi-structured interviews (n = 11) and focus groups (n = 12) explored lived experiences of racism, coping strategies, organisational responses, and economic impacts. Quantitative data were analysed descriptively and through group comparisons, while qualitative data were analysed thematically. Findings were integrated using a joint-display matrix.

Results

Most survey respondents reported experiencing (73.6%) or witnessing (69.8%) workplace racism, alongside low confidence in reporting mechanisms and low perceived policy effectiveness. Black and younger respondents reported significantly lower workplace inclusiveness. Qualitative analysis identified five interrelated themes: structural and institutional racism; psychological and health consequences; cultural stoicism and silenced resistance; economic exploitation and career precarity; and empowerment through solidarity, faith, and embodied coping practices. Integrated findings indicate cumulative biopsychosocial and economic harms, partially mitigated by alternative support networks in the absence of effective organisational responses.

Conclusions

Workplace racism functions as a structural determinant of health for Black professionals, operating through interconnected psychological, social, and economic pathways.

Introduction

Racism is a systemic form of discrimination that sustains inequalities favouring White groups and operates across institutional, interpersonal, and structural levels (1). It is increasingly recognised as a critical social determinant of health, with significant consequences for mental, physical, and social well-being (1–3). In the United Kingdom (UK), approximately 1 in 3 ethnic minority employees report experiencing workplace discrimination (4). Sector-specific evidence reinforces these patterns. Data from the NHS England (5) Workforce Race Equality Standard (WRES) indicates that Black staff are disproportionately subjected to formal disciplinary processes and are less likely to benefit from informal resolution than White colleagues.

These inequalities demonstrate how racism remains embedded within professional structures, shaping both occupational and health disparities. Empirical research consistently links exposure to workplace racism with elevated anxiety, depression, and burnout among racialised employees (6, 7). Meta-analytic evidence confirms that perceived discrimination is strongly associated with adverse mental health outcomes, highlighting racism as a chronic psychosocial stressor rather than an isolated interpersonal experience (8).

Beyond health impacts, racism produces measurable economic harm. According to the Office for National Statistics (9) report *Ethnicity pay gaps, UK: 2012–2022*, median hourly pay in 2022 was £13.53 for Black employees compared with £14.35 for White employees, indicating racial pay disparities. Structural barriers to advancement are further evidenced by the Parker Review (10), which reported that Black professionals hold fewer than 1% of senior leadership roles in major UK companies, despite comprising approximately 3–4% of the working-age population.

To examine these interconnected harms, this study adopts a Biopsychosocial-Economic (BPSE) framework, extending Engel's (11) biopsychosocial model to explicitly incorporate economic precarity as a determinant of health. Intersectionality theory (12) is used here to illuminate how overlapping social positions shape differentiated experiences of racism and vulnerability. Critical Race Theory (CRT)) (13) frames racism as an enduring and systemic feature of institutional life, while the Racialised Organisations Framework (ROF) (14) provides an organisational lens for analysing how ostensibly neutral policies reproduce racial hierarchies and constrain progression.

This mixed-methods study aims to: (1) quantify links between racism, psychological distress, and economic disadvantage; (2) explore lived experiences of coping, resistance, and resilience; and (3) integrate findings to inform intersectionality-based, culturally responsive policies promoting equity, accountability, and psychological safety at work.

Methods

Study design

This study used a convergent parallel mixed-methods design (15) to examine the biopsychosocial-economic (BPSE) impact of workplace racism on Black professionals in the UK. Quantitative and qualitative data were collected concurrently, analysed separately, and integrated during interpretation to enable triangulation between prevalence patterns and lived experiences.

Procedure

Three complementary participant groups contributed data. Survey respondents (n = 53) were predominantly Black (79.6%), with smaller proportions identifying as Mixed, White, Asian, or Other; ages ranged from the 20s to the 60s, with most participants aged 40–59. Semi-structured interviews were conducted with 11 Black professionals (Table 1) who had experienced or witnessed workplace racism. Participants were purposively sampled to ensure variation in sector and career stage, though participation was predominantly female (9 women, 2 men). Two focus groups (n = 12; Table 1) were initially advertised as co-creative workshops but were restructured into facilitated discussion groups due to low attendance; both groups comprised women.

Recruitment occurred across the UK (London, Milton Keynes, Manchester, Liverpool) through professional associations, university staff networks, community organisations, and targeted mailing lists. Flyers with QR codes directed participants to an online survey and a registration form for interviews and focus groups. Participation was voluntary, responses were anonymised, and optional demographic questions were included. Written informed consent was obtained from all interview and focus group participants, who received a £30 voucher.

Participants

Table 1
Qualitative Participants' Characteristics (Interviews and Focus Groups)

Participant ID	Gender	Role / Location in the UK	Workplace Context / Sector	Experience
P1	Female	Lecturer in Education. London	High-rated Group of university, predominantly white,	> 20 yrs, PhD
P2	Female	Primary School Teacher. Manchester	Middle Leader / Coordinator	> 20 yrs, qualified teacher
P3	Female	Consultant / Leicestershire	Assessor in police custody	> 15 years, Higher Education
P4	Male	Lecturer in Civil Engineering	CConstruction sector	> 20 yrs, master's degree
P5	Female	Senior Lecturer in Policing. Liverpool	University department (predominantly white)	> 15 yrs, PhD
P6	Female	Civil servant. Berkshire.	Central government office	> 15 yrs, PhD
P7	Male	Software Engineer. London	Public and private sectors	> 25 yrs, master's degree
P8	Female	Student Experience Advisor Milton Keynes	Open University; prison education	> 15 yrs, degree
P9	Female	Senior Manager (Student Casework) Northamptonshire	Higher education (Open University)	> 15 yrs, master's degree
P10	Female	Nurse (Agency / NMC Referral) Manchester	Health & Social Care sector	> 20 yrs, PhD
P11	Female	Teaching Assistant in Special Needs School Kent	Private special needs school	> 3 yrs, degree
FG1-1	Female	Social Worker London	Local Authority Social Services	> 5 yrs, Master's degrees
FG1-2	Female	Education Professional / Trainer London	Primary & Secondary Education Leadership	> 15 yrs, degree
FG1-3	Female	Researcher / Facilitator London	Academic and Community Research	> 10 yrs, PhD
FG1-4	Female	Mental Health Practitioner London	Council / Community MH Services	>>5 yrs, master's degree
FG1-5	Female	Mental Health Support Worker Kent	Supported Housing / MH	> 5 yrs, degree
FG1-6	Female	Academic / Teacher London	Higher Education & Primary Education	> 20 + yrs, degree
FG2-1 (7)	Female	Teaching Assistant (Special Needs) Kent	Special Needs School	> 5 yrs, degree
FG2-2 (8)	Female	Parent Support Worker Kent	School Setting	> 10 yrs, degree
FG2-3 (9)	Female	School Business Manager (Trainee) London	Primary School	> 15 yrs, master's degree
FG2-4 (10)	Female	Public Sector Support Staff London	Public Sector Office	> 10 yrs, degree
FG2-5 (11)	Female	Teacher / Support Worker London	Special Needs School / Hospitality	> 10 yrs, MSc
FG2-6 (12)	Female	Administrative Worker London	Public Service	> 5 yrs, degree

Measures

Survey instrument

The questionnaire was not intended as a psychometric scale but as a context-specific instrument to capture workplace experiences relevant to the qualitative inquiry. A 15-item online questionnaire, co-designed with professionals, assessed experiences of workplace racism, reporting confidence, awareness and perceived effectiveness of anti-racism policies, training exposure, and managerial responses (Supplemental file 1). Two 5-point Likert-scale items measured perceived workplace inclusiveness and policy effectiveness. Demographic items were optional to protect anonymity.

Semi-structured interviews and Focus group

Interviews explored experiences of racism, coping strategies, reporting barriers, organisational responses, and perceived psychological and economic impacts. The interview guide is available on request. Interviews lasted 45–70 minutes and were conducted online between May and September 2025 with written and verbal consent. Two audio-recorded focus groups were held on 21 May and 20 June 2025. Each session began with a brief dance for health exercise to promote engagement and well-being, followed by a facilitated discussion. All recordings were destroyed following transcription.

Analysis

Quantitative analysis

No a priori sample size calculation was conducted, as the survey component was designed to be exploratory and descriptive, intended to contextualise and triangulate qualitative findings rather than to generate population-level estimates or test causal hypotheses. The quantitative analysis, therefore, focuses on prevalence patterns and group comparisons to support integrated interpretation, consistent with mixed-methods guidance for exploratory health research (15) .

Survey responses were analysed using *IBM SPSS Statistics v28*, as detailed in supplemental file 2. Descriptive statistics summarised frequencies, percentages, means, and standard deviations. One-way analyses of variance (ANOVA) tested for group differences in inclusiveness ratings across ethnic and age categories, applying a significance threshold of $p < .05$. The ANOVA revealed significant differences in inclusiveness perceptions by ethnicity ($F[3, 43] = 15.13$, $p < .001$) and by age group ($F[5, 35] = 32.95$, $p < .001$). Black and younger respondents reported substantially lower inclusiveness compared with older or non-Black peers.

Qualitative analysis.

Interview and focus-group transcripts were analysed thematically using the six-phase approach of (16): familiarisation, initial coding, theme generation, review, definition, and reporting. Manual colour-coding facilitated systematic organisation and retrieval of data, detailed in supplemental file 3. A hybrid inductive-deductive strategy was employed. Codes were generated directly from participants' language, guided by theoretical constructs of institutional racism and cultural stoicism. Triangulation across interviews and focus groups strengthened perceived credibility. Reflexive memos documented analytic decisions, and peer debriefing among researchers enhanced dependability. Ellipses (…) were used to improve readability and to shorten quotations without altering their original meaning. An audit trail documenting coding decisions, theme development, and integration steps was maintained to support transparency and analytic rigour (Supplementary file 3).

Patient and Public Involvement

Professionals and community members with lived experience of workplace racism contributed to the development and refinement of the survey instrument to ensure relevance, clarity, and sensitivity. Public contributors also informed the focus group format, including the incorporation of a brief dance-for-health activity to support well-being and engagement during discussions of potentially distressing experiences. Findings have been disseminated through professional and community networks to inform policy, practice, and advocacy on workplace racism and mental health. Participants were not involved in the final statistical analysis, but their lived experiences were central to the interpretation of the qualitative findings.

Results

Results are presented to illustrate patterns and lived experiences within this sample and are not intended to be generalised to all Black professionals in the UK.

Quantitative Results

Table 2 presents the quantitative results, summarising demographic characteristics and key workplace experiences related to racism, inclusiveness, and policy effectiveness. The data highlight prevalent experiences and observations of racism, low confidence in reporting mechanisms, limited anti-racism training, and significant disparities in inclusiveness perceptions across ethnic and age groups.

Table 2
Quantitative Findings Summary

Domain / Survey Item	Variable Type	Key Result(s)	Interpretation / Insight
Sample Profile (n = 53)	Demographic summary	79.6% Black; 8% Mixed; 4% White; 2% Asian; 4% Other; ages 20s–60s (largest 40–59 yrs ≈ 48%)	The majority of Black professionals are in mid-career stages
Experience of Racism	Yes/No	73.6% (39/53) reported personal experience of racism; 26.4% had not.	Nearly three-quarters of respondents personally experienced racism at work.
Witnessed Racism	Yes/No	69.8% (37/53) had witnessed racist incidents; 30.2% had not.	Indicates that racism is both experienced and observed by most staff.
Comfort in Reporting	Yes/No/Not sure	35.8% Yes; 43.4% No; 20.8% Not sure.	Less than half feel safe reporting racism,
Existence of Anti-Racism Policy	Yes/No/Not sure	45.3% Yes; 18.9% No; 35.8% Not sure.	Policies are unclear or poorly communicated in many organisations.
Effectiveness of Anti-Racism Policies (1–5 Likert)	Continuous	Mean = 2.08 (SD = 1.21); 48% rated "1 = Not effective"; 4% rated "5 = Very effective."	Perceived policy effectiveness is very low.
Participation in Anti-Racism Training	Yes/No	41.5% Yes; 58.5% No.	Fewer than ½ of employees have received any formal anti-racism training.
Perceived Inclusiveness of Workplace (1–5 Likert)	Continuous	Mean = 2.63 (SD = 1.34); modal value = 3 (30.8%); 26.9% rated 1 = "Not inclusive."	Average inclusiveness rated below moderate; wide variation but skewed to negative perceptions.
Observed Consequences for Racist Behaviour	Yes/No/Not sure	18.9% Yes; 64.2% No; 15.1% Not sure.	Visible accountability for racism is rare or inconsistent.
Perception: "Management Takes Racism Seriously"	Yes/Sometimes/No	21.6% Yes; 49.0% Sometimes; 29.4% No.	½ perceive only conditional or inconsistent management commitment.
ANOVA: Inclusiveness by Ethnicity	$F(3, 43) = 15.13$, $p < .001$	Mean scores: Black = 2.03; White = 4.00; Mixed ≈ 3.75; Other = 5.00.	Black employees rated workplaces as significantly less inclusive than those rated by all other groups.
ANOVA: Inclusiveness by Age	$F(5, 35) = 32.95$, $p < .001$	Younger respondents (20s–30s) ≈ 1.0 = "Not inclusive"; older (50–59) ≈ 2.5; 60 + ≈ 3.1.	Younger staff perceive markedly lower inclusiveness, suggesting generational disparities in racial climate.

Qualitative Results

Thematic analysis of 11 interviews and two focus groups identified five interrelated themes (Table 3; supplemental file 3) capturing the biopsychosocial and economic impacts of workplace racism on Black professionals. The themes represent distinct yet overlapping dimensions of harm and resilience shaped by structural inequities and align with the quantitative patterns.

Table 3
Qualitative Themes Overview

Theme	Interpretive Summary (Biopsychosocial-Economic Link)
1. Structural and Institutional Racism	Racism operates through policies and power structures that normalise exclusion and retaliatory risk, producing chronic mistrust and physiological stress responses.
2. Psychological and Health Consequences of Racism	Continuous exposure to racial stress triggers psychological and physiological deterioration, manifesting as insomnia, depression, and burnout.
3. Cultural Stoicism, Internalised Racism & Silenced Resistance	Stoicism and internalised restraint serve as culturally shaped survival tactics, maintaining composure but silencing resistance and compounding emotional distress.
4. Economic Exploitation and Career Precarity	Racism generates economic losses through suspension, dismissal, and blocked advancement, reinforcing psychological and social disadvantage and creating an economic feedback loop.
5. Empowerment, Solidarity & Pathways for Reform	Solidarity, faith, and structural reform transformed distress into agency. Dance and recreation eased stress and strengthened interaction under pressure, while rights awareness and collective advocacy functioned as protective, reform-driving forces within hostile systems.

Integration of quantitative and qualitative strands.

Integration was achieved through a joint display matrix in Table 4, linking quantitative patterns with qualitative themes and participant narratives. Convergences strengthened the interpretation (15). For example, low confidence in reporting racism aligned with accounts that *"the reporting system… doesn't work" (P1, p. 11)* and fear of being labelled *"aggressive" (P1, p. 7)*. Likewise, low policy-effectiveness scores matched experiences of inaction: *"nothing was done, in fact, that person was promoted" (FG-7, p. 296)*. This integration grounded statistical trends in lived experience, enhancing the study's perceived meta-inferences.

Table 4
Integrated Joint-Display Matrix Linking Quantitative and Qualitative Findings

Quantitative Domain	Key Quantitative Finding	Linked Themes
Sample profile	Majority Black (79.6%), mid-career	Structural Racism; Economic Precarity
Personal experience of racism	73.6% experienced racism	Psychological Harm; Structural Racism
Witnessed racism	69.8% witnessed racism	Silenced Resistance; Structural Racism
Comfort in reporting	Only 35.8% feel safe reporting	Cultural Stoicism; Structural Racism
Awareness of anti-racism policy	35.8% "Not sure"	Empowerment & Reform; Structural Racism
Effectiveness of anti-racism policies	Mean = 2.08; almost half said "Not effective"	Structural Racism; Psychological Harm
Participation in anti-racism training	Only 41.5% had training	Reform Pathways; Structural Racism
Perceived inclusiveness	Mean 2.63; many rated workplaces "Not inclusive"	Psychological Harm; Stoicism; Internalised Racism & Silenced Resistance
Consequences for racist behaviour	Only 18.9% saw consequences	Structural Racism; Economic Harm
Management takes racism seriously	Only 21.6% agreed	Psychological Harm; Structural Racism
Inclusiveness by ethnicity (ANOVA)	Black staff far lower than White staff	Economic Precarity; Structural Racism; Psychological Harm

Theme 1: Structural and Institutional Racism

Participants' accounts consistently framed racism as institutionally mediated, operating through organisational policies, procedures, and decision-making practices rather than through isolated interpersonal acts. This qualitative pattern converged with the quantitative findings, which showed high exposure to racism alongside low confidence in organisational responses, shaping a context in which institutional processes were experienced as uneven and, at times, unsafe. Survey results indicated that 73.6% of respondents reported personally experiencing racism at work, and 69.8% had witnessed racist incidents, suggesting that participants were situated within environments where racialised dynamics were recurrent rather than exceptional (supplemental files 2 & 3 and Table 4).

Within this context, participants described how formal structures, such as grievance procedures, promotion pathways, and investigations, were perceived as neutral in principle but inconsistent in practice. One academic articulated racism as a structural condition, describing workplace racism as:

"people and structures that create hostile environments in a workplace for those of us who are marginalised and minoritised. In predominantly white spaces, it means that you are either implicitly or explicitly always at a disadvantage" (P1, p. 16).

She further emphasised that disadvantage emerged when those holding power did not "recognise, understand, or accept the difficulties that those of us who are marginalised…experience in those spaces" *(P1, p. 16).*

Confidence in reporting mechanisms was a central institutional issue. Quantitatively, only 35.8% of respondents reported feeling comfortable reporting racist incidents, while 43.4% reported discomfort and 20.8% were unsure, indicating widespread uncertainty about procedural safety. Participants' narratives illuminated how this uncertainty developed. One focus group participant reflected on racism as something *"subtle, hidden within policies and practices"* (FG2-5, p. 295), making it difficult to challenge without risking misinterpretation or dismissal.

Where participants did pursue formal complaints, experiences often reinforced scepticism about procedural fairness. One participant who submitted extensive evidence questioned the independence of the process:

"The so-called "independent investigator" turned out to be one of the principals from their other schools. …So how is that independent? (FG2-3, p. 297).

She described the outcome succinctly:

"You didn't follow processes. You didn't follow policy. Nothing." (FG2-3, p. 297)

Such accounts align with survey findings showing that only 18.9% of respondents had ever seen a colleague face consequences for racist behaviour, suggesting limited visible accountability within organisations

Participants also located institutional racism within career progression and recognition structures. Survey data revealed low perceived effectiveness of anti-racism policies (mean = 2.08 out of 5), alongside modest ratings of workplace inclusiveness (mean = 2.63 out of 5). Qualitative narratives contextualised these figures. P2, a teacher, stated:

"The first one was applying for an assistant headteacher role four times at the same school. Despite being an experienced teacher, holding the right qualifications, having completed a management course, and leading departments without receiving additional pay—I was told I wasn't successful each time…I was overlooked despite being qualified. That's institutional racism" (p. 28)

Others described being asked to undertake leadership or specialist responsibilities without commensurate title or pay, reinforcing perceptions of constrained advancement.

Fear of negative repercussions shaped how participants navigated these structures. Several described informal warnings about the risks of speaking up. One focus group member captured this concern clearly: "Why are we blowing the whistle to the same people who are part of the problem?" (p. 244). This perceived risk helps explain the quantitative pattern of low reporting comfort and limited confidence in organisational responses.

Largely, the integration of quantitative and qualitative findings indicates that structural and institutional racism was experienced not as an overt organisational stance, but as a patterned outcome of routine practices. High exposure to racism, low inclusiveness, limited accountability, and uncertain reporting pathways combined to produce environments in which participants managed risk carefully, often through silence or withdrawal. Participants' narratives foreground how institutional arrangements shaped everyday experiences of work, influencing trust, safety, and engagement within organisational life.

Theme 2: Psychological and Health Consequences of Racism

Participants' narratives showed that workplace racism was experienced as a chronic psychological and physiological stressor, with effects that accumulated over time rather than arising from single incidents. These qualitative accounts closely aligned with the quantitative findings, which indicated a high prevalence of racism exposure and low perceptions of organisational inclusiveness, conditions that form the backdrop to sustained psychological strain. Survey data indicated that 73.6% of respondents had personally experienced racism at work, and 69.8% had witnessed racist incidents, suggesting that many participants were operating in environments characterised by ongoing racial stress rather than isolated events (supplemental files 2 & 3 and Table 4)

Within this context, participants described the embodied toll of prolonged exposure. One focus group participant stated:

"I was so burnt out. I went off sick for two months because I just couldn't take it anymore. My body was literally exhausted. I just wanted to get away" (p. 298).

This account resonates with the broader pattern of low workplace inclusiveness reported in the survey (mean = 2.63 out of 5), indicating environments that many respondents experienced as psychologically unsupportive

Anxiety emerged as a prominent consequence of racialised workplace stress. Participants described fear, hypervigilance, and emotional depletion that shaped everyday behaviour. One narrative captured this vividly:

"She became so afraid and emotionally drained that she didn't even want to see the person who was being racist toward her. She had reported it, but nothing was done, in fact, that person was promoted." (FG2-7, p. 297)

Quantitative findings help contextualise this response. Only 35.8% of survey respondents reported feeling comfortable reporting racist incidents, suggesting that many individuals manage distress internally rather than through formal support channels

This lack of psychological safety appeared to intensify anxiety and withdrawal.

Participants also described erosion of confidence and reduced psychological capacity, which affected engagement and performance. One academic reflected:

"Because my confidence levels were so low…there were opportunities to collaborate on things…[that I just] didn't feel confident enough to take" (P1, p. 15&16).

Such accounts align with survey findings showing limited confidence in organisational responses, including low ratings of policy effectiveness (mean = 2.08 out of 5), reinforcing a context in which distress remains insufficiently addressed

For some, the cumulative psychological impact manifested as disengagement from work itself: In the focus group narration, one participant said, "*When these issues were happening, people said they didn't even want to go to work anymore. They couldn't face getting up in the morning". (p. 296)*

The integration of quantitative and qualitative data demonstrates how high exposure to racism, low inclusiveness, and limited reporting confidence coalesced into sustained psychological strain. Participants' words illustrate that anxiety, exhaustion, and withdrawal were not individual pathologies, but understandable responses to prolonged racialised stress within workplace environments.

Theme 3: Cultural Stoicism, Internalisation, and Silenced Resistance

This theme captures how participants navigated workplace racism through culturally shaped strategies of endurance, restraint, and selective silence. Rather than indicating passivity or acceptance, these responses were described as protective adaptations developed within contexts where formal avenues of redress were perceived as risky or ineffective. The qualitative accounts converged with quantitative findings showing low confidence in reporting mechanisms, helping to explain why resistance was often internalised or displaced rather than openly articulated. (supplemental files 2 & 3 and Table 4)

Participants described learning to manage racism through emotional containment. P9 reflected on how repeated exposure led to a default posture of endurance: *"It's exhausting after a while. You just get on with your job and 'take it on the chin,' even though that's not healthy" (p. 190).* Here, stoicism functioned as a survival strategy, enabling continued employment while simultaneously suppressing emotional expression.

Several participants described withdrawal as a form of self-protection, particularly when reporting had previously resulted in dismissal or delay in addressing concerns. In focus group discussions, participants noted that when racism occurred, *"we don't go and report them to management. We speak amongst ourselves" (p. 298)*. This intra-group sharing created informal spaces of validation, but also reinforced the absence of institutional accountability. Withdrawal was not only social but spatial and psychological, shaping how participants moved through workplaces and engaged with colleagues.

Internalisation of racism was also discussed in relation to self-monitoring and emotional regulation. Participants described being cautious about tone, behaviour, and visibility, aware that emotional expression could be reinterpreted negatively. One participant noted that stereotypes such as being perceived as *"too loud"* or *"too brash"* made it difficult to just be themselves, leading to constant self-adjustment *(P8, p. 175)*. This vigilance contributed to emotional fatigue and reinforced silence as a safer option than confrontation.

Quantitative findings further contextualise these narratives. Only 18.9% of respondents had ever seen a colleague face consequences for racist behaviour, suggesting limited visible accountability. In this environment, cultural stoicism and withdrawal emerged as rational responses to institutional uncertainty.

This theme shows that silenced resistance was not an absence of agency, but a reconfiguration of agency under constraint. Participants' narratives demonstrate how cultural expectations of strength, combined with organisational risk, shaped patterns of internalisation and withdrawal that protected livelihoods while exacting high emotional cost.

Theme 4: Economic Exploitation and Career Precarity

Participants' narratives demonstrated that workplace racism was experienced not only as a psychological or social burden but as a **material and economic force** shaping career trajectories, income security, and long-term professional stability. These qualitative accounts converged with quantitative findings showing limited accountability and low confidence in organisational responses, conditions that rendered economic precarity a persistent risk rather than an exceptional outcome (supplemental files 3 and Table 4)

Within this context, participants described how racism translated into stalled progression, loss of income, and blocked opportunity. Several accounts focused on repeated experiences of being overlooked for promotion despite qualifications and demonstrated competence. As noted earlier in Theme 1, P2 reflected on how she had applied multiple times for senior roles without success, despite undertaking leadership responsibilities without commensurate recognition or pay. These experiences were not framed as isolated disappointments, but as patterned outcomes that limited career mobility over time.

Economic consequences also emerged from the withdrawal from opportunities due to diminished confidence and emotional depletion. P1 described how prolonged engagement with grievance processes undermined her capacity to pursue collaborative projects and external work, directly affecting her income. This illustrates how psychological harm and economic loss were intertwined, with racism constraining not only advancement within organisations but also engagement with supplementary professional opportunities.

For others, precarity was more immediate and severe. Participants described suspension, dismissal, or contract termination after raising concerns, reinforcing the perception that economic security was conditional on silence. P11 recounted how, after formal complaints, processes were delayed in ways that foreclosed access to external remedies, leaving individuals without employment or recourse:

"They made sure it took over three months to get back to me, so that I couldn't even go to ACAS and claim anything. Everything they did went against their own policy" (p. 225).

Such experiences shaped collective risk awareness, influencing how others navigated similar situations. Quantitative findings provide important context for these narratives. Less than half of respondents reported the presence of clear anti-racism policies, and policy effectiveness was rated very low overall (mean = 2.08 out of 5)

In workplaces where protections were perceived as weak or inconsistently applied, economic vulnerability became an ever-present backdrop to daily decision-making. Participants described remaining in posts for financial reasons despite distress, or accepting additional responsibilities without advancement to maintain perceived indispensability.

Overall, this theme highlights how racism operated as an economic mechanism, shaping who progressed, who remained precarious, and who exited organisations altogether. Participants' accounts illustrate that career stagnation, income loss, and employment insecurity were not unintended side effects, but integral to how racism was experienced and managed in workplace contexts.

5. Empowerment, Solidarity, and Pathways for Reform

While participants' accounts detailed significant harm, they also articulated pathways of empowerment and collective resilience that transformed distress into agency. These pathways did not emerge primarily from formal organisational responses, but from peer solidarity, shared knowledge, faith, and embodied practices, which functioned as protective resources within challenging workplace environments. Quantitative findings showing low confidence

in reporting and limited visible accountability provide important context for why these alternative sources of support became so salient (supplemental files 3 and Table 4).

Against this backdrop, participants described turning toward collective spaces outside formal hierarchies. Informal peer networks, Black staff groups, unions, and community connections were repeatedly identified as places where experiences could be named, validated, and strategized around without fear of immediate reprisal. A focus group participant, FG2-3, narrates:

"In my case, I found there was also an Association of Black Academics. If your line manager couldn't help, you could go to them. They'd share their experiences and guide you: 'This is what I did,…read this policy …That was really helpful." (p. 302)

She described how engagement with a Black academic network offered practical guidance, sharing policies, naming options, and modelling how others had navigated similar situations, thereby converting isolation into informed action.

Solidarity was also described as emotionally restorative. Focus group discussions highlighted the importance of simply being heard by others with shared experiences. Participants noted that speaking openly within trusted groups countered the internalisation and self-doubt cultivated by racialised workplaces. These spaces did not eliminate harm, but they reduced its isolating effects and supported psychological endurance.

Faith also serves as a critical reservoir of resilience for participants navigating workplace hostility, offering a *"spiritual foundation"* that precludes maladaptive coping mechanisms (p10, p. 208). For P10, faith provides a specific framework to contextualize suffering, removing self-blame by attributing events to a higher purpose:

"My faith reminds me that God understands more than human understanding. If He allows certain situations to happen, then it must be for a reason. That belief is a consolation for me" (p. 208).

Similarly, P3 describes her ordeal as a *"spiritual journey" (p. 70)*, using her relationship with God to regulate her emotions during periods of acute instability:

"I literally had to say, 'God, you're going to have to carry us, because I don't know how we're going to cope'... I've learned over the years and I have my faith, I believe things will come—and they do". P. 71

Here, spiritual grounding acts not as denial, but as a stabilizing resource that fosters persistence and emotional regulation in hostile environments.

For many participants, the body serves as a primary site of resistance and recovery when institutional support is absent. Rather than relying solely on cognitive strategies or medication, participants like P6 turn to *"singing, dancing" (p. 140*) as essential tools for managing the physiological toll of *"work-related stress and burnout" (p. 139)*. These embodied practices offer a safe outlet for emotions that might be unsafe to express verbally in hostile work environments. FG2-6 describes how movement provides a private, embodied release from workplace stress:

"I watch movies, listen to music, dance—all of the above. Most times, when I'm stressed, I start cooking or cleaning while dancing. It really helps me." (p. 265)

FG2-6 notes, dancing while cleaning becomes a private ritual to metabolize stress.

This theme demonstrates that even within constrained conditions, participants cultivated forms of agency that transformed vulnerability into solidarity and reform-oriented insight. These pathways highlight how empowerment can coexist with harm, sustaining engagement while pointing toward more inclusive and responsive organisational practices.

Discussion

This study demonstrates that workplace racism functions as a multidimensional determinant of health, producing interconnected biological, psychological, social, and economic harms that accumulate over time. Participants' accounts of physiological exhaustion, psychological distress, social exclusion, and financial strain reveal mutually reinforcing processes embedded within organisational life. Interpreted through a biopsychosocial-economic lens, informed by intersectionality, Critical Race Theory, and the Racialised Organisations Framework, these findings extend Engel's (11) model and align with Clark et al.'s (17) conceptualisation of racism as a chronic stressor with cumulative effects on health.

Biological

The findings provide empirical support for Gravlee's (18) concept of embodied inequality, illustrating how racism operates not only as a social insult but as a biological injury. Participants' reports of insomnia, fatigue, and stress-related illness demonstrate how prolonged exposure to racialised organisational environments translates into physiological depletion. Within the UK context, these lived experiences help explain the persistent racial disparities in disciplinary action and staff well-being documented in NHS England's (5) WRES data. The high prevalence of reported racism in this study (73.6%) and the qualitative data reinforce national evidence that such inequalities are systemic rather than exceptional. These patterns suggest that institutional inaction and procedural neglect function as mechanisms through which social disadvantage becomes biologically embodied, depleting health alongside career opportunity.

Psychological

Psychologically, workplace racism eroded confidence, motivation, and self-efficacy while intensifying hypervigilance and anxiety. These effects mirror meta-analytic evidence linking perceived discrimination to adverse mental-health outcomes (8), but the present study extends this literature by situating distress within organisational cultures that normalise silence and penalise resistance. The finding that only 35.8% of respondents felt safe reporting racism suggests the amplification of psychological harm by institutional betrayal, where formal processes exist but fail to provide protection. Interpreted through Critical Race Theory, this reflects the enduring normalisation of racism within bureaucratic systems that frame inequitable outcomes as procedural neutrality rather than injustice (13). The data therefore challenge individualised interpretations of distress, suggesting that psychological harm may be produced and sustained through organisational design.

Social

The social dimension of workplace racism was characterised by alienation, surveillance, and erosion of trust. Participants described organisational environments in which bystander silence, tokenism, and a lack of allyship perpetuated exclusion. This pattern aligns with Kyere and Fukui's (19) analysis of racialised organisational cultures that normalise microaggressions while rendering Black professionals hyper-visible yet unheard. Such cultures suggest the persistence of discriminatory attitudes within institutional structures despite formal equality commitments, positioning racism as a systemic organisational practice rather than an isolated aberration. The resulting social fragmentation undermines the relational premise of the biopsychosocial model, which emphasises the role of supportive interpersonal and community networks in sustaining health.

Within these contexts, participants described patterned withdrawal from organisational life, including reduced visibility, disengagement from shared spaces, and psychological distancing, as rational responses to racialised scrutiny. Consistent with evidence that unsupportive racial climates reduce engagement among racialised employees (20). Withdrawal in this study functioned ambivalently: it reduced immediate exposure to harm while simultaneously limiting access to informal support, mentoring, and advancement opportunities, thereby reinforcing longer-term disadvantage.

Participants also highlighted Black peer solidarity, faith, and collective advocacy as important sources of resilience, consistent with community psychology perspectives (21). However, reliance on these informal networks exposed an institutional withdrawal from responsibility for inclusion and care. Rather than substituting for organisational support, such networks operated as compensatory mechanisms in response to persistent exclusion, aligning with analyses of institutional betrayal in which organisations espouse inclusion rhetorically while failing to protect those exposed to harm (22). Collectively, these dynamics illustrate how workplace racism fractures social belonging not only through exclusion, but through the routinisation of withdrawal as a rational survival strategy within organisational life.

Economic

Economic marginalisation emerged as a central mechanism linking all other domains of harm. Participants' experiences of stalled progression, suspension, and exclusion from leadership mirror national labour-market data showing persistent racial pay gaps and under-representation of Black professionals in senior roles (23). Interpreted through the Racialised Organisations Framework, these outcomes reflect how organisational rules and reward systems allocate resources and status along racial hierarchies, often under the guise of neutrality (14). Economic insecurity compounded psychological distress and constrained biological recovery by limiting access to rest, therapy, and financial stability. These findings support evidence that economic precarity is both a cause and consequence of racialised health inequality (24), positioning income loss and blocked advancement as material expressions of institutional racism rather than incidental outcomes.

Implications for Policy, Practice, and Research

These findings call for an intersectional and culturally humble transformation of workplace equity policy, moving beyond compliance-based training toward approaches that explicitly address power, privilege, and institutional accountability. The Intersectionality-Based Cultural Humility Analysis (IBCHA) framework (25) offers a practical model for this shift, integrating reflexivity, lived experience, and structural analysis into leadership development, equity audits, and policy review. While the primary focus remains the UK context, insight can be drawn from international approaches that institutionalise accountability, such as the Government of Canada's (26) Anti-Racism Strategy, which embeds equity audits and intersectional data within public-sector governance. Adapted through IBCHA, such mechanisms could strengthen UK workplace policies by moving from symbolic compliance toward participatory, evidence-informed reform. Further empirical evaluation of culturally responsive coping strategies, including participatory and movement-based approaches, is needed to strengthen the evidence base for organisational reform. Future studies should employ larger, more gender-balanced samples and longitudinal, purposive designs to examine variation across sectors, career stages, and organisational contexts.

Gender Influence on Findings

The predominance of female participants may have likely amplified gendered narratives of emotional labour, endurance, and intersectional burden commonly experienced by Black women in professional settings (7, 12, 27). Accounts of silence and resilience reflect the "strong Black woman" schema, which may obscure distress while enabling institutional neglect. Conversely, the limited representation of Black men may understate coping strategies shaped by masculine norms of stoicism and emotional suppression (28, 29).

Strengths and Limitations

This study employed a convergent parallel mixed-methods design to integrate exploratory survey data with in-depth qualitative accounts, enabling a multidimensional analysis of workplace racism as a biopsychosocial and economic determinant of health. A key strength lies in integrating prevalence

patterns with lived experience, providing analytic depth that large-scale datasets may not capture, including institutional processes and embodied impacts.

Several limitations should be acknowledged. First, the survey component was exploratory and descriptive, and no a priori sample size calculation was conducted; findings are therefore not intended to be generalised to all Black professionals in the UK. Second, the overall sample size was modest and predominantly female, which may have amplified gendered narratives of emotional labour, endurance, and intersectional burden, while underrepresenting experiences shaped by masculine norms of coping. Third, participants were self-selected, which may have favoured individuals with prior experiences of workplace racism or heightened motivation to participate. Finally, the cross-sectional design precludes causal inference. These limitations are consistent with the study's exploratory aims but should be considered when interpreting the findings.

Conclusion

This study demonstrates that workplace racism in the UK is a structural determinant of health rather than a series of isolated interpersonal incidents. Racism operates through interconnected biological, psychological, social, and economic pathways that existing organisational responses fail to address. A biopsychosocial-economic lens reveals the necessity of trauma-informed, accountable, and redistributive reforms if workplaces are to move beyond symbolic equality toward genuine racial equity and well-being.

Declarations

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Author contributions:

AI conceived and designed the study, led data collection and analysis, and drafted the manuscript. FA-E contributed to study design, qualitative interpretation, and critical revision of the manuscript. AB contributed to methodological input, data interpretation, and manuscript review. CR provided senior methodological oversight, theoretical guidance, and critical intellectual input. CC contributed to conceptual development

Authorship

The corresponding author confirms they have read the journal policies and are submitting their manuscript in accordance with those policies.

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Data availability

To protect participant confidentiality, research data is not publicly available; however, anonymised data may be provided upon request.

Ethics approval and concert for participation

Ethical approval was obtained from the University College London Ethics Committee (Ref: Z6364106/2025/01/20; approved April 2025). All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki Declaration and its later amendments or comparable ethical standards. Participation was voluntary, with confidentiality assured and the right to withdraw at any time, including appropriately obtaining informed consent. Data were pseudonymised, securely stored, and all quotations were anonymised. Given the sensitive nature of the topic, participants received debrief information and signposting to mental health and occupational well-being support services.

Competing interests:

The authors have no relevant financial or non-financial interests to disclose.

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- SupplementalfileQuantitativeAnalysisofWorkplaceRacismSurveyResults1.docx
- Supplementaryfile3ThematicAnalysis.docx