NHS Health Education England

Exploring the Leadership Journey of Black and Minority Ethnic Occupational Therapy Graduates of Coventry University



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Introduction

To ensure occupational therapy is relevant and credible it needs to be representative of the diverse populations within the United Kingdom. Occupational therapists should ideally be identifiable with the communities they serve and practice in ways that are relevant to all citizens. A focal spotlight on organisational practices has publicly exposed systemic and structural inequalities across health and social care and it is critical that as we grow the future workforce, we ensure that occupational therapists develop well-rounded knowledge, skills and behaviours that not only embrace diversity, inclusion and belonging but recognise and challenge structural advantage and disadvantage; to work with all colleagues, communities, and citizens.

There is now a widely recognised body of evidence identifying the necessity of a diverse and inclusive workforce (Salsberg et al 2021) and the recent HCPC (2021) report highlighted that as a profession occupational therapy has some significant shortfalls in working to achieve this. Recognising the limitations of the incomplete dataset* it does give an indicative position of the current workforce, with 11% occupational therapists reporting a disability, 10% identifying as BLACK AND MINORITY ETHNIC, 92% are female, 8% identifying as LGBTQ+ and 42% as holding a caring responsibility. The data also reported 64% occupational therapists identifying familiar history of no parental higher education attainment, meaning that from the dataset graduates of occupational therapy are often the first to enter higher education within their immediate families.

Higher Education Institutions have begun to tackle decolonising curriculums through varying lenses including whole scale changes in learning and teaching policies, curriculum design and approaches to assessment with the aim of addressing structural advantage and act to eliminate structural disadvantage (Advance HE 2022). This requires an approach that has co-production central to its design, promoting inclusivity, to acknowledge and challenge structural inequalities that exist. At Coventry University our courses reflect our commitment to diversity and widening participation we hold as a university group with between 35- 54 % of black and minority ethnic occupational therapy learners across our pre-registration course in the last 3 years, but we recognise there is much more we can do to. Employability and graduate attributes are a key element of curriculum design for pre-registration education of which leadership is a central theme (RCOT 2019, HCPC 2022, HEE 2022) we are able to evidence the graduate outcomes for Coventry University occupational therapy learners through first post destinations, however leadership skills and attributes fostered in the curricula extend beyond this in considering career progression.

Whilst Higher Education Institutions are required to collect first post destinations as part of quality metrics, we do not follow this further in exploring career progression post registration, and yet we know from the WRES (2021) that the data indicates differential experience and outcomes for black and minority ethnic staff compared to those who are White, White Irish and White British. The recent update to the NHS Workforce Race and Equality Standards clearly highlights that people from a BLACK AND MINORITY ETHNIC background are significantly underrepresented in NHS leadership positions. In addition, the NHS Workforce Race and Equality Standard (2016) reported that White shortlisted job applicants were 1.57 times more likely to be appointed from shortlisting than black and minority ethnic senior grade leaders within Agenda for Change pay bands. It is widely acknowledged that these inequalities must be addressed, to explore solutions that challenge professional assumptions, practice, and leadership perceptions. In examining what evidence is available there is scant attention paid to

career progression and leadership for Black and Minority Ethnic occupational therapists and this is compounded further by poor representation of Allied Health Care Professionals in leadership roles within health and social care. Whilst there is a drive and commitment to the development of AHP leadership across health and social care under the umbrella of AHPs into Action (2016-2021) presented us at the time (NHSE 2016) this presented us with a gap in understanding black and minority ethnic leadership aspirations and career progression in occupational therapy or a route to take action on this in the pre-registration curricula.

Therefore, in commencement of the project our original aims were to

- identify any difference in career progression for black and minority ethnic occupational therapy graduates from Coventry University across the last 15 years
- explore leadership experiences and aspirations of black and minority ethnic occupational therapists
- kick-start the process of co-creating a leadership network across the midlands for black and minority ethnic occupational therapists

In leading this project, it was essential to continually reflect on the process through which the project aims were explored and shaped through allyship. As a University Occupational Therapy team, we are predominately White British and female and therefore at the outset reflected the lack of diversity we aim to understand which created a palpable tension in ourselves and wider occupational therapy community. Throughout the duration of the project, we have actively sought to acknowledge and address this including widening the research team to practitioners who are alumni of Coventry University. We have worked with our senior leaders within the School of Nursing, Midwifery and Health and the Health Education England AHP Diversity lead which has enabled us to critically review our project intention and develop a robust approach in meeting an evolving set of overarching aims. At the outset of the project, we recognised that the intended deliverables were emergent and would be subject to the evolving nature of the research approach taken through appreciative enquiry and would develop as the project progressed. These aims were centred on exploring the experiences of black and minority ethnic Coventry University occupational therapy graduates through our existing networks, using an appreciative inquiry approach in addition to a collective and collaborative approach. Reflective of the contextualised nature of the project, the changes nationally within higher education, professional bodies, health regulators, and health and social care policy including the Allied Health Professions strategy for England: AHPs Deliver (2022) focused on equality, diversity, inclusion, and belonging and these have all have influenced the final set of aims and objectives.

Aim 1: Identify any difference in career progression for black and minority ethnic occupational therapy graduates from Coventry University

As Coventry University is one of the largest providers of occupational therapy pre-registration education and typically has 35-54% of graduates from black and minority ethnic background we are likely therefore to be able to gain a broad representation of career progression over the last 15 years. This will provide deliverable evidence of career progression within occupational therapy and identify any differences for black and minority ethnic OTs.

Aim 2: Explore leadership experiences and aspirations of black and minority ethnic occupational therapists to inform curriculum intent

One aspect of the project is to understand leadership experiences and aspirations of black and minority ethnic OTs. This will provide a platform to share and voice any structural and professional or personal influences upon career progression and leadership. It is envisaged that

by taking an appreciative inquiry approach through collective involvement and methods that "affirm, compel, and accelerate anticipatory learning" (Cooperrider et al., 2008; Stavros, J et al 2016) we moved away from deficit - based experience to self-determination of action. Our approach was initially informed by adopting the Ladder4Action (2020) guidance for Allyship in Do No Harm. The goal in exploring leadership and career was to reach a shared vision of how to build a cohesive curriculum in occupational therapy, giving rise to having real, positive influence on the development of the future workforce. To equip all occupational therapy learners with the knowledge, skills, behaviours and values to enact inclusive, compassionate leadership.

Project Outline

Part 1: Survey to Coventry University Alumni

The aims of this aspect of project were to investigate the career progression of Coventry University occupational therapy graduates and to explore any differences across ethnicity. The objectives of this phase of the project were to:

- 1. Complete an online survey to benchmark Coventry University occupational therapy graduates' leadership journeys since 2005
- 2. Identify any difference in career progression for black and minority ethnic occupational therapy graduates

Methods

<u>Study design</u>: Part 1 of this project employed a cross-sectional anonymous online survey design was used using the platform JISC Online Surveys

<u>Participants:</u> Coventry University graduates were purposively recruited via emails to the course's practice educator network, along with posts to Twitter from November 2021 to January 2022. Additionally, recruitment posters were displayed on the Coventry University course stand during the OT Show at the NEC, Birmingham in November 2022.

<u>Ethics:</u> The study received full ethical approval from Coventry University Ethics Committee (ref P118254). Participants were provided with the study information and their informed consent was obtained before proceeding to answer the survey questions. All responses to the questions were anonymous and participants only identified via unique identifier generated by JISC Online Survey.

<u>Data Collection:</u> Survey participants were asked to indicate their gender and ethnic background. The survey also asked questions about the length of time since graduation from their preregistration occupational therapy BSc degree, which nation in the UK they are working in, clinical speciality, current job grade, and whether they consider themselves to be working in a leadership position.

<u>Data analysis:</u> Statistical analysis was carried out using IBM Statistical Package for Social Science (SPSS) software Version 26. Participant characteristics and are presented as mean (SD). Continuous variables were summarised using mean averages, standard deviations and percentages. Differences between categorical data explored using a Chi Squared test. A p value of <0.05 was considered statistically significant.

Findings

A total of 102 participants were recruited. Table 1 below details the responses to the demographic questions included in the survey. 20 participants were from a BLACK AND MINORITY ETHNIC background. 90 participants were women and only 1 participant was from a man from a BLACK AND MINORITY ETHNIC background. The mean time since graduation was just over 10 years and out of the 102 participants, most were working full-time. All of the 31 participants that stated that they worked part-time or flexibly were women. All but two participants were working in England.

Table 1: Participant Characteristics				
Years since qualified (mean, (SD))		10.25 (7.2) yrs		
Gender - women : men (n)		90 : 12		
Ethnicity- BME vs Non	nnicity- BME vs Non BME (n)			
Work Pattern – full time: part time/flexible (n)		71 :31		
Country of work (n):	England	100		
	Wales	2		
	Scotland	0		
	Northern Ireland	0		
	Other	0		

20 out of the 102 participants were from a black and minority ethnic background. A more detailed breakdown of participant ethnicities can be found in figure 1 below:

Figure 1: Ethnic Background of Survey Participants (n)

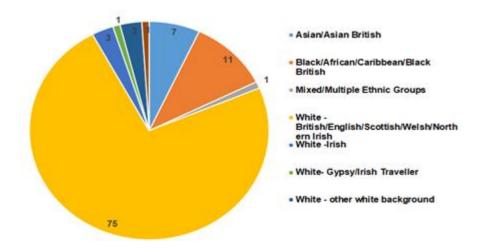


Table 2 shows that a wide variety of settings were represented, most participants were working in NHS physical health or mental health settings.

Table 2: Primary worksetting	n	BME (n)	Non BME (n)
NHS physical	44	12	32
NHS mental health	30	6	24
Primary care	3	1	2
Adult social care	11	0	11
Private mental health	3	1	2
Schools	2	0	2
Higher Education	3	0	3
Care home - adult	1	0	1
Learning disabilities	2	0	2
MoD/Military	2	0	2
Primary and secondary care	1	0	1
Total	102	20	82

Participants were also asked if they considered themselves to be in a leadership position and these results can be seen in figure 2 below. 56% (n=57) of all participants stated that they were in leadership position. Almost half of all participants therefore did not consider themselves to be in a leadership position. This was a surprising finding, given that this was a survey of qualified occupational therapists with mean time since qualifying of over 10 years. Responses to this question were further analysed with respect to gender and also as to whether participants were from a black and minority ethnic background. There were no statistically significant differences when we compared these responses in terms of gender or ethnicity. 60% (n=12) of participants from a black and minority ethnic background considered themselves to be in a leadership position compared to 54% (n=45) of participants from a non- black and minority ethnic background (p=0.803). 54% of women (n=49) considered themselves to be in a leadership position compared to 67% of men (n=8) (p=0.542).

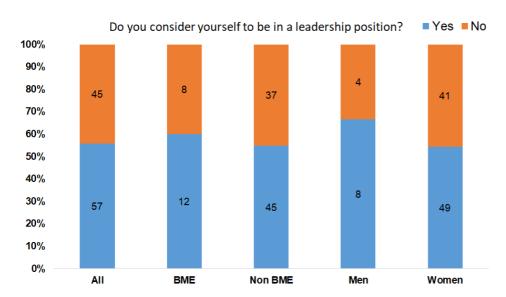


Figure 2: Participants' response to leadership position question

In addition to asking about the characteristics shown here, the survey also asked participants to state their current pay banding if they were working in the NHS. NHS pay banding data was returned by 85% (n=87) of the total number of participants and they reported to be working at bands 5 to 8a. These data were then further analysed with respect to whether participants were from a black and minority ethnic background. A breakdown of responses can be found in figure 3 where an indicator of the WRES 19% representation target has been included for context. This target was met in this survey sample in bands 5, 6 and 7 but not in band 8a. It should also be noted that there were no participants from a black and minority ethnic background were working at band 8a or higher.

Figure 3: NHS banding versus ethnic background

The frequencies of non- black and black and minority ethnic participants in NHS pay bands were compared using a chi-squared test. No statistically significant differences between frequencies in any category (Pearson chi-squared value =0.948, p=0.814). However, it should be noted that much lower frequencies of black and minority ethnic participants were noted for all categories and this could explain the lack of statistical significance in this sample.

Pay band data was also analysed with regard to gender - see figure 4. Notably, statistically significant differences were observed when the frequencies of men and women in the NHS pay bands were compared using a chi-squared test (Pearson chi-squared value =11.79, p=0.008).

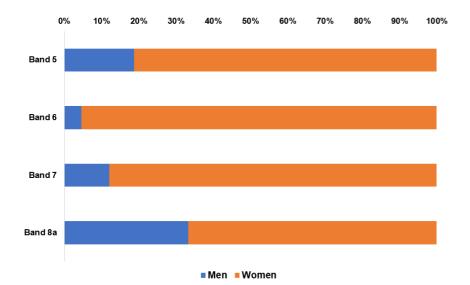


Figure 4: NHS banding versus gender

Finally, we looked at those participants employed by the NHS who stated that they were working above band 6 and looked at differences for gender and ethnicity in this subset. These data are shown in figures 5 and 6 respectively. Half of all the men (5/10) that were employed by the NHS reported that they were in positions above band 6, compared with only 30% of women (23/77). A slightly higher percentage of non-black and minority ethnic participants were employed above band 6 compared with those from a black and minority ethnic background.

Figure 5: % above band 6; men vs women

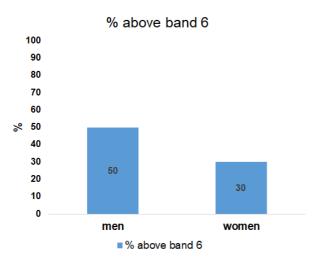
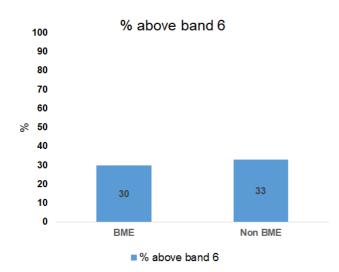


Figure 6: % above band 6: BLACK AND MINORITY ETHNIC vs non-BLACK AND MINORITY ETHNIC



Summary of key findings

This survey sought to benchmark the leadership journeys of Coventry University occupational therapy graduates and to explore any differences in career progression for graduates who were from a black and minority ethnic background. This survey did recruit a significant sample size of 102 participants and the key findings from the survey were:

- Only 56% of all participants considered themselves to be in a leadership position.
- A higher percentage of graduates from a black and minority ethnic background considered themselves to be in a leadership position (60%) when compared to non-black and minority ethnic participants (54%)
- 3% fewer participants from a black and minority ethnic background were employed in NHS positions above band 6 when compared to non-black and minority ethnic participants.
- The 19% WRES target was met for participants in bands 5, 6 and 7 but no black and minority ethnic respondents were employed above band 7 compared to 3 respondents from a non-black and minority ethnic background were employed at 8a level.

• There was a statistically significant difference with regards to gender and NHS career progression with 50% of all men in the survey reporting that they were employed in above band 6 compared with only 30% of women.

Part 2: A Qualitative Study to Explore the Experiences and Perceptions of Leadership Journeys of Black and Minority Ethnic Occupational Therapy Graduates of Coventry University

The aims of this aspect of the project were to identify potential enablers of change to support Coventry University graduates from a black and minority ethnic background into leadership. The objectives of this phase of the project were to:

- Gather data using online focus groups to explore facilitating and enabling factors in participants' leadership journeys
- Explore participants' positive experiences of the use of allyship in their leadership journeys to date in order to identify and disseminate examples of good practice and inform pre-registration occupational therapy curricula development.

Methods

<u>Study design:</u> This project took a qualitative methodological approach using the principles of appreciative Inquiry. Primary data was collected with using online focus groups. Participants were provided with the study information and informed consent gained prior to the focus groups via the JISC Online Survey Platform. Focus groups were completed online using Microsoft Teams and facilitated by two members of the project team using an Appreciative Inquiry approach. The focus group discussion was transcribed and analysed using narrative analysis.

<u>Participants</u>: Coventry University graduates were purposively recruited via emails to the course's practice educator network and social media.

<u>Ethics:</u> The study received full ethical approval from Coventry University Ethics Committee (ref P129352). Participants were provided with the study information and their informed consent was obtained.

<u>Data Collection:</u> The data was collected through two focus groups and an individual interview. There was a small sample (n=6) for this aspect and was self-selecting. The themes of the discussion were broadly consistent however, within using appreciative inquiry the exact nature and flow of the discussion is emergent. The main body of the focus groups therefore were unscripted to allow the participants to recount their personal accounts of leadership with open and challenging questioning used to ensure clarity and depth to the discussions across the groups.

<u>Data analysis:</u> The data analysis process was undertaken in an iterative manner moving between the focus group data sets and individual participant accounts to provide an integrated account of leadership journeys from pre-registration onwards within occupational therapy. The data was analysed by all members of the research team and collective agreement determined the final broad themes centred on the aims of the project.

Findings

The data analysis process established three overarching themes across the leadership journey of the participants. These are as follows

- 1. Structural influences
- 2. Professional and personal influences
- 3. Developmental transitions

Theme 1: Structural Influences

These relate to the contextual and situational factors that influence and impact on occupational therapists' day to day roles and career pathways from an organisational perspective. These can be considered as the influences of the environment and physical characteristics that shape interactions and meaning in the professional lives of black and minority ethnic occupational therapists. These are presented in two sections:

1. Organisational values

This section draws out the participants' experiences of how organisational values can enhance or diminish career development opportunities and career progression.

The participants reflected on the organisational culture and values as contributing factors to enabling leadership development for them as individuals, as occupational therapists and more broadly as allied health professionals. There were examples highlighting how leadership was becoming embedded in annual appraisal and professional development

"So, I was doing the whole thing, interviews, applying for jobs and things and then within the Trust that I work in, we have the annual appraisal and there is a section now on leadership and what you want to achieve, what you want to aspire, what kind of steps can you take to get there?"

The situational nature of this however apparent across clinical and organisational settings with differing experiences across health and social care for occupational therapists.

"The (Local Authority) ran a scheme, I wouldn't even know how many years ago it was now, called aspiring leaders and it was supposed to be an all singing, all dancing leadership program and it was alright, but they only ran it once. They never ran it again"

The role of other Allied Health professionals acting as allies to promote career development was recognised by the participants and central to creating a positive culture and support.

"I've had a good team to support and to motivate me to aim higher as well"

The participants talked freely about there being open and closed networks that impact on opportunities to develop leadership skills, capacity, and experience in developing towards career progression. The importance of relationships and networks was evident in the conversations of the participations as part of their leadership journeys.

"I don't know if there's a bit of the old school kind of network, and people have known each of them many, many years and people are comfortable in some of these kind of senior leadership jobs"

The disruption of networks is an important part of allyship, to open out spaces and opportunities to be inclusive and foster belonging.

"So, they are very keen to provide opportunities and for you to become quite involved within the organisation, in the service development and so there's usually quite a lot of opportunities that come up"

2. Black and minority ethnic representation in practice

This section draws out the participants' experiences of how they viewed black and minority ethnic representation in their own teams, organisation, health and social care and more broadly across the profession of occupational therapy. There was a wide-ranging level of experience across the focus groups, offering insight to changes over time in the representation of occupational therapists from diverse backgrounds. The participants spoke of seeing a small change in leadership representation across individual teams, organisations and more widely across the profession.

"There was a definitely a lack of black and minority ethnic individuals who are in these senior posts and people that I could confidently talk to about, you know, going into the next step, going into the next stage or applying for a role"

"I think what I've noticed when I first came into therapy, that there weren't, there wasn't much black and minority ethnic representation in Band 6, Band 7, Band 8 and above."

During the duration of the project there have been changes in leadership nationally and the conversations reflected these. The participants spoke of some positive changes, but these were localised and need to be at scale as well as sustained.

"I think with my region as well, our team is predominantly BAME, so I think that there's that diversity there. We see that within, especially within, our region, we see a lot of that and so. We don't see that as like a barrier in any way. But I suppose it would be nice to see in five years you know, kind of filtering a bit more, you know, a few more black women."

The participants reflected on differing elements of inclusion and leadership including referring to other protected characteristics and what they saw as representative of the profession but also more generally in health and social care.

Several of the participants noted difference related to gender and ethnicity

"There's lots of black men (leaders in AHP). However, the further up that ladder you go it just, you know, white people, you know, predominantly males."

When referring specifically to occupational therapy they spoke of ethnicity and socio-economic status

"It was very much a white middle class profession and I think they're kind of trying to break those barriers down."

Advocating for visibility of leadership role models

"I just think that you know, as a black woman, there are a few black women in leadership roles within our organisation"

Theme 2: Professional and personal influences

This theme includes the personal, professional, and social factors that influence options, choices and actions in developing leadership skills, attributes, values, and experience for oneself and more widely as a collective profession.

1. Belonging

The participants discussed their internalised values and attributes for success in developing leadership skills and progression in their chose careers. There were common grounds in how personal aspirations and values were important aspects of occupational therapists' leadership journey.

"So, for me, I'd say it's very much a personal drive and motivation to excel, to aspire to do the best. I come from a family of very high achievers and I'm kind of five or six years into my career now, my OT career. So only recently I became a band six, I think last year."

They also reflected on the importance of being accepted and the culture of understanding as being important in creating opportunities to develop in your career

"You know it's about experience or whatever, but it's not. It's, you know it needs to be that culture of understanding as well and being accepted."

And that career aspiration and your leadership journey is interwoven with your personal life too, recognising that changes ripples through work and home life but fundamental to this is the culture and sense of belonging in an organisation that creates a culture of acceptance and support.

It is your personal drive as well. So sometimes you have to put the brakes on some careers, your career pathway just to you know, get your life sorted and but again the organisation stands for that. And I suppose it's just making sure that you have got that balance as well.

2. Identifying as a leader or emergent leader

The participants spoke of leadership and career progression in relation to their sense of professional identity being drawn from differing elements of professional life. These include the

importance of valuing clinical leadership, clinical experience and expertise and sharing these to grow the future generation of occupational therapists.

A recurrent feature of the discussion was the value of clinical leadership as distinct from people or team management.

"It's very difficult and I think the pressures of management compared to sort of clinical work are always gonna be there."

"I'd really like maybe more specialist therapists to lean on"

They spoke of the value of clinical experience and expertise as developing overtime with the right match of supportive mechanisms to enable this.

"it's something that kind of organically grown through my time as an occupational therapist, my experience and people ending up relying on me for like clinical knowledge. And so, I kind of actually fell into more of a leadership role."

That this process was two-way, drawing on other's experiences and expertise as well as sharing this with others too.

"I've gotta try and home in the sort of right skills and have the right support. And obviously there is support at work from sort of supervisors and other sort of leaders in the team"

All groups spoke of their sharing experiences as a vehicle of change within the profession, acting perhaps as visible role models and mentors

"To mentor some of the students that are coming through might be something just, but something to sort of start with, sort of inspire them just sort of talk to them about our journeys and where we've come from and what we've done and what we've achieved for example."

3. Pre-registration curricula

The participants reflected back on their own training and also the experiences that they have of practice education and discussed ways in which the pre-registration curricula could be taken forward around leadership.

The participants talked about the importance of distinguishing between leadership and management. When the participants spoke of leadership it was viewed as clinically led, values and expertise based and not centred on the management of people or processes. This distinction they felt was important to address in pre-registration curricula.

The participants spoke of not feeling prepared to manage others and the practical skills required to do this.

"Like you do a course, but people management is something that you just...that was a shock to my system. So, I think maybe, I don't know how you would do it, how you would develop those skills whilst you're training. Or is it something that is hands on, and in that case a mentor would be a great fill for that."

The groups discussed strategies and approaches to developing student leadership and management skills in linking this though practice education and experiential learning, but that leadership takes time to develop and is rooted in experience and theory.

"I think there needs to be very much of a proper program for people to lead and to go through all that process because it's difficult, it's complex, it's challenging and not everyone's a natural leader."

The groups spoke of developmental transition points within the pre-registration curricula, such as between university-based learning and practice. The relational element of this rooted in interprofessional team working, creating a sense of belonging and pastoral care in developing and acquiring leadership attributes and skills to manage others.

"You know, it could tie in sort of us as alumni and final year students to give you that diversity and that mix of sort of new and experience maybe."

The importance of experiential and sense-making experiences in understanding how leadership fits within their professional landscape especially upon registration.

"I think the teamwork and communication as well, that open door policy, it's really helped just to express myself and supervision as well, like one to one... So that's really helped me get to where I am at the moment."

There were contrasting perspectives within the focus groups depending on the professional setting across health and care, with some seeing leadership as not relevant in a pre-registration curricula and instead should focus on self-management strategies.

"I think maybe call it something like self-management and coping strategies like might be better."

This reflects the variety of perspectives across individual, practice settings and roles.

Theme 3: Developmental transitions

This theme includes consideration of the past, present and future professional selves and of the profession in leading occupational therapy providing opportunities to reflect on how to develop occupational therapy curricula to support compassionate, inclusive leadership from preregistration through to advanced levels clinical expertise.

1. Mentorship

The groups spoke of the importance of mentorship, this was from an organisational perspective within their own practice, for personal development as an occupational therapy and reflecting nationally identifiable black and minority ethnic leaders.

There was a divergence of opinions regarding mentorship and the nature of this for developing leadership and career progression.

"But do I need a black woman to mentor me? Do I feel like there's any cultural things that, you know we want to help me understand? I don't necessarily think that's the case for me. And whereas some people might feel better having that kind of cultural match."

Many reflected that it was about the right person for the individual, this may include profession specific mentors or senior leaders.

"I don't think you can have one-size-fits-all and it does need to be kind of suited to your place of work and so ideally it would be someone like, for me it would be like someone quite senior within the OT role and who would be a mentor."

There was a consensus from the participants that mentorship promoted a culture of understanding and acceptance. But also, that was not a readily available source for mentorship that enabled personal choice and that developing mentor capacity was needed.

"But then again, do they have the resources and the time to be able to do that and probably not so who would do that role and how would it be facilitated?"

2. Supportive networks fostering belonging

The participants spoke of the difference between mentorship and support in developing career progression and leadership. Most of the participants either received or gave support within the workplace with differing experiences of how this contributed to their development. The groups explored the development of networks to create peer to peer support. This was reflected in creating belonging and networks to support each other as occupational therapists, being open, a space to be vulnerable and to lean into each other.

"Some kind of informal peer support group and that you can sort of tap into whether its region based would definitely be ideal for people wanting to be leaders going and taking those next steps."

3. Transition points and learning in the workplace

The participants discussed transitions in a variety of ways within their conversation, this included moving from student to practitioner, career progression points and changes in roles. There was recognition that within these transitions points there were formal and informal learning needs and opportunities to enhance career progression and leadership development.

All groups explore the transition from student to practitioner, although none spoke of preceptorship formally. This transition point was reflected on as vital in recognising and supporting the development of belonging, extending out from the university into the workplace.

"Whether it's some kind of virtual program (between alumni and university), you know, like they do with open colleges. Something along those lines. It gives you

that sort of understanding and that steppingstone, but something additional if that would be possible."

All spoke of the importance of a closer working relationship and support flowing between the university and first destination post and the value of both peer and academic support through this transition.

"I just feel like when I left uni, I just felt like that was it. I was not in. It was just felt like that was it those three years and now move on. I just. I would have loved to stay in touch and be more involved in like, you know, like coming to the uni."

"So, I think that would be really good if there was like a post qualifying network"

The opportunity learn alongside peers from university and workplace was seen as an area to explore, providing a vital link to the assimilation of knowledge, skills, behaviours in practice, to make sense of the transition to registration.

"I think maybe like maybe when you start working maybe like a monthly focus group where we all get together and just discuss how we're feeling. I know some people stay in touch, but maybe the university, planning something like a little get together and we all come together and have a chat. And just to make you feel like you're not alone, that you're not going through all the stuff on your own."

Participants also spoke of transition points as their career progressed, linked to the availability and accessibility of post registration formal learning. This included both formal learning around leadership theories but also the practical application in the workplace.

"I think maybe having leadership opportunities within the university as well. So being part of leading a group or a team or something, just to kind of get some practical experiences while alongside the qualification,to have that people experience as well, managing people."

To be able to learn on the job in a constructive and supportive network

"A formal element where you're learning about sort of skills and you're gaining some kind of, you know, it could be accreditationas well as a platform for us to sort of discuss, talk and expand our network and talk to others that are in this same area perhaps....to reach out to others and share their kind of journeys and experiences and opportunities."

Summary of key findings

The focus groups sought to explore the leadership journeys of Coventry University occupational therapy graduates and to explore assets and approaches that may inform pre-registration curricula for occupational therapy. The findings indicate the following areas to enhance curricula development to be inclusive for all:

- Developing critical awareness of organisational culture, its impact on career progression and leadership
- Acknowledge the difference in knowledge, skills and behaviours across health and social care between leadership and management
- The importance of belonging in developing leadership and career progression
- The role of mentorship and support in developing leadership skills to enable progression
- The role of education in supporting transitions from pre-registration through to career progression.

Limitations

Part one of the research relied on recruiting participants via social media and existing practice networks. Although this approach was largely successful and over 100 respondents were recruited, the black and minority ethnic representation in the sample was 19.6% and this below the current black and minority ethnic representation in Coventry University occupational therapy student cohorts at approximately 34% to 54%. The reasons for this are not clear but the mean length of time since graduation was over 10 years and so this sample may not be representative of the most recent cohorts. It should also be noted that although statistically significant differences were found with regards to gender and NHS career progression, further sub-analysis to explore black and minority ethnic differences alongside gender was not possible as only 1 respondent was from a man from a black and minority ethnic background. Further surveys should seek to recruit a larger and stratified sample to address this.

Part two of the research project also recruited participants via existing practice networks and social media, gathering data using online focus groups. The sample was focussed on occupational therapy graduates from Coventry University and therefore reflected their experiences of a localised occupational therapy curriculum. Having a small sample size limited the opportunity to capture a more diverse set of views, with only female participants taking part and none identifying as holding senior leadership positions.

It is also recognised that the research project was initiated and designed during a period of great change, nationally and globally, during which has seen both structural and regulatory changes come into force across the national health and social care landscape to begin to address the gaps in the experiences of black and minority ethnic occupational therapists and their leadership aspirations and career progression. The questions asked in the focus group interviews were purposely written using an appreciative framework, with questions designed to explore the positive experiences of participants and an assets-based approach to contribute to the development a curriculum that both acknowledges structural advantage but also challenges disadvantage.

Recommendations

- 1. Future larger scale studies that explore leadership should specifically explore the representation of women from a black and minority ethnic background and direct action taken to develop structures that enable black and minority ethnic leadership progression beyond band 7 in occupational therapy
- 2. The design and implementation of a leadership curriculum that is inclusive of all, to actively demonstrate equity to recognise structural advantage and address structural disadvantage.
- 3. To recognise, distinguish and implement pre-registration occupational therapy inclusive curriculum for applied leadership and people management that is embedded in simulation and experiential learning from entry point to enable graduates to identify as leaders across the breadth of settings.
- 4. Closer alignment between pre-preceptorship and preceptorship transitions, building collaborative innovative asset-based approaches to support, bridging the gap between the end of point of pre-registration education and practice.
- 5. Development of a post registration inclusive leadership programme for occupational therapy that encompasses mentorship, coaching and experiential learning to embed leadership in action and management of people across the diverse practice settings.

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