

**BAME leadership case study**  
**Pat Steele, Clinical Nurse Specialist (Jasmine Unit)**



I am of Jamaican descent; both my parents are Jamaican. My mother came to the UK when she was 19. I have my aunt to thank for that as it was my aunt who was meant to come to live in the UK, but there was a last-minute change of plan and my mother came instead. Even now I don't know the full story even though we still talk about it.

For whatever reason instead of heading to London she decided to go to the Midlands, hence my accent and that's where she met my father. He moved back to Jamaica a few years ago.

In Jamaica my mother grew up in a very small remote rural village in the parish of Trelawny near Falmouth which is situated on the north coast 18 miles east of Montego Bay. She lived near sugar cane plantations. You can see the influence of Britain in the names. I still have family in Jamaica. I have been back a few times and I'm very much in touch with my cousins who live there.

I am one of five girls. We are scattered around the UK, two of my sisters lives in Stafford, one lives in Lancashire, and the other one in Wimbledon and then there's me who lives in Surbiton.

I left the family home when I was 19 and ventured down to Essex – I wanted a change of scenery and to see more of life. I decided I wanted to become a nurse and started my pupil nurse training in 1985 at a small village hospital in Orsett Essex. I studied for two years and then went on to do a conversion course at Anglia University to qualify as an RGN in 1991 at Basildon NHS Trust.

I believe the reason I became a nurse is not due to getting the nurses uniform for Christmas when I was about 5/6 years of age. At school I saw the careers teacher when I was 15 years old and I told her I wanted to be a nurse. Her response was:

"Don't be silly! You should choose something else, come back and see me when you have decided." I honestly think to this day she thought I was too quiet and not intelligent enough to pass the exams to be a nurse.



When I qualified, my mum and her friends told me to go back to the school to let the teacher know that I had become a nurse. I didn't because I went into the nursing profession for me, not for her.

I started working at Kingston Hospital in 1994 as a junior sister on Anne Ward which was based on level 5 of Esher Wing. We looked after gynaecology patients, community dental patients and gynaecology day patients such as laparoscopies and hysteroscopies.

On starting my role in the hospital, I had an orientation programme that included a tour of main theatres. When I was leaving theatres a black theatre nurse came up to me (who is now one of my best friends) and asked if I was a bank nurse or agency nurse. I replied that I was a junior ward sister – she shook my hand and complimented me “Congratulations you are one of the first black ward sisters in Kingston Hospital!”

I currently work in the Trust as a Nurse Specialist in Gynaecology and I am the lead nurse in Jasmine Unit which is an early pregnancy and acute gynaecology unit. Most people won't believe me but when I started my nurse training, one of the biggest challenges I faced was communicating with patients and colleagues. I was so quiet and nervous that I was taken aside by ward sisters who encouraged me to communicate and would get me to do handovers on a regular basis to overcome my nervousness.

I really enjoy leading the team. It is important to recognise strengths in your staff, but also encourage growth in other areas. I have learnt that listening is an invaluable skill in leading a team. Staff will also make suggestions to improve the working of the clinic. I often tell the receptionists that they are my bosses as they are front of house and know everything that is going on.

I have been fortunate as I haven't faced many challenges in my career. I have applied for roles that required more experience than I had but I did not let that deter me. I have been informed by colleagues and friends that I can come across as quite stern and unapproachable, as I have a very strong character. The same people have come back to me to say they have misjudged me and found that I am the opposite. A personal challenge for me is to change the perception people have on meeting me.

I have had lots of support and encouragement particularly from medical colleagues who I work closely with. I was trained by consultants Mr Davis, Mr Pooley when I took on the nurse specialist role to be able to undertake ward rounds for post-operative reviews of patients.

One consultant, Mr Morris who has now retired gave me some great advice when I was taking on the role of lead nurse in Jasmine Unit. I had doubts about my ability to take on this role and do it well. He was very supportive of my abilities. He advised me to always tell patients the truth and not to be scared to admit that you do not know an answer to a question that they ask. This advice has stood me in very good stead. I also have an excellent manager Miss Shankar who has suggested courses that have helped me in my role. I have always found her to be very encouraging and supportive.

I really enjoy teaching and would love to find a teaching role to work with nursing, medical and midwifery students – I think this kind of role would end my career on a lovely note. I really enjoy mentoring and watching people grow and giving them confidence.

I would advise colleagues in planning to progress their careers/move into leadership roles, to shadow the staff who are working in the roles to which they aspire. It will help in going forward regarding courses and pathways to undertake. People will always remember you if you are interested in what they are doing.

The one thing that I have always done is to go for roles even if I don't meet all the job spec criteria. For the Junior Sister role Tracey Moore interviewed me and offered me the job. I was really shocked, I didn't think I would get it as I did not have the years of experience that were in the person specification for the role.

Racial discrimination has definitely become more subtle and that's not just me, that's what I hear from fellow BAME colleagues at the Trust and other hospitals.

I have had subtle racial comments from patients. Patients have said to me: "Oh gosh how long have you been doing this job – you're in charge of the unit?" I reply yes and I ask why and they say: "Oh ok you must have done very well at interview!" I reply, "At the end of the day we are all individuals."

But then you have the likes of Tracey Moore who interviewed me and she saw me, she didn't look at my colour, she saw me. People should look beyond the colour and see the person. And maybe as black people and BAME people we need to get people to see us, as individuals. We are all individuals. The main advice I would give is not to limit yourself, or let any other person limit you and go for what you want.