workforce Reverse mentoring for senior NHS leaders: a new type of relationship

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Purpose

The Reverse Mentoring for Equality, Diversity and Inclusion (ReMEDI) programme was rolled out in Guy's and St Thomas' NHS Foundation Trust in 2018 and paired senior white leaders (mentees) with black and minority ethnic (BME) staff (mentors) to help them explore their mentees' practices in relation to equality, diversity and inclusion.

Background

The authors, two BME staff, participated in the first cohort of the programme. We reverse mentored a senior white male director, who we met six times over a 6-month period.

Methods

We used a variety of methods to gain information about and to appraise our mentee, including one-to-one interviews, observations of his team meetings and visual inspections of his department.

Main findings

We noted a number of positive practices in our mentee's various levels of operation, which we classified as individual, departmental, organisational and symbolic. These findings included the use of gender inclusive language and compliance with BME staff targets.

Conclusions

This exercise was very useful to our mentee, however, more time with our mentee would have provided greater insight. It would also be helpful to obtain feedback from our mentee's BME staff, to provide a 360-degree view and complete appraisal of his performance.

KEYWORDS: Reverse mentoring, BME, inclusion, equality, diversity

Introduction

The authors are two black and minority ethnic (BME) staff who participated in a reverse mentoring programme entitled the Reverse Mentoring for Equality, Diversity and Inclusion (ReMEDI) programme (sponsored by Nottingham and Birmingham Universities). The programme was rolled out in Guy's and St Thomas'

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NHS Foundation Trust in 2018 and afforded senior leaders a chance to be mentored one-to-one by BME staff within the trust.

The idea of implementing the programme was in part conceived as a response to NHS staff survey results in 2018, which highlighted the need for trusts to review and instil equality, diversity and inclusion practices within their culture.

Expectations of the programme

We felt such access to a senior leader would present a unique window of opportunity to influence change, and thus decided to enrol in the first cohort of the programme. We were paired with the director of engineering in our department, a white male.

Our expectation was that meeting our mentee over a period of months would provide insight into their attitudes, behaviours and practices in relation to equality, diversity and inclusion. The aim was to use this insight to provide constructive feedback to our mentee in order to help them reflect critically on the extent to which their behaviour and departmental practices were effective or needed improvement.

Our observations of and discourse with our mentee focused on the different levels of operation permeated by the equality, diversity and inclusion agenda, namely individual, departmental and organisational levels. We also felt it was important to look for symbolism within the subject's practices or departmental culture. An example of this would be for BME staff to hold senior positions within the mentee's department. While not necessarily indicative of processes which yield reproducible equality, diversity and inclusion, we felt such symbolism was important in the sense of having motivational potential for other BME staff. The benefits of analysing our subject's practices at these various levels of operation are highlighted in Table 1.

Creating a safe space

Before embarking on this journey with our mentee, whom we had never met prior to the programme, we felt it was imperative to help encourage candour and openness. In our first meeting, we narrated some ground-rules, including a commitment to abide by confidentiality and to treat our mentee's exchanges sensitively and with respect. Our mentee's quote below captures the spirit of our reverse mentoring relationship.

Within this programme, Ali and Kiki have allowed me to question what I do and how it impacts on others, in a safe, honest and open environment. I have found it exhilarating talking to two younger people openly and honestly.

| Table 1. Benefits of exploring our subject's equality, |
|--------------------------------------------------------|
| diversity and inclusion practices at various levels of |
| operation |

| Level | Benefits |
|----------------|----------------------------------------------------------------------------------------------------------|
| Individual | Helps explore the subject's attitude towards and behaviour with black and minority ethnic staff |
| Departmental | Helps explore the subject's departmental culture and practices |
| Organisational | Helps explore the subject's engagement with trust-wide initiatives for equality, diversity and inclusion |
| Symbolic | Symbolism can serve to be inspirational to other black and minority ethnic staff and raise aspirations |

Furthermore, our objective was not to catch out or find fault in our mentee, but to support them by identifying areas of good practice as well as areas requiring attention. Establishing a level of trust was thus a pivotal first step and enabler for this programme to proceed. This ethos reflects well in our mentee's feedback below.

Ali and Kiki have listened, questioned, taken part in group meetings and have been a pleasure to work with. They question things, not looking to trip you up but in a very positive approach.

As attested to above, this was essential to our mentee's voluntariness in sharing issues and to encourage open and transparent dialogue. We did not detect any signs of what could be characterised as 'white fragility' in our mentee, as all of our exchanges were direct, without any prevarication or obfuscation. Despite being junior staff, our mentee's responsiveness to our questions reflected the perceived parity between the status of mentor and mentee in our relationship.

Research approaches

As mentors, we used different research approaches to help extract key information from our mentee. A consideration in their use was that our mentee, a unique subject, had personal experiences which shaped their world view, which we needed to explore.

Our exchanges thus lent themselves to a phenomenological approach, exploring the lived experience of the subject towards a particular phenomenon. Knowing how our subject experienced BME staff and his attitudes towards them helped provide a context for observable behaviours and practices. We were particularly keen on engendering 'phenomenological reduction' in our discourse; the 'suspension' of cultural or social expectations. In practical terms, we sought to encourage our mentee to draw on their personal experience and honest reflections, rather than to toe the line of organisational, social or political constructs or treatments of BME issues. For example, on the subject of the trust's BME staff targets, our mentee was assertive in his view that a meritocracy must prevail in his department over compliance with tokenistic staff demographic targets.

Hence, we had success in creating a safe space to draw authentic responses from our mentee, fending off political correctness stemming from 'white fragility', or any pretence of conformity with

expected standards, be they organisational or otherwise. We also used structured storytelling, narrating our previous experiences of discrimination as BME staff, to help explore our subject's attitudes towards discriminatory behaviour.

Our approach also had a leaning towards ethnography, observing the mentee's behaviour in their own particular setting. We felt it was critical to not only meet our mentee one-to-one but to appraise their behaviour and interactions within their own milieu. A prime example of how we used the ethnographical approach was the observation of our mentee in team meetings, to evaluate his behaviours with BME staff. This also helped us evaluate the level of congruence between what our mentee said in one-to-one interactions and how they acted in public. We employed an ethnographical approach when we conducted a visual inspection of our mentee's department, charting findings such as the presence of BME staff winning awards on the department noticeboards which, to us, had symbolic significance.

Findings

As highlighted in Table 1, we took a holistic approach to evaluating our subject, which informed the method of documenting our findings, some of which are listed in Table 2.

Reverse mentoring roles

The findings in Table 2 were borne of the various roles we undertook during our tenure as reverse mentors. These included audit (thereby treating equality, diversity and inclusion as a skill), acting as critical friends (fostering a culture of support, not paternalism) and cross-examination of our mentee through a semistructured interview (the culmination of our one-to-one interactions with and observations of our mentee). During the programme, we had considerable discretion over the approach we took, and articulate the benefits of using these roles in Table 3

Table 2. Evaluating our subject's equality, diversity and inclusion agenda

| and inclusion agenda | | | |
|----------------------|-----------------------------------------------------------------------------------|--|--|
| Level | Example of how our mentee operates at this level | | |
| Individual | Use of gender inclusive language with staff | | |
| | Praising staff in public | | |
| Departmental | Setting up diverse interview panels where possible | | |
| | Awareness of policies and procedures for bullying and harassment | | |
| | Removing barriers for women eg by supporting work shadowing | | |
| Organisational | Support for black and minority ethnic awards and nominations | | |
| | Compliance with trust black and minority ethnic targets for the make-up of boards | | |
| Symbolic | Pictures on department wall of black and minority ethnic staff winning awards | | |
| | Female staff members at front-of-house | | |

| Table 3. The benefits of using different roles | | | |
|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Reverse mentoring role | Description of role | Benefits experienced within our relationship | |
| Auditor | Benchmarking mentee's knowledge and practices against trust policies and procedures | Tested the mentee's knowledge of equality, diversity and inclusion eg trust policies Explored compliance eg with trust targets for board- level diversity | |
| Critical friend | Supporting the mentee by asking constructive questions and providing feedback tactfully and diplomatically | Mentee reached positive conclusions without feeling undermined or belittled | |
| Researcher | Used research techniques for assessing our subject, such as a semistructured interview, phenomenological and ethnographical approaches | Helped extract rich information about the subject | |

Evaluation of the programme

The benefits of using the approaches highlighted in Tables 1 and 3 are multipronged. For one, using an ethnographical research approach gave us far greater insight than could be achieved solely through one-to-one interactions. For example, we were able to observe our mentee use positive body language with BME staff and gender-inclusive language in a team meeting. Our semi-structured interview gave coverage of a wide range of subjects, including recruitment, internal promotions and women in the engineering team. The semi-structured approach gave us flexibility, for example, we followed-up a scripted question, 'Do you run BME awards in your department?' with a non-scripted question, 'Would you support BME nominations for trust awards?'

Overall, the approaches highlighted in Tables 1 and 3 gave our mentee a very helpful overview of strengths and areas requiring attention in their practice at their various levels of operation. By treating equality, diversity and inclusion as skills, we have strengthened our mentee's resolve to improve eg by engaging in further outreach work at grassroots level and increased shadowing placements for women. Feedback from our mentee speaks to this.

Ali and Kiki were honest, open and direct throughout the meetings and in our sessions, they have provided positive feedback and made constructive observations.

However, it is important to recognise the limitations of the approach used. Our mentee suggests that more time be allocated to the programme than the prescribed six meetings over 6 months, with which we are in agreement. This lends itself to

an ethnographical approach, from which rich and meaningful information can be drawn.

The only area I would change on the reverse mentoring programme is getting more time with the mentors, to be more deeply embedded in what I do.

Furthermore, our data does not draw from the perspectives BME staff working in the mentee's department. This information would add invaluable insight to inform judgements about the transformative potential of the mentee's practices cited in Table 2, and enlighten us to their perceptions of working as staff members of this demographic under our mentee's leadership. The information from the BME demographic should be obtained not only during the programme, but following the programme's conclusion, as part of the evaluation of its success. One final suggestion is that individual mentor—mentee pairs engage in cohort-wide learning to highlight common areas of best practice and areas requiring attention in mentee practices.

Summary

We hope these reflections will encourage individuality in other reverse mentoring pairs and groups while presenting some basic principles for standardising the approach to reverse mentoring a senior NHS leader.

These ideas can help draw meaningful outcomes from this special relationship as they clearly did for us, helping our mentee think critically about his inclusion, equality and diversity agenda and practice. However, the approach used needs to be tempered with suggested aforementioned improvements. In particular, the reverse mentoring relationship needs longevity to thrive, to permit sufficient time for developing trust, rapport and a thorough assessment of the subject's behaviours within their working environment.

The notion of pairing junior BME staff with senior white leaders carries its own special symbolism, and can be inspirational to the organisation as a beacon of progress. However, we believe our findings demonstrate the potential for reverse mentoring to elicit change far more profound than that conferred by its symbolism. Reverse mentoring coupled with regular 360-degree feedback from the mentee's team creates an optimal environment for continuously improving attitudes, behaviours and practices.

Acknowledgements

The authors would like to thank Manal Sadik, associate director for equality, diversity and inclusion at Guy's and St Thomas' NHS Foundation Trust, for sponsoring the reverse mentoring programme and for the opportunity to partake in the programme.

The authors would like to thank Dale Vaughan (the mentee), director of engineering at Guy's and St Thomas' NHS Foundation Trust, for his candid feedback on the programme.

References

- 1 Paley J. Misinterpretive phenomenology: Heidegger, ontology and nursing research. *J Adv Nurs* 1998;27:817–24.
- 2 Parahoo K. *Nursing Research: Principles, Process & Issues* 3rd edn. London: Palgrave Macmillan, 2014.

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