



THE COST OF BLACK EXCELLENCE™ · SECTOR  
REPORT SERIES

# Healthcare

*What the Excellence Tax™ Costs Black Professionals in Health*

185 participants · NHS, mental health, community health, allied health professions

4 countries · United Kingdom, United States, Canada, Australia

Phase One, 2025 · Natasha Williams, Founder · The Cost of Black Excellence™ Research Institute

Healthcare employs more Black professionals than almost any other sector in the United Kingdom. It also subjects them to some of the highest rates of identity suppression, microaggression exposure, and health deterioration in this study. The sector that cares for everyone's wellbeing is failing to protect the wellbeing of its Black workforce.

This report documents what 185 Black healthcare professionals — nurses, doctors, therapists, midwives, allied health workers — told us about the cost of showing up to work every day. The data is specific, consistent, and demands a sector-level response.

## THE FRAMEWORK

# What Is the Excellence Tax™?

*The Excellence Tax™ is the mandatory, uncompensated burden of additional emotional labour, identity suppression, and personal cost that Black professionals pay simply to participate in predominantly white workplaces.*

Organisations demand this labour and rarely acknowledge it, compensate for it, or take steps to reduce it. The word “tax” reflects reality precisely. Payment is required simply for occupying space. Black professionals cannot opt out without forfeiting professional participation entirely.

## THE HEALTHCARE LENS

Healthcare is a sector with explicit norms of emotional neutrality and professional composure. For Black healthcare workers, those norms impose a compounded burden. Managing their own racial distress while providing emotional care to others. Suppressing cultural identity in clinical environments where whiteness functions as the professional default.

Four Excellence Taxes manifest with particular intensity in healthcare settings:

TAX	HOW IT SHOWS UP IN HEALTHCARE
<b>Emotional Regulation</b>	Black nurses and doctors absorb racial hostility from colleagues and patients while maintaining clinical composure. There is no professional space for authentic emotional response.
<b>Performance Burden</b>	90.3% of Black health workers suppress their identity — the highest rate of any sector in this study. Credentials are questioned; excellence meets only baseline expectations.
<b>Representational Burden</b>	Black healthcare workers are expected to manage race-related queries, speak on behalf of Black patients, and carry diversity work without resource or recognition.
<b>Proof Burden</b>	Black doctors are mistaken for non-clinical staff. Microaggressions from patients go unaddressed by institutions. Qualifications that certify white peers as competent are questioned when held by Black professionals.

## PHASE ONE EVIDENCE

# The Numbers

185 Black healthcare professionals across the UK, US, Canada and Australia. These figures hold consistently across seniority levels, clinical specialisms, and all four countries studied.

**90.3%**

suppress their identity to succeed professionally — the highest rate of any sector in this study

**85.4%**

work harder than peers just to be seen as competent (Always + Often)

**92.4%**

have experienced microaggressions, bias or discrimination at work (Frequently + Occasionally)

**67.6%**

report severe or significant health impacts directly from their work environment

**95.1%**

have considered leaving a role to protect their mental health — the highest consideration rate of any sector

**23.8%**

have already left a healthcare role specifically to protect their wellbeing

**51.4%**

experience microaggressions daily or weekly — the highest frequency rate of any sector studied

**48.6%**

do not feel psychologically safe expressing opinions or advocating for themselves at work

**43.8%**

have no access to culturally sensitive support — Black therapist, safe workspace, or culturally aware leadership

These figures hold consistently across NHS, mental health, community health, and allied health professions. Seniority does not reduce the burden. For many, it intensifies it.

## COMPARATIVE ANALYSIS

## Healthcare vs the Overall Study

How Black healthcare professionals compare to the overall research average of 1,037 participants across all sectors.

METRIC	HEALTHCARE	OVERALL	DIFFERENCE
Identity suppression	90.3%	86.8%	+3.5 pts ABOVE average
Work harder (always + often)	85.4%	86.4%	Consistent with average
Microaggressions (freq + occ)	92.4%	89.3%	+3.1 pts ABOVE average
Severe / significant health impact	67.6%	63.2%	+4.4 pts ABOVE average
Already left a role	23.8%	23.1%	Consistent with average
No culturally sensitive support	43.8%	48.5%	-4.7 pts BELOW average

## THE SENIORITY FINDING

## The Higher You Climb, the More You Pay

Directors and Executives in healthcare work harder “always” at 74.1% — the highest rate of any career level. Success does not ease the burden. It intensifies it.

CAREER LEVEL	WORK HARDER “ALWAYS”	HEALTH: SEVERE + SIGNIFICANT
Entry level (n=11)	72.7%	90.9%
Mid-level (n=48)	64.6%	60.4%
Senior / Manager (n=65)	56.9%	66.2%
<b>Director / Executive (n=27)</b>	<b>74.1%</b>	<b>85.2%</b>
Self-employed (n=24)	45.8%	54.2%

Director/Executive highlighted. Both “work harder always” and health impact rates are higher at this level than at entry. The tax does not ease with advancement.









## HEALTH IMPACT

## What the Body Carries

67.6% of Black healthcare professionals report severe or significant health impacts directly attributed to their work environment. The people who care for others' bodies are experiencing measurable deterioration in their own.

SEVERITY	%	WHAT THIS MEANS
Severely impacted	17.8%	Health deterioration requiring medical attention
Significantly impacted	49.7%	Substantial effects on daily functioning and capacity
Somewhat impacted	22.2%	Noticeable effects on wellbeing
Minimally / not impacted	10.3%	

## SYMPTOMS EXPERIENCED IN THE LAST 12 MONTHS

SYMPTOM	% REPORTING
Sleep disturbances / insomnia	68.1% 
Persistent fatigue or exhaustion	67% 
Burnout or emotional collapse	63.2% 
Anxiety or panic attacks	50.8% 
Tension headaches or migraines	48.6% 
Muscle pain or tightness	48.1% 
Depression or emotional numbness	42.2% 
Digestive issues	38.4% 

## THE GENDER DIFFERENTIAL

GROUP	HEALTH SEV + SIG	SUPPRESS IDENTITY	WORK HARDER ALWAYS
Women (n=167, 90.3%)	69.5%	92.8%	64.7%
Men (n=18, 9.7%)	50.0%	66.7%	33.3%

Black women in healthcare carry a compounded burden. The intersection of racial and gender disadvantage intensifies every measure. The 19-point health gap reflects structural harm, not individual differences.

*“The Excellence Tax showed up at my last job as a constant emotional toll, one I paid in silence, dignity, and restraint. I was told I had a bullseye on my back. I was called degrading names by colleagues, judged for not smiling enough, and criticized for not sharing personal details to make others comfortable.”*

Mid-level · 55–64 · United States · Healthcare

## I N T H E I R O W N W O R D S

# Voices from the Research

185 Black healthcare professionals documented what the Excellence Tax™ costs them, in their own words.

## P E R F O R M A N C E B U R D E N

*“Being twice as great, for a quarter of the recognition and four times the exhaustion. Shows up as frustration and imposter syndrome.”*

Senior/Manager · 25–34 · United Kingdom

*“To constantly be aware of how little my margin of error is compared with others. To be expected to not be affected by the racism I experience. To have to have more accolades or achievements — being overqualified for roles — than my white counterparts.”*

Senior/Manager · 35–44 · United Kingdom

## I D E N T I T Y S U P P R E S S I O N

*“I consciously do not exhibit that I am the highest qualified in the workplace, for fear of oppression.”*

Senior/Manager · 55–64 · United Kingdom

*“Needing to be almost perfect. Whilst consulting or meeting a new client for the first time, I would always ensure my hair was straightened to reduce the stigma of what’s expected, and I keep it straight until I’ve shown my ability and professionalism beyond reproach.”*

Self-employed · 35–44 · United Kingdom

## THE INVISIBLE WEIGHT

*“The Excellence Tax shows up for me as the invisible weight that comes with striving to excel in spaces not originally designed for people like me. It’s the constant self-monitoring — ensuring my competence is never mistaken for confidence alone, that passion doesn’t read as aggression, and that my presence is always calibrated to make others comfortable, even at the expense of my own authenticity.”*

Senior/Manager · 35–44 · United Kingdom

## WHAT YOU WISH PEOPLE UNDERSTOOD

*“I wish more people understood that Black women don’t just face imposter syndrome — we often face imposed syndrome. We are misjudged before we introduce ourselves. Our competence is questioned before we open our mouths.”*

Self-employed · 45–54 · United Kingdom

*“That it is common for Black nurses and midwives to suffer from harassment and bullying in the workplace, and they have to cope with microaggression and gaslighting at work.”*

Self-employed · 55–64 · United Kingdom

*“A lot of it is invisible to everyone else, so the labour is on you to convince people about what’s going on. I wish more people just believed us.”*

Mid-level · 35–44 · United Kingdom

## ATTRITION &amp; EXIT

# What Your Exit Interviews Miss

23.8% of Black healthcare professionals have already left a role specifically to protect their wellbeing. A further 71.3% have considered it. Standard exit interviews do not capture this. When someone leaves to protect their health, they rarely say so directly.

## ALREADY LEFT

## 23.8%

Left a healthcare role specifically to protect mental or emotional wellbeing

## CONSIDERED LEAVING

## 95.1%

Have considered leaving to protect their wellbeing — highest of any sector

## LEAVING CONSIDERATION DETAIL

RESPONSE	% OF HEALTHCARE PARTICIPANTS
A few times	36.8%
Already left	23.8%
Frequently	21.1%
Once	7%
Yes (considered)	6.5%
Never	2.7%
No	2.2%

*"I finally made Director. I'm more exhausted than I've ever been. Success doesn't reduce the burden, it multiplies it."*

Director/Executive · 45–54 · United Kingdom

## ORGANISATIONAL COST

# What This Costs Healthcare Organisations

The Excellence Tax™ is not only a human cost. It is a financial cost that NHS Trusts, private healthcare providers, and health sector organisations absorb every year — without measuring it, naming it, or addressing the conditions that generate it.

## £61,140

estimated Excellence Tax™ cost per Black healthcare professional, per year

## £6.1M

annual cost for every 100 Black healthcare professionals employed

COST COMPONENT	WHAT DRIVES IT IN HEALTHCARE	ANNUAL COST (100 STAFF)
<b>Excess attrition (23.8% vs 13.3% avg)</b>	Black clinicians leaving after years of clinical training investment	<b>£2,055,375</b>
<b>Presenteeism (67.6% health impact)</b>	Clinicians working while experiencing anxiety, exhaustion, burnout	<b>£913,000+</b>
<b>Unresourced mentorship labour</b>	Senior Black workers providing informal support without compensation	<b>£250,000</b>
<b>Innovation / voice suppression</b>	90.3% suppressing identity — clinical insights and cultural competence silenced	<b>£750,000</b>
<b>Leadership pipeline destruction</b>	Near-50% drop in Black representation at Director/Executive level	<b>£500,000</b>

Healthcare organisations that claim insufficient resources for culturally sensitive support or equity transformation are already spending these amounts sustaining the conditions that make intervention necessary.

*"I am underpaid compared to white male peers. I feel pressure to deliver in a way not expected comparatively of white male peers. If something goes wrong I feel personally responsible. I need to have an alter ego at work. I am exhausted in my own time. I have severe stress-related health conditions."*

Senior/Manager · 35–44 · United Kingdom · Healthcare

## WHAT THE EVIDENCE DEMANDS

# Three Requirements for Healthcare Organisations

The Workforce Race Equality Standard already requires NHS organisations to report on the experiences of Black staff. This data has been available for years. The patterns documented in this report are consistent with what WRES data has shown since its inception. What has been missing is the framework to name what is being measured, and the accountability to act on it.

01

**Extend WRES measurement to include Excellence Tax™ indicators**

The WRES measures outcomes. It does not measure the specific conditions producing those outcomes: identity suppression, psychological safety, the performance burden, the absence of culturally competent support. NHS Trusts should commission independent Excellence Tax™ assessment of their workforce, published to the board, with the same accountability attached to WRES data.

02

**Treat identity suppression in clinical environments as a patient safety issue**

When 90.3% of Black healthcare professionals suppress their identity at work, the highest of any sector the cost is not only personal. Suppressed cultural competence, silenced clinical perspectives, and race-based assumptions about Black patients all affect care quality. NHS Trusts should redesign appraisal processes to measure psychological safety for Black staff, and connect leadership accountability for that safety to clinical governance frameworks.

03

**Fund culturally competent support as standard provision**

43.8% of Black healthcare professionals have no access to culturally sensitive support. Generic EAP programmes do not address racial trauma, identity suppression, or the specific dynamics of being a Black clinician in a predominantly white institutional environment. Access to Black therapists, culturally aware coaches, and peer support networks should be a standard component of staff health provision resourced and actively offered, not theoretically available.

*"I wish they didn't gaslight us. I wish they listened and were open to seeing things through our eyes — and developed their cultural and race intelligence the way they develop emotional intelligence. I wish they listened and educated themselves, and believed our lived experiences when we tell them about them."*

Director/Executive · 35–44 · Healthcare

#### ABOUT THE RESEARCHER

## Natasha Williams

Natasha spent thirteen years as a Managing Director in property and building surveying — a sector where Black professionals remain severely underrepresented. She subsequently retrained as a trauma-informed coach, holds a Level 7 postgraduate Diploma in Business and Organisational Psychology, and founded The Cost of Black Excellence™ Research Institute to create the systematic evidence base that organisations have consistently refused to collect themselves.

She delivers keynote presentations, executive briefings, and leadership sessions that translate this research into what organisations need to understand and act on. Phase Two of the research is underway, with a target of 2,000 voices.

#### THREE WAYS TO TAKE THIS FURTHER

### 01

#### Book a Briefing

A 30-minute conversation to explore what the research means for your organisation and whether a keynote, executive briefing, or leadership session is the right next step.

[calendly.com/blackexcellenceresearch/meetings-with-natasha](https://calendly.com/blackexcellenceresearch/meetings-with-natasha)

### 02

#### Request the Full Report

The complete research report — 1,037 Voices — includes the full framework, all fifteen taxes, demographic analysis, all sector breakdowns, and organisational recommendations.

[research@costofblackexcellence.com](mailto:research@costofblackexcellence.com)

### 03

#### Share With Leadership

If this report raises questions your CEO, CHRO, Chief Nursing Officer, or board need to be asking, please pass it on. The research exists for the people with the power to act on it.

[costofblackexcellence.com](https://costofblackexcellence.com)

*The Excellence Tax™ operates in the gap between what healthcare organisations measure and what Black professionals experience.*

*This research closes that gap.*

**The Cost of Black Excellence™ Research Institute · Birmingham, United Kingdom**

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