Racialised experiences of Black and Brown nurses and midwives in UK health education: A qualitative study.

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Research article

Racialised experiences of Black and Brown nurses and midwives in UK health education: A qualitative study

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ABSTRACT

Background: Institutional racism within the United Kingdom's (UK) Higher Education (HE) sector, particularly nurse and midwifery education, has lacked empirical research, critical scrutiny, and serious discussion. This paper focuses on the racialised experiences of nurses and midwives during their education in UK universities, including their practice placements. It explores the emotional, physical, and psychological impacts of these experiences.

Methods: This paper draws on qualitative in-depth interviews with participants from the Nursing Narratives: Racism and the Pandemic project. Of the 45 healthcare workers who participated in the project, 28 participants obtained their primary nursing and midwifery education in UK universities. Interviews with these 28 participants were selected for the analysis reported in this paper. We aimed to employ concepts from Critical Race Theory (CRT) to analyse the interview data in order to deepen our understanding of the racialised experiences of Black and Brown nurses and midwives during their education.

Findings: The interviews revealed that the healthcare workers' experiences coalesced around three themes: 1) Racism is an ordinary, everyday experience; 2) Racism is operationalised through power structures; and 3) Racism is maintained through denial and silencing. Experiences often touch on a series of issues, but we have highlighted stories within specific themes to elucidate each theme effectively. The findings underscore the importance of understanding racism as a pandemic that we must challenge in response to a post-pandemic society.

Conclusion: The study concludes that the endemic culture of racism in nurse and midwifery education is a fundamental factor that must be recognised and called out. The study argues that universities and health care trusts need to be accountable for preparing all students to challenge racism and provide equitable learning opportunities that cover the objectives to meet the Nursing and Midwifery Council (NMC) requirements to avoid significant experiences of exclusion and intimidation.

1. Introduction

This paper focuses on the racialised experiences faced by nurses and midwives during their pre-registration education in UK universities, including their practice placements. The paper explores the emotional, physical, and psychological impacts of these experiences. The stories of nurses and midwives were collected as part of the Nursing Narratives: Racism and the Pandemic, a project highlighting the racialised experiences of healthcare workers during the Covid-19 pandemic and across their working lives.

2. Background

Racism in the UK's Higher Education (HE) sector remains a persistent problem (Stevenson et al., 2019). Nevertheless, it continues to lack empirical research, critical scrutiny, and serious discussion, despite the public institutions' duty to root out and eliminate institutional racism (Race Relations (Amendment) Act (RRAA2000)). Responding to the

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RRAA2000, Cortis and Law (2005) proposed an anti-racist framework for nurse education. It aimed to ensure that nursing curricula were "indeed facilitating students and future practitioners in fully realising the then United Kingdom Central Council (UKCC) [now Nursing and Midwifery Council] Code of Professional Conduct" (p. 211). Since the RRAA2000, rhetorical progress – exemplified in the constant use of equality, diversity, and inclusion language – has not been matched by significant material changes. The antiracism initiatives seen elsewhere in the world (see, for example, Dancis and Coleman, 2021, from the United States; and Garland and Batty, 2021, from Canada) are markedly absent in the UK nurse education context. The main focus has continued to be transcultural nursing and 'cultural competence' (Drevdahl, 2018). Whilst valuable, this sidesteps the dynamics of power structures that enable the (re)production of racist practices. As Cortis and Law (2005) warned, avoiding challenging racism directly in nurse education "amounts to voting for the status quo of widespread racial oppression" (p. 211).

White faculty dominate and occupy most decision-making positions in nurse education (Scammell and Olumide, 2012). Similarly, in healthcare settings, white people occupy more stable and valued clinical and leadership positions (Van Herk et al., 2011). These structural practices of white dominance and white leadership have normalised racial hierarchy and deepened race ignorance (Bell, 2021). Nurse education in the context of HE and nursing practice in the healthcare sector operate within wider social and political contexts where racial beliefs remain organising principles (Puzan, 2003). Canty et al. (2022) conceptualise racism as "systems of advantages that are based on white skin colour and render disadvantages for others" (p. 26). These systems of advantage manifest themselves in the everyday practices of nurse and midwifery education, including poorer recruitment and retention of ethnic minority groups, poorer academic performance, unfair workload, unchallenged stereotyping, and lack of support in career progression (Beard and Julion, 2016; Beard, 2016; Abrums et al., 2010; Cortis and Law, 2005).

It has been observed that nursing lecturers are not prepared to "address critical conversations on topics such as power, privilege, dominance, [and] institutionalised racism" (O'Connor et al., 2019, p. 634). Without active anti-racist curricula, nurse education reinforces white dominance, heteronormativity, and classism (Blanchet Garneau et al., 2018; Walter, 2017; Scammell and Olumide, 2012; Van Herk et al., 2011; Cortis and Law, 2005). Markey and Tilki (2007)'s critical reflexive account of racialised minorities in nurse education confirms the reproduction of oppression and acknowledges the uncomfortable experiences Black and Brown nurses feel. Nevertheless, the main focus remains on how nurse lecturers might become culturally competent to address institutional racism – viewed as "born out of ignorance, thoughtlessness or ethnocentricity" (p.393) – rather than critically scrutinising the power structures that support white dominance and whiteness as the norm. While the euphemistic language of equality, diversity and inclusion is increasing, that only satisfies departmental self-regulatory purposes (Ahmed, 2006).

Whiteness has been critically examined in the US context. For example, Schroeder and DiAngelo (2010) examined a US Nursing School after institutional failure to recruit and retain underrepresented faculty staff and students and to tackle racism in the school. The authors argue that the fundamental reason behind the persistent structural inequalities in the school is 'whiteness'– an unrecognised source of structural advantage.

In the wake of the Black Lives Matter movement, demands are being made to dismantle racialised social structures. Concerning racism in nurse and midwifery education in the UK, the Journal of Nurse Education (Burnett et al., 2020) and Journal of Advanced Nursing (Moorley et al., 2020) published compelling editorials to highlight racism in nurse and midwifery education and call for taking urgent action. Burnett et al. (2020) demand addressing racism at all levels in academia, from preparing anti-racist learning and teaching materials to increasing the visibility of Black and Brown faculty and leadership. Moorley et al. (2020) argue that the time for talk only is over; now it is time for action. Despite the claims of 'increasing diversity' at the societal level, institutional efforts to increase the representation of ethnic minority students and staff are unsuccessful (Schroeder and DiAngelo, 2010).

3. Methodology

This paper draws on qualitative in-depth audio and video interviews with participants ($n = 28$) in the Nursing Narratives: Racism and the Pandemic project. Of the 45 healthcare workers who participated in the project, 28 participants obtained their primary nursing and midwifery education in UK universities. Interviews with these 28 participants were selected for the analysis reported in this paper. We aimed to employ concepts from Critical Race Theory (CRT) to analyse the interviews in order to deepen our understanding of racialised experiences of Black and Brown nurses and midwives during their education.

CRT argues that the pervasive nature of racism means it is the ordinary experience of most people of colour (Delgado and Stefancic, 2017; Baum, 2015). The influence of racism lies not in extreme acts of race hatred but in the more subtle and hidden operations of power that disadvantage one or more minority ethnic groups (Gillborn, 2015). CRT scholars argue that only aggressive, colour-conscious efforts can change how things are and that the experiential knowledge of people of colour through storytelling to provide counternarratives are essential to challenge the status quo (Delgado and Stefancic, 2017; Berry and Bowers-Cook, 2019).

3.1. Data collection

Two female (AR & FB) and one male (SB) researcher conducted the interviews. All the researchers had extensive experience in qualitative research and, as members of racialised minorities, had experienced racism. As a nurse academic, one of the researchers was further positioned as an 'insider' to the research process through her teaching and practice experience. This insider status enabled trust and sensitive conversations (Dwyer and Buckle, 2009).

All audio interviews were conducted online, and video interviews were conducted face-to-face. Interviews lasted between 45 min and 120 min. A semi-structured interview guide with open questions was used to conduct the interviews. The flexibility afforded by a semi-structured approach allowed the researcher to respond to emerging or unexpected points of discussion raised by the participant, in keeping with the qualitative aim of gathering rich and explorative data (Bryman, 2016). This flexibility also created a more participant-led discussion – it allowed participants freedom of interpretation such that they could respond with what was important to them. Interviews were transcribed using Otter.ai software and checked by either the researchers or a professional transcriber.

3.2. Ethics approval

Ethics approval for the study was obtained from the Sheffield Hallam University Research Ethics Committee prior to commencing data collection.

3.3. Data analysis

Key aspects of CRT were used to inform a reflexive approach to thematic analysis (Braun and Clarke, 2019; Braun and Clarke, 2006). The researchers continuously reflected on the experiences revealed by participants, drawing upon CRT and their own racialised experiences to understand and analyse the data. Exploring commonalities and connections between participants and researchers' experiences is in line with the CRT approach. Rather than create distance between researcher and research, in CRT the aim is to honour proximity: "as researchers who

share common sets of racialised experiences, community ties, and concerns for the future… with the research participants, we are indelibly linked to our work" (Chapman et al., 2019, p98).

The CRT-led thematic analysis comprised the following five steps: 1) reading and re-reading each item of the data set; 2) producing initial codes from the data; 3) sorting the codes into the identified CRT themes; 4) defining and further refining the themes; and 5) writing the narrative of the analysis (Braun and Clarke, 2019; Braun and Clarke, 2006). Three researchers (AR, SB & FB) coded the interview transcripts separately and then compared and discussed the coding process to enhance the internal validity by triangulation and peer debriefing (Morse, 2015). In the analysis, we focus on the experience of students who undertook their training following the introduction of Project 2000 and fitness for practice guidelines. However, we reference the experience of older nurses to reflect on the lack of change between generations.

4. Findings

4.1. Characteristics of the participants

This paper analyses the educational experiences of 28 interview participants who obtained their primary nursing and midwifery education in UK universities. The demographic information of the participants ($n = 28$) is given in Table 1. The audio interviewees have been given pseudonyms to protect anonymity. The video interviewees chose to speak out with their real names.

Most of the participants were born in the UK. A few had migrated to the UK before undertaking their nursing and midwifery education. The nurses we spoke to had spent everything from forty to less than three years training and working in healthcare.

4.2. Identified themes

We reflected on core concepts from Critical Race Theory (CRT) to make sense of Black and Brown participants' experiences during their time as nursing and midwifery students. The experiences coalesced around three themes: 1) Racism is an ordinary, everyday experience; 2) Racism is operationalised through power structures; and 3) Racism is maintained through denial and silencing. Experiences usually touch on a series of issues, but we have highlighted stories within specific themes to elucidate each theme effectively. CRT approaches advocate the crucial importance of research that recognises the impact of racism and advocates for change. Therefore, we have included two themes: 4) The impacts of racism and 5) Navigating and resisting racism.

4.2.1. Theme 1: Racism is an everyday, ordinary experience

CRT understands racism as the ordinary lived experience of Black and Brown people. Far from being remarkable, isolated incidents, racism is woven into the fabric of everyday life such that it becomes ubiquitous (Bonilla-Silva, 2019). Similarly, the study participants expressed much of this everyday racism in interpersonal interactions and the 'unwritten rules' of domination/subordination implicit in those encounters. These everyday experiences create the conditions for a pervasive sense of non-belonging, where the outgroup (racialised) is always separate and different from the ingroup (white).

Participants reflected the fundamental ordinariness of racism in their experiences. Many of the older nurses we spoke to reflected fondly on their training despite the interpersonal and structural racism they faced. These nurses were all Black Caribbean. They describe their need to "grow a thick skin" because racism "has happened throughout their training and career" [June]. The general pattern was low expectations and the need to navigate racism to survive. These historical experiences continue to be reflected in nurse education today.

Notable, however, was a shift in attitude towards the experience of racism. The younger generation frequently expressed greater awareness of racism and expected that racism would be taken seriously.

Table 1
Research participants who obtained nursing and midwifery education in the UK.

No	Participants names[a]	Job role	Band[b]	Ethnicity[c]
Audio interviewees				
1	Humera	Community Midwife	6	Pakistani
2	Saima	Research Midwife	6	Pakistani
3	Feroza	Staff Nurse	5	Pakistani
4	Adelaide	Nurse	7	Black Caribbean
5	Usma	Adult & Paediatrics Nurse	6	Bangladeshi
6	Divya	Clinical Review Officer	7	Mauritian
7	Maria	Nurse & Equality lead	6 & 8a	Black African
8	Cynthia	Matron	8a	Black Caribbean
9	Precious	Nurse Educator	7	Black African
10	Tina	Paediatrics Nurse	6	Black African
11	Anita	Midwife	6	Black African
12	Rani	Mental Health Activities Coordinator	2	Mauritian
13	Jamilah	Nursing Associate	4	Somalia, African
14	Layla	Mental Health Nurse	6	Mixed Asian/White
15	Joan	Health Care Assistant	2	Black British
Video interviewees				
16	Esther	Trainee Nurse Practitioner	6	Black British
17	Rachel	Charge Nurse	6	Mixed Caribbean/ White
18	Benash	Midwife	7	Pakistani
19	Nafiza	Midwifery Lead	8a	British Bangladeshi
20	June	Research Nurse Manager	7	Black British
21	Estephanie	Regional/RCN Director	Senior	Black Caribbean
22	Fatimah	Midwife	6	Egyptian Bengali
23	Zoe	Former Student Nurse	Student	Mixed Black Caribbean & Greek Cypriot
24	Karen	Head of Health and Wellbeing	Agency	Black Caribbean
25	Neomi	Registered Nurse	Agency	Black British
26	Gemma	Immunisation Nurse	5	Mixed Black Caribbean/White
27	Felicia	Associate Director Nursing	8d	Black British
28	Roseline	Senior Theatre Practitioner	6	Black African

[a] Audio interviewees are represented through pseudonyms. Video interviewees chose to use their real names.
[b] The NHS staff structure operates on a banding system. Each role within the NHS will be allocated to a band within the structure. The band will determine the pay level for a job role, with a range of salaries within each band.
[c] Majority of the participants self-identified their ethnicity, where participants did not self-identify, researchers assigned ethnic identity for the purposes of data reporting.

Contemporary nurses identified a general culture of racism that made it difficult to learn. "Sometimes you were counting the weeks. If you were there for four weeks, it was more of finishing four weeks than learning in those four weeks" [Usma].

Racism was described as simply "part of the culture" [Adelaide]. This everyday racism manifested in interpersonal interactions. In the university setting, one participant observed how a staff member constantly corrected their Indian accent but did not pick up on white students' regional accents [Abhinav]. On placement, Black students were ignored in the staff room, with one student describing how people either walked out or stopped talking when she went in, "it was just the most horrible, isolating experience ever" [Zoe]. Those who challenged everyday racism were told they were "probably being oversensitive" [Gemma], framing racism as a problem of, and not for, those who experience it.

In the classroom, racism and discrimination were described as existing among students. Some described heavily segregated cohorts containing "a black bubble" and "a white bubble" [Karen]. One Black participant recalled people making monkey noises when she approached the table [Karen]. Participants found no evidence of universities making efforts to prevent such segregation or the attitudes underpinning it. A sense of 'us' and 'them' was reinforced with some were told that they "should be grateful" they had been "given the opportunity" to do nursing [Gemma].

Muslim students described stereotyping and a general lack of sensitivity, especially regarding dress codes [Fatimah]. One reflected, "you have to edit everything you say… according to whom you're talking to. Only looking back do you recognise that" [Benash]. This editing affected her ability to succeed, "I was in a cohort of midwives that were mostly white British... and they seemed to excel and thrive, where I seemed to struggle" [Benash]. Benash recalls being jibed with comments from white students such as, "Are you just wearing a hijab so you can hide your headphones for this exam?". Another recalled that during the admission process, the interviewer asked her, "you know, you want to come into nursing. But what will granny want… Will she want more babies to bounce on her knees?" [Nafiza].

Black and Brown participants described a pervasive sense of feeling unsupported by their nurse educators during their time as students. This came more sharply into focus when students asked for help. After raising questions about racism on placement, one participant recalled being tokenistically offered help at times when the educator knew she was on placement [Zoe]. There were also incidents of 'signposting'. One Asian British student described how the university had failed to support her during a serious personal crisis and yet expected her to offer support to overseas students, "it just felt quite ironic they were saying, "Can you support this student?" when they hadn't actually supported me in the first place" [Humera].

Patients were not challenged when racism was more explicit and harder to ignore, such as patients and families asking for a white nurse. Racialised behaviours were accommodated. One participant described how staff expected her to "suck it up" [Zoe], reinforcing the idea that racism is just a part of the culture and something racialised nurses must learn to accept in order to fit in.

4.2.2. Theme 2: Racism operates through structures of power

Everyday racism is understood in CRT as symptomatic of the broader racialising and racist contexts in which we live. Structural racism refers to maintaining racial order through seemingly natural and 'race-neutral' policies and practices in Western society (Rollock and Gillborn, 2011). This racial ordering which maintains white dominance has its roots in the history of colonialism and slavery. Black and Brown bodies were exploited to accumulate wealth for the British Empire on the justification that Black and Brown people could not govern themselves. Racist thought argued that Black and Brown people were inferior and different: less intelligent, irrational, emotional, untrustworthy, lazy, aggressive and physically stronger (Mahmud, 1999; Miles, 2003; Wilson, 2003; Ramamurthy, 2003). Today, these stereotypes are still baked into the collective consciousness. Actors in positions of power represent and embody the structure as they enact its policies and practices.

Many participants spoke about poor, sometimes threatening experiences with those in positions of power, both in the university and practice placement environments.

More than one student described having assignments marked down, "When you did assignments and looked at your marks, you didn't pass, and you go to your white friends because you want to see how to do it better. And you find that they've not done half the work. You're thinking, how did that happen? I mean, they will say, 'but yours is really good'... But I've got 40, and they've got 60/70" [Precious]. The participant made sense of this by framing it within their overall experience of injustice, " some groups of human beings did get that preferential treatment" [Precious]. Another participant described leaving her nurse training due to a lack of support when she had family issues [Joan]. More than one participant recalled that when they challenged racism, their grades not only went down, they failed. A Brown Muslim midwife, furious at what she was convinced was racism, sent off the failed essay to the British Journal of Midwifery and had it published. A Muslim midwife was also intimidated by a lecturer when conforming to religious requirements in a dress that met protocol. The lecturer refused to sign off on the required training she had undertaken [Fatimah].

Intimidation seemed to permeate the way Black and Brown nurses were treated, "when someone stands there and watches you, it's like they're waiting for you to fail" [Precious]. One mentor repeatedly told an Asian participant, "you'll never become a nurse. … you won't be able to do it" [Feroza]. A Black participant described dehumanising comments, such as "people like you" [Roseline]. Another reflected, "she [mentor] was always on my case… it was just a constant sort of prodding" [Zoe].

There were examples of victimisation with unfounded allegations against Black students. Zoe was accused of absconding when she was on her break. She was also set impossible tasks: "she [mentor] would set me pieces of work for the next day. With a 25-mile drive back to Birmingham, I worked seven till seven to pick my kids up and do a 2000-word piece on pancreatitis. ...And she said, if you don't do that, I'm going to fail you" [Zoe]. Some students were put on action plans as a form of intimidation, "they couldn't fault me on anything right at the end. In the ninth week, she [supervisor] put me on an action plan ... if she had those concerns, she should have raised them by week two, week three, not when I was just about to qualify" [Usma].

Sometimes victimisation was vocalised explicitly through racial stereotyping, with participants being described by colleagues as "aggressive and abusive" [Usma] or as "someone who was loud and aggressive" [Layla]. At other times, participants describe being ignored. One Black student was so heavily excluded that she had to rely on a less experienced white student to inform her of what she should be doing [Zoe].

Unequal allocation of work on placement was described by multiple participants, reflecting stereotypes deeply rooted in the UK's colonial legacy. One participant noted, "if you're a Black nursing student, that was particularly hard; you were sent to do very menial jobs" [Adelaide]. Another reflected, "Work was never allocated fairly…This other Black guy and me…we were cleaning the rooms, cleaning the blinds, sanitising, flipping the mattresses, …washing the patients. And a lot of the time, the white students would be in the staff room or the office eating pizza with their feet up" [Zoe]. Others described their mentors using them as health care assistants or sending them to do "all the horrible jobs" [Divya]. In midwifery, one participant observed that, "many Black student midwives were given nine weeks of purely night shifts" on the wards while white students were allocated to the birthing centre "where everything is nice and low risk" [Fatimah]. A frustration for many was the impossibility of finding adequate support from the university, "if you did try, they would just say 'not to worry'. You've nearly finished that placement" [Divya].

Black and Brown participants' learning opportunities were often thwarted, "she [mentor] would never let me do the tablets" [Feroza], "there was one particular sister mentor who, as a sister, is meant to be more knowledgeable and look after me. But I realised she didn't want to do the role" [Precious]. At the same time, They observed their white peers being given the opportunities to get ahead, "they will take them on the drug round … they have this willingness to teach them" [Feroza]. Participants identified a culture of neglect regarding their well-being which filtered down from senior staff to those on the floor. Layla got a needlestick injury but was told she didn't need to bother alerting occupational health. Class hierarchies intersected with these experiences, "it seems like the lower down you were, the worse you were treated" [Divya].

Some participants highlighted the lack of support from fellow white students, which led to greater feelings of isolation. Zoe describes the failure of a white student who had witnessed the racism she faced to

write a statement in her support. This lack of solidarity intersected with the university's lack of trust in a fellow Black student's statement. This dismissal of the Black student's testimony is a classic example of Bell's (2018, p.142) analysis of racial standing: "not only are Blacks' complaints discounted, but black victims are less effective witnesses than whites, who are members of the oppressor class".

Power was also evident through the Eurocentric nature of the curriculum. Blindness to racism was observed as leading to whiteness as 'normal' and anything different being viewed as a problematic 'other'. The lack of teaching around skin tone diversity was highlighted for its devasting consequences in practice, "we're talking about cyanosis in white Eurocentric skin tones. Cyanosis doesn't present the same if you're Black and Brown... Black and Brown babies … if they are pink, you should be extremely worried" [Benash]. There was also concern that racism in the history of medicine was not acknowledged [Rachel]. One student observed that midwives appeared to be practising from assumptions and the limits of their own experience, leading to stereotyping and privileging white experience [Jamilah]. One participant reflected, "when we are taught about differences, it's always in a negative context. And that's the beginning of where we start to learn how to care. So that's the beginning of how we decide unconsciously to treat people" [Benash].

The failure of universities to tackle the experience of racism on placement and the failure of white students to defend Black students even when they were aware of discrimination can be seen as a process through which those in power maintained the status quo. Cliques sometimes existed between the nursing staff and lecturers, with one student reflecting, "I'm complaining potentially about their colleagues, so they're never gonna stick up for me; that's probably their friend that they go down to the pub with on a Friday" [Zoe].

4.2.3. Theme 3: Racism is maintained through practices of denial and silencing

Practices of denial and silencing are perpetuated through a colourblind approach which fails to consider how racialised minorities are structurally disadvantaged and thus maintain racist hierarchies. Colour blindness asserts that recognising or 'seeing' race is no longer relevant in contemporary society. Colourblind ideology is closely allied to the notion of 'equal opportunity' and the liberal ideals of meritocracy in which the individual is to blame for not 'getting ahead' (Holmes, 2007). This reframing denies that racism is the cause of Black and Brown disadvantage and that white supremacy is the cause of white advantage.

In their accounts of education, participants perceived that the university's overall attitude was that they, the students, must adapt to the work environment even if it is racist – something the university routinely declined to recognise. In one case, the university would not share student feedback with the trust about the racism she had experienced there, as though raising these issues would be inappropriate - a 'breaking of silence' around these issues. When one student raised the concept of white privilege, it was identified by the Head of Midwifery as merely "a perception" [Fatimah].

More than one participant spoke of placements with a reputation for being poor quality and racist, with Black and Asian students failing repeatedly [Usma]. The participants understood that the university knew this reputation, yet nothing appeared to be done, "I just feel like the university didn't care" [Zoe]. Colourblind approaches that fail to acknowledge racism enables such neglect. The experience of racial discrimination was also conflated with the experience of being at the bottom of the hierarchy. In this process, racist treatment was naturalised. A tutor told one participant, "you come from a multicultural city, you're a student nurse, you've got to accept that you're right on the bottom" [Zoe].

Any response to racialised conflict only appeared when situations reached a crisis. Some students were pulled out of placements when their mental health deteriorated significantly. This resulted in students having to do a placement again, slowing down their progress towards graduation. This inaction on the part of the university and the penalty experienced by the student frame racism as the victim's problem with little consequence for the perpetrator.

The whiteness of academic nursing staff and the whiteness of the curriculum delivered within a colourblind paradigm created a refusal to consider the impact of racism on the student experience. They meant that the university identified a lack of support on placement as a result of student behaviour. For example, one student was told she lacked confidence and had poor communication skills, "I complained to the university three times. And they just said, you have to be more confident; you have to communicate better" [Fatimah]. The impact of poor treatment and regard as a result of racism was not addressed. One nurse identified: "They would put a lot of the ethnic students on action plans and say that they lack humanism, etc. And it would be very subjective" [Tina].

A key observation and sentiment that cut across both nurses and midwives were that their training did not prepare them to deal with racism in the workplace, "my training was really interesting, it just didn't prepare me for the racism I experienced" [Jamilah]. Further, it seems that racism was not on the educational agenda, with a repeated denial or reframing of participants' experiences, as anything but racism.

4.2.4. Theme 4: Impact of racism

Coping, navigating and challenging racism took its toll on students who describe being emotionally, physically and mentally exhausted by the "tide of oppression" [Fatimah]. Placement experiences made one midwife feel that her training hospital was emotionally unsafe for her [Maria]. Many felt anger and acute stress, with one student describing how she got to the point of vomiting before she went to placement [Usma]. One developed high blood pressure and had to go on medication because she could not sleep [Feroza]. A third was left with clumps of hair falling out, and the nose bleeds every day [Zoe].

While one nurse described her resilience, "you have to develop very tough skin", [Roseline] the majority were drained by their experiences. There were instances of individuals changing the course of their careers, "midwifery did not work out … I just didn't like the toxic environment", and others who questioned their career path: "I ended up completing it one year later because of racist staff in a practice that questioned whether I had achieved my competencies. I had to challenge them, but it made me wonder whether this was the right profession to join" [Benash].

Despite the overall experiences of racism, overt or covert, most Black and Brown students were determined to succeed and qualify as nurses and midwives. They were committed to patient care.

4.2.5. Theme 5: Navigating and resisting racism

The participants' responses to navigating through racism were varied. Some describe "putting my head down" [Felicia] and "keeping my mouth shut and trying to get through" [Esther]. Lack of support led to failure in one instance. This was reflected with regret: "the mindset that I have now. I wish I had then because I would have fought it" [Joan].

Others tried to navigate racism by 'pacifying' their mentor or apologising when they asked for help. They reflected annoyance at behaving this way, "why should I be apologetic for wanting to learn" [Precious]. Others tried to "dispel some of those myths" [Saima] by encouraging people to ask her questions about her background and community. Some nurses reflected on how they tried to support current Black students by encouraging them, for example, to push to be part of the drug round [Feroza].

Some students stood up to racism, challenging stereotypes, failing to allocate breaks, or refusing to sign off on work they had done. Roseline challenged it, "I just had to take it up to my link lecturer to say I don't understand the meaning of 'people like you. I've got a name". Similarly, another stated, "I was so furious, I just said that is unjust, and I'll fight injustice" [Fatimah].

There was only one incident when a student was supported by her

link tutor when she had been threatened with failure. “I took it up with the university… My lecturer sat her down and explained to [the mentor] that this is a learning environment for the students... you have to facilitate a good learning environment... then [matron] took everything on board and said, “You're not going to repeat that placement. We’re going to pass you”, and that's how I won the case” [Roseline].

5. Discussion

Through a CRT -informed analysis, the study revealed that racism is embedded in the culture of nurse and midwifery education and is an everyday occurrence. Most study participants experienced stereotyping, microaggressions, exploitative work allocation, harassment, neglect, and exclusion during their studies, particularly in placement settings. This echoes and builds upon other UK-based studies (Cortis and Law, 2005; Brathwaite, 2018; Scammell and Olumide, 2012) and international research (Beard and Julion, 2016; Beard, 2016).

Importantly, our research highlights that racialised practices appear to be accepted and consolidated by institutional power structures. As Baxter (1988) states, ‘racism can only be attributed to those who have the power to translate their prejudices into action’ (p.8). This must be recognised as a barrier to equitable treatment of Black and Brown Asian nurses and patients (Miles, 2003; Cole, 2020). The participants' accounts demonstrate how racialised hierarchies and white supremacist attitudes impact how students are treated at university and during placement. This finding resonates with previous studies, e.g., Beard and Julion (2016), Beard (2016), Abrums et al. (2010) and Cortis and Law (2005), in which white supremacy and whiteness were key influences on the treatment of ethnic minority staff. The perpetuation of colonial attitudes about Black and Brown people as less intelligent and less competent led to discriminatory practices in the marking of assignments and the way students were treated on placement. There is evidence that this was sometimes made worse when students highlighted racism. Colonial thought continues to pervade curriculums, which did not reflect the diverse needs of the population they served. Many outcomes deemed nurses fit to practice based on the majority population’s needs. Midwifery participants were keenly aware of racial bias in curriculums. On placement, universities often did not respond effectively to allegations of racism, which made many students feel alone and unsupported, with problems often compounding, leading to the inappropriate use of action plans and retrieval placements, delaying completion or leading to failure.

A colourblind approach meant experiences of racism on placement were sometimes seen as the experience of someone at the bottom of the hierarchy who needed to accept their place, as a student deficit in communication, or as ‘a perception’. There was often a silencing and denial of racism. Some attempted to challenge the racism they encountered, but with mixed results. These findings were also reported in Nightingale et al.' (2022) study that students who experienced racism at practice placement did report it to placement educators and academic staff but were not heard as racism.

The failure to recognise the structural and endemic nature of racism left students unprepared for dealing with either racism from patients or staff. Our study findings suggest that the participants' responses to racism varied; some kept their heads down, and others pacified their mentors. Overall, they were ill-equipped to challenge their racialised experience or support others experiencing such discrimination, severely impacting their mental, emotional, and physical health. They describe feeling angry, stressed, and unsafe, with some questioning their career path. This finding affirms those from a previous phenomenological study by Alexis and Vydelingum (2005). There was evidence that Black and Brown students who should have been nurtured and supported on placement were not enabled to meet the full requirements of their training. A failure to offer mandatory experiences to students in order to meet Nursing and Midwifery Council (NMC) requirements should be understood as a form of bullying and intimidation. Indeed, it violates what the NMC expects from universities and practice partners who offer accredited nursing and midwifery programmes (Nursing and Midwifery Council (NMC), 2022).

5.1. Limitations

The interviews analysed in the research were conducted to understand the participants' experiences of racism throughout their work in healthcare. The scope of the interviews was broad and not solely focused on education. Therefore, there may be issues surrounding their experiences of education that we missed. Additionally, the study is reliant upon participants' memories, and some were recounting experiences from many years earlier. However, that participants chose to talk about their educational experiences highlights just how critical these experiences were to them – they had not been forgotten.

6. Conclusion and recommendations

It is clear from the study findings that the endemic culture of racism in nurse and midwifery education is a fundamental factor that must be recognised and called out. Many study participants reported that they had experienced bullying, discrimination and stereotyping during their training and practice placements. The study confirmed that racism is an ordinary and pervasive experience for racialised people, which is maintained by institutional power structures and cultures of denial.

This study suggests that CRT is a useful lens to critically analyse and expose how racism operates in the workplace and identifies avenues for change. Rather than continue to debate or deny the validity of racialised experiences, this research recommends that universities and trusts recognise racism and take action. These should include the following: a) All nurses and midwives should be trained to recognise racism and empowered to challenge it; b) No student should be failed for lack of opportunity to achieve learning objectives. Universities and placement partners must be accountable for providing equitable learning opportunities; c) Universities and trusts should put tangible measures in place to monitor their progress in addressing racism.

CRediT authorship contribution statement

All authors contributed to conceptualisation, research design, data collection, analysis, writing the original draft, reviewing and editing this paper. Each of the authors confirms that this manuscript has not been previously published and is not under consideration by any other journal.

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Declaration

The video participants from the Nursing Narratives project have chosen to use their real names in this research. Speaking out has been an empowering process for many. As one participant put it, ‘its my truth’.

Declaration of competing interest

All authors declare no conflict of interest.

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