Insights from BME women in academic and healthcare leadership

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In honour of Black History Month, it is pertinent to reflect on the significant yet often overlooked contributions of Black and minority ethnic (BME) female leaders in higher education, many of whom contribute to the education and training of our nurses, midwives and allied health professionals, and within healthcare systems themselves. Their lived career experiences, particularly at the intersections of race, gender, ethnicity, and social class, offer profound insights into leadership that are crucial for the nursing profession.

Insights from academia

The experiences of BME women in academic leadership roles are a testament to resilience and perseverance. They navigate a landscape often marred by systemic inequalities and institutional biases, yet their journeys are rich with lessons that can inspire and guide the next generation of nursing leaders.

The intersectionality framework

Intersectionality, a term coined by Kimberlé Crenshaw, provides a lens through which we can understand the complexities of BME women's experiences. It suggests that various forms of social stratification, such as race, gender, and class, do not exist separately from each other but are interwoven, creating a complex matrix of oppression and opportunity (Crenshaw, 1991; Columbia Law School, 2017). For BME women in academic leadership, these intersecting identities often mean facing unique challenges. BME women experience marginalisation due to their multiple identities, which cannot be fully understood in isolation but must be viewed in their totality (Barnes, 2021).

Navigating the challenges

The barriers faced by BME women in higher education leadership are diverse. Institutional racism, characterised by white privilege and racial microaggressions, is a significant barrier (Rollock, 2019). This sits alongside inequity in relation to access to resources that support their progressions, such as mentorship and formal networks. BME women often find themselves having to work harder to prove their worth, constantly battling against stereotypes and biases. Yet, their stories are not solely about struggle. They are also about the strategies they employ to navigate through the complexities of the institution and how they overcome these challenges.

Mentorship, networking, and leadership training with a focus on intersectionality emerge as vital sources of support. Mentorship provides not just guidance but also a sense of validation and belonging, which is crucial in environments where BME women might otherwise feel isolated.

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Cultural and social capital

The concepts of social capital and cultural capital are pivotal in understanding how BME women navigate their careers. These include the skills, knowledge, and formal and informal networks that individuals can draw upon to advance their careers. For BME women, their family values and cultural background often provide a unique perspective and a set of values that enrich their leadership styles.

My doctoral research highlighted how personal identity (influenced by family, schooling, education, religion, and spirituality) alongside cultural heritage, influence leadership practices (Barnes, 2021). For instance, the values of resilience and community support often embedded in BME women's cultural backgrounds become instrumental in their professional lives. These values not only guide their own behaviour but also shape their approach to leadership, making it more inclusive and empathetic.

Transformational leadership in the NHS: embracing lived experiences to drive change

The health services of the four nations of the UK are some of the most revered public health systems globally. Despite many successes, each NHS faces continual challenges such as funding constraints, workforce shortages, and increasing patient demands. Effective leadership is crucial to navigate these complexities, and there is growing recognition that leaders who integrate lived experiences into their approach can profoundly influence the organisation's success and patient outcomes.

Lived experiences offer a unique and invaluable perspective, especially within the healthcare sector. Leaders who have faced personal health challenges, worked on the front lines, or have been part of underrepresented communities bring a level of empathy, understanding, and relatability that is often unmatched. These leaders are more likely to be conscious of the systemic inequities and injustices that affect patients and staff, and they are motivated to address these issues directly.

Transformational leadership, characterised by the ability to inspire and motivate others towards a shared vision, is particularly effective in the healthcare context. This style of leadership is not just about managing tasks but about fostering an environment where staff feel valued, respected, and empowered to make a difference. Leaders who draw on their lived experiences can enhance this transformational approach by:

Building trust and respect

Leaders who have 'walked the walk' are more likely to gain the trust and respect of their colleagues and patients. Their firsthand

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understanding of the challenges faced by healthcare workers and patients alike allows them to create policies and practices that are genuinely supportive and inclusive. NHS staff who feel respected and valued are more likely to provide high-quality care and remain committed to their roles - supporting efforts to improve retention (NHS England, 2023).

Promoting inclusivity and equity

Leaders with lived experiences of marginalisation or discrimination are often more attuned to the issues of equity within the healthcare system. They are better positioned to champion initiatives that address health disparities and promote a culture of inclusivity. Bradley (2020) highlighted the importance of diverse leadership in reducing health inequalities and improving patient care outcomes.

Enhancing compassion and empathy

Compassionate leadership is central to the NHS's values. Leaders who have personally experienced the healthcare system as patients or carers are likely to bring a heightened sense of empathy to their roles. This empathy translates into more patient-centred care and a supportive work environment for staff. Compassionate leadership leads to improved staff wellbeing and patient satisfaction (Bailey and West, 2022).

Driving innovation and change

Leaders who understand the lived realities of their staff and patients are often more innovative in their approach to problem-solving. They are willing to challenge the status quo and implement changes that address the root causes of issues. Transformational leaders, equipped with personal insights, can drive initiatives that improve service delivery, such as integrating patient feedback into care models or developing support systems for frontline staff.

Case studies of effective transformational leadership

One notable example of transformational leadership in the NHS is Dr Bola Owolabi, Director of Health Inequalities at NHS England. Drawing on her experiences as a black woman and a GP, Dr Owolabi has been a vocal advocate for addressing health inequalities. Her leadership has been instrumental in developing strategies to reduce disparities in health outcomes for minority and underserved populations.

Another example is Ruth May, the former Chief Nursing Officer for England. With over 30 years of experience in nursing, May's leadership is deeply informed by her frontline experiences. She has been a champion for nursing staff across the NHS, advocating for better working conditions, professional development opportunities, and increased investment in nursing.

The future of leadership

As the NHS continues to evolve, the need for leaders who embody transformational qualities and draw on their lived experiences will only grow. These leaders are not only adept at navigating the complexities of the healthcare system but also at fostering a culture of respect, compassion, and innovation. By prioritising the development and promotion of such leaders, the NHS can ensure it remains resilient and responsive to the needs of its diverse patient population.

The nursing profession can draw valuable lessons from the experiences of BME academic leaders. Nursing, like higher education, is a field where leadership diversity is crucial. Diverse leadership ensures that the varied needs of patients from different backgrounds are understood and met effectively.

Promoting diversity in nursing leadership starts with recognising and addressing the systemic barriers that BME nurses face. This includes creating mentorship programmes where the mentor-mentee relationship could be based on shared lived experiences, offering leadership training that acknowledges and addresses intersectionality, and fostering an inclusive environment where all nurses feel valued and supported.

Furthermore, the leadership styles of BME women, often rooted in values of social justice and equity, align well with the core values of nursing. Their focus on relational and ethical leadership can lead to more compassionate and patient-centred care. As such, integrating these insights into nursing education and professional development can enhance the overall quality of healthcare leadership.

To foster a more inclusive leadership landscape in nursing, it is essential to implement policies that actively promote diversity and inclusion. This includes not only recruiting BME individuals into leadership roles but also ensuring that they have the support needed to succeed.

Institutions must commit to ongoing reflection and action to dismantle the systemic barriers that perpetuate inequality. This involves a critical examination of existing policies and practices and a willingness to make necessary changes. It also requires a cultural shift towards valuing diversity as a strength rather than viewing it as a challenge to be managed. **BJN**

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