

Diversity in Practice Leadership: A question of care, quality and safety

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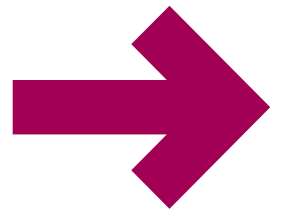
| Introduction

- 70 years ...and counting
- Changing structures/changing times
- ***"Legacy, memory and resilience"***



**Sheffield
Hallam
University**

| John and Eudora Serrant



| Diversity and Health

*There is no encounter between a health professional and patient or client that does not entail working with difference. Thinking and learning about difference, and about how to manage difference in relationships with others , is therefore essential – but often neglected- work for all health professionals’
(Kohner 2003)*





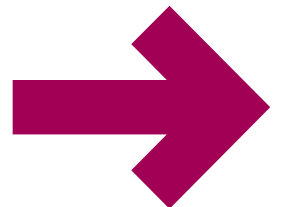


| The Personal is Political...

- **1920s** - Sanitation, health care and disease,
- **1930s** - Free School Milk Act
- **1940s** - Welfare State/NHS. Slum clearance, new towns and 'green belt'
- **1950s** – Smokeless zones
- **1960s** – birth control, rising birth rates
- **1980s** – Inequalities in health, health informatics
- **1990s** – Costs of NHS
- **2000s** – User centred, localised changes
- **2010s** – Global challenges, self care and NCDs

| Diversity Challenge

- Diversity issues often difficult to action due to tensions at level of individual, social group and society.
- Planning and provision may be complicated by historical, political and language issues
- Action often avoided or 'sanitised' by focus on policy and documentation



| Snowy White Peaks

- The attitude to diversity displayed by many in the senior echelons of the NHS seems to be a mixture of indifference and denial

(Kline 2014)

- “Research suggests that the experience of black and minority ethnic (BME) NHS staff is a good barometer of the climate of respect and care for all within the NHS.
- “Put simply, if BME staff feel engaged, motivated, valued and part of a team with a sense of belonging, patients were more likely to be satisfied with the service they received”

(West et al 2012)

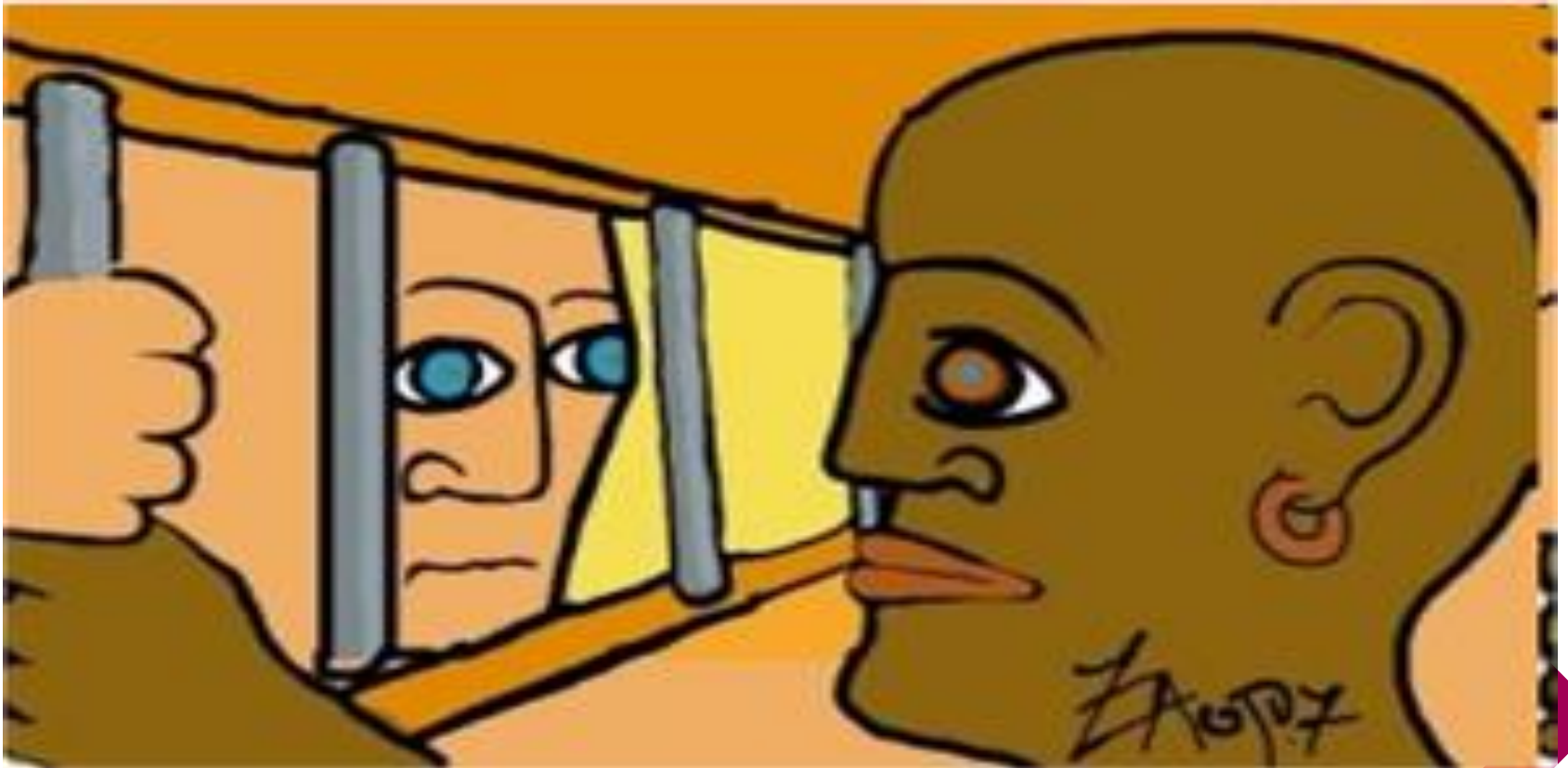
Professions are
constituted through
their specific ways of
engaging with
Knowledge”

(K. Jensen et al.
2012)

*How we know what
we know...and how
we use it*



| Insider or outsider?

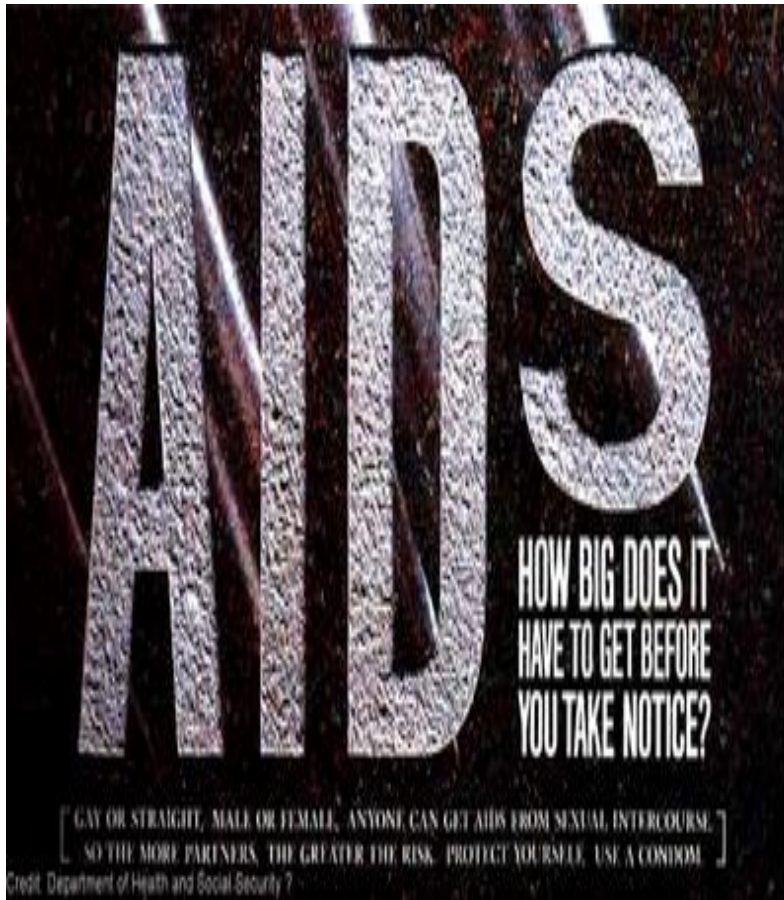


Nurse Training: 'Insider out'

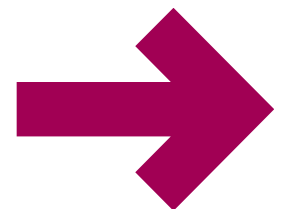
- Transcultural (culturally safe) healthcare training problematic
- Opportunity dependant on tutor expertise not professional standardisation
- Recommended rather than compulsory in professional standards
- Matters of life, 'safety' and wellbeing



| Sex, Lies and Morality:



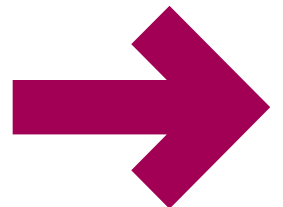
HIV/AIDS and sexual
health
(1986)



Compassionate leadership...Personal and professional resilience

“Resilient people possess three characteristics — a staunch acceptance of reality; a deep belief, often buttressed by strongly held values, that life is meaningful; and an uncanny ability to improvise”

Diane Coutu (2002)
Harvard Business Review “[How Resilience Works,](#)”

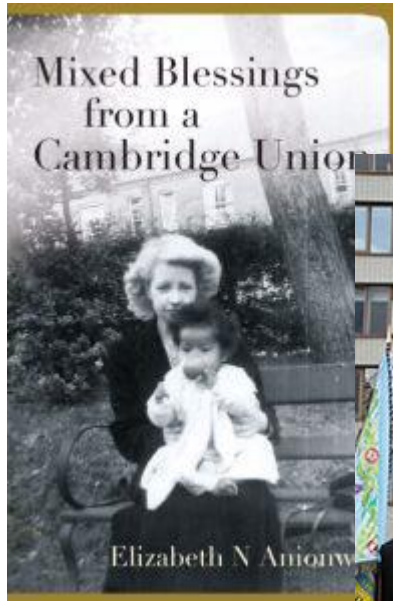


hello my name is...
😊



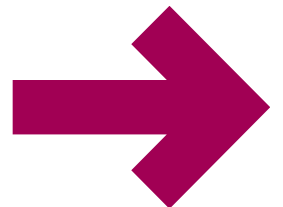
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| Dame Professor Elizabeth Anionwu



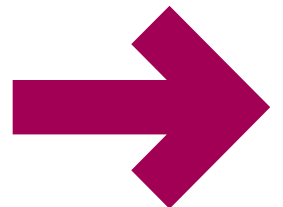
| Diversity *in AND for* Practice

- Equality and quality in healthcare is more than simply considering 'colour' or status
- Permeates ALL the contexts in which we live both inside and outside work
- Safeguarding the diversity of our community and workforce includes responsibilities for self and each other
- Requires ACTION to safeguard practitioner futures and the safety of our patients/communities



Silences, Snowy Peaks & 5 year Plans

- Diversity in leadership to reflect the community
- Contributing to scholarship and evidence informed practice
- Prioritising 'whole systems' approaches which recognise the diversity of actions needed
- Championing the ART and SCIENCE of care
- Focus on workforce as much as service users/delivery
- Educating for Future – celebrating difference within and outside our profession



| 30 yearsand counting

How we learn, experience and respond to health issues personally and professionally shapes the workforce we produce and ultimately the communities in which we live



| You Called...and We came



Thank you

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