



*Black and Ethnic Nurses
Midwives and Health Visitors
Leading Change*

**A Report of the Mary Seacole
Leadership Award –
The First Five Years**

November 2000

Foreword

The themes of this publication are Leadership and Achievement. It provides examples of nurses, midwives and health visitors from black and minority ethnic groups leading change in the promotion of health and the provision of health care. It recognises the excellent work that has been accomplished by the winners through the Mary Seacole Leadership Award. They are all to be congratulated.

The inception of this award was born out of the clear recognition that we needed to do more for nurses, midwives and health visitors in the NHS. Their contribution to health care and education seemed to be either subsumed within the broader realms of care or went unacknowledged.

The Mary Seacole Leadership Award was a first attempt to address these gaps and at the same time spearhead a pattern of development that would identify black and minority ethnic nursing and midwifery leaders and achievers.

The Award attracts a high number of applicants each year and year-on-year the profile and reputation of this Leadership Award continues to rise.

The work set out in this excellent report, demonstrates the calibre, drive and capability of the winners and is very much in the mode of Mary Seacole's own life: forward thinking, innovative, inspiring, meeting and dealing with challenges, achieving goals. Through their work each winner has shown very clearly how their individual project promotes their continuing professional and leadership development and addresses the health needs of black and ethnic communities.

The range, breadth and approach of each project reminds us of the specific needs of black and ethnic communities and the important role nurses, midwives and health visitors from minority ethnic groups play in helping us to understand needs. The projects are indeed worthy achievements.

I want to thank the Professional and staff organisations and other members of the Steering Group for the excellent steer and guidance they have given and continue to give through their participation and involvement.

I am confident that the excellent examples of good practice set out in this report will continue to be of value to black and ethnic patients and communities. They will also be useful to nurses, midwives and health visitors now and in the future as they draw on them to inform practice.



Sarah Mullally
Chief Nursing Officer/
Director of Nursing

Introduction

This publication documents the work of the Mary Seacole Award Winners over a period of five years. It assesses the benefits of the Awards in developing professional practice, service development and leadership potential of black and ethnic nurses, midwives and health visitors.

The document provides an excellent opportunity to highlight good examples of evidence-based practice by nurses, midwives and health visitors from black and minority ethnic groups and is aimed at sharing good practice and promoting leadership development more widely.

It focuses on leadership of nurses, midwives and health visitors from black and minority ethnic groups and re-affirms the commitment which the Government places on enabling and empowering black and ethnic nursing leaders. It is also hoped that this report will encourage more professional and public recognition of Mary Seacole as an important black and ethnic nurse leader and role model.

Background — Mary Seacole as Pioneer and Leader

Mary Seacole was a Jamaican nurse who travelled extensively and, like Florence Nightingale, undertook sterling work with the British Army in the Crimea and elsewhere. She demonstrated skills and qualities that included compassion, leadership, drive and determination, and although meeting a fair degree of racial prejudice in her time she resolutely continued her work with the soldiers who came to depend on her ministrations.

Her work was reported in the press at the time and returning soldiers testified to the beneficial nursing care and services she gave to the war effort. On returning to England Mary Seacole was honoured by Queen Victoria with the Victoria Cross. She lived out her life in North West London and is buried at St Mary's Roman Catholic Cemetery at Kensal Rise, North West London. An annual Memorial Service organised by the Mary Seacole Society (a London based voluntary organisation) is held during the month of May.

The Department of Health became involved in 1991 following a speech made by the then Prime Minister to the Windsor Fellowship (an organisation dedicated to the advancement of young people from black and ethnic communities). A number of notable dignitaries wrote to the Prime Minister and suggested that some public recognition should be made in Mary Seacole's name to mark the contribution she made to the war effort in the Crimea.

It was agreed that a bursary in her honour to the value of £25,000 a year would be set up for 10 years. The Bursary has become known as the Mary Seacole Leadership Award and recognises the noble example of leadership she set with her pioneering nursing care.

The Royal College of Nursing administers the Award on behalf of the Department of Health working with the Royal College of Midwives, the Community Practitioners and Health Visitors Association and UNISON. A list of the Steering Group members is attached at Appendix A.

What the Mary Seacole Leadership Award represents

The Mary Seacole Leadership Award acknowledges the importance that the Department of Health places on the work of the black and ethnic nurses, midwives and health visitors working in the NHS. It is a bursary which is awarded to a black and ethnic nurse, midwife or health visitor who can show, through a piece of work or project that the work contributes to the individual's professional development or impacts directly on the health gain of black and ethnic people.

The Award attracts a wide range of applicants each year, and year-on-year the profile and reputation of this Leadership award continues to rise. The winning proposals illustrate the high calibre of work that nurses, midwives and health visitors from black and minority ethnic groups make to the NHS. The Award has become a motivational focus for aspiring nurses from black and minority ethnic groups who are viewed as role models by the black and ethnic nursing community.

The Award identifies and promotes leadership potential and innovation and is central to promoting the value of black and minority ethnic nurses working in the NHS. It stresses the importance of excellence in practice and provides exciting opportunities for black and minority ethnic nurses, midwives and health visitors to excel in their particular field.

It celebrates diversity and allows black and minority ethnic nurses to undertake work of very high quality that benefits services and further development thereby enabling winners to realise their potential. Above all, the Award honours the name of Mary Seacole.

Objectives of the Leadership Award

The objectives of the Leadership Award are

- To fund research on the health of black and minority ethnic groups.
- To develop professional practice of black and ethnic nurses, midwives and health visitors.
- To document evidence-based practice in the provision of care and services leading to health gain for black and ethnic people and communities.
- To develop leadership potential of black and ethnic, nurses, midwives and health visitors.

The Mary Seacole Leadership Award Winners

Chapters 2–5 provide five case studies of Award winners. Each chapter identifies the research project undertaken by each winner and outlines:

- a biography of the winner;
- the background, aims and findings of the research project;
- the impact of the project on health service development, planning and delivery;
- the impact of the scholar's work on their organisation;
- the progress to date of the scholar's career and leadership development.

Chapter 6 provides a short conclusion and Appendix B provides insights into different experiences that mark Mary Seacole's extraordinary life.

The Mary Seacole Leadership Award Winners to date are listed below:

- 1994 David Sallah pursued a course of studies, which looked at how people from black and minority ethnic groups could be helped to access the right level of care in secure units or hospitals rather than be sent to prison. His work related specifically to outcome measurement in Forensic Psychiatry. The study looked at the danger an individual might pose to themselves or others, the effectiveness of assessment of this risk and the role the nurse could play in helping to ensure the appropriate care is given.
- 1995 Lilieth Smith-Wynter a Sickle Cell Co-ordinator based in Birmingham developed a Domiciliary Crisis Intervention service for people in sickle cell crisis. Her work consisted of providing an out-reach service for patients with sickle cell disease to support them at home during acute crises. This work is on-going in Birmingham.
- 1996 Mary Mullix, a health visitor working in the Hounslow and Spelthorne Community NHS Trust undertook a research project to address issues of equity, language and cultural barriers to nursing children from black and minority ethnic communities at home rather than in hospital. The intention was to shift services from secondary to primary care while continuing to offer quality care and equal access to this group of children.
- 1997 Gina Higginbottom, a Senior Lecturer at Sheffield University undertook an investigation into the knowledge of heart health promoting behaviour among secondary school children (aged 11 and 15 years) of African and Caribbean decent. As part of this work Gina has set up a website giving user friendly information to school children on behaviours which can be beneficial to them.
- 1998 Laura Serrant-Green, a Lecturer at Nottingham University looked at the sexual education needs of black males and provides an insight into meeting the challenges of sexual health in a multi-ethnic society. The work is concerned with the issues, policies and practice related to the provision of sexual health education to black males. It also looks at the incidence rates of two sexually transmitted infections (STIs) in the male population across two cities in England.
- 1999 Rita Melifonwu, a Ward Sister with Barnet and Chase Farm Hospitals NHS Trust is developing evidenced-based Stroke Care for black and minority ethnic people and this work is nearing completion.
- 2000 Kathy-Ann Sienko Clinical Services Nurse Manager (Older People Services), Camden and Islington Community Health Services NHS Trust. Kathy proposes an evidenced based approach to meeting the health needs of older people from black and minority ethnic communities. She will also look at the impact on service delivery and outcomes of care.

These case studies can only be a brief study of the work undertaken by the Award winners. Readers may wish to contact authors directly. E-mail addresses are provided at Appendix C

Benefits of the Award

The case studies of the Award winners demonstrate the benefits of the Mary Seacole Leadership Award. The case studies underline the impact on services that nurses, midwives and health visitors from black and minority ethnic communities can have when empowered to apply knowledge, skill and expertise in different fields of study and service.

Each winner has developed leadership skills and become a role model for other black and minority ethnic staff. In each of the case studies health needs of the black and minority ethnic people have been identified and specific areas of practice have been developed to meet these needs.

The following chapters demonstrate that the Mary Seacole Award is achieving its objectives both by developing professional practice and leadership of black and ethnic nurses and enhancing services and health gain for black and ethnic communities.

The Award itself is part of the 'good news' agenda for nurses, midwives and health visitors. It shows that nurses, midwives and health visitors from black and ethnic minority groups can achieve, influence and lead aspects of work in a significant way in the NHS.

Chapter 1

Research Project: A Study into effectiveness of mental health services with a view to developing outcomes measures for forensic mental health.



1994 Winner – David Sallah RN Ph.D.

Biography

David has worked in the mental health services as a senior nurse, manager and researcher and has gained extensive experience in many areas of mental health care provision. He has working experience in diverse settings including the NHS, private sector, Department of Health, secure environment, general mental health and community and has developed skills through practice in management, consultancy, nursing, teaching, publishing and research.

David was the first winner of the Mary Seacole Leadership Award in 1994. He used the money to part fund a research programme into effectiveness measures in mental health, which subsequently led to registration and award of a doctorate degree. Prior to the start of his research he was involved with the care of mentally disordered offenders and worked at all levels of that sector. During that time, he was involved with setting up two Regional Secure Units and played a key role in the change management agenda of the high security hospitals.

His main achievements include the following:

- Setting up the Birmingham Court Liaison service.
- Working member of the governmental review (Reed Committee) of the care of psychopathic patients.
- Advising the Home Office on developing effective risk assessment and management measures and how they impact on their working practices.
- Working with the Royal College of Psychiatrists on mental health projects and the High Security Psychiatric Services Commissioning Board (HSPSCB) on organising a consensus conference.
- Working member of two national independent inquiry panels on patricide of psychiatric patients.
- Working with the Royal College of Nursing on a number of committees and working parties.

- Taking a lead role in setting up two national professional nursing groups in forensic mental health.
- Editor of *Psychiatric Care*, a multi disciplinary international journal, which he also set up.

Since the successful completion of his thesis, he has worked as a research consultant at Wolverhampton University helping to raise the profile and research credibility of the School of Nursing and Midwifery and in particular the mental health team.

The Aims of the Research

- To assess outcome measures, their effectiveness and extent of use within forensic mental health.
- To present an approach, which focused on positive indicators of gains to the patient, the professional and general public.
- To draw the views of key stakeholders of forensic psychiatric care in order to develop a consensus on the priorities for effective care delivery.
- To develop a range of priorities and related outcome measures which would provide stakeholders of care with a tool to measure effectiveness of care provision.
- To identify the degree of satisfaction with the current measures of effectiveness of care.
- To present the findings to a consensus development conference in order to seek agreement on key areas to measure.

Findings:

1. Most of the respondents did not use any effectiveness measures to identify clinical excellence.
2. There was a high degree of concentration on process issues to measure successful service provision.
3. Most of the decisions on the effectiveness of care were based on clinical judgement (the individual practitioner's knowledge and experience) or the legal authority the Mental Health Review Tribunal had, to discharge the patient.
4. Most respondents were aware of the purpose of outcome measures. There was a general view that various stakeholders were approaching the problem from different points of view. One respondent stated, "unfortunately, purchasers have a different agenda to providers of services and co-operative planning strategy is essential."
5. Respondents questioned the adequacy of service provided nationally.

The research methodology included a consensus building conference and this was adopted as the best way of achieving the aims of the research. A national validation panel was formed with its object being to examine the findings of the research and to identify key areas of practice to be developed as outcomes measures. This conference was held in Central London November 1997 and was fully funded by the Department of Health.

Consensus was reached on key areas to fund for further research and this was included in the national research agenda of the forensic service. The findings of the research and the conclusions of the consensus conference were fed into the development of the National Service Framework for Mental Health (NSF).

Outcomes Research and Measures: the future

The consensus building conference was a landmark event. For the first time stakeholders came together to consider outcomes measures and to agree on the priorities for the future. The conference contributed to the future conduct of outcomes research and the development of national policy.

This research has contributed to knowledge in three distinct ways. Firstly, contributions of the findings to the literature on outcomes measures within the health service and the public sector in general. Secondly, the research has made a substantial and original contribution to the knowledge within the NHS and in particular in the forensic mental health sector. Thirdly, the research has made a contribution to the broader literature relating to the public sector measurement of effectiveness.

The research has added to the discussion about the importance of clearly identifying stakeholders within public services when attempting to measure outcomes of interventions.

Progress to date both in terms of the scholar's career progress and service development

The scholar has made contributions to varied mental health services as an independent research and management consultant at Ashworth Specialist Hospital and as assistant director of mental health services and director of mental health services.

Currently he is engaged in consultancy focusing on: research, mental health service development, and mental health service review through the Health Advisory Service. Other activities include membership of three nationally commissioned independent inquiry teams into service failures; a member of the Royal College of Nursing Advisory Board for mental health practice.

The impact of the research on current policies within the local health economy

The impact of the research has not been solely confined to the NHS. The scholar has led service developments in the independent sector and in higher education. The scholar has made contributions to service innovation and development in the public and voluntary sectors. Ways in which services might be modernised and developed further have been disseminated through publications in the general management literature and conferences. The scholar has provided mentorship to nurses including executive nurses and he is involved actively in promoting Mary Seacole's work through the Mary Seacole Society.

The added value of the scholar's work for the future development of health care

The scholar's research has paved the way for tackling the endemic problems associated with the care of patients from black and minority communities in mental health services. Staff members are able to make a difference to the effectiveness of health services when they are given opportunities to demonstrate their knowledge, skills and aptitude.

The research provided a framework for improvement of services to users, it contributed to the shaping of the future developments of outcomes measures, raised awareness of the value of this type of research in mental health services and in particular in the areas where the case studies were undertaken and overall has contributed to the development of national policy.

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Outcomes Research and Forensic Mental Health (London. November 1997). Delivered at a multi-professional, inter-agency (provider and purchaser staff) organised by the Department of Health (High Security Psychiatric services Commissioning Board)

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Chapter 2

Research Project – Provision of Home Management Service for Sickle Cell Crises

1995 Winner – Lilieth Smith-Wynter RGN RM DNCert, Post Grad Dip Health Studies, C&G Further and Adult Ed Teachers' Cert, Dip Professional Studies in Nursing



Biography

Lilieth Smith-Wynter qualified in 1980 as a registered nurse, later moving on to train as a registered midwife, and district nursing sister. She has practised as a registered nurse and midwife for twenty years in the NHS working in various settings and locations. She commented that as a black district nurse, and like many other black NHS health professionals, she found that the way in which painful crisis of Sickle-Cell Disease sufferers was managed to be quite appalling and decided to do something about it that would make a difference.

As a Sickle-Cell sufferer, she also found a huge disparity of Sickle-Cell Disease management within General Practice. While she could happily describe the care she receives from her GP as good and culturally sensitive, this is so far not the case for the whole of Birmingham where she lives and works, let alone for the whole of the UK.

Although the disease affects over 10,000 people of African, Caribbean, Mediterranean, Asian, Middle Eastern, Greek, and Cypriot origin living in the UK, as yet few health professionals know how to manage this condition.

Lilieth started working on Sickle-Cell Disease management in 1985 whilst working as a district nurse later that year moving on to work in a new field of nursing as a haemoglobinopathy specialist practitioner in the Birmingham Sickle Cell and Thalassaemia Centre in the Ladywood area.

Currently she works as a Nurse Practitioner within NHS Direct, West Midlands. Since 1999 she has worked as a consultant to the University of Central England (UCE) to assist the development of programmes in multicultural studies. The programme has pathways to the Certificate, Diploma and MSc. in multi-cultural issues in health and social care.

Background

Sickle-Cell Disease is an inherited blood disorder that causes life long chronic and acute episodes of ill health. The crisis in Sickle-Cell Disease is complex. The pain experienced by individuals with Sickle-Cell Disease has

been described as chronic pain with acute episodes (Sanders et al, Ballas & Delengowski, 1993). In some patients treating acute episodes may be more difficult as there is daily underlying chronic pain (Nichols, 1996), and this means that there may be 'no end of pain' to mark the end of the crisis, just a reduction in severity. It has been shown that there is a link between Sickle-Cell Disease, anxiety and mild depression.

This research was designed to empower individuals with Sickle-Cell Disease to gain greater control over their disorder, by allowing choice as to where severe pain could be managed effectively and to assess the impact of this new approach on acute NHS services.

A cross cultural study undertaken by the scholar in Jamaica, and Birmingham (UK) (Smith-Wynter 1997) found that approximately two thirds of patients in the Birmingham and about fifty percent of Jamaican patients preferred to receive their care at home. The Jamaican sample was more evenly distributed in that just under half the sample indicated a preference for home management of Sickle-Cell crisis.

Research Findings:

Previous research findings by Rozzell et al, (1983) indicated that home management of Sickle-Cell crisis was beneficial to patients as it kept patients within their normal environment and importantly reinforced the patient's self control over the disorder.

When patients in Birmingham were asked where they wanted their pain management to be undertaken in the future, 62% of the experiential group and 78% of the control group opted for home management, with 13% of the experiential group wanting both options available. The patients requested home management because of the dislike of hospitals, preference for home environment, and difficulty with provision of care for children when hospitalised and the inconvenience of going into hospital.

Some patients highlighted the security of the hospital environment and feelings that they would receive more care. Within the primary care setting, while 97% of both groups had contact with their GPs, this was for day-to-day care and prescriptions. Only 30% of the total sample called their GP when in crisis, and 11% commented that they had been told by their GP not to call when in crisis but to go straight to hospital.

Patients stated that they wanted the choice of home management of crises, but up to the time of the research there were no facilities within the UK for the formal provision of care management of Sickle-Cell Crises. The system appeared to depend on the willingness and ability of GPs who were small in number.

The Impact of Home Management Sickle-Cell on the influence of health service development, planning and delivery

This work has had an impact on developing a 'Pan Birmingham' approach to the management of Sickle-Cell Disease. Birmingham Specialist Community NHS Trust has undertaken local campaigns with media involvement to educate the population on Sickle-Cell Disease. Structured educational programmes are linked within the curriculum in schools and colleges. Educational programmes are extended to health and social care professionals. There now exists a community team of two 'G' Grade nurses delivering effective community services within the clients' homes and within clinic settings in the community.

In addition, Birmingham City Hospital has developed a Day Unit for clients with Sickle-Cell Disease. Plans are underway to transfer all clients from the three acute hospitals in Birmingham to the City Hospital Day Unit and in so doing, developing the Unit as a centre of excellence. For some patients, hospitalisation validates crisis pain and reiterates the importance of the condition to other family members.

This is an important factor, which may influence the use of a home management service, as primary care services for crisis management may be seen as ‘second best.’ Provision of comparably effective pain management within the home may change patients’ perceptions. Twenty-four-hour access to services appears to be vital to home management provision.

The impact of Home Management of Sickle Cell on current policies within the local health economy

The awareness that there are still unmet needs of clients with Sickle Cell Disease has influenced the scholar to undertake an audit of the NHS Direct Database. A review of the database shows that Ethnicity data are not collected. This has implications for the delivery of services, which are culturally sensitive and appropriate. The recommendations made as a result of the audit are as follows:

- Collection of ethnic monitoring data from all clients who are accessing the services of NHS Direct.
- Development and training for all staff in the processing of calls from diverse ethnic groups as well as development in conflict resolution.
- Review of the adequacy of the software used by NHS Direct in meeting the needs clients from Minority Ethnic groups.

Financial accounting at the time of the research indicated that in-patient care for emergency crises admission in Birmingham costs between £1,579 and £1,883 per episode of care. For many patients the financial cost could be utilised within primary care services to improve home care provision.

The scholar made the following recommendations:

- Twenty-four hour access to home management teams.
- GP involvement in the initial assessment of patients, including the prescription of analgesia.
- Community nursing care, including a named lead nurse, to assess and manage the patient once or twice daily.
- Consultant haematologist involvement in home management of crises.
- Additional home services where necessary.
- Choice of access to hospital at the patient’s request.
- Provision of additional psychological support of patients and carers.

The impact of the Scholar’s work on her organisation

The scholar’s research has promoted for a strategic framework for the provision of home care management for Sickle-Cell Crises. The research findings have been shared with other specialist practitioners, which has had an informal impact on service provision within the UK. A review of the impact of the scholar’s research in Birmingham has shown joint working between the City Hospital and Birmingham Specialist Community Trust on:

- Discharge planning for all admissions followed by at least one post discharge contact.
- A shared database.
- Facilitation of access to social and psychological support.
- Fortnightly Sickle-Cell trait clinic within the community to offer counselling and screening.

Both the Acute Trust and Community Trust are working in partnership with voluntary agencies, such as the Organisation for Sickle Cell and Anaemia Relief/Research (OSCAR), a voluntary organisation working with people and families with the condition of Sickle Cell). A nurse counsellor serves clinics at Birmingham Children's Hospital to ensure appropriate treatment and care inclusive of follow-up at home.

Progress to date of the Scholar's career progression and service development

The scholar has widened the scope of her contributions to service development and education. The opportunity to travel internationally has enabled the scholar to share protocols and networks; this has enabled her to network with peer groups who have provided support and encouragement.

The scholar has gained professional development and personal gain and, in addition, her clients have gained from the increased clinical effectiveness brought about by service improvements. The scholar has been working with NHS Direct West Midlands as a Nurse Practitioner since April 1999. The knowledge of a specialist service that she brings to NHS Direct has wide ranging potential for service innovation and extension within other NHS Regions operating NHS Direct.

As a result of the Mary Seacole Scholarship and the Royal College Nursing "Get Up and Go Scholarship," the scholar has investigated the similarities and differences in service delivery to clients with Sickle-Cell Disease. She has completed a post-graduate diploma in nursing and she has already been accepted on a PhD programme. She intends to complete further work on Sickle-Cell Disease on a part-time basis.

The added value of the scholar's work to the future development of health care

The management of Sickle Cell Crisis in Accident and Emergency departments and on medical wards remains an area of great concern primarily due to the lack of understanding and knowledge of the condition, for example the severity of pain. Historically care and treatment have been poor and these have been attributed to:

- Fear by health professionals of the patient becoming drug addicted.
- Poor recognition of pain severity.
- Poor understanding of what constitutes a vaso-occlusive crisis (sometimes referred to as the infarctive crisis or a painful crisis) Schechter et al, 1998; Brookoff and Polomano, 1992).
- Poor communication between user and provider (Independent Inquiry into Inequalities in Health DOH, 1998).

The scholar's work has influenced the development of protocols in regard to Birmingham Children Hospital – Neonatal Sickle-Cell Trait Clinic. The aim of the clinic is to facilitate confirmatory tests for all neonates and to promote the facility for screening parents who have haemoglobin status, which is unknown. All haemoglobin status recorded on databases would facilitate future counselling in adolescence.

There is a newly established bi-monthly clinic at Birmingham Children Hospital with haematologists from Birmingham Children Hospital and City Hospital. A community nurse assigned to City Hospital attends to facilitate appropriate transfer.

There are proposals to develop:

- Adolescent clubs and discussion groups to encourage self-management at City Hospital, Birmingham Specialist Community Trust and community groups/ workers.
- Education on pre-conceptual care for schoolchildren and screening facilities for child and adolescent populations.

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Chapter 3

Research Project: Home Nursing Services for Children – An option for Minority ethnic Families



1996 Winner – Mary Mullix MSc RGN RSCN RHV

Biography

Mary combined her General nurse training and Registered Sick Children's Nurse training together. Whilst wishing to continue working with children, she realised that she wished to work with more autonomy. To that end, she gained employment within community healthcare. Later she decided to undertake a degree course (Applied Social Sciences with Health Visiting).

On successfully completing her degree, she was employed as a health visitor in an Outer London Borough with one of the highest rates of children on the child protection register and a high proportion of children from families from black and minority ethnic communities.

During this period, Mary evaluated her career direction and progress and considered leaving the National Health Service. With support from her manager within a few months she applied successfully for secondment to develop community children's nursing services across the Borough of Hounslow in conjunction with the neighbouring acute trust.

During this time Mary began an MSc. in Child Health at City University. Elements of the course dovetailed with aspects of the project post. It was during this time that Mary was promoted to manage project developments within children's services working across the acute and community sectors and within two trusts. The aim of the project was to bring the two services together to deliver a seamless service, which was more effective and responsive to clients' health needs as well as to identifying areas for future development.

Background

Home nursing of children has been acknowledged as being in the best interests of the child and family. Within the London Borough of Hounslow the Home Nursing Service for Children has been in existence since June 1995 although a skeleton service was offered prior to this for children who had attended the local hospital.

The service offers the expertise of Registered Sick Children's Nurses giving nursing care, advice, education and support to children and their families within their home and community. The community served has one of the highest minority ethnic populations in the country (between 40–50%) within its electoral wards, Heston and Hounslow.

Evaluation of a few home-nursing schemes has resulted in research-based evidence to support home nursing services for children. However, only one evaluation considered the use of the service by minority ethnic families.

The Aims of the research were to:

- Offer more equitable home nursing services whilst understanding cultural, linguistic and perceptible factors that might impinge on the uptake of services.
- Critically evaluate and synthesise the ability to initiate change to improve health care outcomes for clients.
- Gain understanding of the factors that might effect the development of home nursing services to children from minority ethnic groups.
- Develop through postgraduate education, an advanced practitioner in child health.
- Increase research within child health on minority ethnic use of health services.

Findings:

1. The experience of home nursing services appeared similar to the white indigenous and minority ethnic group populations; however, families from black and minority ethnic groups reported less awareness of the services, more anxiety and conflict of choice when offered home nursing services.
2. A higher proportion than the indigenous white population had experienced financial difficulties.
3. Families from minority ethnic communities were unaware of the range of services available to support them in caring for their children at home and were more likely to request counselling services.
4. The change to home nursing had some impact on families – most were positive but minority ethnic families were more likely to experience chronic health conditions, lack of access to support and benefits such as disability living allowance, and as a result families from minority ethnic communities were more likely to experience hardships.
5. It was possible to surmise from this research that home nursing services could be a way of offering services more equitably.

The conclusions drawn from the research were:

- Each family must be individually assessed as to its suitability for home nursing services.
- All parents and careers within the community should be made aware of home nursing services for children.
- Closer working with primary healthcare teams should be facilitated to enable GPs access to home nursing service for children in the same manner as adult nursing services.

- The emotional aspect of caring for a sick child at home must be acknowledged and community children's nursing services be made aware of support to families including: physical, emotional and social support. Family crises can then be avoided by referrals to the appropriate agency or by pre-emptive action by the nurse.
- Community nursing teams require an in-depth knowledge of the community networks, which exist including the ways minority ethnic communities access those networks.
- There is a need for advice to families, especially those from minority ethnic communities about entitlement to benefits, particularly where there are long-term financial implications of maintaining the child at home. The costs of caring for a child at home, for example, lighting, heating, changes to work patterns and loss of earnings should be discussed with parents and carers.
- Demographic factors within the general population may affect the child population's use of home nursing services. Newly arrived minority ethnic families used the services less in comparison with those who were well established.
- Parents' views should be sought regarding developments in children's services.
- Home nursing services for children is an option for families from minority ethnic communities. However, the use of the extended family and the isolation and language difficulties experienced by some parents who are separated from their family support networks, must all be given consideration prior to discharging a child from hospital and in the event of hospital admission.

The main recommendations were:

- Specific training in counselling for Community Children's Nurses, inclusive of awareness of cultural and religious beliefs to enable nurses to identify accurately emotional, physical, social and psychological manifestations of stress within the family.
- Wider use of the language and interpreting services prior to discharging children.
- Close links with primary healthcare teams – a named Community Children's Nurse per practice or geographical location.
- Formalised nursing assessments for children by Community Children's Nursing Services and the active involvement of parent representative groups in service development.

The impact of "home nursing services for children" on health service development, planning and delivery

The community trust within which Mary worked was proud of her achievement in winning the Mary Seacole Leadership Award. Hounslow and Spelthorne Community and Mental Health NHS Trust actively sought further information on Mary Seacole and displayed the information on mobile display boards across the Trust including a display at the Annual General Meeting. There was an acknowledgement within the Trust that closer links needed to be fostered with Thames Valley University and communities served by the Trust.

Specific contributions to Heston and Hounslow include partnership work between health services, social services and education to provide appropriate and culturally sensitive services. Within Heston and Hounslow Mary worked with a healthcare adviser for black and minority ethnic communities within the Community Trust to influence service planning and policy development.

The introduction of home nursing services for children has stimulated reflection on nursing practice development and an examination of the complementary ways of planning and delivering services. There has been much innovation and challenge to accepted practice the service is seen as leading-edge children's services in the UK. Home nursing services have often been quoted as an example of the way in which other services could be delivered.

Progress to date both in terms of the scholar's career progress and service development

Mary is a relatively new senior manager. Currently she is employed as a directorate manager for Child Health Services in North Hampshire. Child Health is an integrated service delivering acute and community services, including programmed respite care and learning disabilities services. There are strong links with education, social services and neighbouring Community Trusts as well as Child and Adolescent Mental Health Services.

The added value of the scholar's work for the future development of health care

Hounslow & Spelthorne Community & Mental Health NHS Trust in conjunction with Ealing and Hammersmith & Hounslow Health authority further evaluated the effectiveness of Home Nursing Services for Children. As a result the service is now funded as part of mainstream services for children across the area. The original project kick-started work which has helped to develop a method of fostering closer links between acute and community services.

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PRESENTATION

1999 Mary Seacole Award Ceremony – London

Chapter 4

Research Project: An Investigation Into Knowledge of Heart Health Promoting Behaviours Amongst Secondary School Children of African Descent in the United Kingdom



**1997 Winner – Gina Higginbottom MBE MA
(BA Hons) RGN RM RHV**

Biography

Gina has practised as a nurse, midwife, and health visitor for twenty years in the NHS in a wide variety of clinical and geographical locations. Prior to her University appointment, Gina worked with a community based Heart Health Promotion Project - 'Action Heart' as a project officer.

In her role as an educationalist, Gina has taught and facilitated learning on preregistration and community nursing degree programmes, her main subject area being health promotion. She is currently on secondment from her lecturing role to the Institute of General Practice and Primary Care in Sheffield, as a research fellow. Her research interests include heart health promotion and black and minority ethnic health issues.

She has presented her work at a number of national and international conferences. Gina is a former Smith and Nephew research scholar, and has contributed to health care policy development at a national and local level as a member of the Standing Nursing, Midwifery and Advisory Committee (SNMAC) and non-executive director of Sheffield Health Authority.

She has also served as a member of the Community Practice and Health Visitor's (CPHVA) Professional Purposes Committee. Gina received an MBE in 1998 for services to health promotion and young people. She has a strong motivation and commitment to addressing health inequalities in all domains of her professional nursing career and to promoting anti-discriminatory and anti-oppressive practice.

Background

This research project explored and described heart health beliefs and knowledge of young people of African and Caribbean descent in two UK cities. The body of literature concerning the concept of the health promoting school embraces the World Health Organisation's approach to structural and environmental change.

The research explored:

- Health beliefs and knowledge in relation to heart health promoting behaviour in year 7 and 10 pupils of African and Caribbean descent in Sheffield and Manchester.
- Policies and strategies which supported the notion of the health promoting schools.
- Reviewed and identified within the curriculum existing health education material focused on heart health promotion.

Findings:

- Major differences emerged between year Y7 and Y10 pupils in relation to their health beliefs and behaviour associated with heart promotion.
- A significant finding of the research related to the extent to which the pilot study focus group (all members of the Seventh Day Adventist Church) differed from the main study sample in their expressed health beliefs and behaviours.
- The young people in the research appeared to value the media greatly as a credible and important source of information in relation to obtaining health promotion information (HEA 1992). In particular television and particularly television news and documentaries were more powerful medium than newspapers.
- The school context and curriculum was equally valued by the young people in relation to health information. There was an expectation among young people that heart health information should be conveyed via the school curriculum.
- The family is a powerful and reliable source of information on heart health.

Young people in the research demonstrated that they possessed a good and accurate knowledge of what constitutes a healthy diet and that they have a strong belief that African and Caribbean diets were healthier than the traditional English diet. They were also knowledgeable about the types of exercise one might take to promote heart health.

The findings of “*Heart Health Promoting Behaviours*” have been disseminated to a wide range of audiences and professions. The dissemination of the findings has improved the knowledge base of the health professions on heart health issues related to African and Caribbean young people, and this dissemination of knowledge has had a vicarious impact on service planning and delivery in a number of NHS regions.

This work has had a significant impact in a wide variety of organisations such as the Community Practitioners and Health Visitors’ Association, Health Development Agency and a wide audience from varying health organisations.

The impact of Heart Health Promoting Behaviours on current policies within the local health economy

The administration of the “Health Promoting School Questionnaire” produced by the Health Education Authority and the dissemination of findings of “*Heart Health Promoting Behaviours*” to the participating schools have had an impact on the health promotion policies and strategies of the schools as well as on the practice of health promoters such as teachers and school nurses.

With regard to effecting change locally, the study has brought about an innovative approach to delivering health information to young people in school. In consultation with schools and young people, there now exists an interactive web-site (www.shelf.ac/uni/projects/mshhp) from which a wide range of heart health information is available. The provision of this website has addressed the deficits in information found among African and Caribbean young people as identified in the study.

The impact of the Scholar’s work on her organisation

The representation of senior black academics in British Higher Education Institutions is low, and many black academics feel isolated. The scholar recognised that as a recipient of the Mary Seacole Award, with its national profile, she has benefited from an increase in credibility. This has given the scholar the confidence to address many difficult issues, for example, integration of anti-discriminatory and anti-oppressive practice in nursing curriculum. This has challenged the knowledge and attitudes of existing lecturers. The scholar formed alliances with other senior colleagues who are able to lend support to her activities and to continue raising awareness of black and minority ethnic issues in the organisation.

The scholar intends to influence the minority ethnic profile of students through the admissions policy of her University by contributing to the recruitment of black nurses and to the valuing of the contributions and potential of a diverse workforce.

With her new appointment as a research fellow in the Institute of General Practice and her new PhD research project investigating “*The Experience of Hypertension in the African and Caribbean Communities.*” The scholar has the opportunity to develop a research portfolio that would have a coherent theme in exploring inequality in the health of black and minority ethnic communities.

The added value of the scholar’s work is embedded in her continuous efforts and activities in tackling the issue of diversity in the workforce through the recruitment of people from the black and minority ethnic population into nursing education. Taking forward inequality in health as the focus for her future research, it is likely that the scholar will continue to play an important role in the future development of health care through nursing education.

Progress to date of the Scholar’s career progression and service development

The Mary Seacole Award has played an important part in the career development of the scholar. Many career opportunities have arisen since her receipt of the Award. For example, she was appointed as a member of the Standing Nursing and Midwifery Advisory Committee, which advises Ministers on health issues.

In 1998, the scholar received an MBE in recognition of her services to health promotion and young people. At present, this scholar is the first nurse to have won the “National Primary Care Researcher Developer Award”: awarded by the NHS Executive Research and Development Primary Care Development Programme, Research School of Medicine, Leeds.

This award will enable her to pursue a promising career in research with the Institute of General Practice and Primary Care, University of Sheffield. This success was largely due to the research experience gained through the Mary Seacole Award. The scholar is confident that her career is progressing well and that this is mainly due to the prestige afforded by the Mary Seacole Award. The scholar's ambition is to continue her development as a researcher in primary

The scholar uses every opportunity to effect changes in developing the health sciences curriculum at Sheffield University. Supported by her colleagues, she has successfully put the anti-discriminatory and anti-oppressive practice onto the agenda of the University. She has carried out a small research project, which aimed to evaluate the integration of anti-discriminatory and anti-oppressive workshops into the nursing curriculum.

The success of this will contribute to the profile of black and minority ethnic groups in nursing education and will also improve practice nurses' understanding of anti-discriminatory practice as a whole. Through her role as non-executive director of the Sheffield Health Authority, the scholar has also kept the black and minority ethnic health issue high on its agenda.

Added value of the scholar's work for the future development of health care

Measuring changes in health beliefs and behaviours is very difficult. Numerous studies have demonstrated that changed health beliefs do not necessarily translate into health behaviours. However the interactive website developed by the scholar provides the opportunity for on going evaluation, for example, based on the number of 'hits' (reference website www.shelf.ac.uk/projects/mshhp).

The knowledge base on the topic is extremely limited so it is anticipated that new health promotion interventions developed with agencies and services will be culturally congruent – drawing on the findings of the study and impacting on health status of the target groups of this study along with other groups.

The award brought many benefits in terms of development of targeted interventions and the opportunity to work with children at an important period of their thinking. It also had a significant impact on the scholar's career and her leadership potential. Indications suggest the scholar will continue to contribute in the areas of research and organisational development in her institution.

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In submission *Community Practitioner* with Knight-Jackson, A – African Caribbean Children's Views on Heart Health

PRESENTATIONS

1998 C.P.H.V.A. Annual Conference Harrogate – Workshop presentation

1999 Trent Research Institute Conference, Doncaster, Poster Presentation

1999 Researching for Health Challenges and Controversies, Health

1999 Promotion Research Conference, RUHBC Edinburgh – Oral Presentation

2000 International Transcultural Nursing Conference: Leading into the Millennium, Gold Coast, Australia. Oral Presentation

Chapter 5

Research Project: Exploring The Sexual Health Information Needs of Black Men

1998 Winner Laura Serrant-Green BA MA
RGN PGCE



Biography

Laura is a Lecturer in Adult Health, School of Nursing, Postgraduate Division, Queens Medical Centre, Nottingham. She is of Dominican descent.

She studied on one of the first nursing degree courses at Sheffield City Polytechnic (now Sheffield Hallam University) gaining a 2:1 classification in 1986. On qualification she worked as a nurse in gynaecology and spent the next few years in a range of professional positions related to women's health 1990 she was appointed as the outreach worker with the black communities on HIV/AIDS and sexual health at the Health Shop in Nottingham.

She completed a part time MA in women's studies at this time, which included research on the health education needs of Muslim women in relation to HIV education. During the next few years she worked in the Further Education sector in Nottingham as a lecturer in Health and Social Care. Her last full time position was as Curriculum Director for Care, Health and Childcare Services at Clarendon College in Nottingham before being appointed to her current post in 1998.

She is currently registered for her PhD at Nottingham University and was awarded the Department of Health 1998 Mary Seacole Nursing Leadership Award for her current research on Sexual Health and the black male. She continues to work as a community Mentor with black and minority ethnic communities through the Build Mentorship Scheme in Nottingham.

Background

This research project is concerned with further exploration of one of the key areas of health which were initially highlighted in The Health of the Nation Policy (DOH1992); HIV Sexual Health and more recently reinforced in the White Paper Saving Lives Our Healthier Nation (DoH 1999). The White Paper states "sexual health is an important public health issue" and recognised the need for "*a national sexual health strategy to encourage the development of more comprehensive sex and relationships education, more coherent health promotion messages and more effective service interventions*".

The researcher was particularly interested in the needs of black men in relation to sexual health as she was aware that the needs of this particular group were rarely discussed in the medical and nursing press. In addition, black men constituted a large percentage of her client group, and she had difficulty in finding information appropriate to their situation.

The research focused on sexual health and in particular public health, prevention and the promotion of transcultural competence of nurses. Health inequalities in relation to access to services, information and advice have been recognised as central issues in terms of multi-ethnic healthcare. Targets were set originally in the Health of the Nation (1992) to reduce the incidence rate of sexually transmitted infection with the aim to reduce the incidence of gonorrhoea and chlamydia by 20% in the 16–64 age group.

Sexually transmitted infections are increasing, particularly chlamydia and gonorrhoea. In 1997 there were nearly half a million new diagnoses of sexually transmitted infections in Genito-Urinary Clinics (DOH 1999). Research into the incidence rate of gonorrhoea across racial groups in two cities in the UK showed that rates varied significantly by ethnic group (Low, Draker et al. 1977). Lacey, Merrick et al. 1997).

Aims of the research were to:

- Provide an insight to the challenges of sexual health in a multi-ethnic society, thus minimising the risk to a large section of the community.
- Assess the implications for the provision of sexual health information and the necessary education of professionals.
- Investigate the issues, policies and practices related to the provision of sexual health education to black males.
- Develop appropriate services to meet the expressed and felt needs.
- Establish whether infection rates for sexually transmitted infections varies within the cities by racial group.
- Explore of the effects of ethnicity, culture and environment on sexual health activity.
- Explore the choices made by black men.

Findings:

- There was a disproportionately high level of gonorrhoea and chlamydia among black men attending GUM clinics.
- Black men, like all other men, were poor at dealing with sexual health problems.
- Black men are perceived to be at greater risk of sexually transmitted infection.
- Asian men are perceived to be less likely to be at risk of contracting sexually transmitted infections. The low rates of usage of the service by Asian men need further investigation.
- Sexual health services are isolated from each other and the black communities.
- Sexual health services are seen as 'white'. The higher rates of infection for black Caribbean men have been highlighted in other parts of the country.

The impact of the research on the exploration of “Sexual Health Information Needs of Black Men” on health service development, planning and delivery

Following the scholar's dissertation, she was asked to be one of the nurse representatives on the Department of Health Nursing Advisory Group on Sexual Health. This group is contributing to the Government's Sexual Health Strategy Group for England.

She influences the development of sexual health services through her membership of the Transcultural Nursing Association (a group dedicated to educating nurses and other health care workers about the care of people from different cultures and traditions). Through her influence as a member of the local transcultural nursing group, which consists of service providers, managers and educationalists, the research has resulted in a greater emphasis in considering the needs of minority ethnic communities beyond the usual considerations of diet and language.

She has presented the findings of her research at various conferences seeking to advance the health of minority ethnic communities. The scholar maintains her link with local sexual health services and continues to attend advisory and discussion groups as requested.

She was interviewed by a regional health-consulting group is researching the needs of people living with HIV in the area. The recommendations of the study are included in their review of the service needs of black and minority ethnic people living with HIV.

Progress to date both in terms of the scholar's personal and professional development

The study undertaken as a result of winning the Mary Seacole Bursary Award set out to be part of her PhD. The main PhD study is concerned with the impact of perceptions of black Caribbean men as less responsible in their behaviour and at higher risk in relation to STD.

She has had her first paper accepted for publication. The publication date has yet to be finalised but the paper concerns the importance of sexual health assessment and education for all patients and clients requiring nursing care. She has another paper currently under consideration by Nurse Education Today.

In 1999 the scholar was among a group of people invited to meet the Prince of Wales at his residence, Highgrove during the centennial celebrations for the International Council of Nurses. She was also invited to give one of the keynote addresses at the International conference of Nurses in HIV and AIDS care in Malta last year.

The impact of the research on “Sexual Health Information Needs of Black Men” on current policies within the local health economy

The scholar is currently reviewing the teaching of sexual health on the local programme of nurse education at Nottingham University. She is also teaching modules on black and minority ethnic issues on the local ENB 934 certificate, which includes dissemination and exploration of the impact and importance of the study at a local level.

The impact of the scholar's work on her organisation:

The research resulting from the Mary Seacole Award has heightened the scholar's awareness of the need to improve the retention and achievement of black nurses. She is Chair of a reference group within her University, which seeks to examine how the University, and more specifically the School of Nursing, can improve recruitment and retention of students from black and minority ethnic communities.

The group is currently reviewing the University's long-term strategy to improve not only the number of minority ethnic recruits but also the quality of the education and support for students and staff working in a multi-ethnic context.

The added value of the scholar's work to the future development of health care

Receiving the award and completing the study has also raised the scholar's profile within the local black community and amongst sexual health professionals. This led to invitations to chair a conference run by the Commission for Racial Equality entitled 'Visible Women' which aimed to highlight and promote the achievement of black women in education, health and welfare/public services.

The results from the study and a reflection on the Mary Seacole award were also presented at the annual conference of the Nurses Association of Jamaica (UK) earlier this year.

In relation to the local black community she has been a community mentor for a few years but the raising of her profile as a consequence of the award has led to a broadening of her association with black and minority organisations. She continues as a community mentor and member of the management committee with the Nottingham Build Mentorship Scheme.

She has also been invited to be a member of the management committee at Build Mentorship Scheme and for the Phoenix Scheme in Sheffield, which aims to improve the retention and achievement of black youth (particularly boys) in mainstream education.

The scholar also mentors school pupils with an interest in a range of health and social care careers, including nursing. The work involves meeting with them by mutual agreement and exploring ways in which she can assist them.

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Transcultural Nursing education: a view from within – Nurse Education Today

(currently with reviewers)

Men, sexual health and risk – Nursing Standard (currently with reviewer)

PRESENTATIONS

October 1999 – The Annual Conference of European Nurses in AIDS care, Malta. Plenary speech. ‘Race, sexual health and risk’ – Living, Loving and Learning’

October 1999- RCN Trent regional meeting, Nottingham. ‘Research for The Mary Seacole Nursing Leadership award’

October 1999 – The Transcultural Nursing Association annual conference, Birmingham. ‘Black on Black- Practical issues for Black researchers working in their own communities’

November 1999 – University of Sheffield Medical School, Postgraduate seminar, Department of Genito-urinary medicine. ‘Researching Black men’s sexual health’

May 2000 – Trinity College Dublin, Sexuality in Nursing care. ‘Black men, sexual health and risk’

June 2000 – Trinity College Dublin, School of Nursing, 1st Annual conference. Men, sex and risk’

July 2000 – University of Nottingham, School of Nursing, annual conference. ‘Young, Black and Healthy’

Chapter 6

Conclusion

The Mary Seacole Leadership Award was set up for 10 years by the Department of Health. Since then it continues to be an important development fully supported by Ministers and the Chief Nursing Officer. The initiative is welcomed and valued by black and minority ethnic groups and it continues to generate interest and support across different sections and organisations.

The award sends a positive message and provides useful opportunities for black and minority ethnic nurses, midwives and health visitors to excel at different levels and fields of expertise. The winners have developed services that positively impact on the health care of black and minority ethnic groups. They have developed their leadership potential and become role models for black and ethnic minority communities.

This Report will encourage other nurses, midwives and health visitors from black and minority ethnic groups to grasp future opportunities and apply for forthcoming awards. The case studies are useful examples of good practice and black and minority ethnic nurses will be able to relate to the winners as people who achieved through merit and determination.

The Report will also add to the developing resources on Mary Seacole. Historians, 'devotees' of Mary Seacole and those working in education will welcome this report that rightly honours her memory and the contribution she made to nursing care. Equally important is the recognition and growing public awareness of Mary Seacole's work.

The professional and staff organisations, NHS Trusts and interested groups have all played an important role in supporting the Mary Seacole Leadership Award and the Award winners.

Finally, the greatest benefits are being felt by black and minority ethnic communities who have received improved services and achieved health gain as a result of the individual projects undertaken by the Mary Seacole Award Winners.

This Report represents inspiration, achievement, and leadership of nurses, midwives and health visitors from black and minority ethnic communities.

APPENDIX A

Acknowledgements

The Department of Health acknowledges and thanks the various professional organisations for the key role they have played in the development, promotion and administration of the Mary Seacole Leadership Award. They continue to work closely with the winners and the relevant NHS Trusts and University providing support, guidance and advice.

Steering Group Members

Professor Mel Chevannes CBE	Royal College of Nursing (Chair)
Rosalind Steele	Royal College of Midwives
Thelma Sackman	Community Practitioners and Health Visitors Association
Karen Jennings	UNISON
Joan McDowall	University of Luton (Outside Assessor)
Nola Ishmael OBE	Department of Health
Moira Lambert	Awards Administrator RCN
Neslyn Watson-Druee MBE*	Inaugural Chair RCN Race and Health Committee
Mahama Sidhu	RCN
Shirla Philogene OBE*	Department of Health
Professor Sarah Cowley*	CPHVA
Sarah Forrester*	CPHVA
Mary Daley*	CPHVA
Jackie Mensah*	RCN

* denotes previous involvement

We acknowledge the work of Neslyn Watson-Druee MBE, Beacon Organisation and Development Services in preparing this work.

Mary Seacole – Nurse and Doctress

Mary Seacole, a West Indian Nurse, showed pioneering and leadership skills in her work in the Crimea and in London. Mary Seacole was born in Jamaica around the year 1805.⁽¹⁾ From her mother, whose nickname was “The Doctress,” Mary inherited her love of nursing and doctoring.

From the age of twelve she helped attend the sick army officers and their families who came to her house from Upark Camp and Newcastle in Jamaica. Mary had two main ambitions in life; one was caring for the sick, the other was to travel abroad. Her mother a competent practitioner of Jamaican traditional medicine, kept a boarding house where she cared for invalid officers and their wives. but in due course Mary was helping her mother with the care of invalid soldiers. She digested knowledge from her mother soon gaining a reputation as a skilled nurse and doctress.⁽²⁾

Mary Seacole’s challenge was quite simply – to have her skills put to proper use. She was a ‘natural’ healer and a woman of driving energy. She sidestepped official indifference and prejudice and got herself out to the war front through her own efforts and at her own expense. She risked her life to bring comfort to the wounded and dying.

In 1851, during the California gold rush, she joined her brother Edward in Panama, where she opened a hotel. Soon after arriving she had saved her first cholera patient.

A white American, who toasted her, as “Auntie Seacole”, for her work in the cholera epidemic, ventured to suggest that she bleached her skin in order to make her “as acceptable in any company as she deserves to be”. Mary Seacole replied stingingly:

“I must say that I do not altogether appreciate your friends kind wishes with respect to my complexion. If it had been as dark, I should have been just as happy and useful, and as much respected by those who respect I value; as to his offer of bleaching me, I should, even it were practical, decline it without any thanks. As to the society, which the progress it might gain me admission into all I can say is, that, judging from the specimens I have met with her and elsewhere, I don’t think that I shall lose much from being excluded from it. So, gentlemen, I do drink to you and the general reformation of American manners”⁽³⁾.

In 1853, Mary returned to Jamaica, her house was filled with victims of yellow fever epidemic ⁽⁴⁾ The following autumn found her in London where news was beginning to come through of the collapse of the British army’s nursing system in the Crimea and the agonies, heightened by gross mismanagement, of the sick and wounded. Feeling that her skills and experience could and should be put to good use, Mary applied in turn to the War Office, the Army Medical Department, the Quartermaster-General’s department, and the Secretary for War.

She produced fine testimonials and pointed out that she already knew many of the officers and soldiers concerned, having nursed them when they were stationed in Jamaica. However, the authority closed ranks on Mary Seacole’s application.

Mary Seacole was almost heartbroken at the wall of prejudice facing her. She wrote:

“Was it possible that American prejudices against colour had some root over here? Did those ladies shrink from accepting my aid because my blood flowed beneath a somewhat duskier skin than theirs? Tears stream down my foolish cheeks as I stood in the fast thinning streets; tears of grief that should doubt my motives – that Heaven should deny me the opportunity that I sought. I stood still, and looking upward through and through the dark clouds that shadowed London and prayed aloud for help”⁽⁶⁾.

At a later date, a distant relative, a man called Day, was going to Balaclava on business. Mary and Day came to an agreement to launch a firm called Seacole and Day, and to open, as a joint enterprise, a store and a hotel near the British camp in the Crimea.

So, taking with her a large stock of medicine and home comforts, Mary Seacole, at the age of 50, went out to the battle zone as a sutler (one who follows an army and sells provisions to the troops near Kadikoi, 'a small town of huts'.⁽⁶⁾ between Balaclava and the besieged city of Sebastopol.

Soon after Mary arrived, the entire British army knew of 'Mother Seacole's' where 'you might find everything From an anchor to a needle.'⁽⁷⁾ Hardly had she landed at Balaclava when a party of sick and wounded arrived on the wharf – there was work for her to do:

"So strong was the old impulse within me, I waited for no permission, but seeing a poor inventory man stretched upon a pallet, groaning heavily, I ran up to him at once and eased the still dressing. Lightly my practised fingers ran over the familiar work, and well was I rewarded when the poor fellow's groans subsided into a restless uneasy mutter".⁽⁸⁾

That she did effect some cures is beyond doubt, and her never failing presence among the wounded after a battle and assisting them made her beloved by the rank and file of the whole army."⁽⁹⁾

Especially noteworthy were her services to the labour battalions. Inspector General of Hospitals Sir John Hall in a letter from Headquarters camp, Crimea, dated 20 June 1856 said:

"I have much pleasure in bearing testimony to Mrs Seacole's kindness and attention to the sick of the Railway Labourers Army Work Corps and the Lands Corps during the winter of 1854 and 1855. She not only nursed, from the knowledge she had acquired in the West Indies, but what was of as much or more importance she charitably furnished them with proper nourishment which they had no means of obtaining except in the hospital and most of the class had objection to go to the hospital particularly the Railway Labourers and the men of the Army Work Corps."⁽¹⁰⁾

Another account of her 'store-dispensary-hospital' claims that:

She had the secret of a recipe of cholera and dysentery; and liberally dispensed this specific, to those who could pay and those could not alike. It was bestowed with an amount of personal kindness which, though not an item or the original prescription, she evidently deemed essential to the cure, and innumerable sufferers had cause to be grateful.⁽¹¹⁾

It was W. H. Russell, war correspondent of the London Times, who made Mary Seacole famous in Britain. He wrote in a despatch dated 14 September 1855, this 'kind and successful physician', doctors and cures all manner of men with extraordinary success. She is always in attendance near the battlefield to aid the wounded, and has earned many a poor fellow's blessing.⁽¹²⁾

The end of the war left the firm of Seacole and Day with expensive and now unusable stores on their hands. They were forced into bankruptcy, and Mary Seacole returned to England, 'ruined in fortune and injured in health' to live at 2 Tavistock Street, Covent Garden.⁽¹³⁾

Mary Seacole's work is held in highest esteem by the people of Jamaica and by past and present historians. Clinton Black commented 'the English magazine Punch welcomed her home on the same page as it did Florence Nightingale, in a poem of which the last verse says:'

*She gave her aid to all who paid,
To hungry and sick and cold;
Open hands and heart alike ready to part
Kind words, and acts, and gold.*

*“An be the right man in the right place who can
The right woman was Dame Seacole.”⁽⁴⁾*

There was talk of her setting up a provision store at Aldershot, but this scheme eventually fell through, for a letter in *The Times* was soon demanding ‘Where are the Crimeans? Have the few months erased from their memories those many acts of comfort and kindness, which made the name of the old mother venerated throughout the camp? While the benevolent deed of Florence Nightingale have been handed down to posterity ... are the humbler actions of Mrs Seacole to be entirely forgotten...?’⁽¹⁵⁾

Punch published an appeal on her behalf, entitled “A stir for Seacole”:

*That berry-brown face, with a kind heart’s trace
Impressed in each wrinkle sly
Was a sight to behold, though the snow-clouds rolled
Across that iron sky.*

*The cold without gave a zest, no doubt,
To the welcome warmth within;
But her smile, good old soul, lent heat to the coal,
And power to the pannikin.*

*No store she set by the epaulette,
Be it worsted or gold-lace;
For K.C.B., or plain private SMITH
She still had one pleasant face...*

*The sick and sorry can tell the story
Of her nursing and dosing deeds.
Regimental M.D. never worked as she
In healing sick men’s needs ...*

*And now the good soul is ‘in the hole’,
What red-coat in all the land,
But to set her upon her legs again
Will not lend a willing hand?’⁽¹⁶⁾*

Lord Rokeby who had commanded a British division of the Crimea joined with Lord George Paget, another Crimea Commander and others arrange for her benefit a gigantic four-day musical festival at the Royal Surrey Gardens in Kensington. There were almost one thousand performers including nine military bands and an orchestra, and Mary Seacole sat between Rokeby and Paget in the front of the centre gallery. At the end of both parts of the programme her name was shouted ‘by a thousand voices’.⁽¹⁷⁾

In 1857 Mary Seacole published her autobiography, an outstandingly vivid piece of writing: the ‘as-told-to’ narrative is so skilfully edited that her voice, personality, and individual turn of phrase shine through on page after page.

Wonderful Adventures of Mrs Seacole In Many Lands ⁽¹⁸⁾ is prefaced by a further tribute from the pen of W.H. Russell: 'I trust that England will not forget one who nursed her sick, who sought out her wounded to aid and succour them, and who performed the last offices for some of her illustrious dead.'

England appeared to forget Mary Seacole in spite of her efforts. The British War Office did not recommend that she be rewarded for her war services, however Queen Victoria awarded her the Victoria Cross. The men who knew her worth recorded her deeds best. For example her work was praised by some high Army officials, including the Inspector-General of Hospitals and Lieutenant General of Sebastopol. He described her as 'a useful and good person, kind and charitable.' ⁽¹⁹⁾

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APPENDIX C

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