

NHSGGC

'Equality, Diversity and Inclusion' Conference

Thursday 14th August 2025

Welcome to Breakout Session 1: Creating Psychological Safety

Gillian Neish

**Designer and Facilitator of NHSGGC's 's Leadership Programme for
employees from Black and Minority Ethnic (BME) communities**

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During this session

- The benefits of effective team working
- Racism within the NHS
- The rationale for the Leadership Programme
- Psychological safety
- Your role as 'inclusive' leaders
- Feedback from Leadership programme participants
- NHSGGC Values and Aims
- Personal power
- Creating a psychologically safe, inclusive culture
- Q & A

How we'll work together today

- **Respect**
- **Listen to understand**
- **Hold judgement**
- **Be open to learning**
- **Ask questions and challenge and be prepared to be asked questions and to be challenged**
- **Share good practice**
- **Confidentiality regarding personal stories**

Effective team working

- benefits organisations and service users
- means less stress for team members
- uses the skills and abilities of all team members.

Your most valuable resource is your people

- what about those who don't feel part of the team?

The benefits to racial equality in medicine are:

1. Retention
2. Ethnic diversity
3. Doctors reaching their full potential
4. Patient safety in healthcare
5. Improved patient care
6. Wellbeing
7. Efficiency

'Delivering racial equality in medicine' The British Medical Association June 2022
<https://www.bma.org.uk/media/5745/bma-delivering-racial-equality-in-medicine-report-15-june-2022.pdf>

'Racism in Medicine' Survey: Key Findings

Racism is widespread within the medical workforce. Over three quarters (76%) of respondents experienced racism in their workplace on at least one occasion in the last two years.

Of these, 17% experienced racist incidents on a regular basis. Experiences of racism included discriminatory comments, being given fewer opportunities, more scrutiny of work, bullying by patients and colleagues, continued mispronunciation of names, and social exclusion.

Overseas qualified doctors experience racism more often than doctors trained in the UK.

84% of respondents who qualified overseas said they had experienced racist incidents in their workplace in the last two years, compared to 69% of respondents who trained in the UK. Respondents who had qualified overseas were twice as likely to think that racism was a barrier to their career progression than those who had qualified in the UK (60% compared to 27%).

Experiences of racism are significantly under-reported.

71% of respondents who personally experienced racism chose not to report this to anyone. The most common reasons given by respondents for not reporting experienced incidents were not having confidence that the incident would be addressed (56%) and being worried about being perceived as a troublemaker (33%). For those who did report, the most common outcome reported was that no action was taken (41%).

'Delivering racial equality in medicine' The British Medical Association June 2022
<https://www.bma.org.uk/media/5746/bma-racism-in-medicine-survey-report-15-june-2022.pdf>

'Racism in Medicine' Survey: Key Findings cont.

Reporting experiences of racism results in backlash

Of those who had reported experiences of racism, nearly 6 in 10 total respondents (58%) said that doing so had a negative impact on them. Negative impacts described included being viewed as a troublemaker, being made to feel like the report was an overreaction, being overlooked for progression opportunities, and being made to feel like the incident was their fault.

Racism has an impact on career progression for many doctors

Six in ten (60%) of respondents from Asian backgrounds, 57% from Black backgrounds, 45% from Mixed backgrounds, 36% from White non-British backgrounds, and 58% from all other backgrounds said they felt racism had been a barrier to their career progression, compared to 4% of White British respondents.

Experiences of racism are affecting doctors' confidence and mental and physical wellbeing

Six in ten respondents (60%) said that the racism they had experienced had negatively impacted their wellbeing. Respondents detailed a range of negative impacts including depression and anxiety, increased stress levels, lowered confidence and self-esteem, sleep issues, worsened physical health, and feelings of demotivation, frustration, and anger.

Many doctors are considering leaving or have left their jobs because of racial discrimination

Almost a quarter of respondents (23%) said they had considered leaving a job because of racial discrimination and a further 9% said they had actually left a job.

Comments from Scotland

"I have seen no interest in improving racism equality in my career. In general white colleagues are reluctant to even acknowledge that racism exists and will often undermine and explain away concerns if they are raised."

A speciality doctor of mixed ethnic background

"I have an uncommon name, but it isn't impossible to say. Many people (management included) failed to pronounce it properly despite me telling them how it is pronounced."

A medical consultant of mixed ethnic background

"I had tried to participate in one of the surgeon's surgery and I wasn't spoken to the entirety of two operations. However, on other occasions, to a white male, the same surgeon was very willing to teach and explain the operation throughout. From my knowledge, they did not know each other beforehand and had no personal history. I could only put it down to my race, as he treated other white students significantly better and simply ignored my existence."

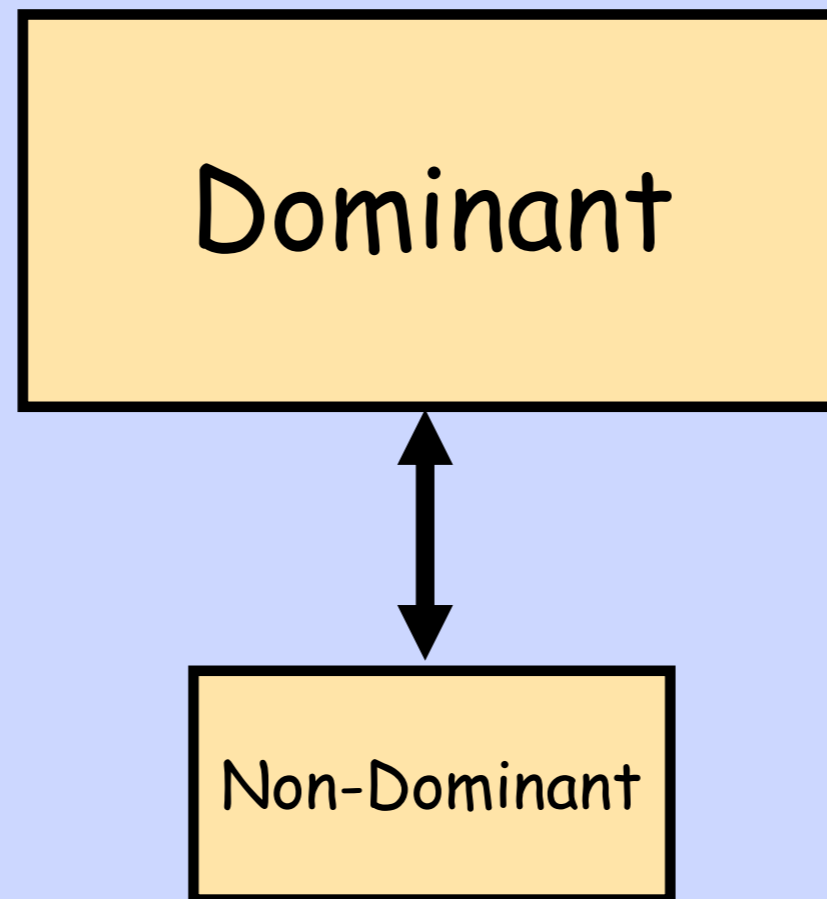
A medical student of Asian descent

"I stayed over my scheduled time to help with a patient and this was commented on as not having boundaries, whilst the same act by a Caucasian colleague a few weeks later was lauded by the same person as 'conscientious'."

A Pakistani medical consultant in Scotland

The systematic nature of racism (and other 'isms') and the way we are socialised have an impact on:

- how we see ourselves
- how we see others
- how others see us
- how we think others see us



The rationale for the Leadership programme

Staff from BME communities are under-represented at senior levels within NHSGGC.

The Leadership Programme is a positive action initiative. Its aim is to help address that underrepresentation by supporting employees from BME communities to fulfil their potential and access opportunities that will not only be beneficial for those individuals' career progression, but also have a positive impact on healthcare provision.

At the core of and throughout this programme is an examination of power inequities that enables participants to understand the systematic nature of racism (and other 'isms') and its impact on their relationships at work.

Teaming

Amy C. Edmondson

- working together with people we don't know as well, in situations that are new and constantly changing
- performing teamwork by coordinating and collaborating across boundaries without the luxury of well-designed, formal, stable teams

For teaming to be effective, every team member must feel psychologically safe.

Psychological safety is a more important determinant of performance when the work is more uncertain or novel.

Psychological safety is:

"The belief that one will not be punished or humiliated for speaking up with ideas, questions, concerns, or mistakes, and that the team is safe for interpersonal risk taking"

Amy C. Edmondson, 1999

Leaders play an important role in creating the psychological safety necessary for learning, innovation and effective team working.

'Inclusive' leaders:

- are accessible**
- create a learning environment**
- acknowledge their own fallibility and model curiosity**
- proactively invite input**
- respond productively to input**

<https://diversity.lbl.gov/2019/09/24/tedx-talk-on-psychological-safety/>

Some feedback from Leadership Programme participants

- Hold yourselves and your team members accountable for promoting inclusivity and challenge racism and discriminatory treatment, micro-aggressions and biases.
- Treat BME and White staff equitably (consider the number of complaints about BME staff; the complaints submitted by BME staff that are not properly investigated, support for job/career planning that avoids stereotypical assumptions).
- Create a sense of belonging among all employees, regardless of their background, culture, or identity.
- Hold regular check-ins with employees to discuss their experiences and concerns.
- Involve diverse stakeholders in decision-making processes to ensure that everyone's perspectives are considered.

NHSGGC: Values and Aims

Values

- Care and Compassion;
- Dignity and Respect;
- Openness, Honesty and Responsibility;
- Quality and Teamwork.

Aims

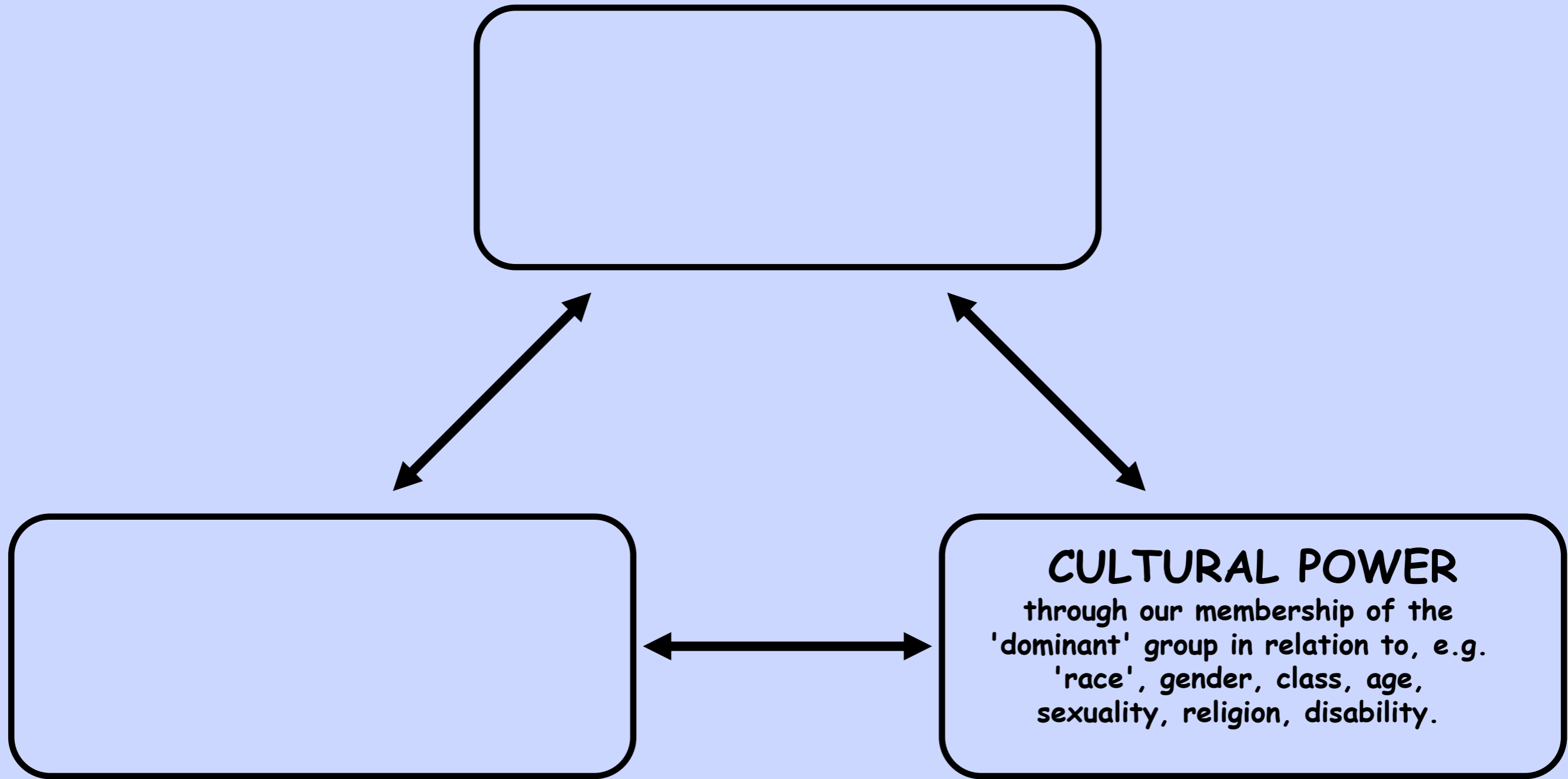
- Better Health
- Improving the health and wellbeing of the population

- Better Care
- Improving individual experience of care

- Better Value
- Reducing the cost of delivering healthcare

- Better Workplace
- Creating a great place to work

Your power



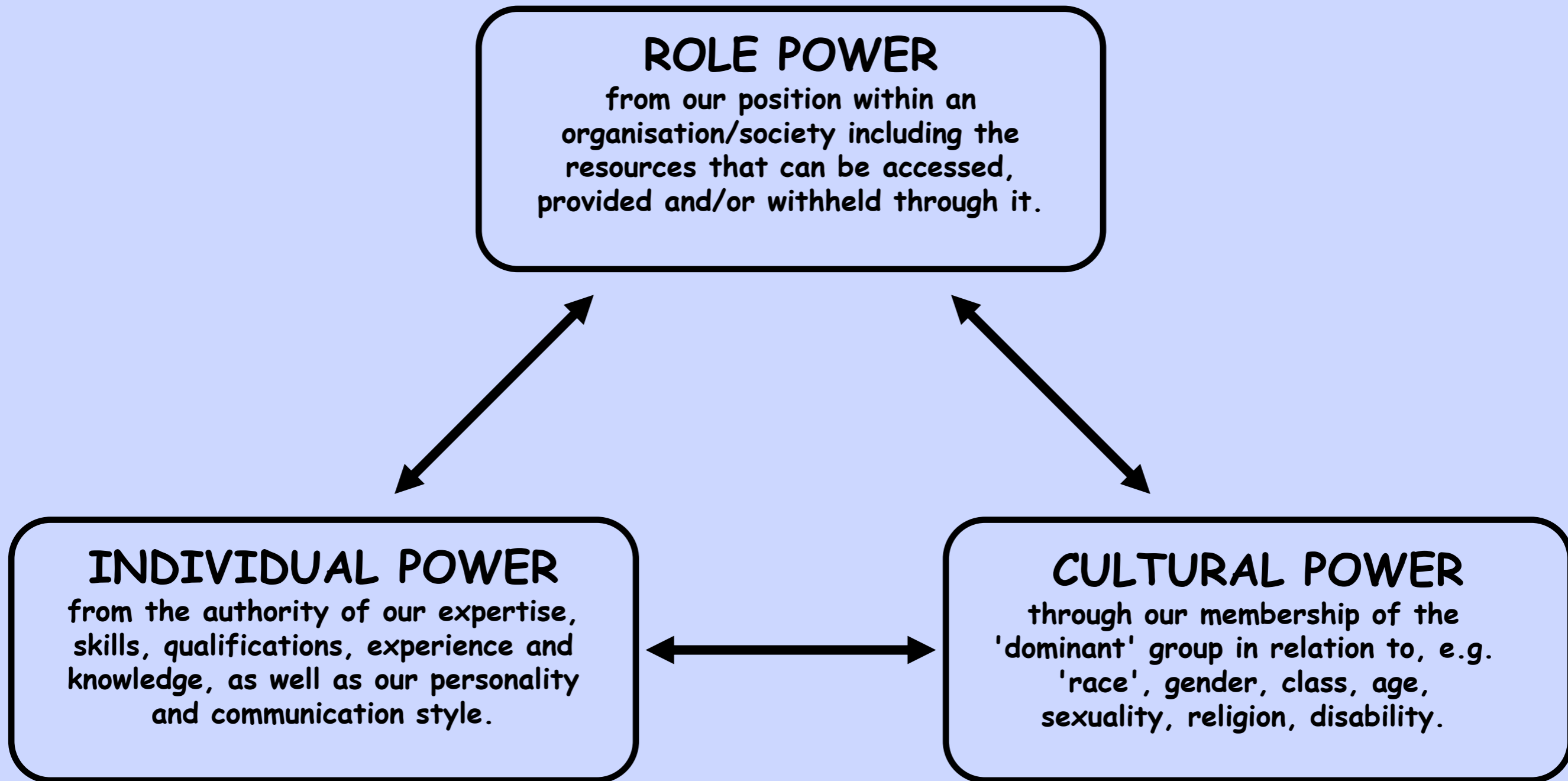
Ryde, J. (2009)

Intersectionality

... is the term coined by Professor Kimberlé Crenshaw in the 1980s to describe the ways in which different systems of oppression interact in and impact on the lives of those with multiple, marginalised identities e.g. a black Muslim woman or a gay disabled man.

It examines the relationships between those identities and makes it easier to identify and analyse social problems and develop effective, practical solutions.

Your power



Ryde, J. (2009)

How do you use your power?

Your power

- How do the power dynamics between you and others at work, influence your relationships with:
 - members of your team and between team members?
 - your peers?
 - senior colleagues?
- Do all the members of your team feel psychologically safe within your team?
- Do you feel psychologically safe within NHSGGC?

Creating an inclusive culture

5 Simple steps you can take

1. Walk the talk - authentically and intentionally
2. Work together, across 'isms', to create a psychological safe, learning environment
3. Take action - including implementing your policies and setting targets, timescales, regular reviews
4. Build on experiences - reflective practice
5. Celebrate success - and share the learning

Simple but not easy. So ... repeat, repeat, repeat!

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Any questions?

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