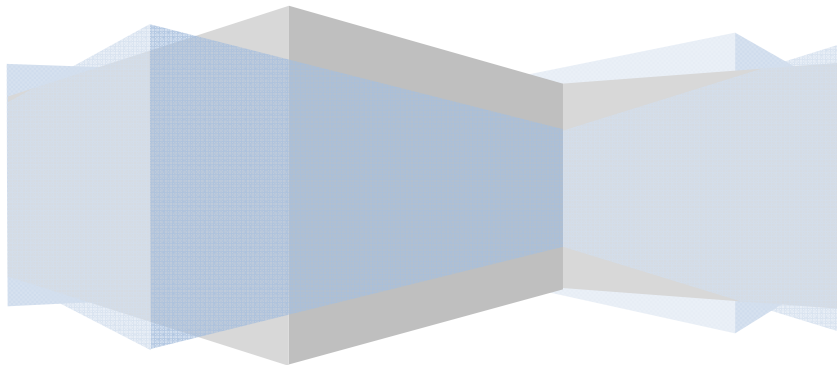


Mary Seacole Development Award

The Positive Contributions of Black and Minority Ethnic Professionals to the National Health Service – through role models



Pamela Shaw BSc (Hons) RHV RM RGN PGCE
Health Visitor/Practice Educator
Mary Seacole Development Award Winner 2008

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2. Executive Summary

This project set out to capture the positive elements of diversity within the National Health Service (NHS) with specific highlight on Black and Minority Ethnic (BME) leadership.

The purpose of this work was to showcase the multifaceted aspects of the NHS BME workforce, especially leaders. The DVD medium was deliberately chosen because of its visual impact and its ability for personal story telling.

The participants in the DVD came from a variety of minority ethnic backgrounds, occupational groups and positions of leadership within the NHS. Their stories speak of the importance of diversity training and the necessity of portraying positive images of BME professionals in leadership positions as a way forward for the NHS.

Semi-structured interviews were recorded to create an inspirational DVD which explored the experiences of BME professionals in positions of leadership within their chosen professions. The interviewees described the positive influences, factors and barriers that have affected their career. Self motivation was seen as key and the biggest challenge was coping with work life balance, which is in line with other research findings in this area (Miller, 2007). However, issues related to ethnicity were cited as a major factor for approximately a quarter of the respondents. Overall most of the interviewees felt that they had achieved their aims and recognised that they were in charge of their own destinies.

It is clear that these professionals act as role models in their daily lives. They present a positive image of BME professionals' contribution to the NHS.

Although improvements have been achieved over recent years, BME professionals still experience discrimination in the work setting and sadly this remains an unattractive feature of NHS employment practice in many places (Ishmael, 2009).

It is clear from the participants in the Project that equality & diversity training is central to the NHS if it is to meet the needs of a diverse society and workforce and achieve a culturally competent service. This will require commitment to recruit, train and retain staff from BME groups at all levels within the NHS, not just in lower grades.

The DVD will be used to raise awareness of the benefits that a diverse workforce can bring to health service users, the NHS and colleagues.

3. Glossary

Below you will find a list of abbreviations and definitions used throughout this report.

BME	Black and Minority Ethnic
CNO	Chief Nursing Officer
DoH	Department of Health
E&D	Equality and Diversity
GP	General Practitioner
HMIC	Health Management Information Consortium
HR	Human Resources
HV	Health Visitor
KSF	Knowledge & Skills Framework
NHS	National Health Service
PCT	Primary Care Trust
OT	Occupational Therapist
RRAA	Race Relations Amendment Act
SHA	Strategic Health Authority

4. Introduction

4.1 Background to the Project

Equality and diversity (E&D) training is a crucial way to ensure high quality care for all regardless of ethnic background, gender, sexual orientation, age, disability and religion. However, there is evidence to suggest that although health inequalities exist in all cultures and social groups, minority ethnic groups, are more likely to experience poor health, poor housing conditions, higher unemployment, lower paid jobs and reduced access to education and training development opportunities (Acheson, 1998). It is well known that these factors can have an adverse impact on health. A multi-agency working is therefore required to address the health inequalities experienced by BME communities.

The Race Relations (Amendment) Act 2000 (RRAA) places great emphasis on health services and other public sector bodies and organisations to actively promote 'race' equality by preventing acts of racial discrimination before they occur and ensuring that when public duties are performed, they have regard to the need to eliminate unlawful racial discrimination, and promote equality of opportunity and good relations between those of different racial groups.

Sharma, (2007) acknowledges that the NHS is the largest employer in the UK and the third largest in Europe. It is also the single largest employer of BME staff in England as 16.4% of qualified nursing, midwifery and health-visiting staff and 7.5 % of the social care workforce is from BME groups.

As the NHS serves a diverse population, it is important that it embraces the recommendations of the RRAA. The NHS needs to show true commitment to addressing health inequalities within minority ethnic communities by acknowledging the diversity of all the many cultures within its population. This requires real partnership working with service users, providers, commissioners, statutory sector, the third sector and the public.

Furthermore, the NHS needs to acknowledge the contributions of its BME workforce and utilise their skills and experience as a way of reaching out to the BME community, to encourage them to access and utilise services effectively. The use of visible role models from BME groups does not only provide a face that the community can identify with but promotes a positive role model that others can emulate. It also enables teaching and the sharing of norms and cultures thus avoiding the risks of causing offence by promoting a more user friendly service. As BME patients/clients may be more receptive to health enhancing messages delivered by professionals from the same ethnic group to themselves, this helps to address health needs and go some way in reducing health inequalities,. Patients/clients may feel confident that their cultural norms/values are being understood, thus leading to a more relaxed patient more likely to be receptive to health enhancing treatment or behaviour changes (Chandra, 1997).

Trevor Philips, Chair of the Commission for Equality and Human Rights, argues that the NHS should make the most of the abilities of its entire staff, regardless of racial background (Phillips, 2005; Mooney, 2009). These authors also state that the provision of health care should be available to all communities.

Phillips, (2005) acknowledges very clearly that if it was not for the input of minority ethnic workers within the NHS, Britain's health needs would not be met. Nazroo, (2006) however highlights that

despite the tremendous contributions of minority ethnic groups within the health service, the NHS is still not meeting the needs of many staff and patients from these groups.

If the NHS is to truly address the needs of staff and patients from minority ethnic groups in a meaningful and effective way, then this needs to be addressed during pre and post registration education and training of health professionals. The training needs to incorporate culture sensitive issues in all elements of the course. It is important that this is done by individuals who have extensive knowledge and skills in this area and above all are committed to ensuring that training is innovative, challenging and mandatory with references to the law. These issues ought to be an integral part of the curricula, practice, recruitment processes and not necessarily something that stand alone or 'one offs'. Training should have a balanced approach between addressing the issues of health inequalities and discriminatory practice and positive portrayal of BME professional's contributions to the health service and wider economy.

4.2 Aims

- Encourage and promote a positive equality and diversity culture during training by highlighting the contributions of BME professionals to the health service
- Identify issues within BME groups to help inform human resources policies and procedures at both local and national level
- Reflect positively on the contributions of BME people at work
- Offer insight into real experiences of BME participants and ways to address any gaps in service provision to staff groups

4.3 Objectives of the project

- Develop inspirational DVD using cameos of BME NHS professionals who are in positions of leadership and are successful within their chosen careers. In this context the term leadership refers to participants who are in positions of influence and have moderate to high levels of autonomy. The term success is defined as having achieved their career aspirations as planned.
- Identify what has worked for successful BME professionals by capturing their inspiring career progression to determine what factors have favoured their progress.
- Increase the visibility and profiles of the participants to promote learning from their stories

Use the DVD to enhance current training of equality and diversity by highlighting the positive contributions of successful BME professionals.

4.4 Creating a diverse and inspirational DVD.

The project focuses on the creation of an inspirational DVD that highlights the positive contributions of BME professionals to the NHS, through sharing their experiences of role models in order to provide a positive focus and strengthen diversity training. The main focus of the project is on race equality, which underpins one aspect of the organisation's equality and diversity agenda.

This project draws on the experiences of a selection of BME NHS staff coming from across the health professional role spectrum including clinical and non-clinical roles. Participants came from different areas within the health economy enriching the material for this project.

The author hopes that by capturing the inspiring career progression of individuals on film it will help to promote these successes, encourage others, and replicate approaches that have worked. The selection criteria for inclusion in the project are listed below:-

- individuals who felt able to inspire others
- believed they were positive role models
- wanted to share the successes of their career journey
- represented a diverse occupational background
- represented a diverse cultural and ethnic background
- represented both male and female
- represented different age groups

5. Review of the Literature

A literature review was undertaken to demonstrate the need to undertake the project, and see whether similar work had been done and to review findings.

In order to write this review, it was necessary to devise a search strategy. The search engine used was the NHS Evidence Health Information Resources (formerly the National Library for Health). The resources were accessed via NHS Athens Password.

The healthcare databases searched were CINAHL, HMIC and British Nursing Index. CINAHL was chosen because it covers information about nursing and allied health professionals. Similarly, British Nursing Index was searched as it covers information on Nursing, midwifery and health visitors. The Health Management Information Consortium (HMIC) was chosen because it contains information on Health service management and administration, with a focus on UK.

The search question was broken down using the following keywords.

- Black Minority Ethnic
- Minority groups
- Professionals
- Leadership/role models
- Discrimination
- Diversity training

The term “Black and Minority Ethnic” was combined with the term “Professionals” using Boolean AND. The terms “Black and Minority Ethnic” was also combined with “Leadership” using Boolean AND. The results were combined using Boolean OR in order to eliminate duplicates. The results were limited to literature published in the last ten years and in English language.

From CINAHL, 32 articles were obtained out of which only 2 were found to be relevant as the majority of the information referred to patients rather than professionals. From the British Nursing Index (BNI), 14 articles were obtained out of which 3 articles were found to be relevant. 45 studies were identified from the Health Management Information Consortium (HMIC) out of which 7 were found to be relevant. In addition, information was also sourced from various books, journals and DoH documents; these have been reference throughout the report. (Appendix 1.0)

A number of studies highlight the invaluable work made by BME professionals to the NHS. The majority tend to focus on the discrimination faced by professionals and as a consequence emphasise the negative aspects, e.g. Litigation claims, personal impact of discrimination and reasons why policies/law fail to prevent discrimination (Baxter, 1997; Mayor, 1996; Culley, 2001; Faugier, 2002; Duffin and Collin, 2005; Coghill, 2007; ETHNOS, 2008; Ishmael, 2009). Although these issues are important they tend to detract from the positive aspects of the contribution of BME professionals to the NHS.

The literature review therefore highlighted the paucity of research on the positive contributions of BME professionals to the health service. Macpherson, (1999) argues that the lack of studies on ethnic diversity could be due to institutional racism in the NHS and throughout the public sector in the UK in general. Indeed, Culley, (2001) found evidence to show that some NHS Trusts are failing to

carry out basic ethnic monitoring requirements. The lack of data means that it is difficult to provide the evidence required to make service improvements.

The Race Relations Amendment Act (RRAA) 2000 requires public bodies to actively promote 'race' equality, as well as some specific duties in relation to service provision and employment. It also encourages organisations to demonstrate that they are working within its recommendations by collating evidence and data on BME staff. It has been hailed as a key change regarding the ways in which British social policy on race equality has been transformed. Instead of a framework based on negativity, there is an emphasis on the positive as highlighted in more detail in section 5.2.

In addition, the RRAA (2000) provides useful information to enable organisations to put in place structures and to develop action plans to implement a race equality strategy, as well as consulting with BME communities. For example it places duties on public authorities not only to eliminate unlawful discrimination, but to promote equality and good race relations. In addition, to this the introduction of a 'race equality scheme' requires organisations to provide an annual review of the following activities:-

- monitoring policies on race issues
- impact of policies within the organisation
- public access to annual review documentation
- E&D training to its workforce

Further impetus for change came from the report of the Stephen Lawrence Inquiry (Macpherson, 1999). This report concluded that the Metropolitan Police Force was guilty of institutional racism. The results of the inquiry led to greater scrutiny of public services and the provision of systems to ensure that unlawful discrimination is eliminated.

However there are still indicators that some discriminatory behaviour within organisations are becoming more covert, and reducing the chances of progression in employment (Pal et al, 2001; Tamkin et al, 2002) found that most organisations were less diverse, and this was more noticeable as there were fewer BME professionals in senior positions. These researchers argue that in order to move forward, for organisations need to understand and acknowledge the problems they face and put in place plans to address and review progress. This will require true commitment, the gathering of evidence and construction of plans so that improvements can be made where there is evidence of gaps in service provision.

Alexis, (2002) confirms the findings by demonstrating how the slow promotion of BME professionals to senior positions in the NHS has resulted in only a few executive and non-executive directors. These researchers have highlighted the existence of a distinct gap between policy and practice.

The literature also shows that while the profile of the minority ethnic population is changing fast, few organisations foster a culture that attracts, retains and develops the most talented members of minority ethnic groups (ETHOS Research and Consultancy 2008).

According to a Healthcare Commission (HCC) report (HCC, 2009) very few BME professionals are in senior influential positions despite their continuous contributions to the NHS. The report also highlighted that within the NHS, staff from BME groups constitute 16% of the total workforce. 30% of nurses and doctors are from minority ethnic groups but fewer than 10% of senior managers and only 1% of chief executives are from BME backgrounds. The HCC recommends that NHS Trusts

should ensure that staffs from ethnic minority groups are offered opportunities for personal development to address their under-representation in senior roles.

A study by NHS Employers, (2009) identified that discrimination claims lodged at employment tribunals has more than tripled in a year, and figures released by the tribunal services show that claims rose from 962 in 2006 to 2,940 in 2007 this is a rise of 205.6%. In addition to this the NHS Institute for Innovation & Improvement, (2008) found that internal barriers such as the glass ceiling effect are preventing BME staff obtaining senior positions in the NHS.

The author found some literature that highlighted BME in positions of influence and have reached senior levels without too much barriers the literature review will now focus on what factors enabled their success.

Despite the limited literature on the positive contributions of BME professionals to the NHS, the author managed to find a few articles that highlighted their invaluable contributions. Kramer and Bernard, (2007) highlight in 'Many Rivers to Cross' the vital role BME individuals played in the establishment of the NHS and argues that their contributions are not covered in social or political histories of the NHS, however through the book their personal journeys within the NHS are captured to highlight how they developed the NHS through determination and dedication to provide its essential service.

Further support of the work of BME individuals to the NHS are highlighted by Duffin, (2008) who argues that Black nurses have made a significant contribution to the NHS throughout its history and despite facing discrimination some were able to be successful within their chosen career and went on to achieve positions of seniority within education, management and Department of Health. Duffin, (2008) describes these nurses as having great influence, high self-esteem, confidence and the ability to turn negative situations into positive ones from which the growth and development of their career occurred, thus, demonstrating that true leadership and tenacity are valuable qualities shared by role models.

5.1 Organisational Commitment to Diversity

According to Putting People First, (2008) organisations that are successful in the area of diversity and race equality are in that position because of effective leadership. This involves managers taking action on race equality to improve services for people, giving staff clear guidance and setting a strong service ethos. In addition, The Commission for Social Care Inspection (CSCI, 2008) supports this and adds that these managers had developed specific support for BME staff, through the utilisation of local information and working with BME organisations to develop services.

5.2 Encouraging BME Leadership

Further evidence of organisational commitment to diversity should be through the provision of personal development opportunities of staff from BME groups which meet their specific needs. Coghill, (2007) describes the 'Breaking Through' programme for senior NHS staff as a good example of a targeted approach. She also highlights the need for organisations to utilise the programme more effectively. Coghill states that programmes like these are crucial in today's society as communities are becoming more diverse. Additionally, the development of a patient focussed culture means that greater emphasis is being placed on having staff who are representative of the communities they serve at all levels in the NHS. Having a diverse workforce at senior levels could greatly increase understanding of the health needs of BME communities.

Role models play a crucial part in enabling leadership development as they impart positive socialisation experiences. They also serve as a reminder that BME professionals can still reach their goals despite the experience of barriers to career progression. Having visible BME role models can

also help to reduce feelings of alienation and isolation and enable shared learning of achievements and the widening of experiences (Ling, 2003; Duffin, 2008; Ishmael, 2009).

According to Duffin, (2008), despite the RRAA, (2000) and current initiatives to encourage BME staff into positions of leadership, progress is very slow. The author describes a glass ceiling effect that prevents BME staff from getting into senior and executive positions.

Duffin, (2008) makes reference to the NHS Race Equality Action Plan which is aimed at:-

- Tracking the career progression of BME staff
- Expanding training and career opportunities
- Building race equality into performance management systems
- Acknowledging and celebrating achievements of all staff in tackling race inequalities
- Setting challenging 'stretch' targets on race equality

He states that the utilisation of the action plan will help to tackle discrimination and encourage fairness of opportunities.

The author's organisation has established a structure for improving Equality and Diversity. The prime function is to increase awareness of diversity issues within the primary care trust (PCT) and enable the sharing of expertise through existing community networks/groups. The Group that supports this structure acts as a lever to embed E&D principles by providing strategic leadership in the performance management of the organisation's diversity action plans. For example it will support this project by utilising the DVD and implementing its recommendations.

Harris and Dutt, (2005) made interesting links between having a diverse workforce and the additional experiences and skills brought into a service. They argued that this helps to enhance patient experience and care, allows norms and values to be shared and makes organisations more attractive to potential recruits. However, they also point out that to make real changes, especially to challenge discrimination, BME staff needs to be in senior positions. The researchers reaffirmed that training on race equality needs to be continuous and reinforced through a combination of approaches such as team meetings, staff supervision and observation of practice. The authors found that few organisations were able to put this into practice and suggested that real commitment is required if fundamental changes are to be achieved.

Furthermore, Duffin, (2008) highlights a survey undertaken by Nursing Standard in 2008 found very few Chief Executives' report providing any mentorship to BME nurses. This shows there is still some way to go if the current number of BME Chief Executives is to increase from four to a healthier representation.

In addition, Ishmael, (2009) showed that even though there are many BME nurses with good leadership qualities and skills, the lack of opportunities is preventing them from aspiring to more senior positions. The author argues that more needs to be done to encourage and support BME nurses to become more managerially competent and executively proficient. Ishmael, (2009) suggests a variety of ways in which this can be done including the use of innovative leadership programmes aimed at BME nurses and good mentoring opportunities. She argues that by having visible BME nurse in senior positions act as inspirational role models to others, as it send out a powerful message that they can still reach their goal of leadership.

The author of this project aims to use these findings to support the benefits of developing a DVD that portrays a selection of BME role models who are prepared to share their stories so that others can be inspired.

5.3 Diversity training

Tamkin et al, (2002) emphasise the importance of meaningful diversity training that is of high quality, interesting, pitched at the right level for its intended audience and sufficiently challenging. They also add that the training needs to utilise a range of methods to fit in with people's job roles and be flexible enough to reach a wide audience. Training needs to be focussed on embedding legislation practices such as monitoring and to continuously seeking to improve on previous achievements and goals. Ishmael, (2009) supports this and adds training needs to be for staff in all sections of the NHS organisation from senior management down. The training also needs to highlight the positive contributions of BME staff as well as the legal framework.

6. Methodology

This section outlines the methods used to collect and analyse the data. It provides an overview of the project plan through the use of a Gantt chart (see appendix 2.0), project design, the questionnaire design and the sampling techniques. A discussion of the pilot programme, data transcription and project limitations are also provided.

Using open-ended questions was preferred as it establishes the topic to be discussed and also allowed participants to use their own words when speaking about their experiences. The questions were allocated under six themed lists as this allowed all relevant issues to be discussed and ensured that new lines of information to be pursued and blended into the themed list where appropriate (See appendix 3.0)

6.1 Project Plan and Design

Initially, the focus was on nursing staff from within the author's primary care trust. Subsequently letters were sent to the human resources department of both acute and primary care trusts in the Wakefield locality. The response was poor in that only two nurses, from the acute trust contacted the author and unfortunately they did not want to be take part in the project. The reasons given ranged from not seeing themselves as senior in their roles and the desire not to draw attention to their ethnicity.

Due to the lack of participants from the local catchments area and following advice from the author's mentors Vina and Obi, the target group was widened to include other occupational groups and participants from the health economy in West Yorkshire. This approach ensured a wider pool of potential participants and gave a much richer mix of professionals that make up the NHS workforce.

A semi-structured interview guide incorporating open ended questions was devised to focus on the six themes (see appendix 3.0). This was then used in four ways to gather information:-

- Audio-tape
- Film interview
- Electronic questionnaire
- Telephone interview.

(I)Audio-tape

Audio-tape interviews were conducted with two participants who did not wish to participate on camera and did not have electronic access to the online questionnaire. The advantage of audio-taping interviews is that it allows the full conversation to be captured, and enables the preservation of meaning during analysis of the data (Finlay and Ballinger, 2006). However, this method had many drawbacks e.g. the external environment noise disrupted the flow of one of the interviews. The author needed to be aware that her non verbal cues did not affect the participants' responses. (Saks and Allsop, 2007) highlighted that interviewer non-verbal cues may influence answers provider leading to participants giving answers they feel the interviewer wants to hear (Rice and Ezzy, 1999).

(II)Film interview

This method was only conducted with those participants who were available during the filming schedule. Silverman, (1998) advocates film interviews as a better way to record the interactive aspects of interviews. Despite the advantages of this method, it could be too intrusive with the potential to jeopardize the flow of the interview. To prevent any adverse effects the author made every effort to enable the participants to feel at ease. All participants had sight of the questions two

weeks prior to filming to prevent any surprises and as the DVD was to be used as a teaching aid on contributions of BME role models in the NHS, it gave them time to prepare their answers prior to being filmed. This helped to reduce nervousness, encouraged an easier flow of conversation, and enabled a relationship of trust to be established between the participants and the author.

In addition, all participants were briefed ten minutes prior to being filmed on the following:

- the roles of the film crew
- the importance of including the question in the answer when giving a response
- allowing five seconds between interview questions and their answers
- looking at the interviewer and not at the cameraman or film crew members throughout the filming
- the format of the questions
- awareness that filming can be stopped at any time at the participant's request.

(III) Electronic questionnaire

This method was undertaken on the participants who wanted to participate on film but were not selected due to resource constraint. The benefits of using an electronic questionnaire was the convenience associated with its distribution and the fact that electronic data analysis is quite effective.

(IV) Telephone interview

This method was used on some of the participants due to time and resource constraints. According to Saks and Allsop, (2007) telephone interview is an increasingly popular method of collecting data. The authors suggest that as most people have access to a telephone this is an increasingly popular method. This view was supported by the participants who agreed to this approach.

6.2 Sample

The author sent standard letters (see appendix 4.0) to the human resources department in the West Yorkshire region explaining what the project was about and why it was important to get their contribution. It was then left to the human resources department to search their data base and send a copy of the letter (see appendix 5.0) to all their BME staff that had a professional qualification. Letters were also sent to two external participants to get their involvement from a national perspective, (see section 6.6).

While the sample size is not large enough to be representative of the NHS BME professional workforce, it provides qualitative data from which meaningful insight can be obtained. There were three factors that had some bearing on the sample size: HR as gatekeeper; self referral by BME staff and project budget.

(I) HR department contacting potential participants

HR departments were the gatekeepers as they were responsible for contacting all staff in their organisation identified as from a BME background. The accuracy of the HR data base of BME staff depends on and the completeness of the data held and self-declaration of ethnic group by staff.

(II) Self referral

Some participants self referred after finding out about the project. Their reasons for participating were varied and ranged from personal to a desire to help. There were those who

did not opt in and some of the reasons given have already been recognised in the earlier text (See section 6.1). However, there were a few who contacted the author following identification by HR. They did not see themselves as BME and did not want to be involved.

(III) Project plan and Contingency plan

The film's production cost and the number of participants were agreed within identified budget allowance. A budget plan was in place to monitor spending and make readjustments to support other identified areas in the plan. Financial agreements were confirmed with the agencies identified, with enough flexibility to allow for any additional expenditure (See appendix 6.0). In addition to this a contingency plan was put in place to minimise issues that may impact on the project (See appendix 7.0).

6.3 Questionnaire Design

Open-ended questions were utilised and these were placed into six themed lists. (See appendix 2.0). This established the topics to be discussed and allowed participants to talk in their own words.

6.3.1 The Type of questions used and why

The questions used were divided into six broad sections and each had subsections of five or six questions. It was hoped that this format would elicit an easier flow of conversation and provide rich qualitative data.

6.3.2 Piloting the questionnaire prior to filming

The questionnaire was piloted with three individuals. This led to changes of the interviewer's technique. The revised questionnaire was retested and led to the following alterations:-

(I) Changes to the questionnaire

To improve the questionnaire, its sequence, rewording of leading questions, the avoidance of biased questions, the removal of duplication, clarification of terms and reducing the length of some of the question were undertaken.

(II) Improvements to interview technique

The author's interviewing techniques were improved with guidance from the author's communications department, and completion of an interview techniques course.

(III) Retesting the questionnaire after piloting

The questionnaire was retested. The results showed that it took sixty rather than ninety minutes to complete. Duplications had been eliminated and the language used was easy to understand.

6.4 Project limitations

Four limitations of the project can be acknowledged. Firstly, as only twenty one participants took part, primarily from the author's organisation and neighbouring NHS organisations. It is difficult to make population generalisations from the outcome. Secondly, there are drawbacks to being reliant on human resources' data base. For example not everyone of a BME background chooses to identify themselves as such on the data base. Some may not complete the relevant section or choose a category that does not represent how others may see them. Thirdly, some individuals declined to participate for personal reasons and fourthly, there may be some bias during interviews because of the author's interest in BME role models and ethnic origin. The author took precautions to minimise these limitations.

6.5 Ethical considerations

As this is not a research study ethics committee approval was not required for this project. The author ensured that the project was conducted in accordance with basic ethical principles such as informed consent of participants.

As, participation in the project was voluntary no pressure was put on individuals to be involved. Participants' consent was obtained following a full discussion particularly on how the DVD would be used. As part of the process, a colleague was filmed with her child. This was done on a voluntary basis to highlight the author's clinical role in child health promotion. Parental/colleague consent was obtained prior to filming.

All participants were sent letters to inform them about the aims and objectives of the DVD. Explanatory letters were also sent to participants who contributed by audio tape, electronic questionnaire, and telephone interview, for these participants the author ensured that anonymity was maintained at all times, especially when including quotes in this report.

All participants were treated with the utmost respect and were given the choice of opting out of questions if they so wished. This option was not exercised by any of the participants who took part in the project interviews.

6.6 Extending the longevity of the project and national context

To ensure the DVD had wider application the author involved nationally renowned BME figures within the NHS and DoH. This was done by firstly, identifying and deciding who would be best suited to contribute and secondly reviewing the budget to ensure that funding was available to cover the cost of extending the pool of participants (see appendix 7.0). The former involved working with the author's organisation's Equality and Diversity Lead initially to locate the relevant individuals and send out letters of invitation to participate. As a result two individuals were identified: Surinder Sharma, National Director of Human Rights and Equality and Dr Nola Ishmael, OBE, Training and Development Consultant (the first black professional private secretary of the Chief Nurse of England). For an example of a standard letter used (see appendix 8.0).

6.7 Selection of participants for filming

As the length of the DVD is 30 minutes it was important that the material showed participants from a variety of ethnic back grounds, ages, occupations, and genders. Some of the other strands of diversity were more difficult to capture for a range of reasons, for example sexual orientation and religion, but these were seen as not particularly relevant to the project and required sensitivity.

On completion of the selection process participants were sent a copy of the semi-structured questions in advance so that they were able to reflect on their career journeys/experiences and provide responses that they felt comfortable with. Some questions may have been difficult to answer fully without adequate preparation.

6.8 Managing the film/telephone interviews

At the start of each interview, the author reiterated the purpose of the project and thanked participants for their support. Participants were then reintroduced to the interview guide and any concerns were dealt with at this point. The format of the day was discussed and participants were introduced to the film crew. Seating arrangements was also organised for the filming. Participants were offered more time to think about the question if required. The author also had the support of an administrator to ensure that participants were greeted and made comfortable prior to filming.

During the filming one of the major challenges for the author was resisting the temptation to fill the pauses as participants gathered their thoughts. Seidman, (1991) recognises that the urge to fill

pauses is common in the interview process and one of the most important skills is the ability to keep silent and resist the temptation to jump in and help out. This only serves to shift the focus from the participant to the interviewer, which can lead to a reduction in the quality of the information obtained.

During day two of filming one of the participants became tearful when she reflected on role models who had a positive influence on her career journey. The temptation to jump in was resisted, and the participant regained her composure within moments and was able to continue.

These experiences reinforced what the author had learnt about the unpredictable nature of interviews and the need to always be prepared for any unexpected behaviour. More important, is allowing the participant time to make decisions and manage their own emotions uninterrupted, as any interventions, even if well meaning could impact on the response given.

The management of the telephone interviews followed a similar format by giving comprehensive explanation on the format of the interview and the purpose of the project. The interviews were undertaken at a time convenient to the participants to maximise their full involvement. Sufficient time was allocated to clarify points made and transcribe the data during interviews.

6.9 Transcribing the data

The author was aware of the importance of good quality audiotape equipment and the environmental factors that can impact on the quality of data. Careful attention was therefore given to the position of the machinery when using audiotape. Wellington, (2000) suggests that interviewees are flattered to have their conversations recorded. The author found that some individuals were excited about participating in this way although there were those who said they disliked to hear their voice on tape. Indeed, when aspects of the tape were played back some of the pilot participants laughed. It was difficult to determine whether the laughter was due to embarrassment or happiness of hearing their voices in this way.

The data from the audio tape was transcribed with the support from an established transcriber within the author's organisation as it was thought that this would save time. Unfortunately, this was not the case, as the transcriber had difficulty with some of the accents on the audio tape. To ensure that the data was transcribed accurately the author acted as translator. The process was very slow and took two days to complete as it required high levels of commitment and concentration. Reflecting on this experience made the author realise that although transcribing in this way can be exhausting, it prevents the unsympathetic editing of tapes.

The data from the audio tapes, film interview tapes and telephone interview were fully transferred onto a Microsoft Word Template under the questionnaire main headings. The same approach was utilised with the electronic questionnaires and then the data was added to the template. The data was then transferred onto Microsoft Excel for manipulation and analysis by using pivot tables and charts. The grouping ethnic origin was based on the 2001 Census categories. Length of service was put into year bandings for easier examination. The qualitative data was then grouped according to the key themes and outcomes that emerged.

Table 1: Methods used to portray the career journeys of participants

Number of Participants who participated in the project (21 out of 22)	Methods used to capture data from semi-structured questionnaire
13 participants	Film interview
2 participants	Audio tape
3 participants	Electronic questionnaire
3 participants	Telephone interview
1 participant	Unable to attend for planned film interview

Table 2 describes the data according to a range of factors such as numbers participating, ethnic origin, length of service, qualifications and current jobs...

Table 2: Background of participants (n=21)

Ethnic Category	No. of Interviewees	Percentage
Asian or Asian British - Any Other Asian Background	1	4.8%
Asian or Asian British – Indian	1	4.8%
Asian or Asian British – Pakistani	1	4.8%
Black or Black British – African	5	23.8%
Black or Black British – Caribbean	4	19.0%
Mixed - Any Other Mixed Background	1	4.8%
Mixed - White and Asian	2	9.5%
Mixed - White and Black Caribbean	2	9.5%
White - Any Other White background	1	4.8%
White – Irish	1	4.8%
White Other European	2	9.5%
Grand Total	21	100.0%

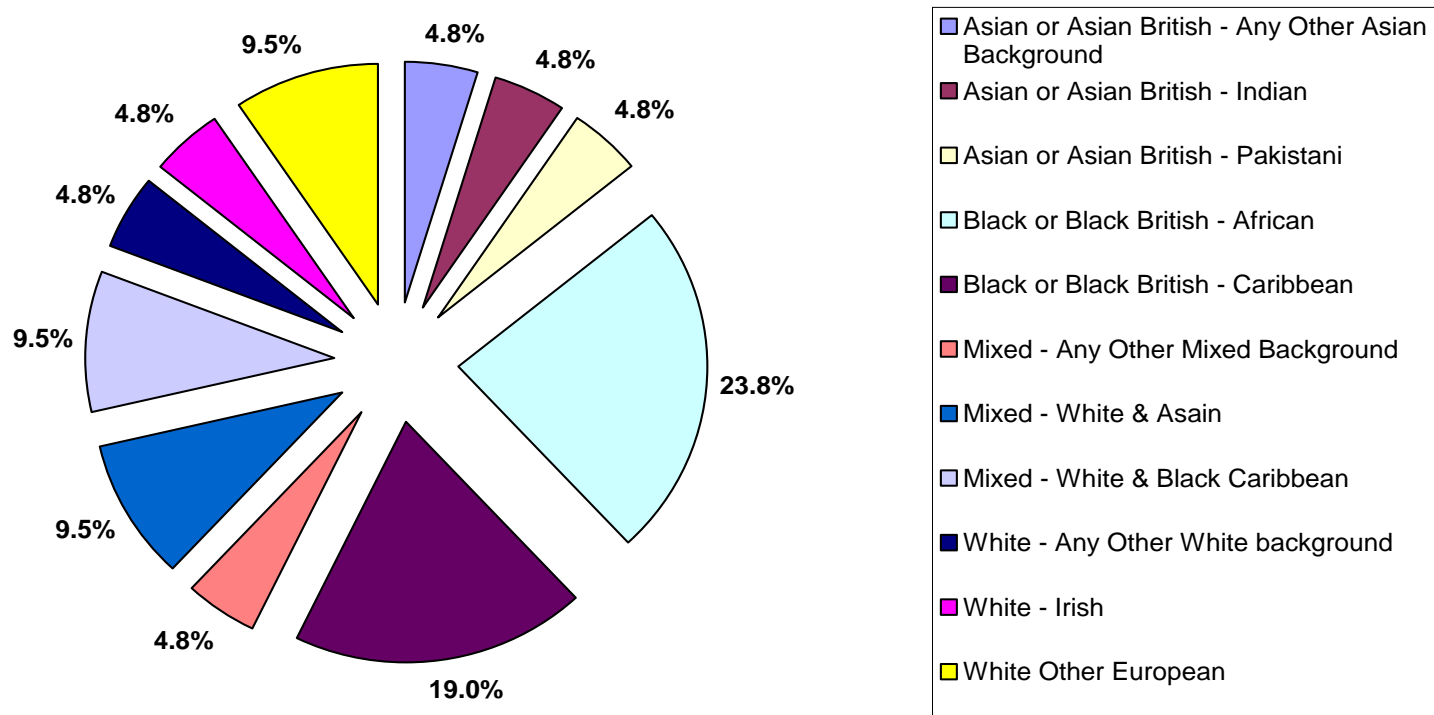
Length of Service	No. of Interviewees	Percentage
<1yr	1	4.8%
1-3yrs	3	14.3%
3-5yrs	2	9.5%
5-10yrs	1	4.8%
10-20yrs	2	9.5%
20-30yrs	5	23.8%
30-40yrs	4	19.0%
40+ yrs	3	14.3%
Grand Total	21	100.0%

Highest Qualification	No. of Interviewees	Percentage
BSc Hons.	12	57.1%
Diploma	1	4.8%
Lawyer	1	4.8%
MRCPCH	1	4.8%
MSc	3	14.3%
PhD	2	9.5%
RGN	1	4.8%
Grand Total	21	100.0%

Professional Group	No. of Interviewees	Percentage
Clinical Director/GP	1	4.8%
Consultants	2	9.5%
Director	1	4.8%
Managers	2	9.5%
Nurses/Midwives/Health Visitors	10	47.6%
Paediatrician	2	9.5%
Pharmacist	1	4.8%
Senior OT	1	4.8%
Education Lead	1	4.8%
Grand Total	21	100.0%

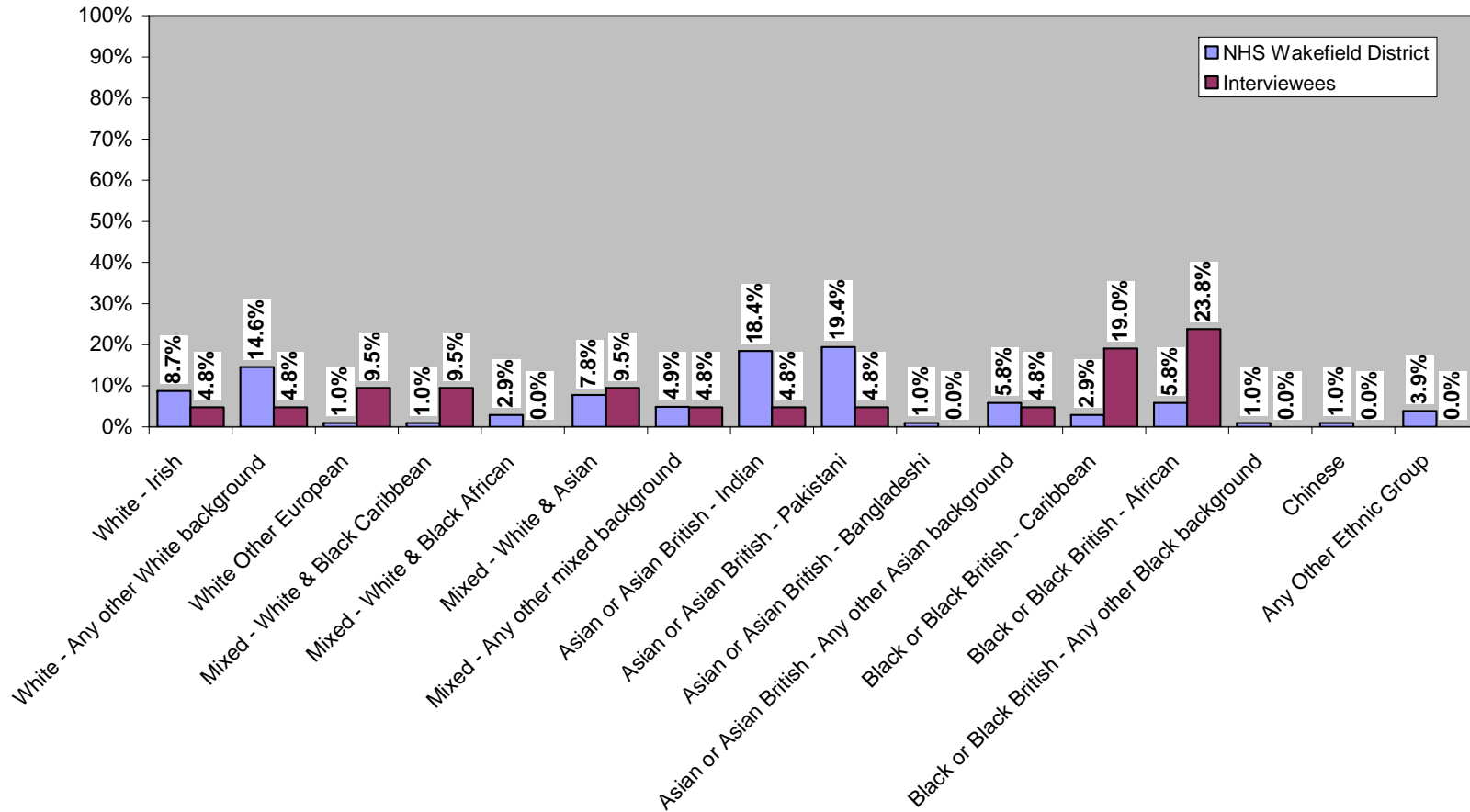
Figure 1 shows the ethnicity of the participants, according to the 2001 Census categories.

Figure 1: Ethnicity split of participants



The majority are from Black or Black British – African origin, as almost a quarter of interviewees were from this ethnicity group.

Figure 2: Comparison by ethnicity of the interviewees and NHS Wakefield District's BME employees



When comparing the proportion of BME staff within NHS Wakefield District against those interviewed similar percentages are observed in some of the ethnic origins, but differing proportions in others, most noticeably where there is a greater proportion of Black or Black British – African and Black or Black British – Caribbean amongst those interviewed. In fact the PCT has a greater proportion of Asian or Asian British – Indian and Asian or Asian British –

Pakistani staff of BME origin. The reason for the higher number of Black and British and Black African is that these participants were from Leeds, Huddersfield and Bradford Trusts, See Figure 2 for ethnic ratio within NHS Wakefield.

This chart shows the professional group of participants. As can be seen, nearly half are in Nursing and Midwifery and Health Visiting (HV) professions.

Figure 3: Professional Group

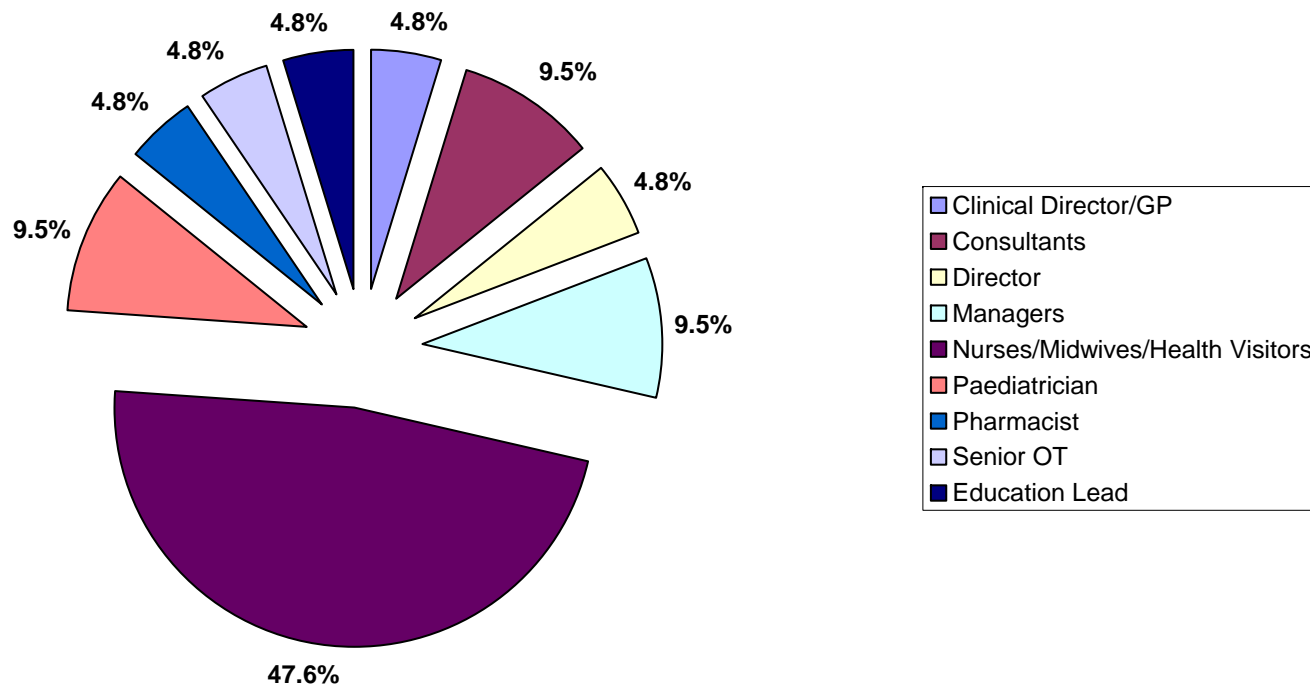


Figure 4: Years of Service of Participants

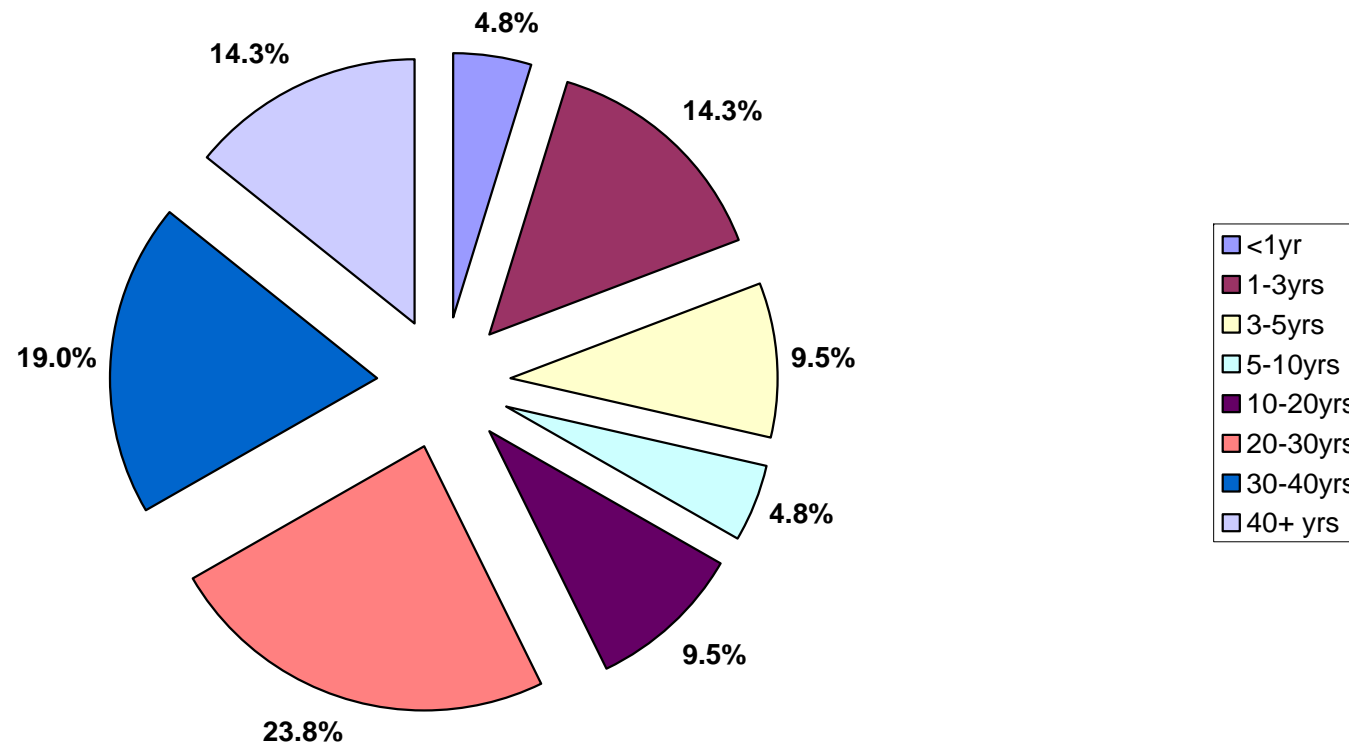


Figure 4 shows that one third of the interviewees have been employed by the NHS for less than 10 years, with a third also being employed for 30 or more years. The majority of nursing staff have been employed the longest. Many of them were encouraged to come to Britain in the early 1960s to support the nursing services. The staff groups with the least number of years in the service are non-clinical apart from one clinical staff that has been qualified as a midwife for less than four months.

Figure 5: Qualifications held by Participants

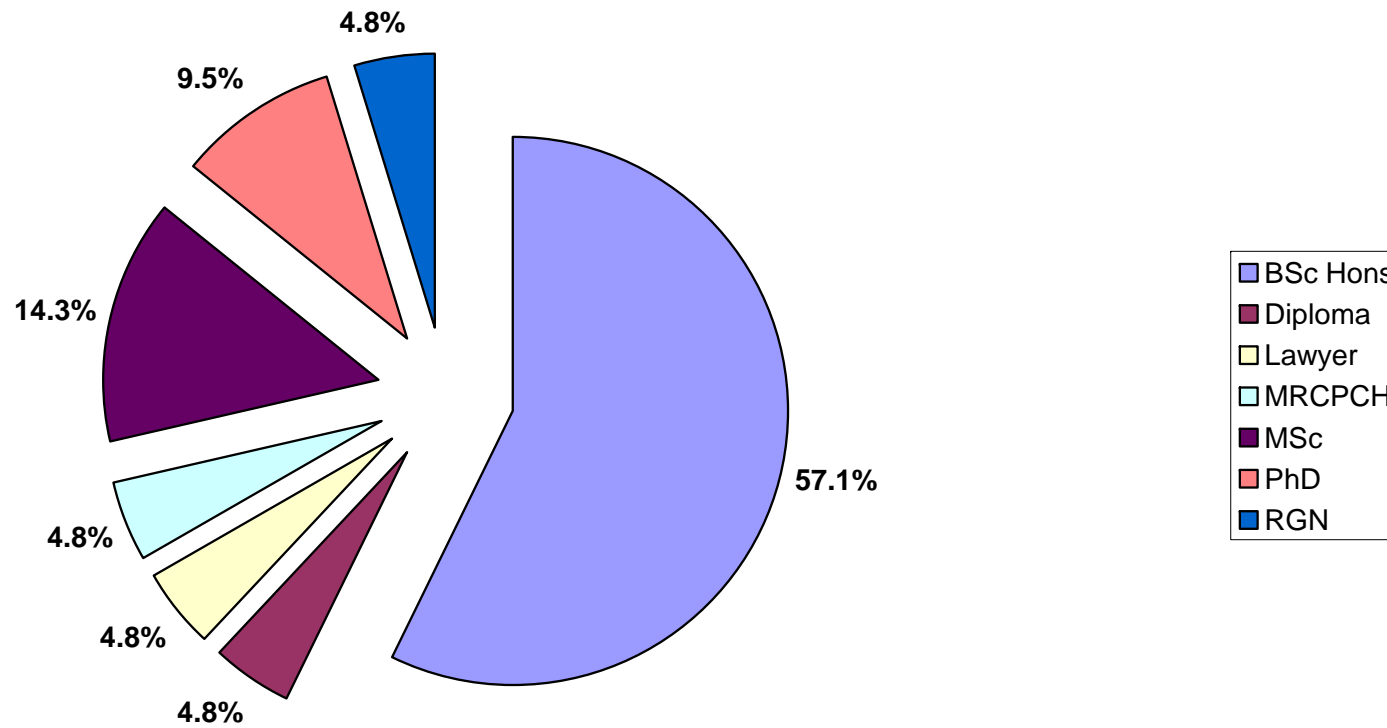
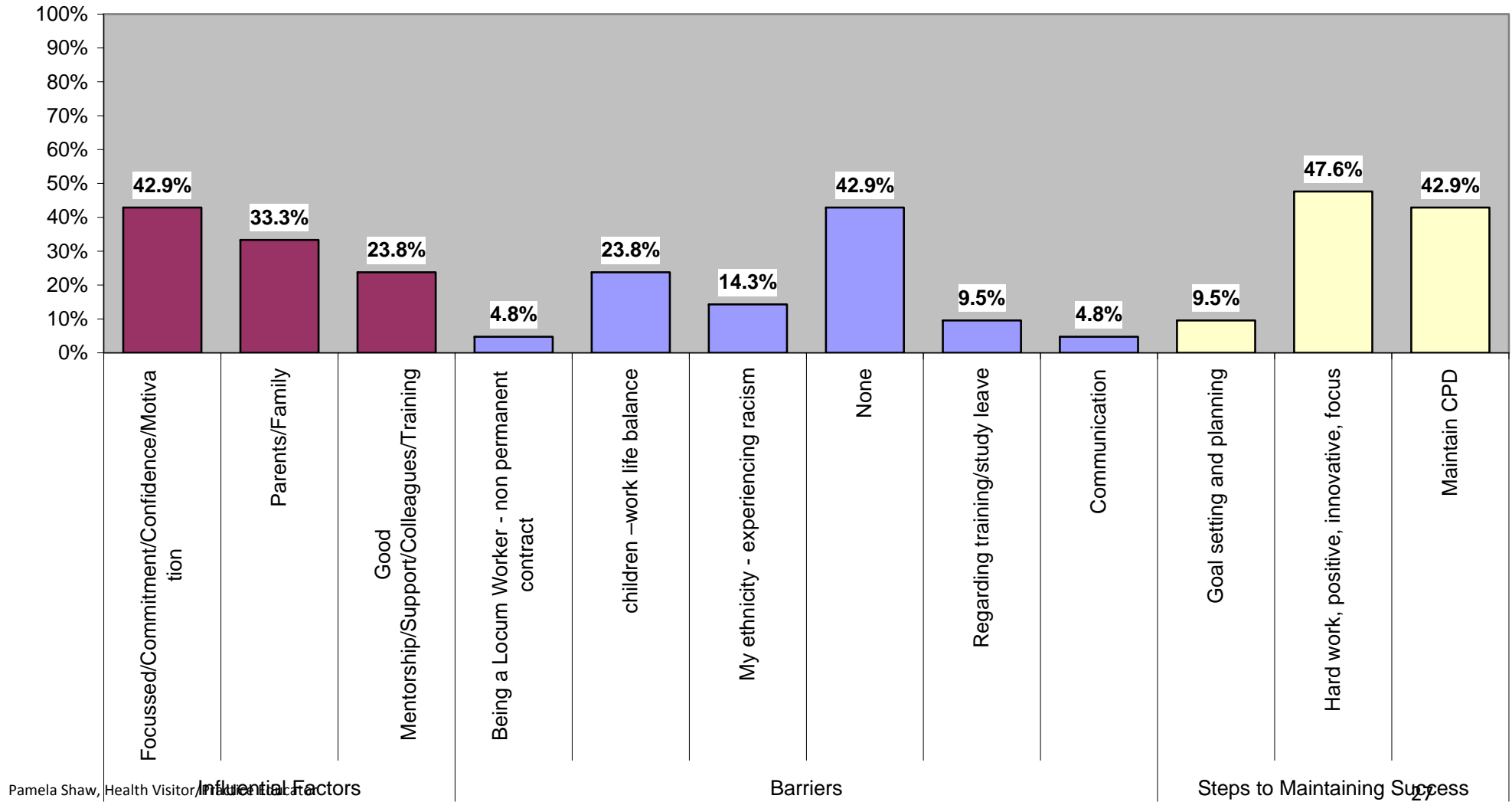


Figure 5 demonstrates the levels of qualifications achieved by respondents. The majority has at least a degree, with almost 10 % having attained a Doctorate.

Figure 6: Influential Factors & Barriers to Career Progression, and Steps to Maintaining Success



7. Discussion of the findings

This section aims to discuss the outcome of the semi-structured questionnaire and to discuss the data presented in the charts/diagrams/figures. The data will be discussed using the findings illustrated in the diagrams/charts. Due to word limitations only a selection of quotes will be used under each heading.

Factors influencing career progression

Figure 6 shows the key factors identified as aiding career progression were - family support, personal motivation and support at work. The majority of participants (42.9%) stated that it is their own inner strength, e.g. commitment, confidence and being focussed, those were the key to their success.

"I am a positive person and a hard worker"

"Having the confidence to seize opportunities as they came long"

"Self-determination, strong willed and the courage to try"

"A willingness to learn and develop"

33.3% stated that parents and family influences from childhood were the only consistent factors throughout their chosen career pathway.

"I owe my success to my parents – they have instilled in me from an early age the importance of self confidence and education. They made lots of sacrifices so that I had a good education and secure upbringing "

23.8% of participants highlighted other influencing factors such as access to training and development, support and encouragement from colleagues.

"Having fair access to training from the organisation enabled me to progress within my career and also the support from colleague who want you to do well".

Barriers to career progression

The key theme is the difficulties some participants faced in achieving a work life balance. 23.8% reported this was the only barrier for them. Interestingly, but not surprising, the participants who stated this as a factor were female.

"I had no choice but to give up work to and look after my children as I could not find affordable or flexible childcare to fit around shift work"

"It was expected that childcare needs were a priority over progressing up the career ladder"

The majority of participants interviewed (42.9%) stated that their career has not been affected by their skin colour. These participants believed that their success was due to sheer hard work and proving their abilities. . One participant stated that the only factor that held her back was having a temporary contract which reduced her chances of promotion and access to some training and development opportunities. However, she later stated that once she secured a permanent contract, she was promoted to a senior position within one year.

"I have not had any barriers in my career, my bosses allowed me to be all that I could. Early on in my career I developed self belief and with that came self confidence"

“I have had to overcome some barriers but didn’t feel that this was anything to do with my ethnicity – more my personality”

“Not really – I do often wonder if being a woman has meant I have often felt that I am not as good as my male peer and then perhaps felt I needed to work more and harder to achieve”

A significant percentage of participants (14.3%) stated that they were unable to obtain senior positions within their careers. This was due to racism from those in senior positions who as gatekeepers prevented them from accessing development opportunities such as shadowing and secondment experiences or suggesting lower status activities/training.

“I never get approached for development experiences in my job – it is always offered to my colleagues who are usually white, and there is always an excuse such as this person had expressed an interest first or is more suitable”.

For some participants, particularly African Caribbean nurses; personal success has come very belatedly - after prolonged disappointments and frustration. Two participants did not obtain success in terms of promotion at all despite being in charge of the ward on a regular basis.

“I have observed junior colleagues reach positions of seniority with less skills, qualifications and experience than their BME colleagues. These colleagues often rely on the skills/experiences of the BME nurses that they have been promoted over to support them extensively due to their lack of experience”

A small number of participants (4.8%) highlighted communication as a barrier to career progression. This ranged from lack of information on opportunities available to receiving the information too late to apply for promotion. They also quoted that the lack of encouragement or support to enable or sustain progress.

“Despite having many setbacks, the fact that I’m still doing the job I enjoy many years later, is a success in itself”

Poor access to training/development was highlighted by 9.5% participants, who stated that refusal to go on training was one of the ways that prejudice manifested itself in the work setting. It was reported that some clinical line managers acted as gatekeepers and prevented BME staff from developing or obtaining promotion.

“Proving discrimination has taken place is difficult, as other reasons can be given to mask true reasons for denying BME staff access to further training and development, and it often goes unchallenged, as I don’t think data is being kept on the ethnicity of staff being denied access to courses/training”.

One participant highlighted that even after achieving a higher grade that the situation remained a constant battle with her white colleagues, whom she felt were jealous of her position or felt they were more deserving of the higher grade.

“After obtaining a grade above my colleagues, I noticed a change in their behaviour towards me – they started openly challenging my decisions, this never happened when I was a lower grade to them, also some would withhold support/contributions”

Participants gave a variety of ways used to overcome barriers in their career progression that included the use of positive thinking and getting support from relatives, friends and colleagues. One quoted that the equality policy was used on one occasion and it had helped to make positive changes. The majority of participant’s stated that hard work and determination had helped them. A high percentage of participants stated that putting patient’s needs first and wanting to make a positive difference to patient care was what drove them on despite the barriers.

Some participants did not identify any barriers to their career progression. 42.9% of those interviewed said that they had experienced no barriers at all. There could be many reasons for this such as:-

- Their outgoing personality ensured that barriers were not a challenge
- Sheer luck
- They work in an organisation that embrace equality of opportunity for all
- They were managed by people who encouraged their growth and development
- They didn’t want to disclose on camera
- They felt a failure for disclosing this type of information.

Steps to maintaining success

In Figure 6 47.6% of participants identified hard work and remaining focus as ways of maintaining career success. The actions taken to achieve this include having vision and the ability to plan career progress. Others stated that having career plans was consistent with the direction of travel of the organisation, were important. Seizing opportunities and being ahead of the game was also another way of ensuring success and 42.9% mentioned maintaining continual professional development and linking it to KSF outline as key.

“I used my appraisal interviews to plan my next step with my manager and ensured it was documented.”

9.5% mentioned planning and goal setting; 9.5% highlighted access to training/study leave helped them maintain their success.

Ways how the organisation could have helped

In Figure 7.0 the data shows how participants felt their organisation could have helped them in their career, how they remained focussed and any mottos used during their practice. 57.1% stated that their organisation could not do anything further as they were already very supportive. 19.0% stated that more time dedicated to continuous professional development would have helped them. 4.8% stated that the organisation could be more supportive about their concerns regarding discriminatory behaviour and bullying. 4.8% would like the organisation to have a better understanding/information on structuring a career plan. 4.8% suggested more support from their line manager and 4.8% mentioned a better work life balance. Finally 4.8% stated that the organisation should provide good networking and career structures.

Keeping focussed

This question looked at what factors have enabled participants to keep focussed and motivated. Figure 7.0 shows that 38.1% stated the love of the job, having patient contact, working for the NHS kept them focussed.

"I ensure that I keep up to date with organisational changes and developments, that way my knowledge/skills are aimed at what is required to deliver organisation goals"

14.3% stated that maintaining their skills/knowledge through continuous professional development enabled them to keep focussed.

"Maintaining a professional development portfolio enabled me to target my learning/development needs to provide best practice that is current and research based"

14.3% stated that being positive and having clear plans; 14.3% highlighted through good organisation and prioritisation. 9.5% felt that being a team player was crucial for maintaining focus. 4.8% mentioned sheer determination and hard work, a further 4.8% commented on having support of family and friends helped them.

Motto used

Figure 7.0 illustrates the mottos used by participants. 42.9% of participants stated self belief as a motto.

"Believe in your self"

19% stated being positive and working as a team

"Never give up"

"Always try your best"

14.3% mentioned reciting bible scriptures helped; another participant quoted visualising role models she admired and emulating them.

"I pray and go for walks"

"I think of Nelson Mandela and Mary Seacole and how they overcame adversity, and then I tell myself if they can then I can".

9.5% stated that being focussed and aiming to always treat everyone with respect and dignity. 4.8% mentioned that they kept patients as the main focus; 4.85% stated take time out when needed, and another 4.8% said tomorrow is another day – to work on how to make things better.

Figure 7: Organisation and focus

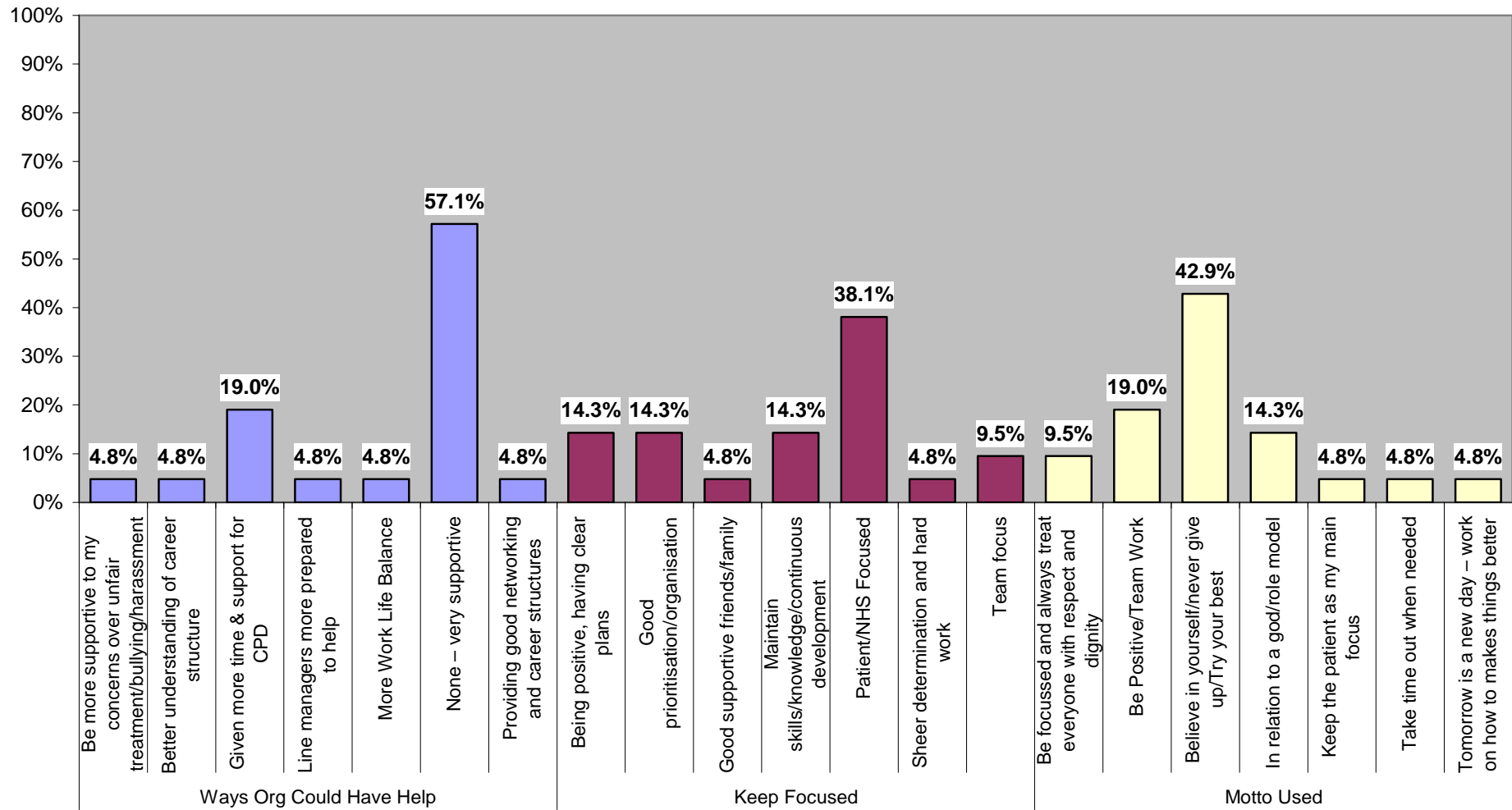
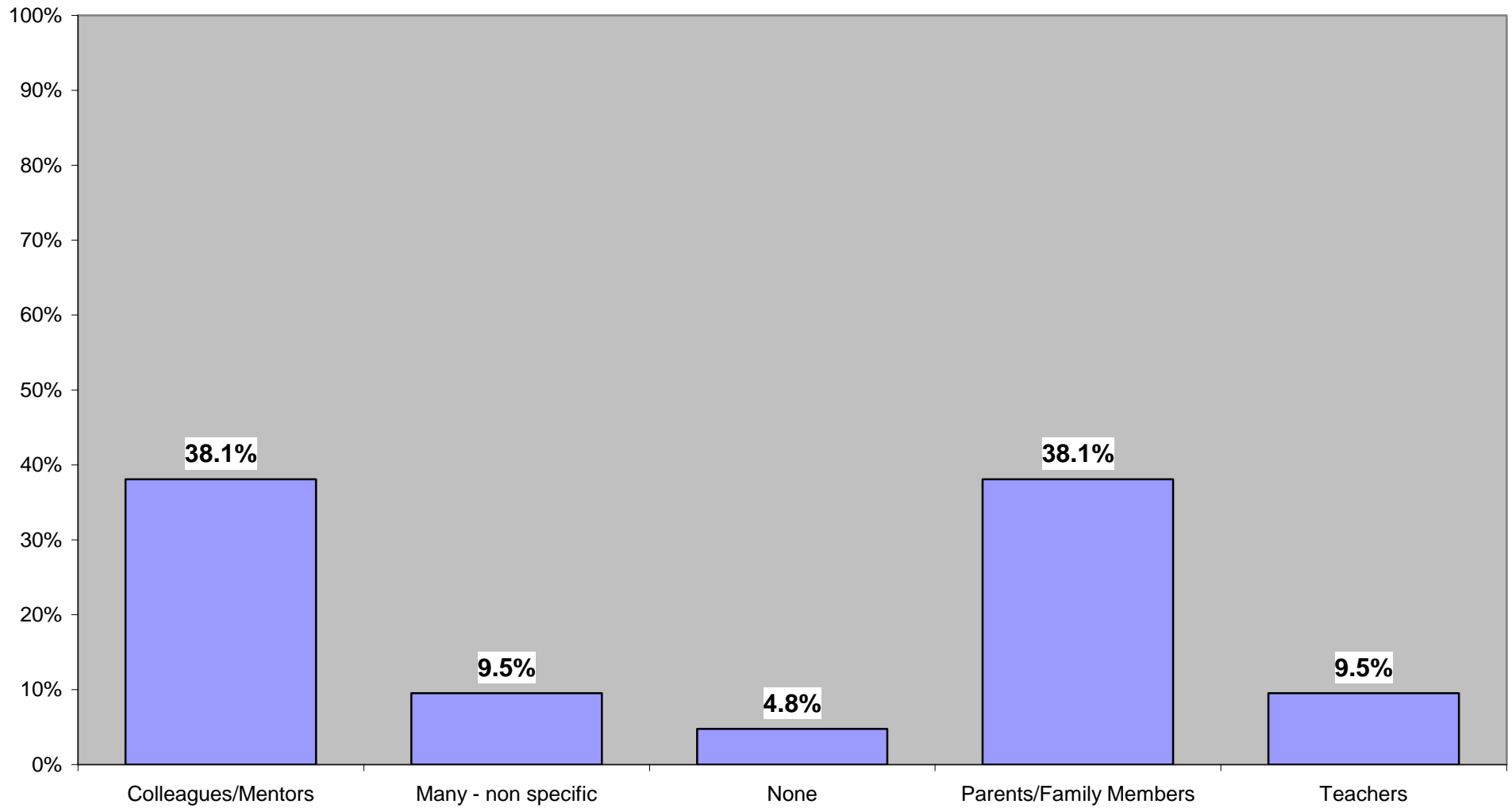


Figure 8: Role models



Inspirational role models

Figure 8 shows the people who had inspired participants. 38.1% stated that parents and family members having a significant role model effect. The same percentage also highlighted colleagues and mentors within the work setting as inspirational role models.

“Parents encouraged me from an early age to do well in school- they were great role models for me”

“Yes, family support and a health visitor friend helped to encourage me to try hard”

“My parents have done far more for me than anyone else I can think of in terms of where I am today. They have made huge sacrifices to get me an education and a good upbringing”

“Oh yes, there have been many from doctor colleagues, nursing staff and other professional groups and of course my parents”

9.5% said that teachers had a significant impact on their career choices and that these individuals were everything a role model should be. 9.5% stated other non-specific things such as having a career plan, working hard, never giving up, their religious belief, and a desire to help others had put them in a position of leadership.

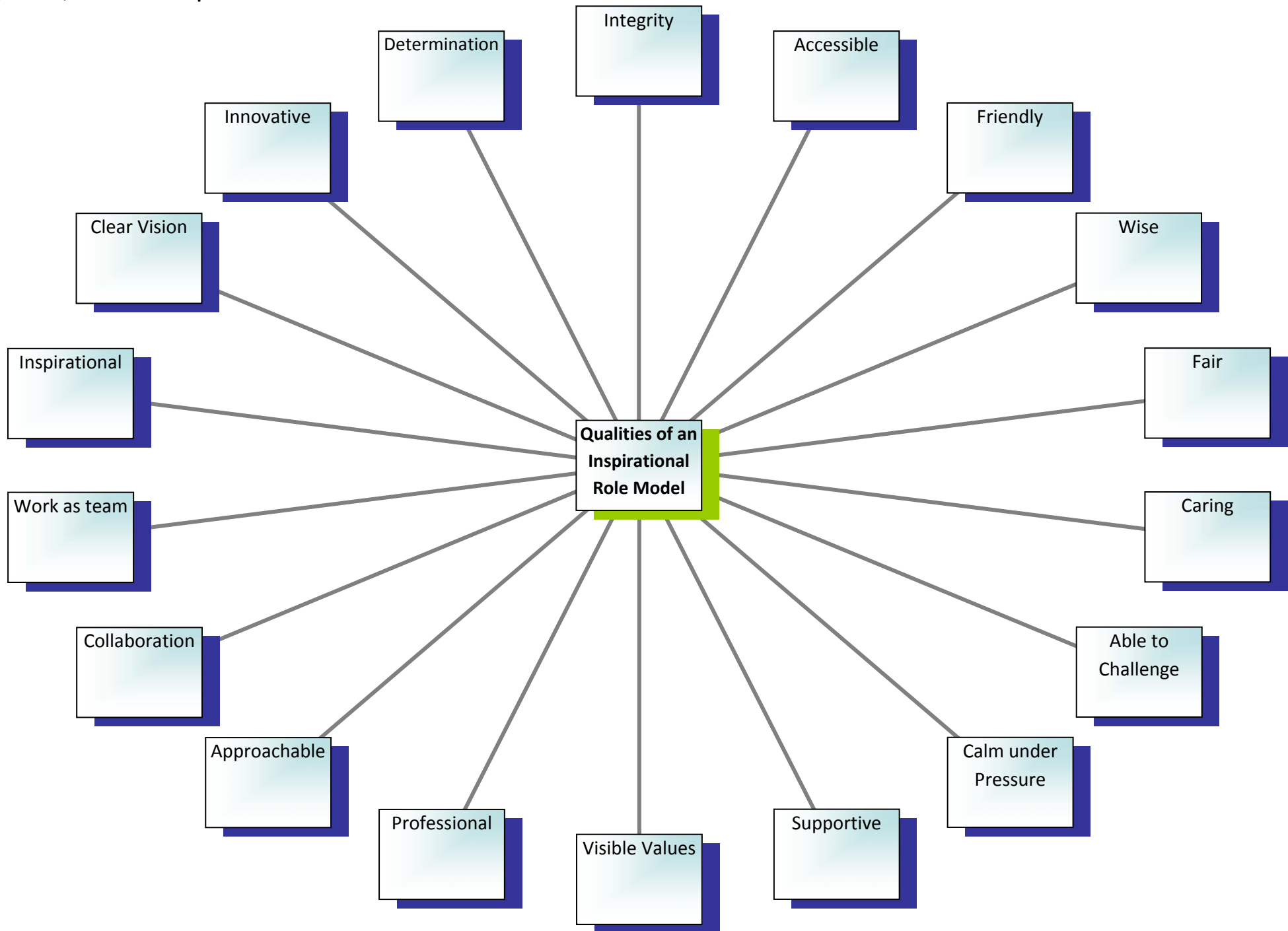
“My maths teacher was an inspiration to me as he always remained calm and focussed in challenging situations. I was a very quiet shy pupil and because of this was often overlooked by teachers and other pupils, despite this he believed in me and always encouraged me to do well, this made me feel that I could achieve anything”

“I did not have mentors as such - but ensured I had very structured personal development plans, this helped me achieve my goals as regards career progress”

There was a small percent 4.8% who stated that they never had any role models in their career journey and that they relied on themselves to maintain their drive and motivation. However, this group of participants said it would be wonderful to see BME people in positions of leadership to encourage others.

“Although I never had any role models, I feel a mentoring/shadowing opportunity would have been ideal to enable me to plan my career journey in the earlier stages”.

Figure 9: Qualities of an Inspirational Role Model



Qualities of inspirational role models

Figure 9 highlights some of the qualities of an inspirational role model as identified by the participants. Please note: this list is not exhaustible but aims to capture some of the main points.

“Has the ability to motivate others, have good communication skills, prepared to put in the extra commitments and lead from the front by example”

“Someone who is good with people, don’t let emotions get in the way of work, remain professional and fair – lead through example”

“Someone who is visionary, change agent, policy maker and strategic thinker – have ability to adapt to change in an every demanding service”

Astuteness, self-knowledge, capability, determination, visible, reliable, ambition that is linked to aspiration and diligence”

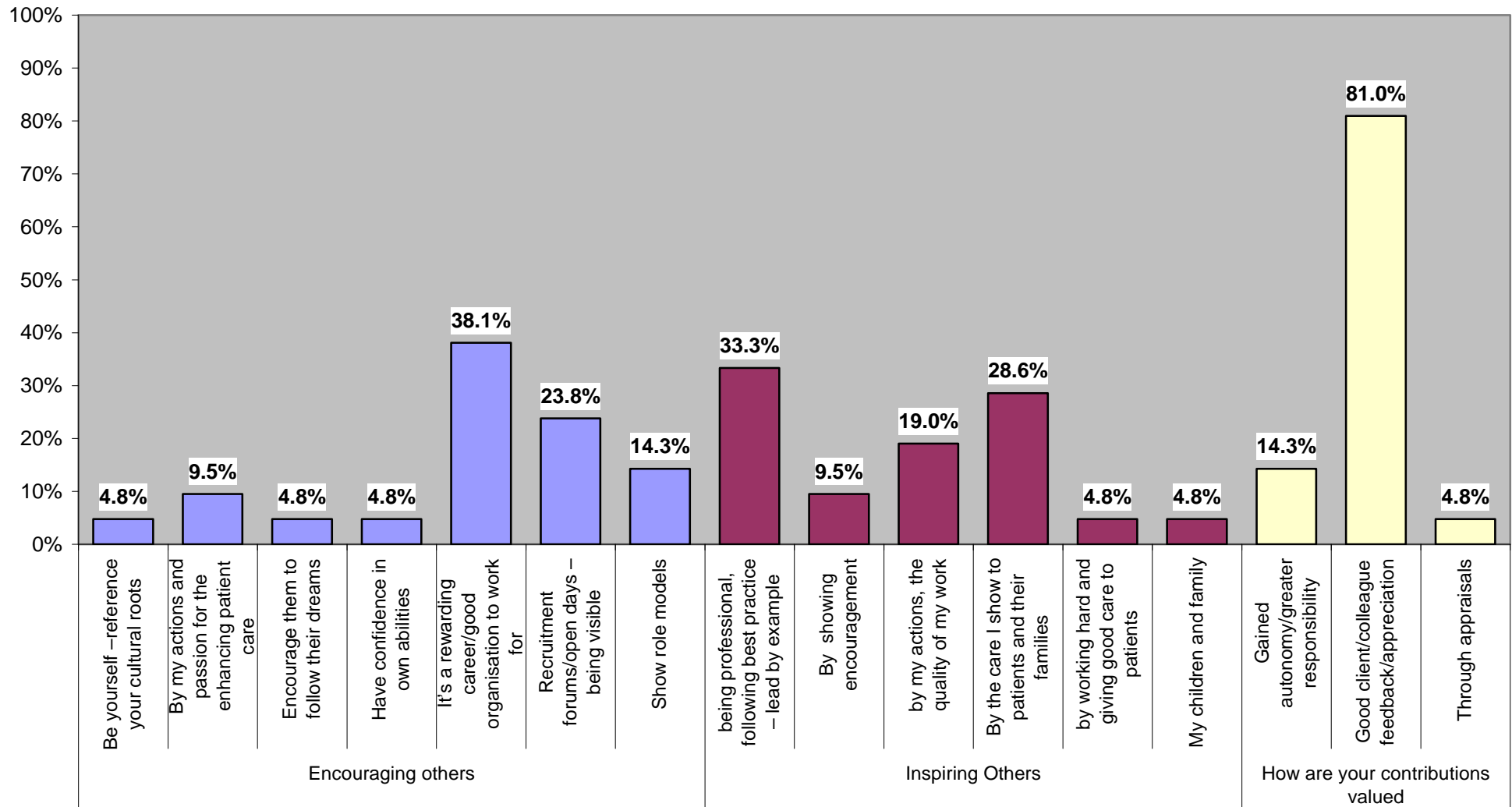
All participants thought that BME role models in the NHS were very important and pivotal, as their presence gave other people from BME backgrounds something to aspire to.

“It’s important to see BME professionals achieving success and their opinion and ideas being supported; this will encourage other people from BME backgrounds to apply for a career in the NHS as good role models are already there.”

“Yes it is important – people need people to aspire to, someone who has walked in your shoes and of similar background and understanding”

“It is pivotal that you have good role models in all areas of the NHS, especially for BME nurses, who are the Constants in the NHS over the years they haven’t work for much money or aspired to management/leadership positions. Those of us who did, it is important that we pulled as well as we pushed. Some of us broke through that glass ceiling without much damage. We have to encourage and remind others that it is not the wishing that take you there – it is the action/the learning/the studying that are important, and the application of the wisdom that you have. Oh yes – the up and coming generation needs reference points and BME role models”

Figure 10: Encouragement, Inspiration and Contribution



Encouraging others to consider a career in the health service

Figure 10 demonstrates that when discussing ways to recruit to the NHS, 38.1% said they would encourage others by pointing out that the NHS offers many opportunities; it was a good organisation to work for and offers a very rewarding career. It was suggested by 23.8% of the participants that organisations should be more proactive in recruiting and this should be in the form of recruitment forums, open days and making the variety of career opportunities more visible to the general public. It was also suggested that different staff groups should go into schools at primary/junior levels to plant the seeds of the opportunities available in the health service.

“The NHS is a wonderful organisation to work for and there is a vast amount of career opportunities that can take you anywhere in the world”

“Show the benefits of working for the NHS by highlighting the different career pathways in different arenas”

“The NHS should be advertise in venues other than the traditional venues e.g. youth clubs, mosque, BME networks and magazines etc”

Inspiring others

Figure 10 shows how participants acted as role models within the sphere of their role and inadvertently inspired others generated a variety of answers. 33.3% expressed the importance of being professional at all times and in doing so maintaining best practice through leading by example. 28.6% stated that they inspired others by the care they provide to patients and their families and that this act portrayed a caring sensitive professional and was a quality admired by all. 19.0% highlighted their actions and quality of their work, 4.8% stated working hard and positive feedback/comments from family/friends.

“I hope I have inspired others by doing my best and following best practice – lead by example”

“I hope by my actions – showing dedication, hard work, commitment, enjoying my role and a desire to improve services for all and giving of my time to support others”

How your contributions are valued

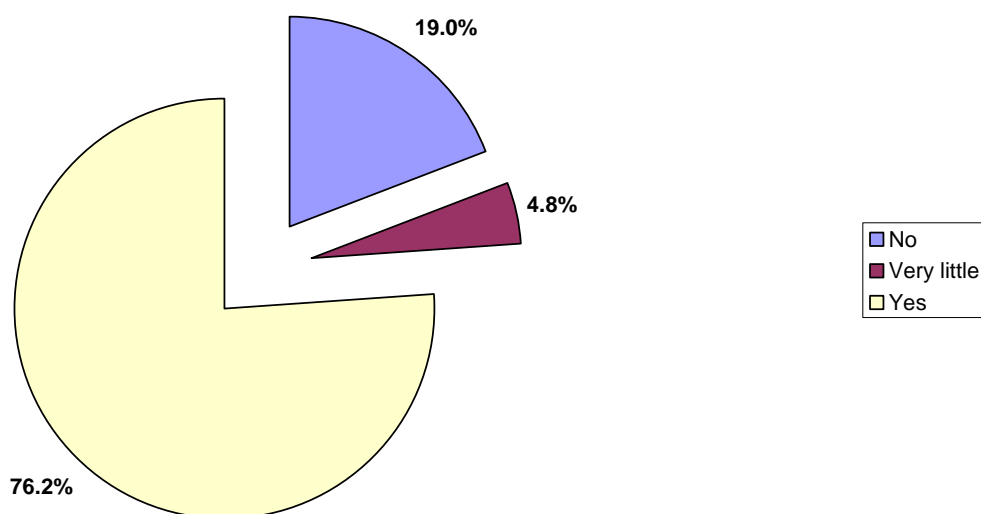
Figure 10 illustrates 81.0% of participants reported that recognition of their contributions were identified by good client feedback and appreciation, 14.3% stated that it was through having autonomy and greater responsibility, 4.8% highlighted that the personal appraisal process helped with recognising their contributions. .

“Having something I developed utilised well within the team”

“Through gained autonomy within the organisation –feedback in 360 degree appraisals – through nominations for leadership/development courses/investment in my professional development – through opportunities to share learning from projects I have been involved in with stakeholders groups”

“Through internal websites, magazines, notice boards, professional meetings, conferences and special mentions”

Figure 11: Have attended Equality and Diversity Training



In Figure 11 just over three quarters of participants reported that they had been on an Equality and Diversity training course. All thought that it was essential and very important to raise issues of discrimination that could be addressed to prevent offence. There were comments regarding the e-learning package. Some participants felt that unlike face to face training this approach was too general and could be easily forgotten. Others commented that e-learning suited their way of work as it can be completed at a time/venue suitable to them. It was noted that non clinical professionals appreciated e-learning package more than clinical professionals. The clinical professionals highlighted that classroom training with key speakers and group activities were more effective and meaningful for them.

“Yes- I think it’s not just about e-learning, face to face training, cultural competence and interpreting skills but also through more practical ways of demonstrating anti-discriminatory practices – shadowing other professionals, case reflections on understanding stigma”

“Yes – when I worked in education we had training where BME trainers would be invited to sessions to give perspective from their angle and also to give history of their culture/life/education/aspiration etc”

“Open discussions in training sessions involving a combination of activities will encourage good and fair practice”

“Absolutely – society has changed a lot – holding up a mirror to society will show you the diversity out there. Need to capture all of this using all the strands of diversity. To deny this would be like bury your head in the sand. The alternative is not worth thinking about. If we have sections in the NHS not bothered about diversity training because they don’t come across it – this is institutional discrimination. The NHS cannot afford to let this happen-staff must speak out if this is the case, and have to put in place scheme to monitor this. I’ll go as

far as to say diversity training should be in everyone's JDR/performance review on a yearly basis"

"Encourage openness which is good – I have always been encouraged not to talk about my parents ethnic heritage – made to feel ashamed. I was taught to blend in. This project is a good idea helps you to celebrate and talk about your differences in a positive way"

Participants thought the workforce should reflect the trend of the population in terms of its diversity as it would help ensure client sensitive care. Some participants felt a diverse workforce could be achieved through advertising widely and targeting the BME community engaging with their needs by surveys and forums. Of those who knew about the Equality Legislation they saw it as being very important and fundamental for helping to prevent discriminatory behaviour.

"Boards and senior clinicians/managers in organisations should reflect the diverse workforce and the populations they serve. Actively promoting leadership development amongst members of the workforce from BME communities is a must"

"By having diversity champions/mentors to help take strategies forward and show credibility and organisation support for diversity agenda/issues"

"It is fundamental that the government put in place the different legislations to support instituting equality and diversity within different organisations to the extent that individuals have responsibility and public bodies and indeed private organisations also have responsibilities. Without a legal framework, I think you will find loads of organisations will treat equality and diversity almost with lip service. Now the legal framework has put almost a responsibility on public bodies to put in place certain schemes to improve the extent to which they reflect the diversity within the community. We look around us and we can see examples of this in other countries such as America and Europe. I think we are doing very well here in this country"

8. The Next Phase of the Project

Although, the DVD has yet to be utilised fully and evaluated, the author envisages that in the short term it can be supportive of existing practice by enhancing the current diversity training within NHS Wakefield District. Plans are being developed to have a training pack to support the DVD. This would help achieve the following objectives:-

- To be a teaching tool that encourages good citizenship among different ethnic groups within the author's organisation and wider in order to highlight the importance of teamwork. The importance of dignity and respect for others regardless of differences and demonstrate how this can benefit both service users and providers.
- To use the DVD in the author's organisation's 'Achieving Equalities Group' and at local universities, to generate open discussions on BME issues and put forward ideas to encourage best practice.
- To use the section of the DVD that promotes the NHS as an employer that offers a wide range of opportunities.
- To draw attention to those at strategic levels of the barriers to career progression experienced by BME professionals so that strategies can be identified to address these.
- To act as a morale booster for BME service providers and at community network events by emphasising ways in which some BME health professionals have achieved success and how this has been recognised by others. This will serve to demonstrate how BME groups can contribute in a positive way to society and indeed the NHS. It is hoped that by highlighting BME professionals in this way would help reduce the 'squirm factor' associated with discussing ethnicity. It is hoped that it will demonstrate ethnic similarities such as aspirations and goals rather than differences.
- To use the DVD in a safe environment by exploring issues during reflective practice with service providers.
- To develop a community of practice for the BME professionals that will bring together different role models and enable them to share knowledge and best practice.

9. Conclusions

The aim of this project was to create an inspirational DVD that demonstrates the contributions of BME professionals to the health service and show how through career successes they can inspire others.

The project explored the influencing factors that have enabled their career progression and the challenges that may have hindered progress. It also examined the strategies employed by the participants in achieving their goals.

The findings from the interviews showed that participants were extremely well-qualified with a minimum qualification of a degree. Most had studied at a higher level, some had obtained their degrees in their own time and for some this was also self funded. The findings also indicated that the participants achieved their success through sheer hard work and determination and this involved support from family and fostering good peer/organisational support.

The majority of participants indicated that there were no barriers to their career development or success. Self belief, determination and seeking out opportunities were identified as some of the qualities that enabled success.

However, some of the female nurses expressed childcare issues as the main barriers others stated the attitude of managers who acted as gate keepers to them accessing training/development. The way barriers were overcome was through sheer hard work, having a career plan; self funding if necessary and undertaking courses in their own time.

The majority of participants felt that having role models and mentoring were crucial for encouraging progress. Many stated their parents as having the qualities of a good role model. Others stated colleagues or teachers that have positively influenced them.

All participants highlighted the importance of diversity training and that it should be embedded in NHS organisations to ensure fair and best practice. The participants pointed out the need for innovative approaches to equality and diversity training. These should include access to a range of teaching methods such as group work, audio-visual presentation using the project's DVD, utilisation of BME guest speakers, role play and scenarios. These should be linked to legislation and national data on race, ethnicity and discrimination.

Finally, the data also highlighted the importance of having systems in place to monitoring the career progression of BME professionals to encourage fairer opportunities and prevent indirect or direct racism in their career progression. It was felt that BME professionals are crucial in drawing up actions plans to tackle discriminatory service provision.

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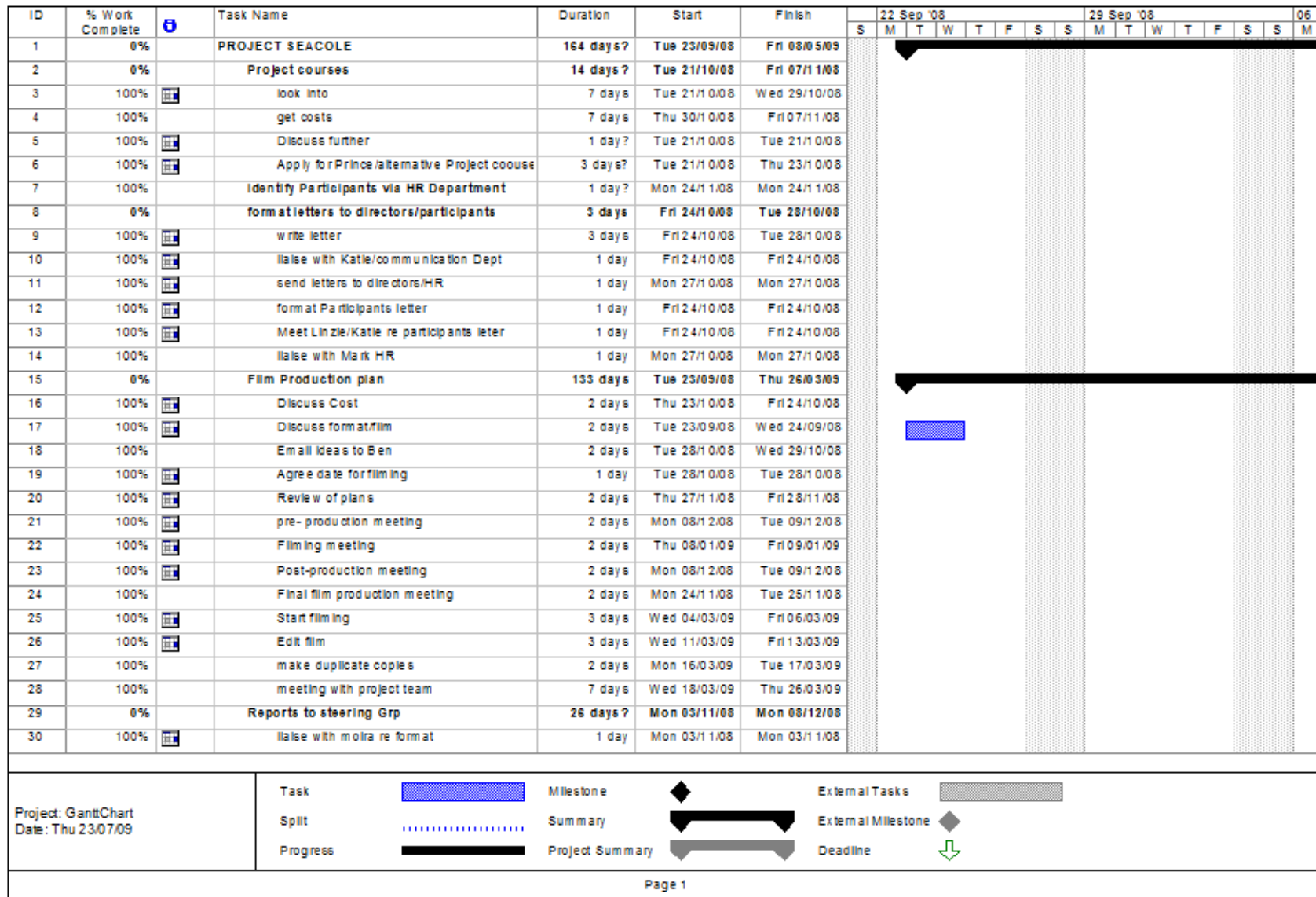
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11. APPENDICES

Appendix 1.0: Literature search results

No.	Database	Search term	Hits
1	CINAHL	exp ETHNIC GROUPS/	45027
2	CINAHL	(Black AND Minority AND Ethnic).ti,ab	435
3	CINAHL	Professionals.ti,ab	28877
4	CINAHL	Leadership.ti,ab	10593
5	CINAHL	(Diversity AND training).ti,ab	312
6	CINAHL	2 AND 3	30
7	CINAHL	2 AND 4	6
8	CINAHL	6 OR 7	35
9	CINAHL	8 [Limit to: Publication Year 1999-2009]	32
No.	Database	Search term	Hits
1	BNI	exp ETHNIC GROUPS/ 3544	2
2	BNI	(Black AND Minority AND Ethnic).ti,ab	208
3	BNI	Professionals.ti,ab	3368
4	BNI	Leadership.ti,ab	1411
5	BNI	(Diversity AND training).ti,ab	16
6	BNI	2 AND 3	9
7	BNI	2 AND 4	5
8	BNI	6 OR 7	14
9	BNI	8 [Limit to: Publication Year 1999-2009]	14
No.	Database	Search term	Hits
1	HMIC	exp ETHNIC GROUPS/	4044
2	HMIC	(Black AND Minority AND Ethnic).ti,ab	912
3	HMIC	Professionals.ti,ab	8716
4	HMIC	Leadership.ti,ab	2278
5	HMIC	(Diversity AND training).ti,ab	109
6	HMIC	2 AND 3	44
7	HMIC	2 AND 4	28
8	HMIC	6 OR 7	69
9	HMIC	8 [Limit to: Publication Year 1999-2009]	45

Appendix 2.0: Project Management Gantt



Appendix 3.0: Questionnaire



Background
<p>1. Please could you introduce yourself?</p> <p>2. How would you describe your ethnicity?</p> <p>3. What is your profession? <i>What qualification do you hold?</i></p> <p>4. When did you join the NHS? <i>What brought you into the NHS?(from the private sector – Surinder Sharma)</i></p>
Career progression and motivational factors to success
<p>1. What factors do you believe contributed to your career progression?</p> <p>2. Think about your career journey so far – were there anything that may have impeded your career progression in any way?</p> <p>3. What steps did you take to maintain your career success?</p> <p>4. Thinking back, is there anything that your organisations could have done that would have helped you get on in your career?</p> <p>5. How do you remain focus and motivated?</p> <p>6. What is your motto?</p>
Inspirational role models
<p>1. Have there been any role models that have influenced your career? <i>What did they bring to your life/career?</i></p> <p>2. What would you say are the qualities of a good role model?</p> <p>3. Do you think it is important to have Black and Minority Ethnic (BME) role models in the NHS, and if so, why?</p> <p>4. How would you encourage others who may be thinking about a career in the NHS?</p> <p>5. Can you think of any ways in which you have inspired others?</p> <p>6. How would you say your contributions as a BME professional are valued? <i>Client/patient</i></p>

Work colleagues
organisation

Equality and Diversity Training – reflecting the contributions of BME professionals to the NHS

1. Have you had any formal equality and diversity training?

2. How important do you think equality and diversity training is?

Why?

3. What do you think of the equality and diversity training you have received throughout your NHS career?

What were the key things?

How did it make you feel as a BME professional?

Any room for improvements?

How might this be done?

4. What do you think are the benefits of equality diversity training to staff and service users?

A workforce that reflects the population it serves

1. How do you think a more diverse workforce can contribute to the delivering patient sensitive care?

2. How do you think we can achieve this?

3. What role do you think equality legislation has played in the workplace?

******Is there anything else you would like to add? ******

Appendix 4.0: Invitation letter to HR managers



26th December 2008

Mr XXXXXXXXXXXX
Title XXXXXXXXXXXX 15 October 2008

Dear XXXXXXXX

Positive Contributions of Black Minority & Ethnic Professionals to the NHS

I am writing to request your support with an innovative educational project which I am undertaking on behalf of NHS Wakefield District.

NHS Wakefield District has been successful in securing a National Nursing Award through the Mary Seacole Leadership Fund and will be using it to undertake a project involving Black Minority Ethnic (BME) NHS professionals from across the local health economy.

I am intending to make a film which shows, through interviews, the positive contribution of BME professionals in the work setting. This will be achieved by capturing their stories relating to their background and career journeys. In addition it will be utilised within:

- Diversity training and education
- Highlight BME staff as positive role models/leaders
- Encourage people from BME backgrounds to join the NHS
- Promote diversity

I am hoping that you can help me by identifying BME professionals from your organisation, who I can approach to take part in this exciting project. All information provided by your colleagues would be used in a respectful way and I will send them the questions beforehand so that they can prepare their answers. The filming process (in March 2009) should take no longer than an hour and of course, I would provide free copies of the DVD for you to use in within your organisation.

Please could you distribute this letter to any of your BME employees who might be willing to participate? The cut off date for participation is the 15th November 2008.

Finally, I look forward to working in partnership with your organisation to positively promote the contribution of NHS BME professionals in West Yorkshire.

Yours sincerely

Pamela Shaw

Health Visitor / Practice Educator

(m) 07799893527

Appendix 5.0: Invitation letter to participants



26th December 2008

XXXXXXXXXXXX

Health Visitor

Address xxxxxxxxx

Dear xxxxxxxxx,

RE: Positive Contributions of Black Minority & Ethnic Professionals to the NHS

Following a Mary Seacole Leadership award by the Royal College of Nursing (2008), I am undertaking a project which attempts to capture on film the contributions to the NHS of Black Minority Ethnic (BME) professionals from across the health economies.

I am intending to make a film which shows in part through interviews, the positive contribution of BME professionals in the work setting. This will be achieved by capturing their stories relating to their background and career journeys. In addition, it is intended that the project output will be utilised:

- for diversity training and education
- to highlight BME staff as positive role models and leaders
- to encourage people from BME backgrounds to join the NHS
- to promote diversity

As an established health visitor, it would be an immense privilege to have your input, participating in the filming providing health visitor perspective in particular. The filming process is due to take place on the 18th and 23rd March 2009 and should take no longer than an hour.

Please could you let me know if you could fit this into your schedule as your input will be invaluable.

I look forward to hearing from you.

Yours sincerely

Pamela Shaw

Health Visitor / Practice Educator

(m) 07799893527

Appendix 6.0: Budget

BUDGETARY CONTROL SYSTEM - FEBRUARY 2009			
TOTAL BUDGET	£6,250		
Items	Planned Spend	Actual Spend	Variance
	£s	£s	£s
PC Software	£500	£500	£0
Breaking Through Programme	N/A	N/A	£0
Travel Expenses	£200	£233	(£33)
Pre-production	£250	£250	£0
Production	£1,390	£1,900	(£510)
Post-production	£2,670	£1,720	(£950)
Venue hire for filming	£320	£325	(£5)
Literature/books	N/A	N/A	£0
Travel expenses for key speaker	£79		(£79)
Travel expenses for film participant	£46		(£46)
Conference Expenses	£300	£535	(£235)
Letters/postage costs/stationery costs	N/A	N/A	£0
Travel yet to come from 15 th Sep 09		£400	£400
Celebratory launch event in NHS Wakefield	£495	£687	£192
Total	£6,250	£6,550	£301

Appendix 7.0 Contingency Plan

Description of risk	Probability (1-10)	Impact (1-10)	Severity (probability x impact)	Contingency Plans
(1) Participants change their minds or drop out due to other commitments	5	8	40	Have standby participants
(2) Film crew unavailable due to unforeseen circumstances	4	4	16	Have stand in film crew
(3) Run out of money or extra costs incurred to benefit project	2	7	14	Agree organisation support and review progress of project on regular basis. Build in flexibility of financial budget
(4) Run out of time	2	2	4	Liaise with Steering Group Mentors on regular basis and review progress of Gantt chart on regular
(5) System for accessing Award money not clear	8	8	64	Set up an account within organisation and agree how much funds go into account with Steering Group Mentors
(6) Unable to find suitable venue within allocated budget allowance	2	2	4	Liaise with organisations events manager to look at reasonably priced venues. Be prepared to negotiate costs and consider other suitable options e.g. PCT premises or local events venues

Appendix 8.0 Invitation letter to a national figure



Our Ref:
Verbal Enquiries to:
Direct Line: 01977 465412/1
Email: pamela.shaw@wdpct.nhs.uk
Direct Line: 01977 465412/1 Email:
pamela.shaw@wdpct.nhs.uk



Pamela Shaw
Featherstone Health Centre
Victoria Street
Featherstone
Wakefield
West Yorkshire
WF7 5EZ
Tel No: **01977 465412/1** Fax No: **01977 465410**

16th December 2008

Mr Surinder Sharma
National director for Equality and Human Rights
The Department of Health
Richmond House
79 Whitehall
London
SW1A 2NS

Dear Surinda

RE: Positive Contributions of Black Minority & Ethnic Professionals to the NHS

NHS Wakefield District has been successful in securing a National Nursing Award through the Mary Seacole Leadership Fund and will be using it to undertake a project involving Black Minority Ethnic (BME) NHS professionals from across the local health economy.

I am intending to make a film which shows, through interviews, the positive contribution of BME professionals in the work setting. This will be achieved by capturing their stories relating to their background and career journeys. In addition it will be utilised within:

- Diversity training and education
- Highlight BME staff as positive role models/leaders
- Encourage people from BME backgrounds to join the NHS
- Promote diversity

As National Director for Equality and Human Rights, with the Department of Health I wondered whether you would consider participating in the filming, providing a DOH perspective? The filming process is due to take place in March 2009 and should take no longer than an hour.

Funds are limited and because of this, on this occasion, I am unable to reimburse any travel expenses that you may incur. However, I do feel that your input will be invaluable to this project and look forward to hearing from you.

I look forward to hearing from you.

Yours sincerely

Pamela Shaw

Health Visitor / Practice Educator

(m) 07799893527

Appendix: 9 Reflections

Definition of reflection

From a review of the literature on reflection it was found that there was a lack of definition of the concept. Clarke (1986) and Jarvis (1992) presented reflection as an active process focussing on action. Boud, et al (1985) presented it as a cognitive and meditative process; however Van Manen (1977) describes it as an experience. Despite the differences in terminology, the literature review showed that most authors agreed on the process of reflection and presented reflection as a retrospective process. The term reflection in the context of professional education has a more specific meaning that it involves a deliberate process of digesting and defining experiences in order to learn from it. Boud & Fales (1983) offer a comprehensive definition of reflective learning, these authors suggested that it is the process of mentally examining a situation that has occurred with the view to clarify its meaning which results in a changed conceptual perspective. This implies that reflection is a personal process and the outcome, therefore is learning.

My reflections in this section will utilise the Gibbs (1988) model of reflection - see diagram below. However, I will not use subtitles as this will impact on the flow of what I want to say.



Reflection (1): Past and Present Equality & Diversity Training

I believe the focus of equality & diversity training should encourage, empower and inspire those who are present to examine their behaviour and attitude towards others so that they act in an appropriate way that is non-discriminatory.

My first experience of equality and diversity training in the late 1980s had a very different style and underpinning philosophy compared to today's approach. The aim then was more on understanding the history of racism and how this impacts on others. On reflection, the training I received during that time served only to reinforce existing negative stereotypes and attitudes towards BME individuals in society. If not handled in the appropriate way, this approach to training can lead to an uncomfortable atmosphere for BME attendees and openly defensive behaviour of the majority ethnic attendees who resented what was perceived as BME individuals being treated too favourably.

It has been highlighted throughout this report that the NHS is the largest employer of BME staff and serves a diverse population. The point I would like to emphasise is if the current NHS Equality and Diversity training does not challenge existing prejudices it will be ineffective in dispelling stereotypical views and behaviours of employees and ultimately patients. It could also lead to poor working relationships between staff and severe consequences for the affected individuals. I feel that because the current approach to training on equality and diversity focuses on many strands it is less controversial as the aim is now on recognising differences and meeting the needs of different groups.

The tendency now is therefore to include a broader focus such as health inequalities, the legal framework and consequences to staff/organisations if aspects of the law are breached. On further reflection of this new approach, I can't help but wonder whether it gives the impression that BME individuals are passive recipients of inappropriate actions by others, and that as long as the law is adhered to then organisations are being compliant? Through the DVD I wanted to highlight the positive outcomes a diverse workforce can bring to NHS and patient care, and to showcase some of the inspiring BME staff working within the health service along with their career successes. This does not mean that issues such as discrimination and the law are not of value, but the approach needs to be balanced, so that the portrayal of BME individuals are seen in a positive way and their contributions to the health service and society are celebrated and not overlooked.

I believe by highlighting BME professionals in this way it sends a positive message that BME professionals are in charge of their own career destinies, and this will help to motivate and inspire staff within the NHS to follow in their footsteps and perhaps motivate others to choose a career in the health service.

Reflection (II): The Idea and putting it into practice

In 2006 I contributed to a workshop on 'health inequalities' within the Wakefield District. I based my presentation on the positive contributions of Black and Minority Ethnic (BME)

professionals to the health service, and how through the active recruitment, support and mentorship of BME staff that this in turn can go some way towards addressing health inequalities (Shaw, 2006).

The workshop evaluated very well and generated lots of ideas on how diversity training can be further enhanced to incorporate the ideas generated and give a positive innovative approach.

I was concerned that the ideas generated from the event would never be utilised within the organisation. I decided many years later to apply for the Mary Seacole Development Award as a vehicle to help move forward my goal of highlighting the contributions of BME professionals, as part of equality/diversity training with the hope of:

- giving a more positive focus on ethnicity
- helping to inspire BME professionals by observing those who have reached positions of leadership (“if they can I can approach”)
- showing BME professionals, role models and leaders in charge of their own destiny
- encouraging a ‘feel good factor’ amongst BME professionals
- personal development/leadership opportunities

Reflection (III): Winning the Award

Since winning the Mary Seacole Development Award in May 2008, I was eager to get on with the project and put my ideas into practice. Attending the initial ceremony in London strengthened my incentive to make the project the best it could be. I felt very honoured to have the support of the Director of Nursing Gill Galdins and Head of Service Manager Sharon Fox, who also attended the initial ceremony, this reassured me that I had support from the top of my organisation.

The support gained from the Mary Seacole Steering Group has been extremely valuable and has enabled me to grow and develop in so many ways, from report writing skills to presentation skills and widening my network of influential people and much more.

I have utilised a number of strategies for coping with managing a busy caseload, family life and the project. This has meant being able to prioritise at speed and manage many tasks in parallel to each other whilst appearing calm and in control.

A good 95% of the project was completed in my own time, and to some degree this was also the expectation of those around me, who often commented favourably on my hard work, commitment and progress with the project. Wiggins (2006) supports the notion that the view of nurses giving of their own time is a notion that is often expected of nurses and is admired by others.

To enable me to progress with the demands of the project I had to utilise the following:-

- Break the goals down
- Identify actions to take for each step

- Set deadlines for completion of each activity
- Build in contingency plans for constraints
- Identify people/resources early
- Be realistic in tasks set for self
- Monitor, review and adapt action plan on a regular basis

Reflection (IV): External Benefits of the award

Shadowing CNO Chris Beasley

Shadowing the CNO was a wonderful opportunity. Initially, I used my initiative and sent an email explaining my project and asked if I could shadow her for a day. The whole experience was an opportunity for me to examine how the roles of the CNO and SHA leads fit into the Government's agenda and policies on health. I was also able to observe how Christine works closely with professional statutory bodies; professionals and staff associations to make decisions that affect clinical practice and lead to enhanced patient care.

I thoroughly enjoyed the experience and participated fully in the discussion and debate on matters relating to health and clinical practice, particularly: safeguarding children, review on health visitors, nursing to an all graduate profession and the preceptorship framework. Since then, Christine has asked me to sit on the CNO BME Advisory Council.

Invitation to be part of the Health Visiting Summit

I was also invited to be part of the Health Visiting summit group and attended the initial meeting in May 2009, which was a great honour. This enabled me to make valuable contributions on issues such as:-

- the shortfalls in health visiting
- the role of the health visitor
- Safeguarding concerns
- Child Health Promotion

I was able to gain an insight into strategic, operational and clinical perspectives regarding the long term plans for health visiting.

Invitation to be part of CNO BME Advisory Council

Attendance at the above group was extremely informative. It helped me gain a better understanding of the CNO BME Advisory Council. I now understand and appreciate the contribution that this Group makes to the equality/diversity agenda and how it influences policies at both national and local levels. I have been able to access mentoring through the group and indeed I have formed close links with a BME Associate Director from a neighbouring primary care trust. These experiences have encouraged me to take a more focussed approach to my ongoing personal improvement and job development. Bhavnani, et al (2003) supports this approach and adds BME individuals who have been mentored, are able to show the benefits of

this support in their careers. The researchers also highlight that mentoring not only builds confidence, it can also build powerful social networks.

Invitation to discuss project at key nursing events

As a Mary Seacole Award Winner, I have been invited to discuss my project at various nursing conferences. These have been wonderful opportunities to discuss the project as well as the importance of the equality/diversity agenda, the support from my organisation and wider network, broaden my networking contacts, learn new ideas and inspire future award winners. I would encourage nurses to apply for nursing awards such as this one, because the benefits are far-reaching for the organisation, patient care and personal development.

Media exposure

Since winning the award I have contributed to a number of high profile nursing journals and a local news paper such as:-

- P, Shaw. (2009) Nurse Turns Film Director, Wakefield Express, Fri Sep 25th , P38
- P, Shaw. (2009)The CNO Bulletin, Department of Health, May, P4-5
- P, Shaw. (2009) Opening doors, Community Practitioner, May, Vol 82, No 5, P16
- P, Shaw. (2009) BME staff achievements celebrated on film, Nursing Standard, Sep, Vol, 24, No 4, P 10
- P, Shaw. (2006) Welcoming Diversity, Community Practitioner Vol 79, No 9, P277-278

Project Launch Event in NHS Wakefield District

The success of my project was celebrated at a launch event in Wakefield (2009) which was well attended and showcased the project DVD. In addition, it attracted national and local speakers (Please see page 61 for a copy of the launch programme). I knew it would be a great success as I had invested time and effort in selecting the key speakers and briefing them thoroughly on the project and what were required of each speaker so that the overall theme focussed on the diversity agenda from the aspect of BME leadership. My plans were shared with the organisation's Events Manager to capture all key speakers' presentation on one system to ensure the effective flow of presentation on the day. This required frequent communication and contingency planning to minimise any unforeseen circumstances such as the replacement of one of the key speakers. All speakers were personally sent a copy of the programme for the day along with additional information on how to find the venue.

In addition to this, I also arranged for the event to be captured by the local press this was done through working closely with the communication department and also organising both internal and external photographs through the organisation and Nursing Standard.

To conclude, I have enhanced my existing leadership skills, developed new ones and increased my confidence in successfully managing a project. I have effectively combined this with the demands of a busy caseload and practice educator responsibilities, as well as successfully enlisting the participation of key national figures in my project.

I believe I have demonstrated what epitomises the qualities of a BME role model such as leading by example through sheer determination, hard work, drive and vision. These qualities have

enabled me to develop what started as an idea into an effective commodity that will have real benefits for all.



Mary Seacole Launch
21st September 2009

Hatfield Hall (Normanton Golf Club)

In Association with the Department of Health and NHS Employers
and awarded in association with
Royal College of Midwives, Royal College of Nursing,
Unison, Unite CPHVA

- 1.00pm **Welcome and Introduction**
Gill Galdins - Director of Corporate Services, NHS Wakefield District
- 1.10pm **Mary Seacole Lead, A National Perspective**
Obi Amadi - Lead Professional Officer for Policy and External Affairs,
Unite/CPHVA
- 1.30pm **From Sickle to Seacole**
Professor Elizabeth Anionwu - Emeritus Professor of nursing: Thames
Valley University, Vice Chair: Mary Seacole Statue Appeal, Patron:
Sickle Cell Society
- 1.50pm **Mary Seacole Project, Setting the Scene**
Pamela Shaw - Health Visitor, Practice Educator, Mary Seacole
Development Award Winner 2008, Wakefield District Community
Healthcare Services
- 2.10pm **An overview from the Chief Nursing Office**
Dr David Foster - Deputy Chief Nursing Officer, Department of Health
for England
- 2.30pm **Breaking through Project, An extraordinary
6 years in the making**
Maggie Stubbs – Regional Coordinator Breaking Through Programme,
NHS Institute for Innovation and Improvement
- 2.50pm **Equality and Diversity in Primary Care**
Adele Bird – Student Advisor, Nursing Department Development
Facilitator, RCN
- 3.10pm **Recognition of their Contributions**
Dr David Foster & Pamela Shaw
- 3.30pm Tea, Coffee and Networking

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