Reverse Mentoring Programme with Facilitated Psychological Sessions South- East

Evaluation Report Summary

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Introduction

What is reverse mentoring?

Reverse mentoring refers to a form of mentorship relationship which can take place in the workplace; commonly involving a worker of a more junior position assuming the role of the mentor, while the worker in the more senior position becomes the mentee (Murphy, 2012). This definition has since been expanded to focus on equality, diversity, and inclusion by acknowledging how the power dynamic between the mentors and mentees can influence how issues regarding race and inequality are addressed. Within this definition, one of the main defining features of the mentor cohort is that they identify as being part of an underrepresented group - either oppressed or marginalised - therefore being considered as having 'less perceived power' in comparison to their mentees (Johnson, 2019).

Why is reverse mentoring important?

The NHS is an institution characterised by great cultural diversity, both serving patients and recruiting employees from a wide variety of backgrounds. Since its inception, the NHS has relied on the contributions of ethnic minorities spanning from the Windrush generation to present-day staff, to support its infrastructure (Hussain et al., 2020). However, despite a significant proportion of the NHS workforce being made up of people from minority ethnic groups, this is not reflected in leadership positions. The lack of BME staff in senior positions is a systemic issue which needs urgent attention and remedy (Coghill and Naqvi, 2019). For the NHS to truly embrace its diverse nature, greater inclusivity within senior leadership is needed, as highlighted by Sir Simon Stevens, NHS Chief Executive (2020). Embracing diversity has been shown to improve operations, organisational succession planning and employee retention. For example, organisations with ethnically and culturally diverse teams are 33% more likely to outperform peers on productivity, and diverse teams are 83% more likely to be associated with higher individual performance and innovation. In addition, over 50% of Black, Asian, and Minority Ethnic (BAME) employees say they will need to leave to progress their career – the figure for White employees is half this, and the NHS simply cannot continue to deliver safe, effective, and high-quality care without a consistent and sustainable workforce base (Chapman, 2021).

The need for diverse leadership at all levels is further emphasised within the NHS 10-year plan and is a goal which aims to ensure that the NHS provides a services that can successfully cater for its culturally diverse community (NHS England, 2019).

The target set by Sir Simon Stevens, Chief Executive, to reach 19% BME representation across all pay bands by 2025 for NHS England/Improvement relies on interventions targeting a range of areas such as culture, recruitment, learning and development, data improvement and training managers. One other area is improving cultural awareness among White senior leaders, which is what this reverse mentoring programme seeks to address (Chapman, 2021).

The Reverse Mentoring for Equality, Diversity and Inclusion (ReMEDI) framework is a project which was constructed in light of the NHS' need to support its staff of ethnic minority background. The ReMEDI project, originally devised and implemented by Professor Stacey Johnson, aims to challenge and disrupt the traditional power structure which hinders the advancements of certain minority groups due to systemically *perpetuated* disadvantage (Johnson, 2019). The programmes focus on individual interaction as means to address discriminatory practices; inclusive practice is framed as a learnt skill which needs to be actively taught and developed.

The lived experience of the mentors, who are from disadvantaged backgrounds in comparison to their mentees, are an asset to the learning experience, providing a different lens of understanding (Johnson, 2019).

Reverse mentoring in the NHS

In 2018, the ReMEDI project was rolled out in Guys and St Thomas' NHS Foundation Trust. BME staff (mentors) were paired with white senior leaders (mentees) to collaboratively explore their mentees attitudes, beliefs, and values on issues regarding equality, diversity and inclusion. Additionally, the mentors provided the mentees with feedback, allowing them to critically reflect on how their behaviours can be modified on an individual and departmental level in order to prioritise embedding equality, diversity and inclusion within their trust culture. The focus of this programme was not to find fault in the mentees, but foster an environment which encourages openness, honesty, and trust; a safe space with a 'positive growth' outlook. The programme was deemed to be successful, despite only running for 6 months, the mentees exhibited positive changes on individual, departmental, organisational and symbolic levels, such as the use of more inclusive language and compliance with BME staff targets (Raza and Onyesoh, 2020).

The South East Equality, Diversity and Inclusion team reviewed current reverse mentoring programme models and launched an evidence-based initiative in October 2020. The efficacy of the programme for mentors and mentees was measured at each stage, and the team was supporting other regions to use the same model via a national working group. The programme was aligned with the People Plan priorities of 'Belonging in the NHS' and 'Looking after our people'. It sought to support the organisation to achieve Model Employer goals (Chapman, 2021).

This reverse mentoring programme was specifically designed for BAME (Black, Asian and Minority Ethnic) colleagues to help their organisations have an improved understanding of BAME experiences. Some regions chose to participate in this national collaborative, using the templates, evaluation methods and programme structure developed by EDI South East (Chapman, 2021).

The programme gave White senior leaders the opportunity to learn from, understand the lived experiences and perspectives of BAME colleagues in less senior roles. It is an invaluable opportunity to learn more and connect with a workforce that many do not often come into regular contact with. Without this, it will continue to be difficult for the NHS to transform itself into a truly inclusive, race-aware, anti-racist organisation, which welcomes White and BAME people into all levels of its organisational structure (Chapman, 2021).

Chart 1 Three core areas addressed by the South East RM programme

All three areas are linked to workforce indicators such as grievance, disciplinaries, retention, induction, onboarding, health and wellbeing, leadership development, the WRES.

Benefits of reverse mentoring

Key Points from Interview with Dr Habib Naqvi Director of Race and Health Observatory on his reverse mentoring relationship and experience with CEO Sir Simons Stevens NHS England.

- The aim of the Reverse Mentoring programme is not about policy change, but rather focuses on change on an individual scale. Learning about each other can help to change your own behaviour and viewpoints.
- It is important that the mentors/mentees do not go into the session with a pre-planned agenda, the aim is to create a fluid and flexible relationship rather than one that is artificial and rigid.

Things that helped the mentorship relationship:

- Setting clear ground rules surrounding confidentiality and openness
- Both parties being comfortable enough to be honest and transparent with one another.
- Having a psychological safe space is important, especially as participants may be delving into deep rooted issues and sensitive topics during mentoring sessions.

Need for psychological support in Reverse Mentoring

Since the ReMEDI's programmes success, new ideas have been proposed with the intention of further enhancing the programme's effectiveness. Verbal feedback from some of the participants from previous NHS reverse mentoring programmes have mentioned the importance of having a psychological safe space.

'Schwartz round' refers to a structured forum which is utilised by both clinical and non-clinical staff, providing a place for discussion and reflection of issues and exploration of the emotional, social and mental impact of their work encounters (Farr and Barker, 2017). The psychological input within the reverse mentoring process would be different to Schwartz rounds in practice, however the underlying principles are similar. Creating an environment dedicated to exploring how the programme and mentorship interactions impact both the mentor and mentees psychologically, in addition to teaching skills to help navigate the programme will provide a positive learning experience. Cavita Chapman, Head of Diversity and Inclusion, South East, in collaboration with Sharon Akinkunmi, Chartered Counselling Psychologist, Practitioner Psychologist CPsychol AFBPsS, WRES Expert has introduced psychological input into the reverse mentoring programme.

These sessions aimed to:

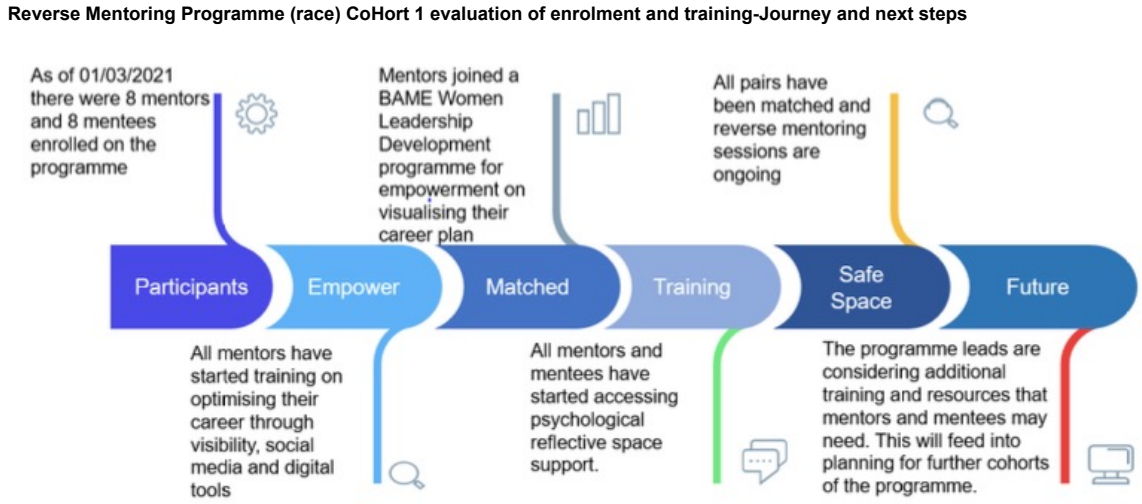
- Enhance self-awareness through providing access to psychological support in between mentoring sessions.
- Help participants explore psychological processes that maybe impacting on the reverse mentoring relationship.
- Provide a safe space for participants to reflect and gain further insight into the dynamics of the reverse mentoring relationship.

The running of the psychological safe space was facilitated by Sharon an experienced Chartered Counselling Psychologist with specialist skills in psychological therapies such as DBT (Dialetical behaviour Therapy) and EMDR (Eye movement desensitisation reprocessing) for those who have experienced high levels of trauma. The facilitator is

from a BME background is also a Workforce Race Equality Standard (WRES) Expert, NHS England with extensive experience of training and facilitating diverse groups in various settings, including Senior Board level leaders with the NHS.

The purpose of our programme is to enable senior leaders paired with junior BAME staff to have insight into issues around BAME populations and working for the NHS. Improved insight by senior leaders can influence the organisation to make positive changes. Some research studies have found that senior leaders behave more inclusively following reverse mentoring relationships.

Summary of reverse mentoring programme structure - South East



This report is focusing on the evaluation of the mentoring experience and the psychological reflective space.

Report Aims

- Evaluate the impact of the psychological support provided during the reverse mentoring programme.

- Analyse the experiences and challenges of the participants reverse mentoring relationships

- To highlight the themes derived from the experiences/narratives of the participants on the programme.

- To highlight the need for psychological input on a reverse mentoring programme

Methodology

This study was done in collaboration with the programme lead Cavita Chapman, Head of Diversity and Inclusion.

The participants in this study were all volunteers recruited as part of the reverse mentoring programme from the NHS England and NHS improvement- South- East Region.

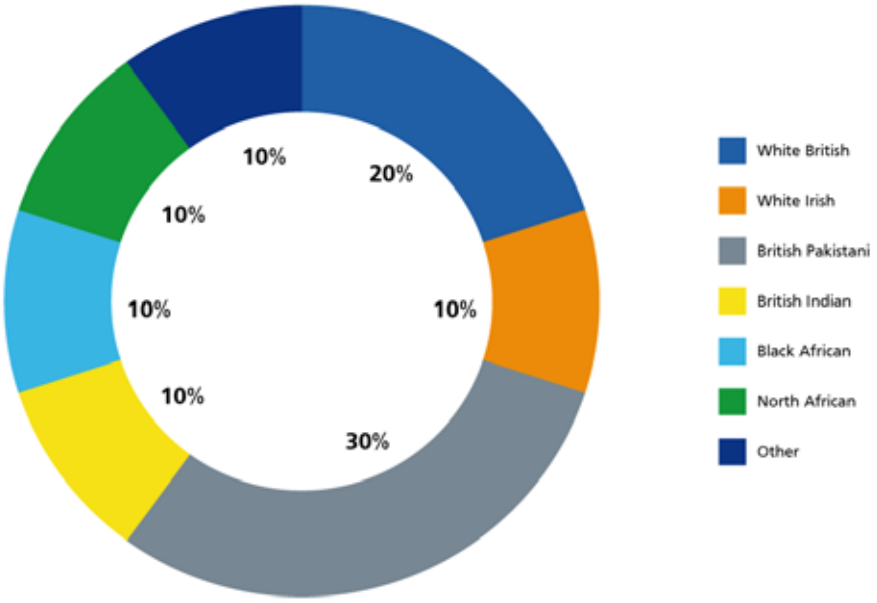
The volunteers were placed into two groups, either mentor or mentees, based on the following criteria:

- Mentor:
    - Identifies as being part of the Black and Minority Ethnic (BME) community
    - Not in a senior leadership position within the NHS

- Mentee
    - Identified as White British, Irish or any other White Background
    - Holding a senior leadership position within the NHS

Participant Demographics

ETHNICITY BREAKDOWN OF THE REVERSE MENTORING PARTICIPANTS



This pie chart illustrates the ethnicity breakdown of the participants involved in the reverse mentoring sessions.

Three scheduled 2-hour psychological sessions were offered to both mentors and mentees during the programme. Some of the topics explored in the psychological sessions included:

- Guilt and Shame
- Sense of responsibility/Protection
- Strong Emotions
- Self-Awareness
- Racial identity
- Power Dynamics
- Maintaining Boundaries
- Power Dynamics
- Emotional connectedness

Analysis

At the end of the project, both groups of participants were given a questionnaire to provide feedback on the psychological sessions. Each of the response forms were analysed using inductive thematic coding. This process involved an initial individual analysis of the participant response. Through this, common categories began to emerge from the participant responses. These recurring ideas were further deduced to create themes.

To maintain confidentiality of the participants, the data has been anonymised, with pseudonyms being used when appropriate.

Questionnaire responses

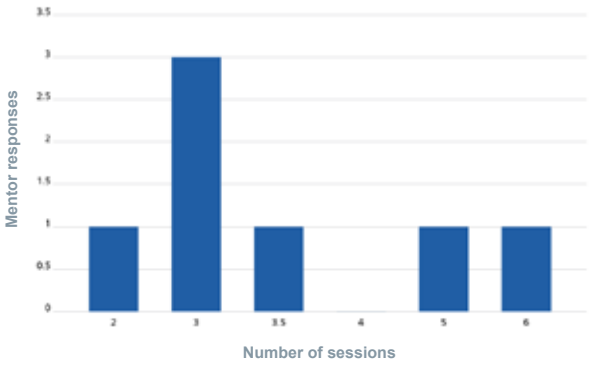
The questionnaire was a combination of qualitative and quantitative questions about the reverse mentoring experiences and the impact of the psychological sessions offered.

The Mentors' responses

Number of sessions:

All the mentors had more one session with their mentee over the course of the programme. The greatest number of sessions attended was 6 (1), with the lowest number of sessions attended being 2 (1). Overall, the mean number of sessions for the cohort was 4.

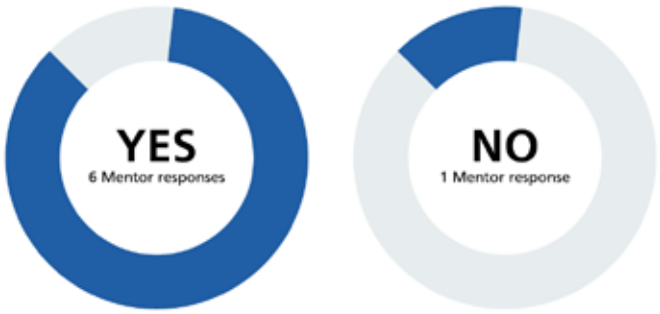
HOW MANY SESSIONS DID YOU HAVE WITH YOUR MENTEE?



Was the length of the RM sessions appropriate?

Majority of the participants felt that the length of the sessions was appropriate (6). One of the participants stated that initially they thought that the sessions were quite short "as they were 30 minutes every fortnight, thus I raised this, and we agreed to 1 hour."

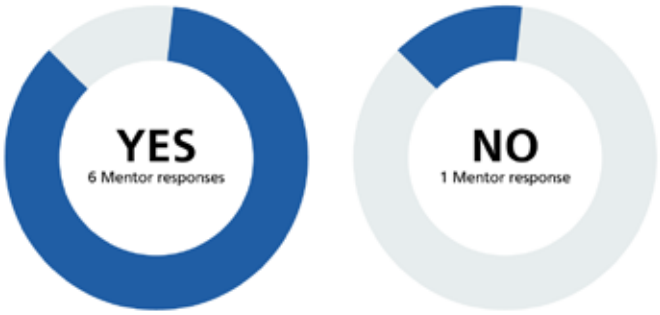
DID YOU FIND THE LENGTH OF THE SESSIONS APPROPRIATE?



Did you find the psychological sessions supportive?

Majority of the participants stated that they found the psychological sessions supportive (6), with many describing the "reflection and discussion" aspects of the sessions as "useful". The mentors felt that sessions were a "safe space", allowing them to "reflect" and apply the tools acquired from the sessions when interacting with their mentees.

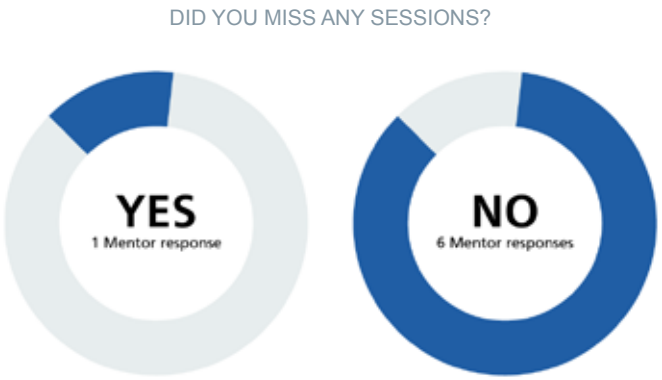
DID YOU FIND THE PSYCHOLOGICAL SESSIONS SUPPORTIVE?



One participant said that they did not find the psychological sessions supportive but did not elaborate further.

Session absence

The data from the questionnaire showed that almost all the mentors attended their scheduled sessions. Any missed sessions were due to work related pressures.

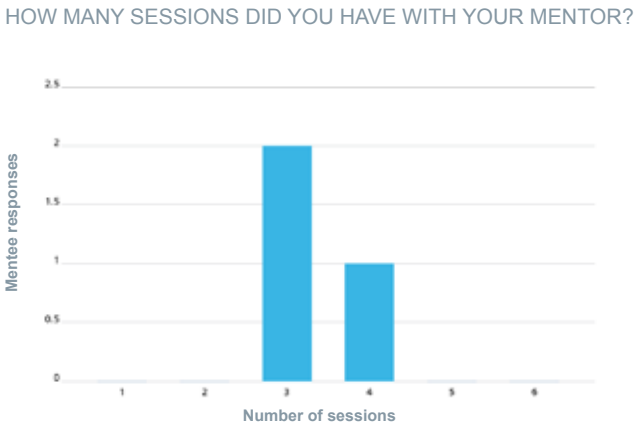


The Mentees' responses

Initially, there were 7 mentees involved in the programme , however 5 attended the psychological sessions and 3 participated on the evaluation. This is in comparison to all mentors who attended the psychological sessions and completed and the evaluation.

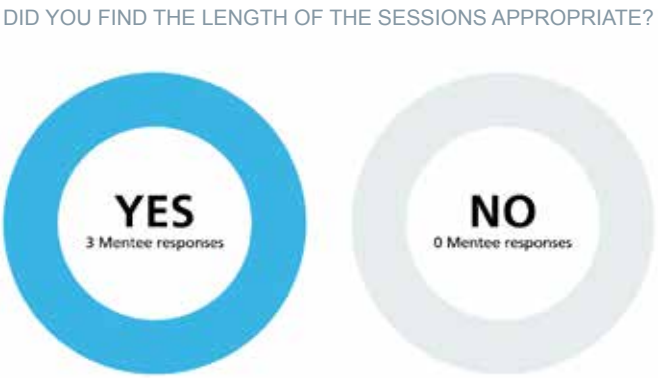
Number of sessions:

For the mentees the highest number of sessions attended was 4 (1), followed by 3 sessions (2). The mean number of sessions attended by the mentees was 3.



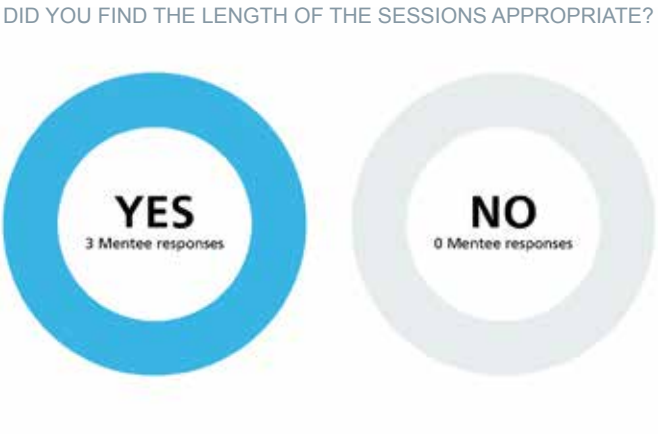
Was the length of the RM sessions appropriate?

The responses from the questionnaire identified that all the mentees (3) found the length of the sessions appropriate.



Did you find the psychological sessions supportive?

The mentees (3) thought that the psychological sessions were supportive. All of the mentees said they felt the sessions created a “safe space”, where they were able to “share their experiences” and “discuss issues. They believed the environment fostered “psychological safety”.

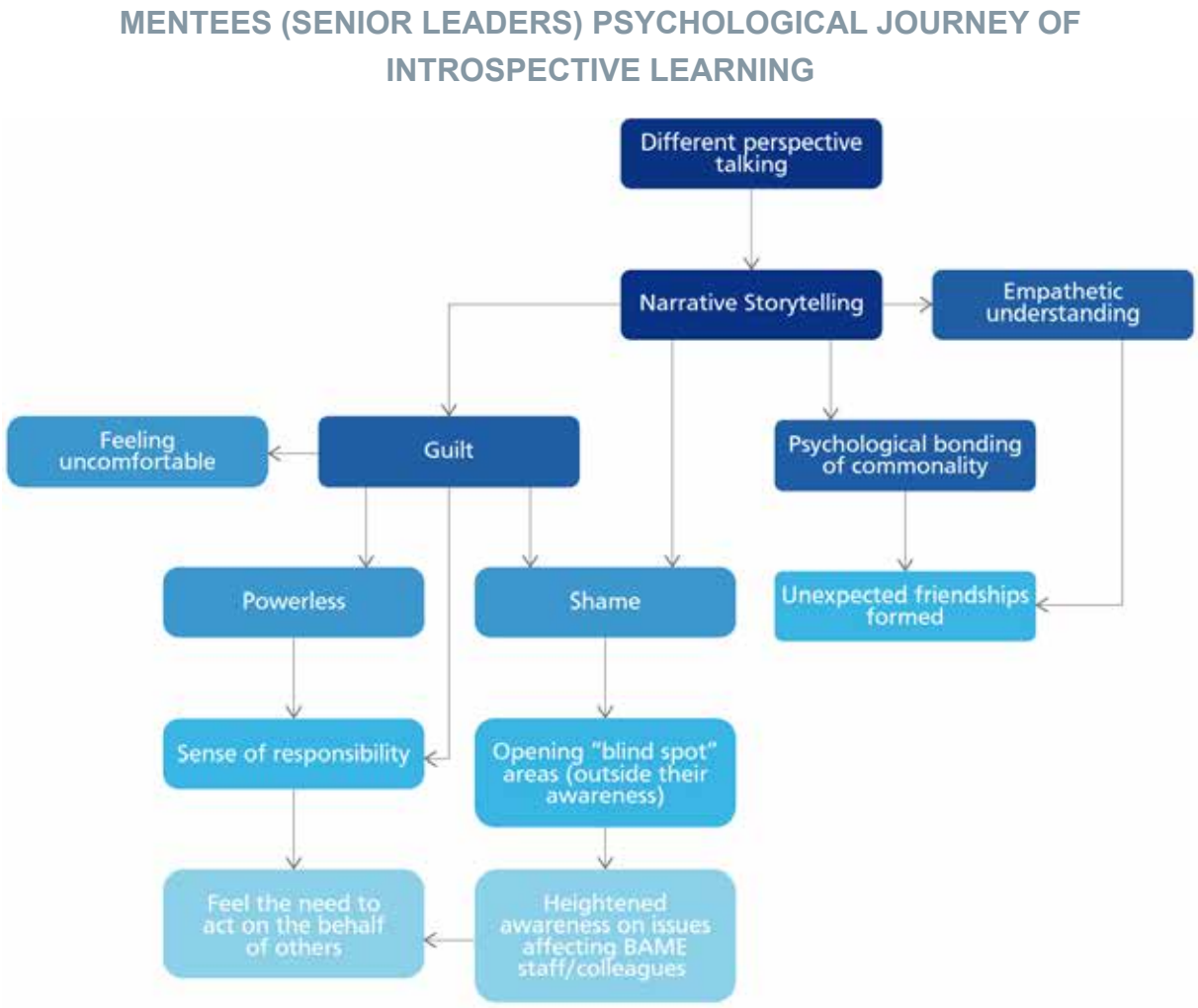


Session Absence

All the mentees attended their reverse mentoring sessions, none were missed.

Topics discussed during psychological session's

Diagram of the mentee's psychological experiences during the reverse mentoring process.



The above graph summarises the journey of the mentees introspective learning. Guilt and shame were found to be some of the key emotions experienced by the mentees after hearing the narratives of their mentors. This emotional response aided in the development of empathic understanding within the mentees, resulting in some mentorship pairs forming unexpected friendships.

This section includes a summary of the topics explored during the psychological sessions:

Guilt and Shame

During mentoring sessions, some of the mentees experienced guilt and shame. Hearing stories of their mentor's lived experiences helped to develop empathy. Some felt overwhelmed by stories of unfair treatment. This was difficult for some to reconcile as the stories of discriminatory treatment cited, happened in organisations where they held senior roles. They felt a sense of responsibility to make a difference.

These emotions can be uncomfortable, but also useful. From a DBT, Dialectical Behavioural Therapy (Lineham ,1993) perspective, if we allow our emotions to paralyse us, we miss out on opportunities to learn.

Experiencing 'uncomfortable' emotions can also alert us to learn about our behaviour or something that needs to change not only on an individual level but systematically.

We should also ask ourselves, do these emotions 'fit in the facts' of a situation? This was explored further in our reflective sessions. Was guilt and shame a justified emotion in a particular given situation?

When these emotions are justified, they relate to when the when the situation fits the facts of a situation, when one's own actions/behaviour has been violated or the core values of your organisation, for example the NHS.

When guilt or shame may not be justified- from a psychological DBT perspective behaving in the opposite of an action/behaviour that has caused the guilt and shame can help to address these painful emotions (Lineham,1993) Skills training. This will be discussed later in the discussion part of this report.

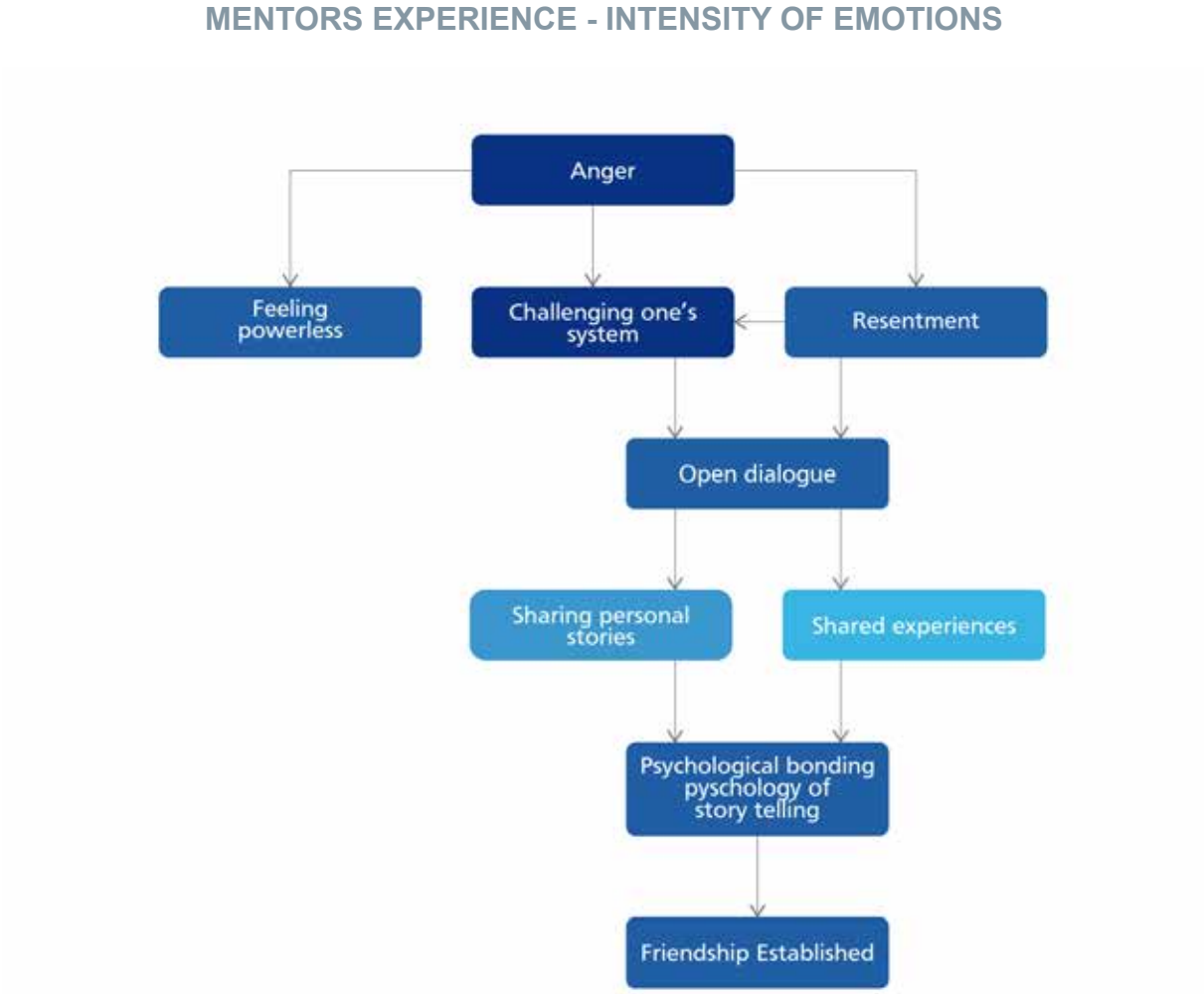
Sense of Responsibility/Protection

Some mentees also had a sense of responsibility linked to feelings of guilt and shame where they also felt the need to 'protect' and offer support where required. Being able to sit with uncomfortable feelings and being in the role of a senior leader offering support. We reflected on what this looked like and felt like.

The need to want to 'fix' others rather than being able to sit in the space of another, listening and sitting with uncomfortable feelings was also part of the process of learning

Common emotions shared by the Mentor's

Diagram of the mentor's psychological experiences during the reverse mentoring process explored during the psychological sessions



Anger and resentment

Anger can be defined and expressed when there is a blocked goal and frustration due to this sense of powerlessness.

Sense of powerlessness

This was felt when the mentors considered that they were unable to change their circumstances.

Some more topic discussed during the reflective sessions:

Self -Awareness

Some psychological exercises were used to help the participants explore areas that they may have been outside of their awareness. Through discussion and the facilitation of the participants thoughts, feeling and behaviours perspectives were challenged and changed to some extent. Some were also able to also learn ways to address dynamics that arose in their reverse mentoring relationship sessions.

Racial Identity

Racial identity can be defined as how one perceives themselves in relation to their racial group. There are various models that pertain to this development. Racial identify development was considered to be a influencing factor in the reverse mentoring relationship also. There are various psychological models that look at the development of both black and white racial identity. These were new concepts to many of the mentees/ mentors.

Emotions from the past impacting on the present

Participants were introduced to psychological concepts on relationship dynamics. Each participant was asked to identify strong emotions and schema patterns, (schemas are defined as templates of how we view the world, Young 2006) and these were explored too. Participants looked at how these factors and other underlying psychological concepts that can influence the reverse mentoring experience.

Power dynamics

Reverse mentoring emphasies the reduction of the power inbalances that can occur between senior leaders in the NHS and considered junior banded staff. Participants were asked to consider the ways how they managed this imbalance and the impacts of it this process, when their roles were reversed.

Maintaining boundaries

This was an area which was a feature in the psychological sessions with some participants. We also looked at how the participants were able to address this.

Emotional Connectedness

The mentor and the mentees had an array of emotions that were elicited through this experience. However some pairings seemed to form unexpected colleague friendships too.

Themes derived from the Evaluation of Mentors and Mentees experiences and psychological input.

Benefits of the Psychological Sessions:

Safe place

The participants felt that the psychological sessions gave them the space to express themselves and share experiences thoughts and ideas in a supportive and containing environment. They felt contained psychologically 'held 'in the space that was being offered.

Valuable Learning

The majority felt that they had learned from their peers and from the psychologist who facilitated the sessions. The most valuable learning was a about themselves, one another, their mentee/mentor and how they came across to others as well as learning new 'tools' from the facilitator.

Enhance understanding as well as looking at relationship dynamics from a different perspective helped to

- Reflect
- Step back to see
- See things from different perspectives.

Peer support

All participants felt able to share experiences and discuss how sessions were progressing with their mentees and share commonalities. They all found it very helpful to hear from one another about their experiences.

Time

Having more time to express themselves was also acknowledged as it felt that these sessions could be extended as the 2hrs at times didn't feel long enough. One person considered it would be helpful to have more time to reflect.

Psychological input

Focus on the emotional and psychological processes underlying the mentoring relationship was valued. Some felt that having a facilitator who was a psychologist from a BME background was particularly helpful.

Understanding of self awareness

The psychological sessions helped the participants in this area. Self awareness can be defined as being aware of different aspects of ourselves and the impact this can have on others around us too. It is a psychological state where we become the focus. Being self aware is not a natural occurrence. It can be developed through self reflection and learning. Research has also shown that various parts of the brain such as the frontal lobe region are involved in the development of self awareness.

There are also various types of self awareness such as public and private. The public refers to being in front of others and private being more introspective. Participants on the reverse mentoring program looked at this aspect of themselves and some where more comfortable to do this than others.

This is a very important component within the reverse mentoring relationship and requires enhancement for some. This also relates to self consciousness and feeling 'judged' or 'criticised'. This can also impact ones ability to 'being you' at work and how one manages different situations especially in relation to race & discrimination.

Some of the themes when asked about this, in the psychological sessions for participants were:

- Gaining insight
- Awareness of words
- Actions
- Managing emotions
- knowing self

Overlapping themes were;

- Having insight/ conscious of thought processes and ideas.
- More themes based on the questions about the psychological sessions.

How did the psychological session enhance your self awareness?

Themes

- Gaining different perspectives
- Exploration
- Step back
- Informative

Overlapping themes

- Thinking through processes
- Perspective taking / stepping back
- Informing practice
- More reflective space
- Impact of role and outcomes

What did you learn about yourself? Self Learning:

- Speaking up / Confidence building
- Not alone
- Skills enhancement

How has this process helped you maintain boundaries?

- Professionalism
- Respect
- Being open
- Confidentiality

How did these sessions impact the reverse mentoring relationship?

- Past experiences
- Baggage
- Emotional responses

The psychological sessions helped the participants to develop themselves as well as develop confidence and speak up on issues. This gave a sense of togetherness and feeling ‘not alone’. Participants also learnt new skills to help them develop personally and professionally.

Both mentees and mentors were able to maintain boundaries in their relationship and be open with one another within limits of confidentiality. The psychological sessions also helped to facilitate aspects that may have been influencing the mentoring relationship based on past experiences helping to facilitate looking at one’s emotions/ psychological responses from different perspectives too, which were not readily accessible.

Discussion

Overall, most of the participants (both mentees and mentors) found the psychological support integral to the mentoring experience. Several topics were covered during the sessions, adding depth to their interactions.

Some of the themes covered in the psychological sessions included:

- Guilt and Shame
- Sense of responsibility/Protection
- Dealing with intense Emotions
- Self-Awareness
- Racial identity
- Power Dynamics
- Maintaining Boundaries
- Emotional connectedness

The Benefits

Many of the participants said that the psychological sessions provided a “safe space” and containment, allowing them to learn valuable lessons from the programme. Others stated that the sessions were “therapeutic”, helping the recipients “stand back” and “reflect” on their experiences”, in a way that they had not considered before. The psychological sessions also gave them the time away from their usual working environment to focus on issues relating to the reverse mentoring experience.

It was a journey of learning from their peers as well as the psychological and reflective skills of the facilitator who was able to offer new insights and concepts with the aim of enhancing the mentoring experience.

Some of the participants believed that their level of self-awareness was heightened by the psychological aspects. This enabled them to become more aware of their own feelings and thought processes, influencing their mentoring relationship.

Others believed that the psychological sessions did not necessarily enhance their self-awareness, as they already described themselves as self-aware. Instead, they thought that the sessions helped to build their confidence, developing the skills needed to facilitate difficult conversations that may have been risen during the mentoring relationship. These skills were also transferable to outside of the workplace, aiding their management of emotions and speaking up in intimidating situations. Moreover, recognising that past experiences such as bullying and harassment at work for example, and our own schema patterns (templates of how we view the world) of possible mistrust and abuse, can have an influence on how they interact/ view their mentors or mentee.

The reflective sessions also helped participants to view issues regarding race and equality from different perspectives. For example, in the case of the mentors (ethnic minorities), instead of viewing the mentees (senior leader) as a ‘stumbling block’ to their career progression within the NHS system, they began to accept the notion that the mentees could be allies. Some mentoring pairs did seem to form positive relationships, which were believed to be unexpected, however both parties subsequently agreed that this relationship would be helpful in supporting the wider NHS system.

The psychological sessions also allowed the mentors and mentees to freely express their thoughts and feelings.

Self awareness has been defined as the ability to be aware of different aspects of ourselves and the impact this can have on others around us. It is recognised as a psychological state where we become the focus as mentioned prior. Self awareness does not always happen naturally, but can be developed through self reflection and learning.

Only one of the participants considered the psychological sessions to not be as useful as they would have liked them to be. This was due to time constraints, resulting in the sessions not being long enough for adequate reflection in their opinion.

It was noted that some of the participants initially wanted to provide feedback on their experience of the mentoring program, and then use the psychological sessions as a space to reflect on various themes.

The style of the facilitator was commented on as warm and responsive. Appreciation for the psychologists BME background and WRES Expert status was also given by the participants.

The majority of those on the program did value the psychological space and made recommendations for this type of support to continue throughout the mentoring program.

Research has highlighted that staff do need support with processing the impact that their work-related experiences may have on them personally, as well as the importance of creating spaces where individuals feel safe to disclose such information. Without the appropriate psychological support, individuals may experience low mood, which can lead to depression, anxiety, stress and burnout.

Learned helplessness is the term used to describe a sense of powerlessness, apathy, feeling helpless and unable to support or influence events around you. This can result from traumatic events, including those experienced at work, known as ‘organisational trauma’ which can have a significant impact on one’s mental health. It is important, especially during unprecedented times such as a pandemic, to have psychological support facilitated by a qualified professional such a Counselling psychologist with specialist skills in dealing with Trauma and issues on race equality such as a WRES (Workforce Race Equality Quality) Expert NHS England.

Self efficacy is about how capable one believes they are to control an event and receive feedback from others about themselves. The psychological sessions also helped to reflect on self efficacy.

It is important to note also that the psychological sessions also helped to lessen what can be considered ‘self serving bias’, which is a readiness to perceive oneself favourably than another person. This is because rather than attributing blame to one another for the difficulties experienced in one’s working environment, being able to self-reflect also helped to understand the other processes involved. It also helped to enhance the mentoring experience on the program overall.

Recommendations

- Reverse mentoring programmes in the NHS or outside should consider including psychological input to support the participants on their program as an integral part of the program.

- The facilitator should be a trained professional such as a counselling psychologist from a BME background with specialist skills in understanding trauma and issues relating to race equality (if on a reverse mentoring programme specifically about enhancing understanding in this area). Such as a WRES Expert.

- To evaluate the impact of the psychological sessions and the narratives derived from the participants.

- To document the outcomes of the psychological sessions offered and use them to enhance future programmes.

- To encourage all participants of mentoring programs to attend every psychological support session offered and make full use of them.

- For all participants to complete the evaluation after the programme has been completed.

- To use the outcome of the psychological sessions offered in this reverse mentoring programme as a pilot to be rolled out across NHS England and the NHS improvement and the wider NHS.

- Funding to be made available to support the psychological sessions offered on mentoring programmes. This will support and enhance the overall well being and mental health of all participants involved.

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